

Allied Health Professionals:

Critical Care Professional
Development Framework

Professional Endorsements

Document endorsed by



Royal College of
Occupational
Therapists



The Faculty of
Intensive Care Medicine

UKCPA
CLINICAL PHARMACY ASSOCIATION



Allied Health Professionals: Critical Care Professional Development Framework

| | |
|--|----|
| Foreword by ICS | 4 |
| Foreword by FICM | 5 |
| Acknowledgements | 6 |
| Introduction – Purpose, Scope and Values | 7 |
| Benefits of the CCPDF | 9 |
| How to use the framework | 10 |
| Critical Care Professional Development Framework Pillars | 13 |
| Clinical Practice | 13 |
| Leadership | 14 |
| Facilitation of Learning | 14 |
| Research, Evidence and Improvement | 14 |
| Clinical Practice Pillar | 15 |
| Leadership Pillar | 18 |
| Facilitation of Learning Pillar | 21 |
| Research, Evidence and Improvement Pillar | 24 |
| CCPDF Self Assessment Grading Tool | 28 |
| Appendix 1 – Contributors | 31 |
| Appendix 2 – Glossary | 32 |
| Appendix 3 – Professional Frameworks linked to this work | 33 |
| References | 34 |

Publication Date: December 2018

Review Date: September 2020

Foreword by ICS

The value and expertise of Allied Health Professionals (AHPs) in supporting and caring for critically ill patients and their families/carers has increased in prominence over the past few years, with both academic studies and local patient stories highlighting the unique set of skills they bring to Critical Care.

Despite this added value it is surprising that professional career pathway guidance for those AHPs wishing to specialise in critical care has never been published. As the UK's leading multiprofessional Intensive Care community the Intensive Care Society (ICS) with support from Faculty of Intensive Care Medicine (FICM) has commissioned and been actively involved in the development and publication of this document, the first ever Allied Health Professionals: Critical Care Professional Development Framework.

Both the Intensive Care Society and Faculty of Intensive Care Medicine recognise the role of AHPs in not only caring for critically ill patients and supporting their families, but also in a range of activities central to driving the service forwards. Innovation, education, research and leadership are key examples on which this document offers clear career planning guidance.

The primary reason for publishing this document is to provide AHPs, particularly physiotherapists, dieticians, occupational therapists and speech and language therapists, in critical care the same diversity of career options as other staff groups.

Within the ICS we value the diversity and expertise from all our members and have AHPs and nurses represented within the ICS Executive and Council to influence national standards and develop growth in the delivery of critical care across the UK. This document should help guide those career paths by supporting both individuals and the wider AHP workforce working in Critical Care.

We will continue to provide opportunities for the AHP community to develop skills, use their influence and deliver the best possible care to this unique and complex patient group.

Gary Masterson

President, the Intensive Care Society

Foreword by FICM

When we examine staffing requirements for our Intensive Care services, we look at consultants, trainees, nurses and more recently Advanced Critical Care Practitioners. But there is a forgotten 'tribe', the Allied Health Professionals, without whom intensive care services would be ineffective; the physiotherapists ensure we can mobilise and rehabilitate our patients, the speech and language therapists assist us in ensuring safe weaning and communication, the dieticians ensure optimal nutrition and occupational therapists assist our patients to get back to normality. While not AHPs, it should also be noted that the contribution of the intensive care pharmacists is growing year on year.

The Allied Health professional group is the glue that underpins the effectiveness of critical care services. Their highly specialised abilities and unique skills have rightly been recognised and under the expert guidance of Craig Brown this document outlining a development framework represents a pivotal point in the successful evolution of our speciality.

The Faculty of Intensive Care Medicine is delighted to have supported this project and looks forward to continued collaboration with the Intensive Care Society to ensure that Allied Health Professionals have a recognised career pathway and are recognised as an essential part of the Intensive Care team.

Carl Waldman

Dean, Faculty of Intensive Care Medicine

We would like to thank the writing group:

- Craig Brown – Intensive Care Society – Project Lead
- Corinne Mossey - Gaston – Royal College of Speech and Language Therapists
- Ella Terblanche – British Dietetic Association
- Gareth Cornell – Chartered Society of Physiotherapy
- James Bruce – Royal College of Occupational Therapists
- Lauren Maher – Royal College of Occupational Therapists
- Lucy Morgan – British Dietetic Association

We would also like to give special thanks for the project support and editorial advice provided by the Intensive Care Society and Faculty of Intensive Care Medicine.

Finally, we would like to thank our colleagues and friends within the multi-professional critical care community who have contributed to this development with constructive support and consultation.

Through the construction of this framework we are reminded that within the clinical environment we are always at our best when we collaborate and find the common ground to improve the lives of the patients and families we serve.

Introduction – purpose, scope and values

Purpose

This Critical Care Professional Development Framework (CCPDF) is intended to facilitate the structured development and career progression of **post registration** Allied Health Professionals (AHPs) working in a **critical care** environment.

Scope

The scope for this framework are four of the main AHP therapies working with critically ill patients and their carers. These are

- Dietetics
- Occupational Therapy
- Physiotherapy
- Speech and Language Therapy

The Nursing and Pharmacy professions have developed extensive competency frameworks to develop safety and effectiveness in critical care. We have also seen the rise of the Advanced Critical Care Practitioner (ACCP) roles where there has also been extensive development in curricula and skills based training programmes. The intention of this framework is to ensure that a common language and a consistent approach is used across these additional four professions, harmonising where possible, but also drawing out specific clinical skills where appropriate.

We acknowledge that the non-medical/non-nursing workforce in critical care is wider than these four professions. This framework is not intended to exclude those other professional bodies and should the framework be suitable for their development and growth then it can only enrich the entire critical care workforce.

The regulatory body for these four professions, the Health and Care Professions Council (HCPC) outlines the necessity for both collaborating with colleagues and continued professional development for each practitioner¹.

Work with colleagues

2.5 You must work in partnership with colleagues, sharing your skills, knowledge and experience where appropriate, for the benefit of service users and carers.

Maintain and develop your knowledge and skills

3.3 You must keep your knowledge and skills up to date and relevant to your scope of practice through continuing professional development.

It is acknowledged that neither the Intensive Care Society (ICS) nor the Faculty of Intensive Care Medicine (FICM) are regulatory bodies for AHPs, this project utilises their expertise to develop a framework that can be used by post registration professionals working in critical care to demonstrate partnership working and continuing professional development (CPD).

Underlying values of the CCPDF

Values have been defined as “a set of ideals that motivates and informs an individual’s behaviour and actions”². The underlying values for the framework resonate across all the AHP communities working in critical care. These are

- Altruism
- Advocacy
- Compassion and Caring
- Honesty and Integrity
- Fulfilment of duty of care
- Social Responsibility
- Commitment to excellence

These values should remain consistent for the professionals as they work through and across the framework. These values will not directly form part of the framework and therefore are not involved in any assessment, however they do provide an underlying model for behaviours and motivations.

Benefits of the CCPDF

The primary audience for the framework are the clinical professionals working in critical care and with patients who have been through critical care.

It is intended that the framework will encourage the emergence of recognised experts in critical care and therefore support the peer development of clinicians working at more advanced levels. This may require national networks of experts in AHP professions that traditionally have smaller numbers in critical care, for example Speech and Language Therapy.

Other audiences, including the public (patients and carers), local managers, clinical commissioners, educational commissioners and national regulators (CQC/NHSI) may also benefit from understanding the variation in skills and knowledge of practitioners working in this area. A summary of benefits is outlined in the table below.

| AHPs | Managers | Clinical Commissioners | Educational Commissioners | National Regulators | Public |
|---|---|--|---|--|--|
| Career progression is measured against a specific national framework | Provides information to support business cases to improve critical care service provision | Provides benchmarking to help identify quality markers for service definition and review | Provides a framework to identify knowledge and skill gaps across a multi-professional community | Provides a framework for leadership and accountability ³ | Enables the public to understand the variation in skills across the AHP workforce |
| Provides a framework for structured and informal reflective practice and CPD | Provides a reference document to support workforce development and clinical supervision | Increased understanding of AHP capabilities Required to support effective critical care provision | Provides clarity of expected skills required to increase employability of post-graduates | Provides a framework that can be linked to other national critical care standards, for example GPICS | Improves public understanding of AHP provision in the critical care environment |
| Creates a common language to improve communication across the AHP workforce | Helps with clarification on required levels of practice in the critical care environment | Provides a reference for critical care services nationally and transferrable skills | Provides a framework to select and review educational placements | Workforce development can be reviewed and benchmarked | Supports a dialogue between the public and AHPs within critical care |
| Establishes a framework for constructive feedback and appraisal review at specified intervals | Provides a greater understanding of generic skills to maximise efficiency of care | Provides a framework to help prioritise investment in AHP care provision | Highlights the importance of research in the development of AHP care in the critical care environment | Targeted engagement with specialty experts will improve service regulation | Patients and Carers can support workforce changes with a more informed perspective |

How to use the framework

The framework is intended to be used by post registration AHPs working in critical care in either a full time or part time capacity. It is acknowledged that the AHP workforce has a range of clinical commitments in this environment, from individuals and teams working solely in critical care, to those working on a part time or even ad hoc basis in critical care. Whilst the framework aims to have enough flexibility to accommodate for this variation in clinical commitments, it may be best deployed with individuals who have, or intend to have, the majority of their time working in critical care.

The primary focus is that of the individual AHP and their ability to reflect their current level of practice as well as providing guidance to progress further. Progression in practice can be attributed to changes in three dimensions²

- Complexity
- Predictability
- Sphere of influence

Together they can inform the extent of the individual's personal autonomy to progress within their clinical environment and this needs to be taken into consideration during the individual's assessment.

The framework articulates the increasing level of skills, knowledge and breadth of experience required to progress into different levels of expertise and does not bias NHS Trusts that have a tertiary, regional or national specialty in Critical Care Medicine against those that do not.

It has been developed specifically to be *descriptive* rather than *prescriptive*. This framework should *facilitate discussion* between the clinician and manager regarding interpretation of language and subsequent development of the individual.

The critical care professional development framework pillars and levels

In alignment with a significant number of other professional development frameworks (Appendix 3), the Critical Care Professional Development Framework (CCPDF) has adopted four key pillars.

The four pillars are

1. Clinical Practice
2. Facilitation of Learning
3. Leadership
4. Research, Evidence and Improvement

Each of these pillars are subsequently expanded with sub-divisions and headings providing further structure for individuals to demonstrate a current impact or potential for growth.

The levels through which an individual will transition have also taken their nomenclature from other professional development frameworks and attempts have been made to ensure alignment with existing titles such as "Advanced Practitioner" and "Consultant".

The levels are

- Foundation
- Specialist
- Advanced
- Expert

The Framework has purposely avoided using numerical levels to ensure there is no confusion or assumed alignment to traditional banding structures.

NHS pay-scales

The Framework is not intended to map against traditional pay-scale structures however the **starting position is that of post registration professionals** rather than undergraduates.

The levels within each pillar should allow individuals to demonstrate transferrable skills that they may have developed outside of the critical care environment but that they can evidence as they apply those skills to critical care.

Assessment process

The Health and Care Professions Council (HCPC) are the national regulatory body for the four professions within this framework, with the primary aim of protecting the public through ensuring practitioners are fit to practice¹.

It is therefore vital that the assessment process for this framework aligns to the HCPC requirements for these professional groups and does not create an unnecessary or superfluous burden on the AHPs using the framework. The framework aligns itself with the HCPC standards of evidence through Continuing Professional Development (CPD).

The HCPC are clear that there are five standards required to stay registered⁴, these are:

1. Maintain a continuous, up-to-date and accurate record of their CPD activities
2. Demonstrate that their CPD activities are a mixture of learning activities relevant to current or future practice
3. Seek to ensure that their CPD has contributed to the quality of their practice and service delivery
4. Seek to ensure that their CPD benefits the service user
5. Upon request, present a written profile (which must be their own work and supported by evidence) explaining how they have met the Standards for CPD

The self-assessment process will therefore require a demonstration of a range of skills, knowledge and experience at increasing depths and across extended periods of time as the levels progress. The assumption is that practitioners will have achieved the relevant aspects of each level before progressing further.

The framework does provide some *suggested* evidence for each pillar and for specific areas that may assist managers and clinicians in how to frame their career path. Individuals may find it useful to map themselves onto the framework then discuss it with colleagues and peers to gain an external perspective before focusing on how to progress.

The evidence required can be presented in a variety of formats these may include

- Self-reflection journal submissions
- Evidence of audit/research/publications
- Peer review
- MDT feedback
- Viva assessments (where appropriate)
- Observation of clinical practice (where appropriate)

Advice for the clinician using the framework

- Take time to familiarise yourself with the framework, user testing has suggested between 45 minutes and an hour is required to read through the framework
- Make notes as you read through the framework as to where your evidence and examples of practice are best aligned
- There are no metrics for how often a certain skill has to be demonstrated for you to classify yourself in a certain level, it should be agreed through an open and honest conversation with your line manager
- Everyone will have a mix of levels within each pillar and that is okay, remember this is not a performance matrix, it is a development framework
- The levels are there to outline the potential for growth and to give some guidance for how you may achieve the next stage, but that does not mean you have to achieve “expert” on each pillar
- Should you find yourself uncertain where to align yourself between levels it may be helpful to speak to others you work with to gain a wider perspective on how they see your practice and influence. The discussion will hopefully be more valuable than the final alignment.

Advice for the manager undertaking the appraisal

- Take time to familiarise yourself with the framework, user testing has suggested between 45 minutes and an hour is required to read through the framework
- You may find that the framework is best deployed with individuals who have (or intend to have) the majority of their time working in critical care
- Put at least an hour aside to work through the framework with your line report
- You may wish to only use the framework on either a bi-annual or annual basis as part of the usual appraisal process
- It is not essential that you are in the same discipline as the line report, however it may assist you if you have some understanding of the critical care environment
- The framework is intended to facilitate a discussion regarding career development and opportunities, it is not essential that the individual has to keep changing levels
- The framework is not intended to be used as part of any performance management process or policy
- The framework is not to be used as a comparison tool across professionals or individuals, it is a bespoke professional development framework for a specific individual
- The line report should have used the framework tool to prepare before they enter into the appraisal. The conversation should focus on where the individual feels they currently sit, where they would like to develop and how you and/or the organisation can support that ambition.

Example:

Nipa is a Band 8 Occupational Therapist working in Neurological Rehabilitation leading a small team of therapists, some of whom work in critical care.

As part of her career development and to expand her rehabilitation skills she has started to work three days a week in critical care and is only one month into this transition.

As part of her appraisal she is evaluating her current skills against the framework and on reflection she has found:

- Clinical Skills – Foundation level
- Leadership – Specialist level
- Facilitation of Learning – Specialist level
- Research and Quality Improvement – Foundation level

Nipa has been able to demonstrate that her past experience in leading and developing a team has been transferrable to the critical care environment, bringing her “Leadership” pillar into “Specialist” level. However, as expected with her limited clinical exposure to critical care, her “Clinical Skills and Research” are at a “Foundation” level and this provides her and her manager with an area for growth and development over the coming months.

Critical care professional development framework pillars

Clinical practice

The Clinical Practice Pillar has been constructed to allow flexibility across the four professions in regard to knowledge and skills in critical care. The framework is intended to only provide a foundation for the relevant professions to subsequently expand upon to include more profession specific clinical knowledge and skills.

The Clinical Practice sub-divisions are:

Safe, effective, patient centred care

- Knowledge of Critical Care and Critical Illness
- Co-ordination of Care
- Communication
- Patient Safety

Judgement and decision making

- Critical Thinking and Clinical Reasoning

Individuals who have moved into Advanced Practitioner roles may find more specific guidance for their knowledge and skills through both the Advanced Critical Care Practitioner (ACCP) framework⁵ or the Advanced Clinical Practice guidance as published by Health Education England⁶.

Leadership

Effective leadership should incorporate models of behaviour that positively influence a spectrum of individuals from students and junior staff through to peers and the wider multi-professional team.

The Leadership sub-divisions are:

Teamwork and team development

- Working with others
- Connecting people and services

Professional and organisation leadership

- Managing people and services
- Improving services
- Strategy and vision

For individuals wishing to explore a more comprehensive leadership framework the NHS Leadership Academy provides the Healthcare Leadership Model as well as a range of structured programmes of education.

Facilitation of learning

The Facilitation of Learning pillar captures both the individual's capacity to capitalise on learning opportunities as well as supporting and developing educational resources for others.

The Facilitation of learning sub-divisions are:

Learning and developing

- Learning opportunities
- Developing others

Creating the learning environment

- Learning resources
- Culture of learning and development

Research, evidence and improvement

This pillar includes service change and improvement as ways of modifying service delivery outside of the research frameworks. These skills require the utilisation of methodologies and tools to ensure effective implementation and evaluation and are not profession specific.

It is important to note that the ability to reach "expert" within a research environment is likely to require a career transition from clinician to researcher. This framework may help to facilitate that transition, where other more research biased frameworks may support further personal development.

The research, evidence and improvement sub-divisions are:

Evidence into practice

- Evidenced based practice
- Service evaluation and audit

Research

- Research knowledge
- Research delivery

Clinical practice pillar

Safe, effective, patient centred care

| Domain | Foundation | Specialist | Advanced | Expert |
|-------------------------------|---|--|---|--|
| Knowledge of critical illness | <p>Understands basic principles of the effect of critical illness upon organ systems. Is able to demonstrate an understanding of these pathologies.</p> <p>Understands a basic knowledge of advanced organ system support. Has a recognition of associated pharmacological and non-pharmacological management.</p> | <p>Demonstrates a broad knowledge of organ system failure and an understanding of pathology associated with the local population.</p> <p>Demonstrates a knowledge and understanding of the associated pharmacological and non-pharmacological management relevant to their profession.</p> <p>Delivers educational activity to junior staff/peers on relevant critical care pathophysiology relevant to profession.</p> | <p>Has an advanced broad evidence-based knowledge of critical illness, its pathophysiology effects upon function and long-term outcomes.</p> <p>Actively develops a culture which delivers education to a range of professionals across broad area of critical care pathophysiology management relevant to profession.</p> | <p>Has an advanced breadth of evidence-based knowledge of critical illness, its pathophysiology effects upon function and long-term outcomes for the cohort.</p> <p>Is considered an expert in one or more areas by peers.</p> |
| Coordinated care | <p>Is able to deliver patient-centred, individualised care, taking into account physical, cognitive, behavioural, psychological, emotional, and cultural needs, throughout the Critical Care admission (and beyond if applicable).</p> <p>Involves patients and their family/carers in decisions about their care.</p> <p>Engages/participates in multi-disciplinary discussions surrounding patient care and liaises with the MDT involved in planning individual patient care pathways.</p> | <p>Delivers comprehensive, holistic, goal-directed care including the patient as a partner in their care.</p> <p>Acts as a patient advocate and applies strategies to promote patient engagement throughout their recovery and rehabilitation.</p> <p>Provides comprehensive information in relevant formats to patients, family/carers and other healthcare professionals at appropriate recovery milestones.</p> <p>Liaises with and signposts to and makes referrals to the MDT and other health care professionals across the hospital and community settings.</p> | <p>Utilises recognised tools or strategies to analyse, measure or evaluate the quality and effectiveness of the patient care pathways.</p> <p>Actively seeks feedback from patients/service users and their families/carers to improve service/pathway design and delivery.</p> <p>Is responsible for coordinating interventions for individuals with complex care needs.</p> <p>Actively seeks to support hospital flow.</p> | <p>Consults/leads the development of patient pathways across professional/organisational boundaries.</p> <p>Creates/fosters a culture of quality and measurement of effectiveness.</p> <p>Acts to address gaps in skills of therapy workforce and resources nationally.</p> <p>Shapes workforce design to enhance healthcare delivery and patient flow nationally.</p> |

| Domain | Foundation | Specialist | Advanced | Expert |
|--|---|--|---|---|
| Communication | <p>Communicates clinical issues effectively and empathically with patients, family/carers.</p> <p>Communicates professionally with co-workers and multi-disciplinary colleagues.</p> <p>Recognises the limitations/ barriers to communication in critically ill patients and can apply strategies/ approaches to reduce barriers.</p> <p>Maintains clear and effective patient records/ documentation according to local and professional standards.</p> | <p>Communicates complex clinical and professional issues effectively with patients, family/carers, co-workers and multi-disciplinary colleagues.</p> <p>Applies a range of communication strategies and approaches with critically ill patients.</p> <p>Demonstrates theoretical knowledge and understanding of both verbal and non-verbal communication, human factors and communication strategies.</p> <p>Identifies barriers to effective communication with patients and their families/carers, colleagues.</p> | <p>Acts as a role model for effective communication. Promotes/fosters a positive environment and culture for effective communication.</p> <p>Anticipates/recognises suboptimal communication or barriers to effective communication across patient pathways or professional/ organisational boundaries.</p> <p>Utilises recognised tools or strategies to analyse, measure or evaluate the effectiveness of communication methods in a variety of contexts.</p> | <p>Evaluates innovative or creative methods for communication across a diverse range of information themes.</p> <p>Acts as a role model within organisation/ profession communicating across several service layers/ organisations.</p> <p>Represents profession and/or develops local and regional critical care networks and conferences.</p> |
| Patient safety and clinical governance | <p>Is aware of risks associated with working in critical care environment and applies suitable mitigation. Documents the risk assessment.</p> <p>Has an awareness of the principles of Clinical Governance in the NHS and applicability to professional role.</p> <p>Understands and adheres principles of and local policy/ practice surrounding: infection prevention and control; moving and handling; consent and confidentiality; safeguarding; fire safety.</p> <p>Ensures patient safety throughout practice.</p> <p>Recognises limits of own professional practice and seeks appropriate support.</p> <p>Raises concerns and/or reports serious incidents in line with local reporting procedure.</p> | <p>Demonstrates knowledge and understanding of risk assessment and management in the NHS.</p> <p>Models patient safety throughout practice and supports others to understand and adhere to safe practice.</p> <p>Contributes to the quality assurance of aspects of clinical governance with support/guidance from senior staff.</p> <p>Disseminates learning through incidents and contributes to action plans.</p> | <p>Anticipates and manages risk within local service relevant to profession/ across professions.</p> <p>Leads/contributes to local policy/guidance across multiple aspects of clinical governance.</p> <p>Promotes/fosters a culture of patient safety, quality and clinical effectiveness.</p> <p>Leads review of incidents, determines action or learning and evaluates outcome of learning. Undertakes root cause analysis of significant incidents.</p> <p>Participates in/contributes to departmental/ organisational governance review systems or processes.</p> <p>Leads quality assurance of local governance activity.</p> | <p>Leads/contributes to governance policy/ guidance across wider organisation.</p> <p>Champions patient safety, quality and clinical effectiveness throughout organisation.</p> <p>Integrates human factors fully into their clinical practice.</p> |

Judgement and decision making

| Domain | Foundation | Specialist | Advanced | Expert |
|--|---|---|---|--|
| Critical thinking and clinical reasoning | <p>Able to manage clinical caseload within critical care setting with support from peers/senior colleagues.</p> <p>Demonstrates positive attitude and behaviours towards clinical reasoning, critical thinking and learning and reflection in action.</p> <p>Makes reasoned, fair, ethical and sound judgements surrounding own professional practice with support from peers/senior colleagues as appropriate.</p> <p>Recognises professional limitations and asks for guidance and support from peers/senior colleagues as appropriate.</p> | <p>Is able to autonomously manage a specific clinical caseload recognising limits of professional practice.</p> <p>Models positive attitude and behaviours towards clinical reasoning, critical thinking and learning and reflection in action.</p> <p>Supports others to develop clinical autonomy, management of clinical caseload in critical care and own professional limitations.</p> | <p>Manages complex clinical caseload, recognising the limits of own competence and professional scope of practice.</p> <p>Creates/fosters a positive environment and culture towards clinical reasoning, critical thinking and learning and reflection in action.</p> <p>Demonstrates advanced reasoning and critical thinking showing awareness and understanding of complex or confounding factors, synthesising information from multiple sources to make appropriate evidence-based judgements and or diagnoses.</p> <p>Demonstrates theoretical knowledge and understanding of models of clinical reasoning in healthcare, analytical thinking and metacognition.</p> <p>Supports others to develop own clinical reasoning and critical thinking.</p> <p>May have developed advanced clinical skills to support their clinical practice.</p> | <p>Demonstrates high level of self-awareness and recognition of cognitive biases in self and others.</p> <p>Develops the scope and autonomy of the profession within the organisation.</p> <p>Exercises expert levels of clinical, operations and strategic decision making.</p> <p>Demonstrates visionary thinking and originality in the application of critical care knowledge.</p> |

Clinical practice suggested evidence and resources:

- Reflective pieces on clinical cases
- Peer review/360 reviews
- Multidisciplinary team feedback
- Patient or relative feedback on service provision and pathways
- Observations of clinical practice
- Completion of clinical modules of a relevant masters degree
- Evidence of educational activities undertaken to range of professionals
- Reporting of clinical incidences and investigations with action plans

Leadership pillar

Teamwork and team development

| Domain | Foundation | Specialist | Advanced | Expert |
|---------------------------------------|---|--|---|--|
| Working with others | <p>Understands the roles and responsibilities of each member of the critical care multi-disciplinary team.</p> <p>Demonstrates positive attitude and behaviours towards team working and culture.</p> <p>Works effectively across professional and agency boundaries, actively involving and respecting the contribution of others.</p> | <p>Demonstrates knowledge and understanding of team structure, human factors, interpersonal relationships and team performance.</p> <p>Works collaboratively with other members of the critical care MDT to develop local service delivery.</p> <p>Supports local appraisal of critical care team (profession specific).</p> | <p>Anticipates/recognises and addresses barriers to optimal team performance.</p> <p>Participates in peer review within own/regional multi-disciplinary critical care teams.</p> <p>Actively seeks out opportunities to collaborate with other professions to enhance and deliver large scale service change.</p> | <p>Works with other critical care professional bodies nationally on a regular basis.</p> <p>Engages with sectors outside of the usual NHS boundaries to draw in expertise and skills required to enhance service delivery.</p> |
| Connecting people and services | <p>Understands own role and meets the expectations within multi-disciplinary team.</p> <p>Uses communication platforms such as social media and printed text appropriately to engage other professionals and patients (where appropriate).</p> | <p>Supports co-production and includes the patient/ service user and their families/network as part of the healthcare team.</p> <p>Creates opportunities for critical care professionals to meet and learn/discuss patient care and service developments.</p> | <p>Actively seeks to form/ develop new relationships to enable effective inter-team working or service delivery across professional/ organisational boundaries.</p> <p>Works at a regional level to draw together the best practice and share examples across Trusts.</p> | <p>Is a recognised AHP Leader and spokesperson within the critical care community.</p> <p>Is sought as an expert in critical care, both within the organisation and the external environment.</p> |

Professional and organisational leadership

| Domain | Foundation | Specialist | Advanced | Expert |
|-------------------------------------|---|---|---|---|
| Managing people and services | <p>Supports the day to day activity of students and AHP support workers on a regular basis.</p> <p>Is able to recognise performance issues and escalate concerns to appropriate senior.</p> | <p>Supervises the day to day activity of junior staff, including AHP technicians/ assistants working in critical care.</p> <p>Supports other professionals (outside of own professional background) on a regular basis.</p> | <p>Is accountable for the operational delivery of the relevant professional service within the Trust.</p> <p>Applies effective/ recognised tools or strategies to analyse, measure or evaluate team culture/performance.</p> | <p>Fosters innovation and creativity to evaluate new ways of working.</p> <p>Translates and applies understanding models of team work/performance external to NHS.</p> <p>Consults on the management of virtual teams (national or international).</p> |
| Improving services | <p>Understands their role in the delivery of a critical care service.</p> <p>Is able to recognise where service change is required.</p> | <p>Is able to collect robust evidence to demonstrate the need for service change.</p> <p>Is able to identify relevant stakeholders required in service change.</p> | <p>Engages and influences relevant leadership to support multi-professional service change.</p> <p>Develops the progression of the service and relevant staff.</p> <p>Engages and supports multi-professional development in critical care.</p> | <p>Implementats innovative service delivery at Trust/ Regional level.</p> <p>Works at a regional/ national level to develop and influence service delivery.</p> |
| Strategy and vision | <p>Understands how their personal objectives fit with the wider critical care service strategy.</p> <p>Works to contribute to the departmental objectives.</p> | <p>Supports the development of the annual Critical Care Service Strategy.</p> <p>Participates in Trust wide critical care initiatives.</p> <p>Can develop the relevant strategy to engage the appropriate stakeholders.</p> | <p>Develops the relevant AHP Therapy Critical Care Strategy.</p> <p>Contributes to regional activity through collaboration with other services.</p> | <p>Establishes Trust wide multi-professional strategy and implementation plan.</p> <p>Engages relevant stakeholders and uses appropriate change management strategies.</p> <p>Is consulted to contribute to regional/national AHP critical care developments.</p> |

Leadership suggested evidence and resources:

- Annual appraisal with objectives clearly linked to service objectives
- Appraising and marking student placements
- Reflective reports/feedback
- Completing appraisals for members of staff
- Evidence of reviewing local practice/quality improvement/service evaluation
- Contribution to critical care strategies and initiatives
- Evidence of leading regional critical care working groups, committees or organisations
- Evidence of coaching and mentoring staff
- Participation in peer review
- Completion of advanced leadership development courses
- Evidence of engagement with relevant stakeholders to support policy development/implementation
- Senior position within critical care or profession specific organisation/research group
- Evidence of consultation and active engagement with national policy change
- Evidence of informing direction/standards of practice nationally
- Presenting/speaking at national and international conferences and events
- Spokesperson for specialist organisation

Facilitation of learning pillar

Learning and Developing

| Domain | Foundation | Specialist | Advanced | Expert |
|-------------------------------|--|---|--|--|
| Learning Opportunities | Engages with and participates in local/ departmental opportunities to appraise and apply current evidence into practice (eg. 'journal clubs'; social media). | Regularly applies to go on Critical Care study days. Spends time to engage with others in the critical care team in order to understand their roles and develop new skills. | Explores the opportunity to expand their clinical skills with advanced techniques. Uses new skills to demonstrate improved care for patients and better ways of working. Advocates locally for MDT educational opportunities. | Applies for national funding opportunities to further their own knowledge. Explores secondment opportunities to work in other national or international environments. |
| Developing Others | Is able to carry out a pre-designed teaching session with peers, undergraduates, carers and patients. Seeks basic feedback for teaching sessions and incorporates this to improve further sessions. Has an awareness of who to liaise with to ask for support and advice in providing the education. | Ensures that the education is implemented in a manner that facilitates holistic knowledge and supports the retention of the information provided. Knowledge of simple variations in adult learning styles. Mentors and coaches others within the same profession. | Provides education that is tailored for post-graduate level. Uses different theoretical teaching models according to their applicability. Identifies areas of weakness in the MDT and develops a plan to address these gaps with a training program. Mentors and coaches individuals from other professional backgrounds. | Provides education that can be tailored for doctoral staff. Identifies and maintains educational programs to ensure the quality of service provision in critical care. Is able to identify complex or innovative multi-model opportunities for education. Provides education that facilitates a local and national streamlined service across the MDT and differing Trusts. |

Creating the learning environment

| Domain | Foundation | Specialist | Advanced | Expert |
|--|---|---|---|---|
| Learning resources | <p>Identifies key areas of knowledge aimed at volunteer and undergraduate level with mentorship and creates a suitable resource for this.</p> <p>Has an awareness of the key library contact to support resource development.</p> <p>Knows who to contact to obtain support with resources development.</p> | <p>Supports and produces teaching materials to enhance the facilitation of learning.</p> <p>Is able to develop a comprehensive educational programme to develop junior staff within the same profession.</p> <p>Represents their profession locally to inform and educate the MDT about their role in critical care.</p> | <p>Has an understanding of multi media formats and is able to design resources that meet those differing needs.</p> <p>Regularly called upon to provide support and education to peers across professional boundaries and at times across organisational boundaries.</p> <p>Contributes to the development of advanced practice seminars and post-graduate modules.</p> | <p>Is able to identify and design outreach support for other health providers.</p> <p>Identifies, develops and advertises resources that will add to the international marketplace.</p> <p>Creates all resources to a publishable standard.</p> <p>Tailors learning resources that will be easily accessed across the MDT team and also across all regions of the UK.</p> |
| Culture of learning and development | <p>Is able to accept constructive feedback to improve the delivery of care.</p> <p>Supports the development of students in the critical care environment.</p> <p>Selects suitable critical care patients for case review with peers and supervisor.</p> <p>Is able to mentor undergraduates across the MDT on knowledge that is specific to their profession.</p> <p>Is able to reflect on their ability to mentor and coach others and seek appropriate support.</p> | <p>Mentors graduate staff across the MDT on topics that includes own speciality, but also the broader MDT evidence base.</p> <p>Provides mentorship of graduates in managing caseloads and prioritisation of tasks.</p> <p>Supports graduates in reflecting on their decision making when assessing and treating patients.</p> <p>Delivers clear and constructive feedback to junior staff.</p> <p>Manages the team caseload to allow time for teaching, supervision and support.</p> | <p>Mentors individuals at post-graduate level.</p> <p>Supports the team in managing priorities in meeting critical care caseloads.</p> <p>Supports the specialist staff in integrating the decisions of direct patient care with caseload and project prioritisation.</p> <p>Aligns team and individual objectives to the wider Trust wide Critical Care Strategy.</p> | <p>Regularly mentors peers in other critical care facilities that need support.</p> <p>Develops business cases to enable the team to achieve their development goals.</p> <p>Supports a nurturing environment to deliver high quality critical care education across the MDT and the different trusts.</p> <p>Regularly reviews the knowledge and skills gap within their profession and explores innovative and advanced practice opportunities.</p> |

Facilitation of learning suggested evidence and resources:

- Annual appraisal with objectives clearly linked to service objectives
- Appraising and marking student placements
- Reflective reports/feedback
- Evidence of developing educational programmes for critical care teams
- Awareness and integration of adult learning theory into materials
- Evidence of coaching and mentoring staff
- Participation in peer review
- Post-graduate qualification in Education
- Coaching/Mentoring qualification
- Participation in post-graduate lecturing in critical care
- Participation in developing under-graduate and/or post-graduate modules in critical care

Research, evidence and improvement pillar

Evidence into practice

| Domain | Foundation | Specialist | Advanced | Expert |
|-------------------------|--|--|---|--|
| Evidence-based practice | <p>Demonstrates knowledge and understanding of 'Evidence-Based Medicine/Practice'.</p> <p>Demonstrates a basic level of knowledge and understanding of the key aspects of evidence/literature which inform clinical practice.</p> <p>Demonstrates the ability to undertake critical appraisal using recognised appraisal methods.</p> <p>Uses a range of quality/outcome measures in clinical practice encompassing clinical outcomes, patient-reported outcomes and patient experience.</p> | <p>Demonstrates knowledge and understanding of the evidence-base which goes across the breadth of clinical and professional practice and operational service delivery.</p> <p>Is able to critically appraise and synthesise the outcome of relevant research, evaluation and audit, using the results to underpin own practice.</p> <p>Applies evidence into practice through contribution to a range of work with guidance (eg. local guidelines; education delivery/resources).</p> <p>Engages and supervises junior staff to undertake critical appraisal and/or translate evidence into practice.</p> <p>Engages and supervises junior staff to utilise a range of quality/outcome measures in clinical practice encompassing clinical outcomes, patient-reported outcomes and patient experience.</p> | <p>Demonstrates an extensive understanding of the evidence-base which informs clinical and professional practice and operational service delivery.</p> <p>Is able to critically appraise and synthesise the outcome of relevant research, evaluation and audit, using the results to underpin own practice and to inform that of others.</p> <p>Is able to identify gaps in the evidence base and its application to practice, alerting appropriate individuals and organisations to these and how they might be addressed.</p> <p>Coordinates the application of evidence into practice through a range of work (eg. guidelines; policy education delivery/resources).</p> | <p>Disseminates best practice research findings and quality improvement projects through appropriate media/forums.</p> <p>Represents profession and/or service through local, regional or national peer review of publications or consultations.</p> <p>Represents profession, informing the direction of and standards of practice.</p> |

| Domain | Foundation | Specialist | Advanced | Expert |
|-------------------------------------|---|--|--|---|
| Service evaluation and audit | <p>Demonstrates knowledge and understanding of the theoretical principles of, and can differentiate between, service evaluation, audit and research.</p> <p>Participates in local service evaluation and/or audit activity under guidance.</p> <p>Demonstrates knowledge and understanding of a range of quality measures relevant to the profession and speciality of critical care.</p> | <p>Evaluates and audits own and others' practice, selecting and applying valid, reliable methods, acting on the findings.</p> <p>Demonstrates through service evaluation and audit activity gaps within local practice or service delivery. Takes steps to address improvements in clinical care or operational service delivery.</p> <p>Undertakes benchmarking activity locally, regionally or nationally to inform practice.</p> <p>Coordinates junior staff to complete service evaluation and audit projects and translate findings into practice.</p> <p>Contributes, where relevant, from a local perspective, to national/priority audit programmes.</p> | <p>Utilises a range of quality/outcome measures in clinical practice, encompassing patient experience, clinical, health-economic, and patient-reported outcomes, to critically analyse and evaluate the effectiveness of patient care and/or service delivery.</p> <p>Disseminates local, regional or national service evaluation and audit findings through appropriate media/forums.</p> <p>Designs and undertakes service evaluation and audit projects across professional and/or organisational boundaries, addressing local and regional practice.</p> <p>Appraises and guides the service evaluation and audit activity of others.</p> <p>Utilises service evaluation and audit activity to generate research questions and/or translates into local quality improvement initiatives.</p> <p>Influences the local agenda of service evaluation and audit activity programmes or strategies.</p> | <p>Coordinates regional or national audit programmes.</p> <p>Utilises service evaluation and audit activity to generate research questions and/or translates into large-scale local, regional or national quality improvement initiatives.</p> <p>Influences the regional or national agenda of service evaluation and audit activity programmes or strategies.</p> <p>Coordinates staff across professional and organisational boundaries to measures, analyses and evaluates data to evaluate effectiveness of interventions or service delivery and determines need for change or improvement.</p> |

Research

| Domain | Foundation | Specialist | Advanced | Expert |
|--------------------|---|--|--|--|
| Research knowledge | <p>Demonstrates a basic level of knowledge and understanding of qualitative and quantitative research methods, including the hierarchy of scientific evidence.</p> <p>Demonstrates knowledge and understanding of local processes registering/ applying to undertake research.</p> <p>Demonstrates awareness of the research agenda/priorities of the organisation/institution/ profession.</p> | <p>Demonstrates broad knowledge and understanding of qualitative and quantitative research methods.</p> <p>Demonstrates basic knowledge and understanding of statistical analysis.</p> <p>Demonstrates knowledge and understanding of codes of conduct and guidelines for the ethical conduct of research.</p> <p>Undertakes post-graduate accreditation at Masters level.</p> <p>Demonstrates knowledge and understanding of local/regional or profession-specific funding opportunities to undertake research.</p> | <p>Peer reviews/appraises research proposals of others/acts as an independent reviewer.</p> <p>Champions research and identifies priority areas for research within organisation and/or profession.</p> <p>Demonstrates knowledge and understanding of legal requirements pertaining to healthcare research (e.g. Data Protection Act, Freedom of Information Act, Equality Act 2010).</p> <p>Completion of post-graduate accreditation at Masters level.</p> <p>Demonstrates knowledge and understanding of a variety funding sources and grant application procedures.</p> | <p>Supervises others to undertake study at PhD or equivalent level.</p> <p>Provides research supervision and leadership within organisation and/or profession.</p> |

| Domain | Foundation | Specialist | Advanced | Expert |
|-------------------|---|---|---|---|
| Research delivery | <p>Is able to develop research questions and research proposals under guidance.</p> <p>Participates within research team under Principal or Chief Investigator.</p> <p>Completes own research study under guidance.</p> | <p>Develops research questions and proposals independently or as part of team.</p> <p>Supports others to develop research questions and proposals.</p> <p>Leads research activity as lead author or Principal/ Chief Investigator.</p> <p>Demonstrates a portfolio of research studies.</p> <p>Disseminates research findings through publication and/or professional presentation.</p> | <p>Co-ordinates research activity of others.</p> <p>Participates in multi-centre or large-scale research.</p> <p>Demonstrates a portfolio of research, utilising a range of research methods, which includes an array of publications.</p> <p>Contributes to/influences research policy and/ or strategy within local organisation or higher-education institute.</p> | <p>Effectively manages a portfolio of research studies and research team(s).</p> <p>Contributes to/influences research policy and/ or strategy regionally and/ or nationally relevant to profession/speciality.</p> |

Research, evidence and improvement suggested evidence and resources:

- Membership of special interest group/professional society
- Evidence of critical appraisal
- Case presentations
- Course attendance/evidence of CPD (eg. Critical Appraisal training, conferences/study days)
- Clinical Governance related activity (eg. guidelines; protocols; appraisal of education delivery)
- Relevant post-graduate education (eg. PgCert, PgDip, MSc, MRes, PhD proposal, PhD Thesis)
- CPD Portfolio
- Consultations
- NHS/HEE Multi-professional framework for advanced clinical practice in England
- Health Research Authority
- NIHR Clinical Research Network
- NIHR Internship/Fellowship
- Integrated Research Application System
- Good Clinical Practice
- Evidence of research completion
- Evidence of publication
- Vitae Researcher Development Framework
- Involvement with local NIHR ARCs
- Evidence of change management and/or Quality Improvement modules

CCPDF self assessment grading tool

This self assessment grading tool has been provided to allow individuals to mark the grid with a simple “x” for each pillar and subsection when undertaking an appraisal.

Name of Professional: _____ Date of Assessment: _____

| | Foundation | Specialist | Advanced | Expert |
|---|------------|------------|----------|--------|
| Clinical Practice | | | | |
| Safe, effective, patient centred care | | | | |
| Knowledge of critical care and critical illness | | | | |
| Coordination of care | | | | |
| Communication | | | | |
| Patient safety | | | | |
| Judgement and decision making | | | | |
| Critical thinking and clinical reasoning | | | | |
| Leadership | | | | |
| Teamwork and team development | | | | |
| Working with others | | | | |
| Connecting people and services | | | | |
| Professional and organisation leadership | | | | |
| Managing people and services | | | | |
| Improving services | | | | |
| Strategy and vision | | | | |
| Facilitation of learning | | | | |
| Learning and developing | | | | |
| Learning opportunities | | | | |
| Developing others | | | | |
| Creating the Learning Environment | | | | |
| Learning resources | | | | |
| Culture of learning and development | | | | |
| Research, evidence and improvement | | | | |
| Evidence into practice | | | | |
| Evidence based practice | | | | |
| Service evaluation and audit | | | | |
| Research | | | | |
| Research knowledge | | | | |
| Research delivery | | | | |

Appendix 1 – Contributors

External Experts and Consultants

Carole Boulanger – [Advanced Critical Care Practitioners](#)
Carys Davies – [British Dietetic Association](#)
Keith Young – [Lay Representative](#)
Dr Leyla Osman – [Head of Physiotherapy GSTT](#)
Lizzie Grillo – [Association of Chartered Physiotherapists in Respiratory Care](#)
Mark Borthwick – [Royal Pharmaceutical Society](#)
Dr Stephanie Tempest – [Royal College of Occupational Therapists](#)
Steve Tolan – [Chartered Society of Physiotherapy](#)

User testing contributors – with special thanks to their teams

Claire Woods – [University Hospitals Coventry and Warwickshire NHS Trust](#)
Deborah Howland – [Torbay and South Devon NHS Foundation Trust](#)
Jacqui O’Flynn – [Imperial College Healthcare NHS Foundation Trust](#)
Dr Liesl Wandrag – [Guys and St Thomas’ NHS Foundation Trust](#)
Lucy Morgan – [Royal Gwent Hospital, Aneurin Bevan Health Board](#)
Rob Martyn-Jones – [University Hospitals Bristol NHS Foundation Trust](#)
Rowan Clemente – [North Bristol NHS Trust](#)

Appendix 2 – Glossary

ACCP – Advanced Critical Care Practitioners
AHP – Allied Health Professional
BDA – British Dietetic Association
CC3N – Critical Care National Network Nurse Leads Forum
CPD – Continuing Professional Development
CQC – Care Quality Commission
CSP – Chartered Society of Physiotherapy
FICM – Faculty of Intensive Care Medicine
GPICS – Guidelines for the Provision of Intensive Care Services
HCPC – Health and Care Professions Council
ICS – Intensive Care Society
MDT – Multidisciplinary Team
NHSI – NHS Improvement
RCOT – Royal College of Occupational Therapy
RCSLT – Royal College of Speech and Language Therapists
RPS – Royal Pharmaceutical Society

Appendix 3 – Professional frameworks linked to this work

This critical care framework was developed through the distillation of expert frameworks already in use across the UK. These included

Multi-professional generic frameworks

- Employability Skills Matrix for the Health Sector (2013)
- Modernising Allied Health Profession' Careers in Wales – a post registration framework (2016)
- Post Registration Career Development Framework for Nurses, Midwives and Allied Health Professionals in Scotland (2016)
- NHS Leadership Academy Healthcare Leadership Model (2013)
- The Macmillan Allied Health Professions Competence Framework (2017)

Profession specific frameworks

- BDA Dietetic Career Framework (2013)
- RCOT Career Development Framework (2017)
- CSP Physiotherapy Framework (2013)
- RCSLT Newly Qualified Practitioner and Tracheostomy Competency Frameworks (2007)
- RPS Advanced Pharmacy Framework (2013)
- FICM Curriculum for Training for Advanced Critical Care Practitioners (2015)

Critical care specific frameworks

- CC3N National Competency Framework for Registered Nurses in Adult Critical Care (2015)
- FICM Curriculum for a Certificate of Completion of Training in Intensive Care Medicine (2015)
- RPS Critical Care Expert Professional Practice Curriculum (2014)

References

1. Health & Care Professions Council. *Standards of conduct, performance and ethics*. 20120801POLPUB/SCPE. 2016.
2. Chartered Society of Physiotherapy. *Physiotherapy framework: Putting physiotherapy behaviours, values, knowledge and skills into practice*. 2013.
3. NHS England. *Commissioning guidance for rehabilitation*. 2016.
4. Health & Care Professions Council. *Continuing professional development and your registration*. 2017.
5. Department of Health. *The National Education and Competence Framework for Assistant Critical Care Practitioners*. 2008
6. Health Education England. *Multi-professional framework for advanced clinical practice in England*. 2017





Intensive Care Society | Churchill House | 35 Red Lion Square | London | WC1R 4SG
T: +44 (0)20 7280 4350 E: info@ics.ac.uk W: www.ics.ac.uk

Registered as a Company limited by Guarantee
Registered No: 2940178 (England) Registered Office as above
Registered as a Charity in England and Wales No: 1039236 and in Scotland No: SC040052

© Intensive Care Society