Advanced Critical Care Practitioner – a new role and new challenges

Gerry Lee,
Reader in Advanced Clinical Practice
## Disclosure presenter

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>✗</td>
<td>No (potential) conflict of interests</td>
</tr>
<tr>
<td>✗</td>
<td>1. Relations that could be relevant for the meeting</td>
</tr>
<tr>
<td>✗</td>
<td>2. Sponsorship or research funds</td>
</tr>
<tr>
<td>✗</td>
<td>3. Payment or other (financial) remuneration</td>
</tr>
<tr>
<td>✗</td>
<td>4. Shareholder</td>
</tr>
<tr>
<td>✗</td>
<td>5. Other relation</td>
</tr>
</tbody>
</table>
New Roles for the English NHS

- HEE has identified seven new and existing healthcare roles whose scope of practice are in high demand across the English NHS.
- Roles are crucial to supporting service transformation in the context of the FYFV, locally integrated care models and meeting rising demand for key NHS services.
- HEE believes they should be statutorily regulated to accelerate their adoption across the NHS to safeguard patients and build capacity in the teams and service areas they aim to support.

**NURSING** (will be regulated)

Nursing Associates
A new intermediate care role which will support nurses by providing direct care to patients and service users across a range of health and social care settings.

**MEDICAL** (under consultation)

Four Medical Associate Professions
- Physician Associates
- Advanced Critical Care Practitioners
- Physicians Assistants (Anaesthesia)
- Surgical Care Practitioners

**DIAGNOSTICS**

Two roles being explored
- Sonographer
- Non-medical Endoscopists
Definition of an Advanced Critical Care Practitioner

‘Advanced Critical Care Practitioners (ACCPs) are clinical professionals who have developed their skills and theoretical knowledge to a very high standard. They are highly experienced and educated members of the care team who are able to diagnose and treat health care needs or refer to an appropriate specialist if needed. They are empowered to make high-level clinical decisions and will often have their own caseload.’

Key difference is that ACCP endorsement is via Faculty of Intensive Care Medicine & open to allied health professionals as well as nurses
https://www.ficm.ac.uk/training-examinations/accps
What is Advanced Clinical Practice?

The definition is: 'Advanced Clinical Practice is delivered by experienced registered healthcare practitioners. It is a level of practice characterised by a high level of autonomy & complex decision-making. This is underpinned by a Masters level award or equivalent that encompasses the four pillars of clinical practice, management & leadership, education & research, with demonstration of core & area specific clinical competence.

Advanced Clinical Practice embodies the ability to manage complete clinical care in partnership with patients/carers. It includes the analysis & synthesis of complex problems across a range of settings, enabling innovative solutions to enhance patient experience & improve outcomes.’

HEE 2017
ACCP Workforce: 118 qualified ACCPs and 87 ACCP Trainees
Evidence to support NPs in critical care

• The positive benefits of the NPs in critical care have been observed in a prospective cohort study of 9,066 admissions with the primary end-point of 90-day survival & secondary end-points of ICU and hospital length of stay.
• No difference in 90-day survival (6.3% vs. 11.6%, adjusted odds ratio 0.77; 95% CI: 0.63-0.94, p=0.01), hospital mortality or ICU length of stay with the use of NPs in critical care.

Are NPs safe in critical care?

- Study comparing mortality in relation to Nurse Practitioners and Physician’s Assistants.
- The authors evaluated 21 ICUs & demonstrated patients in ICUs with NPs/PAs had lower mean Acute Physiology Scores (42.4 vs 46.7, \( P < .001 \)) and mechanical ventilation rates (38.8% vs 44.2%, \( P < .001 \)) than ICUs without NPs/Pas.
- Similar risk-adjusted mortality between the 2 groups (adjusted relative risk, 1.10; 95% CI, 0.92-1.31)
- Conclusion: NPs/PAs appear to be a safe adjunct to the ICU team. The findings support NP/PA management of critically ill patients.

Royal Marsden Hospital

Opened in 1851 and is the world’s first hospital dedicated to cancer diagnosis, treatment, research and education.

The largest & most comprehensive cancer centre in Europe, treating over 50,000 NHS & private patients every year & pioneers the very latest in cancer treatments & technologies, as well as specialising in cancer diagnosis & education.

In 2016, 2 ACCP trainees interviewed & commenced in ACCP trainee role in critical care unit.
Role & responsibilities of ACCP at Royal Marsden Hospital:

• To work competently in the role of ACCP, being aware of the boundaries of the role, referring patients appropriately required.
• To perform advanced physiological assessment of critically ill patients regardless of location.
• To analyse &/or collect information from the physiological assessment, patient history, diagnostic data & identify relevant problems.
• Use appropriate clinical decision making to initiate appropriate management/treatment according to agreed protocols & guidelines.
• Prescribe & administer drugs, including those specific to the critically unwell cancer patient.
Specific skills:

• To undertake supervised basic airway management skills.
• Initiation and subsequent management of mechanical ventilation (include monitoring blood gases & altering ventilator settings to ensure optimal ventilation).
• To assist with inter & intra hospital transfer of the critically ill patient according to locally agreed protocols.
• To undertake & organise the management of patients with tracheostomy in the ICU & ward areas, including initiating & managing tube changes & decannulation.
• Initiate admission to & discharge from the Intensive Care, Recovery and Step Up after consultation with the consultant in charge of the unit. This would include admission clerking & discharge summaries.
• To insert peripheral & central venous access devices, including PICC devices on satisfactory completion of competencies.
• Arterial puncture & cannulation.
ACCP trainee programme:

- Runs over 24 months & is multi-faceted encompassing 4 pillars of advanced practice (HEE, 2017) encompassing research, education, leadership & management as the core elements of training.
- The curriculum has 3 parts:
  - Part 1 is a handbook which provides information & guidance of the overall training program;
  - Part 2 is the assessment system used to document trainee milestones & demonstrate progression through the program
  - Part 3 provides details of the syllabus, highlighting core competencies including core anatomy, physiology and microbiology
All available on the FICM website
ACCP Programme - clinical & academic components

Clinical
- Workplace learning: Content related to workplace & determined by consultants
- Workplace based practice & assessment
- Regular progression points involving university & workplace

Supervised clinical practice

Academic
- Advanced assessment skills with history taking & diagnostics
- Prescribing
- Applied pathophysiology
- Assessed using case studies & OSCEs

ACCP Assessment
- FICM ACCP examination with completion of portfolio & academic modules
- ACCP award (PG Dip ACCP) and ACCP status with FICM
Supervised Clinical Teaching:

Local teaching within the hospital is overseen by a Local ACCP Clinical Lead, an Intensive Care Consultant who holds an honorary appointment with the university and is responsible to the university for the delivery of the clinical components of local teaching programme.

Each of the ACCP trainees have an allocated Educational Supervisor who assists in monitoring and defining the trainee’s educational requirements throughout their training, Clinical Supervisors who are responsible for monitoring and guiding their progress in each clinical area and an Academic Supervisor to ensure the academic component of the programme is being fulfilled.
## Work Place Based Assessments of ACCP trainees completed by end of Year 1

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Minimum Number</th>
<th>ACCP 1</th>
<th>ACCP 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Observation of Procedural Skills [DOPS]</td>
<td>8</td>
<td>25</td>
<td>10</td>
</tr>
<tr>
<td>Acute Care Assessment Tool [ACAT]</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Case-based Discussion [CBD]</td>
<td>2</td>
<td>15</td>
<td>13</td>
</tr>
<tr>
<td>ICM Mini-Clinical Evaluation Exercise [I-CEX]</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Multi-Source Feedback [MSF] (including self-assessment exercise within specified domains)</td>
<td>1</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>Expanded Case Summary (to standard of case presentation in departmental meeting)</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Logbook Summary – demonstrating activities, patient involvement, practical procedures and critical incidents.</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Records of reflective practice</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Summary of all formal teaching sessions and courses attended</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>
## Academic component: Structure of ACCP modules

<table>
<thead>
<tr>
<th>Year</th>
<th>Term 1</th>
<th>Term 2</th>
<th>Term 3</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 1</td>
<td>Advanced Assessment Skills for Non-medical Practitioners</td>
<td>Applied pathophysiology for advanced practice</td>
<td></td>
<td>60</td>
</tr>
<tr>
<td>Year 2</td>
<td>Prescribing module (OVER 2 TERMS)</td>
<td>Prescribing module (OVER 2 TERMS)</td>
<td>CAN EXIT WITH PG DIPLOMA ADVANCED CRITICAL CARE PRACTICE HERE</td>
<td>60</td>
</tr>
<tr>
<td>Year 3</td>
<td>MSc dissertation: Quality Improvement dissertation</td>
<td>Quality Improvement dissertation</td>
<td>Quality Improvement dissertation</td>
<td>60</td>
</tr>
</tbody>
</table>
## Advantages & challenges implementing ACCP programme

<table>
<thead>
<tr>
<th>Potential advantages</th>
<th>Potential challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Better patient continuity</td>
<td>Lack of buy in from key stakeholders</td>
</tr>
<tr>
<td>Improved adherence to local guidelines and protocols and thus possibly improved patient safety</td>
<td>Lack of understanding around ACCP role</td>
</tr>
<tr>
<td>Better multidisciplinary team working</td>
<td>Indemnity &amp; accountability</td>
</tr>
<tr>
<td>Better patient experience</td>
<td>Costs of ACCP programme</td>
</tr>
<tr>
<td>Better training experience for junior medical staff (allowing them to be released for teaching &amp; focus on educational opportunities)</td>
<td>ACCP retention once programme completed</td>
</tr>
<tr>
<td>Fulfils gaps in junior doctors staffing</td>
<td>Time &amp; workload for ACCP trainers</td>
</tr>
<tr>
<td>Reduction in agency doctor use with potential cost savings and better continuity of patient care</td>
<td>Clarity around scope of practice (e.g. intubation, transfers etc)</td>
</tr>
<tr>
<td>Fulfils gaps in medical rota during junior medical changeover days</td>
<td>Loss of senior nursing staff to advanced roles</td>
</tr>
<tr>
<td>Career progression for Senior Nurses &amp; AHPs</td>
<td>Patient confusion around role</td>
</tr>
<tr>
<td>Role model and staff training in the unit</td>
<td>Perceived threat to junior doctor training</td>
</tr>
<tr>
<td>Permanent substantive staff</td>
<td>Increased supervision &amp; workload required from Consultants</td>
</tr>
</tbody>
</table>
Career progression

**Consultant ACCP**
- An experienced ACCP who has a minimum of 70% clinical commitment.
- Involved in strategic development, research, service delivery and training and supervising other ACCPs.

**ACCP**
- An ACCP who has successfully completed the academic and clinical competencies to the standard required by the FICM ACCP Curriculum.
- ACCPs trained to this standard may apply for Associate Membership with the FICM.

**Trainee ACCP**
- An ACCP working towards completion of the two year training programme prescribed in the FICM ACCP Curriculum.
ACCP Role development requirements

- Core skills set
- Competency framework
- Title protection
- Regulation and registration
- Definition
- Acceptance
- Governance
- Workforce Planning
In conclusion

This new advanced practice role offers opportunities to improve continuity of patient care, enhance mentoring & training for less experienced staff, support gaps in the medical workforce as well as offering a rewarding clinical role for senior non-medical staff.
Advanced Critical Care Practitioners – Practical experience of implementing the Advanced Critical Care Practitioner Faculty of Intensive Care Medicine Curriculum in a London Critical Care Unit

Geraldine Lee1, Jo-Anne Gilroy2, Alistair Ritchie2, Vimal Grover3, Keetje Gull2 and Pascale Gruber3

Abstract

With a chronic shortage of doctors in intensive care, alternative roles are being explored. One of these is the role of the Advanced Critical Care Practitioner. The Advanced Critical Care Practitioner Curriculum was developed by the Faculty of Intensive Care Medicine and is used to provide a structured programme of training. The Advanced Critical Care Practitioner programme consists of an academic and clinical component. This article outlines a practical approach of how the programme was developed and is currently being delivered at a single institution. This new advanced practice role offers opportunities to fill gaps in the medical workforce, improve continuity of patient care, provide mentoring and training for less experienced staff as well as offering a rewarding clinical role.

Keywords

Advanced practice, critical care, education
Any queries, please email me: Gerry.lee@kcl.ac.uk