

Sriramajayam

ACCP presentation

A screenshot of a web browser displaying a Google Images search for "advanced critical care practitioner". The browser's address bar shows the search URL. The Google search bar is at the top, with the search term entered. Below the search bar, the "Images" tab is selected. The search results are displayed in a grid of 24 portrait photographs of healthcare professionals, mostly in white lab coats. The browser's taskbar at the bottom shows several open PDF files related to the search, including "SRJ Anaes ICM-main....pdf", "Anaes ICM-main rep....pdf", "SRJ Critical Eye 7 - W....pdf", "SRJ Simon Gardner -....pdf", and "SRJ FICM-2015ACCP....pdf". The system clock in the bottom right corner indicates the date and time as 01:16 on 22/09/2015.

DEMYSTIFYING ACCP PROGRAMME

Implementation and development

Dr Ramprasad Matsa

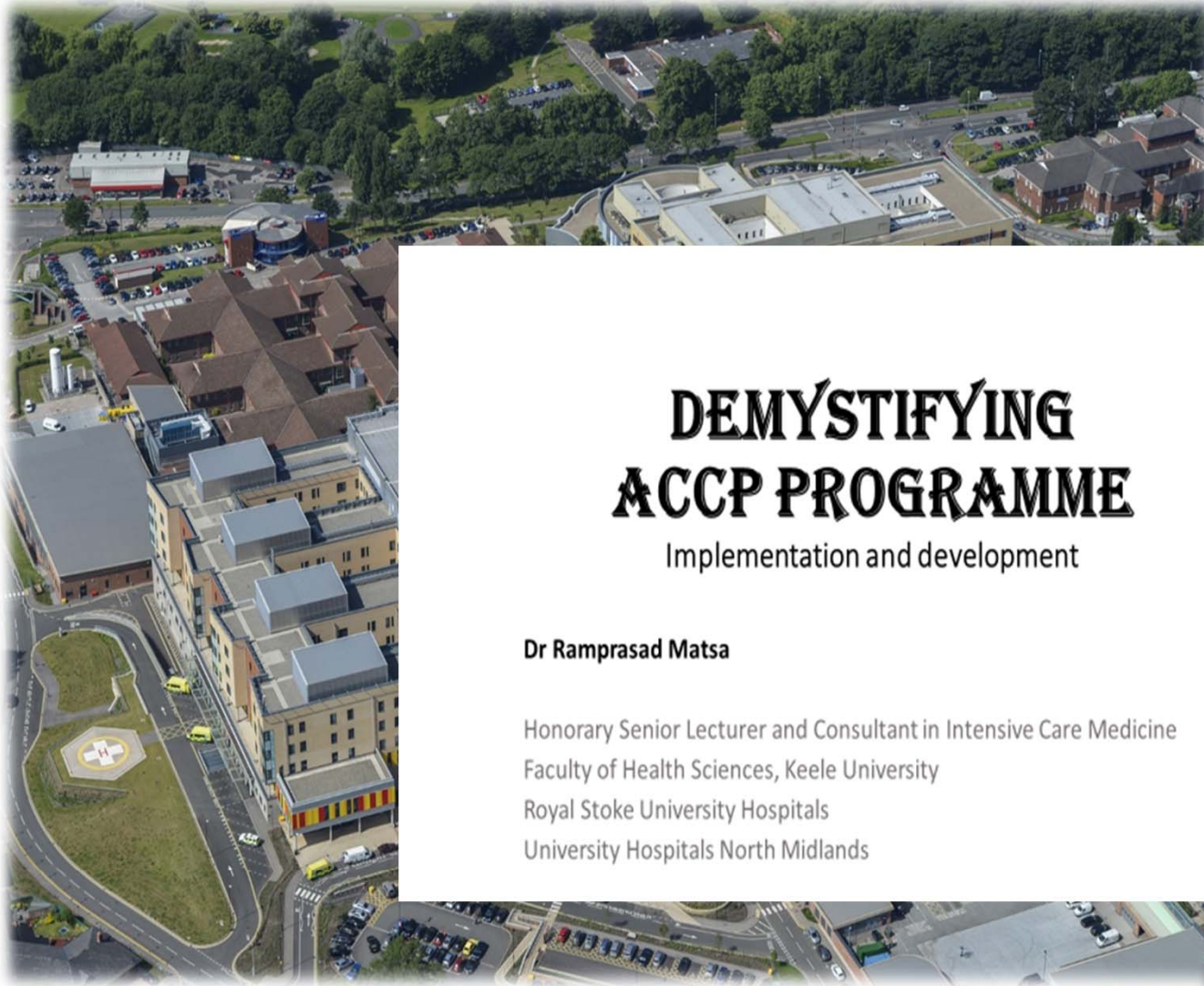
Honorary Senior Lecturer and Consultant in Intensive Care
Medicine

Faculty of Health Sciences, Keele University

Royal Stoke University Hospitals

University Hospitals North Midlands





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Demystifying the Mortgage Process

Your complete 6-step guide to navigating Life's Biggest PurchaseSM



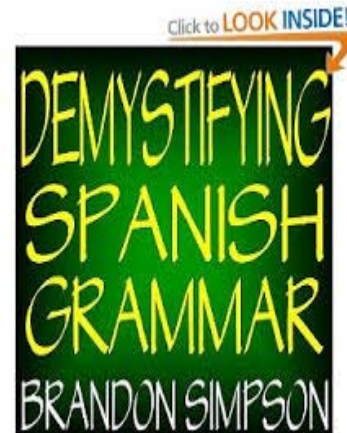
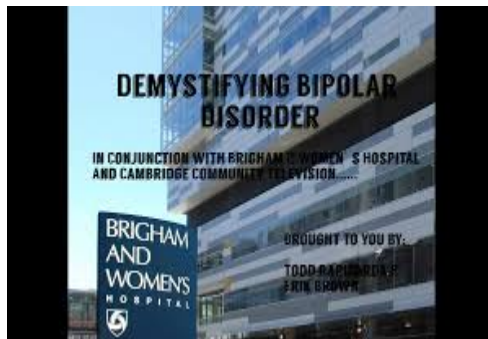
1 How to Shop for the Best Mortgage

These Critical Mistakes Happen

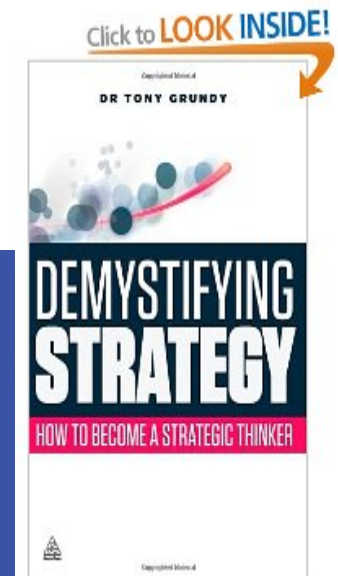
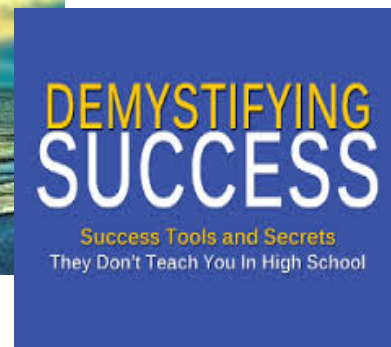
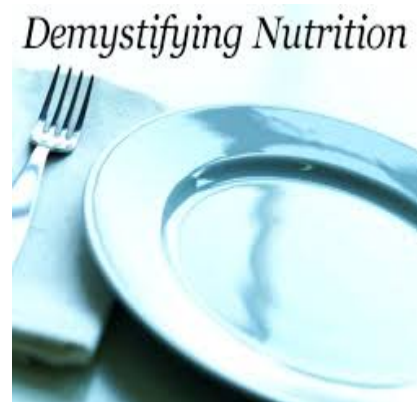


So why would you want to know about this?


- 1. The mortgage that offers the lowest possible price is not always the best mortgage.
- 2. A mortgage that is suitable for your needs is not always the best mortgage.



DEMYSTIFYING DIGITAL HUMANITIES



demystify

/di:'mɪstɪfʌɪ/ 

verb

gerund or present participle: **demystifying**

make (a difficult subject) clearer and easier to understand.
"this book attempts to demystify technology"

Translate demystifying to

Choose language



demystifying - definition of demystifying by The Free Dictio...

www.thefreedictionary.com/demystifying ▾

Definition of **demystifying** in the Online Dictionary. Meaning of **demystifying**.

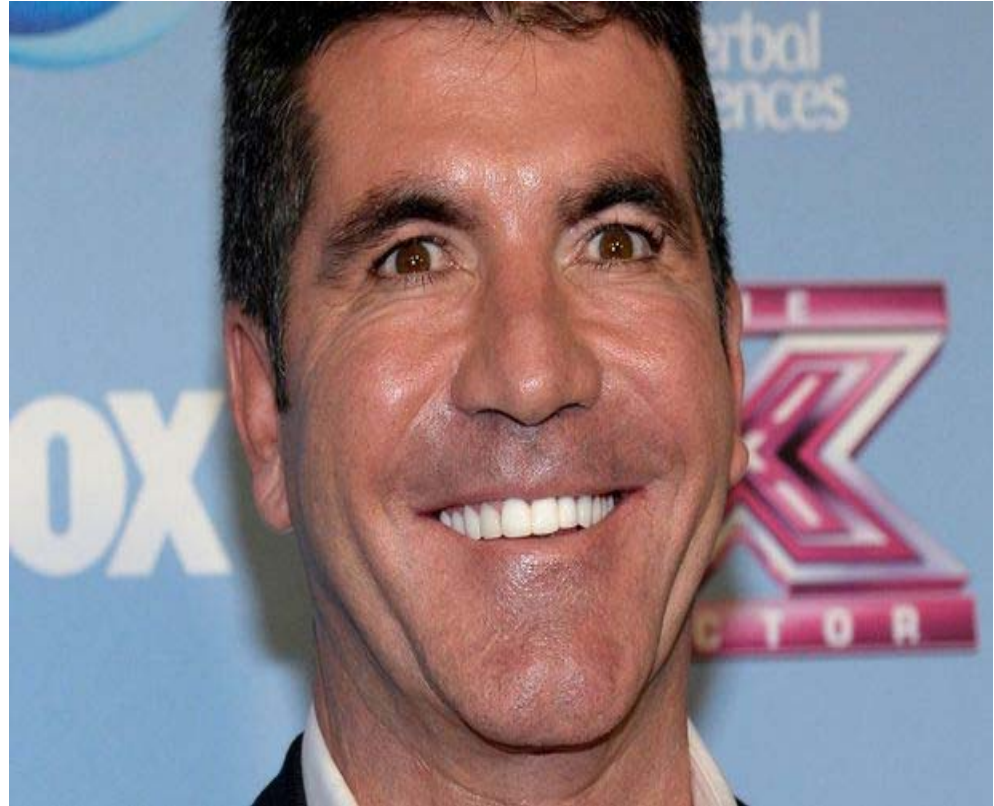
Pronunciation of **demystifying**. Translations of **demystifying**, **demystifying**

Agenda today

- Convincing act..... **Implementation**
- Education, Standards and Curriculum **Development**
- The Future

Convincing

Thought it was easy



Convincing

Building trust – Amongst Colleagues

Convincing policy makers (Vitamin M)

Convincing

Building trust – Amongst Colleagues

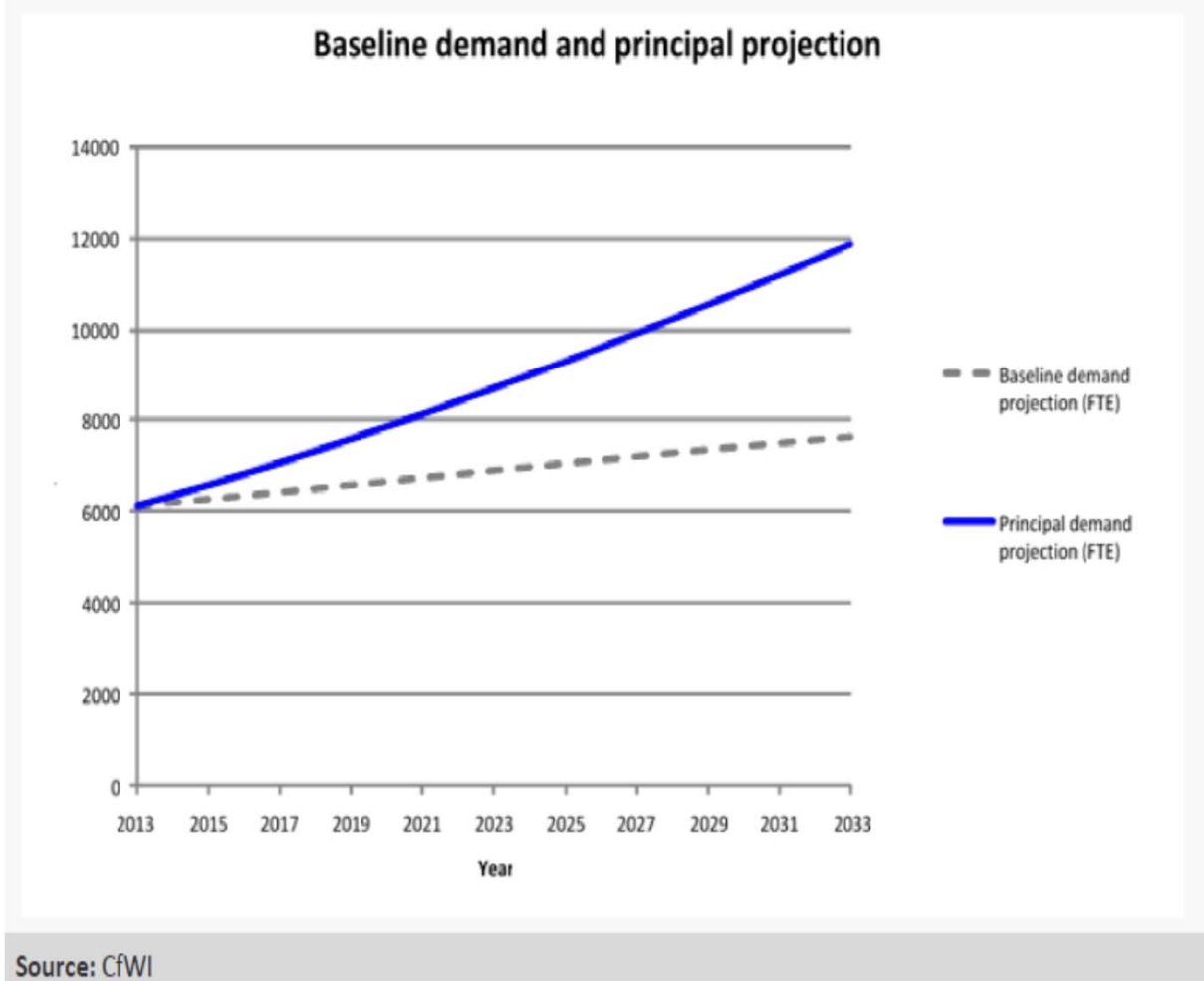
Convincing policy makers (Vitamin M)



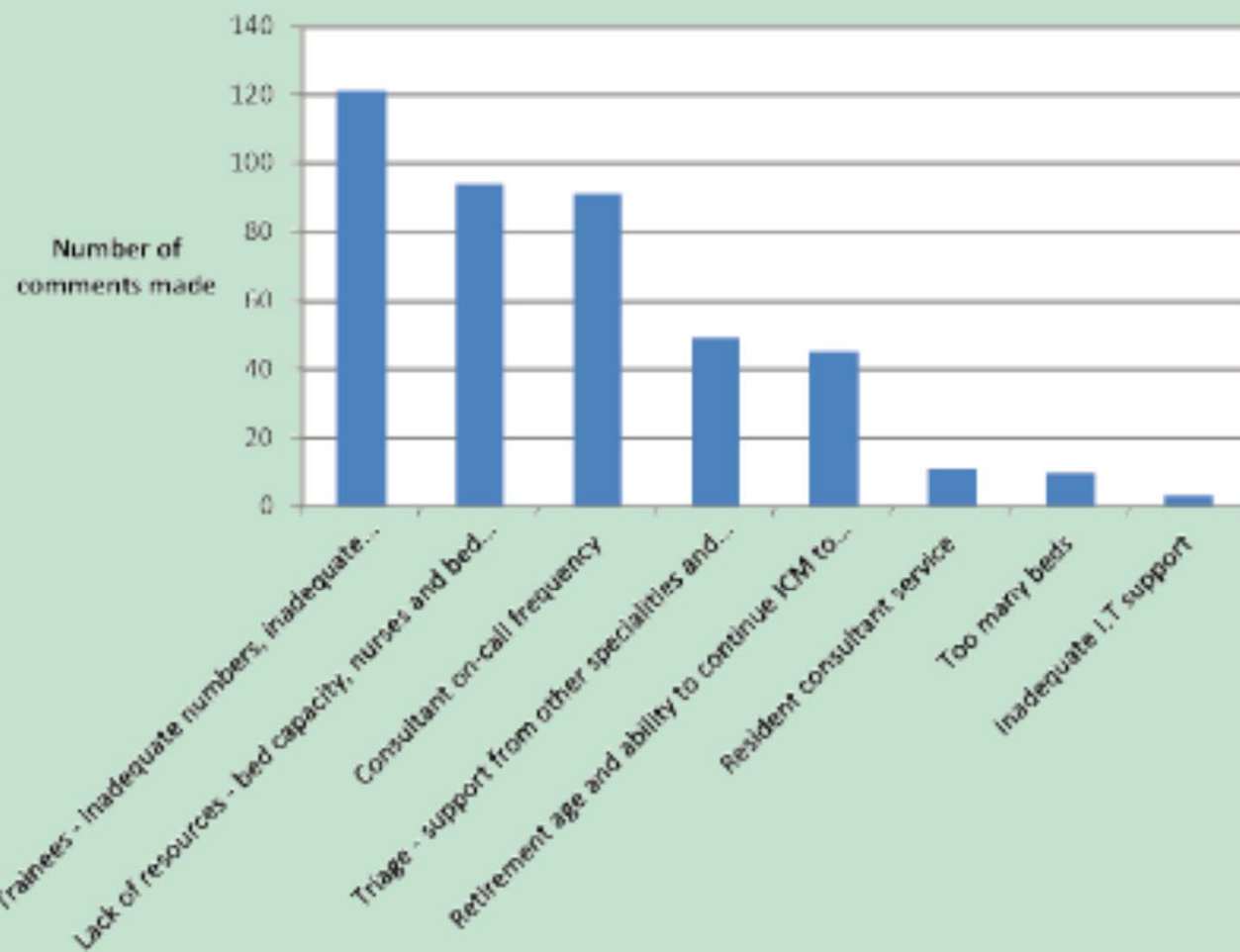


Figure 5: Baseline and principal projections of demand for CCT holders in anaesthetics and ICM

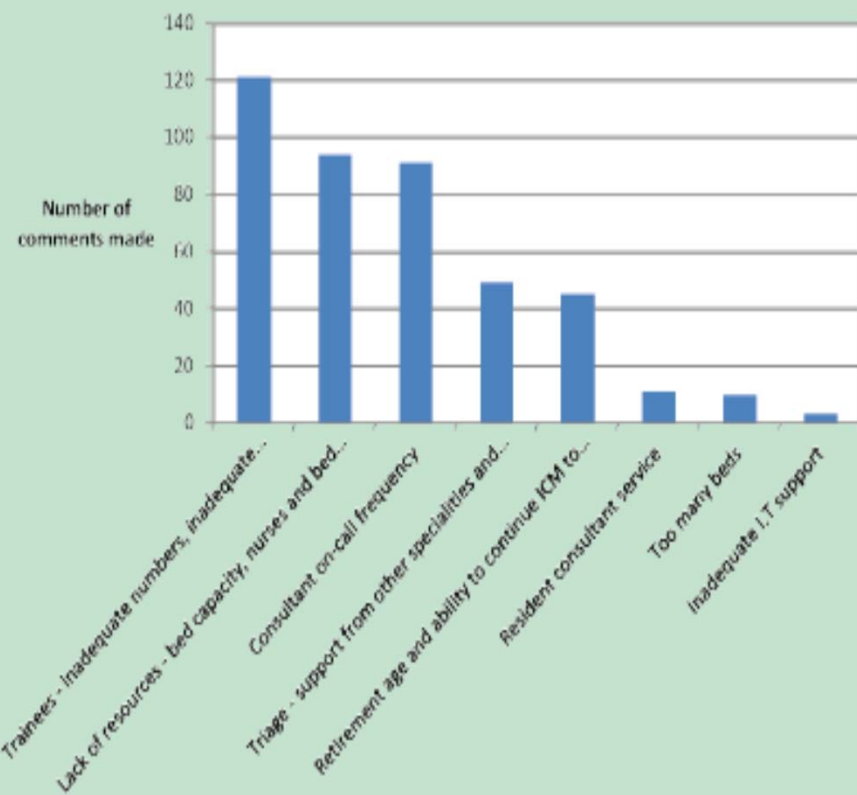
Baseline demand is projected to increase over the next 20 years, with the principal projection increasing on average by 4.7 per cent annually.



Do you find Intensive Care Medicine stressful enough to influence your future career plans?

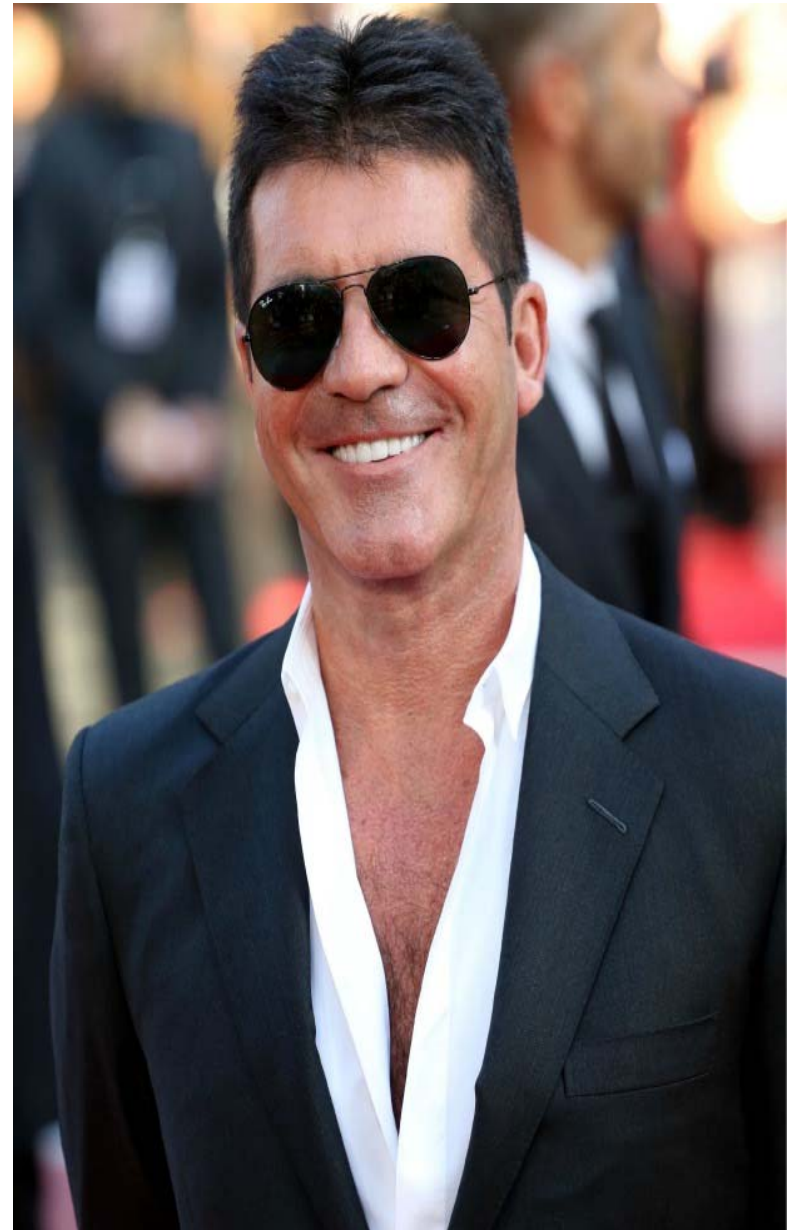


Do you find Intensive Care Medicine stressful enough to influence your future career plans?



Key drivers

- MSFT
- Seven day working
- Future Hospital commission
- Shape of training





What worked – The management

- Local Data (most powerful tool)
- Projection of trainee numbers locally
- capacity and resourcing issues
- **Unit Expansion – HIGH STAKES**

The projection

- Seamless 24/7 cover on ITU
- Staff who possess the **training, experience and abilities commensurate with middle grade critical care medical staff.**

Options Appraisal?

- Do nothing
- Locums
- Non Career Staff Grade/ Fellow posts
- Relook at rotas
- Consultant cover
- ? ACCP's

But....

- Some Colleagues not convinced with tl
- Credibility
- Not convinced that there could be structure to this



Changes.....

- **Hospital visits – Advice from who are running it**

Changes.....

- **Hospital visits – Advice from who are running it**
- FAQs were developed
- Adopted DOH Curriculum (2008) – Competency Framework for ACCPs
- Developed Matrix's to match the curriculum needs
- HEI partnership – Keele University

Documentary evidence of competencies



ADVANCED CRITICAL CARE PRACTITIONER (ACCP) ASSESSMENT DOCUMENT AND TRAINING RECORD

Student Name: (Block Capitals)		Keele ID Number: (First 6 digits from Keele Card)		
Module & Module Code	The Advanced Critical Care Practitioner NUR-40046	Placement / Workplace Name:		
Personal Tutor: (Block Capitals)		Module Start & Finish Dates:	Start:	Finish:
Module Leader(s) (Block Capitals)		Supervisor's Name: (Block Capitals)		
Assessment Submission Date:		Date of Supervisor's Last Update:		
		Assessment Result: (Supervisor – please circle as appropriate)	PASS	FAIL

Students **MUST** keep this document as it forms part of the professional portfolio for summative submission

Interpretation of Clinical Data and Investigations in the Assessment and Management of Critical Care Patients			
Part 1: Able to perform independently			
Competencies	Able to perform Independently	Assessment Method	Date
Can obtain a history of the current condition and previous health status and perform an accurate clinical examination.			
Can undertake timely and appropriate investigations including microbiological sampling.			
Can perform, interpret and adjust respiratory management plans according to blood gas analysis.			
Within legal frameworks can order and interpret chest x-rays.			
Can monitor appropriate physiological functions and recognise and manage trends in variables.			
Can integrate clinical findings with laboratory investigations to form a differential diagnosis of organ dysfunction.			
Can initiate and manage basic organ support as defined in the Critical Care Minimum Dataset.			
Part 2: Performs under supervision of the consultant			
Can integrate clinical findings to advanced organ support after consultation with critical care consultant as defined in the Critical Care Minimum Dataset.			

Diagnosis and Disease Management within the Scope of Critical Care			
Part 1: Able to perform under supervision			
Competencies	Able to perform Under supervision	Assessment Method	Date
Can manage the care of the critically ill patient with specific medical conditions			
• Can manage the care of the critically ill patient with chronic and co-morbid diseases and identify the implications of chronic disease on the critically ill Patient			
• Can manage the patient with pulmonary infiltrates including acute lung injury syndromes (ALI/ARDS) and their causative factors			
• Can manage the care of the septic patient			
• Can identify and minimise factors contributing to impaired renal function			
• Can identify and minimise factors contributing to impaired liver function			
Part 2: Demonstrates Knowledge			
Competencies	Demonstrates Knowledge	Assessment Method	Date
• How to manage a patient in the critical care environment following trauma			
• How to manage a patient in the critical care environment following burns			
• How to manage a patient in the critical care environment following spinal injuries			
• The Implications of critical illness in the context of pregnancy			

HEI Partnership – Theoretical components



School of Nursing & Midwifery

The Advanced Critical Care
Practitioner
NUR- 40046
Module Handbook

Module Leader: Mel Humphreys
Clinical Lead: Dr Ramprasad Matsa

The Advanced Critical Care Practitioner (ACCP) Module Timetable		
Day 2 – 20 th October		
Clinical Education Centre Room FF40		
09:00	Respiratory Anatomy	
09:30	Physiology of gas exchange	
10:00	Pathophysiologic concepts of T1 RF and T2 RF	
10:30		
11:00	Coffee Break	
11:30	Airway diseases	
12:00	Parenchymal diseases	
12:30	Lunch	
13:00		
13:30	Pleural diseases	
14:00	ARDS	
14:30		
15:00	Coffee Break	
15:30	Laboratory medicine	
16:00	Safety in Blood products, Haematology testing and cross matching	
16:30	Concepts in blood cultures and microbiological testing	

The Advanced Critical Care Practitioner (ACCP) Module Timetable		
Day 4 – 16 th December 2015		
Clinical Education Centre Room FF40		
09:00	Gastroenterology	
09:30		
10:00		
10:30		
	Anatomy	
	Liver physiology and Liver function testing	
	Liver failure	
	Acute Pancreatitis	
11:00		
11:30	Motility disorders and pharmacologic concepts	
12:00	Nutrition in critically ill	
	Abdominal compartment syndrome	
12:30	Lunch	
13:00		
13:30	Gastric Emergencies	
14:00	Acute GI bleed	
14:30	Intestinal obstruction	
	Perforation	
	GI Infections	
	Gut Ischemia	
15:00		
15:30	Musculoskeletal	
16:00	Anatomy and physiological	

Frequently asked questions – ACCP Training programme @ UHNM

1. When would an ACCP trainee become ACCP

When they join an ACCP programme they are ACCP trainees. They become an ACCP after achieving competencies as recommended.

Part 1: (Higher Educational Institute should accredit these – currently Keele University)

- a. Completion of non-medical prescribing (Need not have to repeat if already have completed one), Diagnostics and Health Assessment modules.
- b. Completion of assessments of theoretical modules through Keele University
- c. Completion of 4 X case summaries
- d. Demonstrate PGd/ Masters level at completion

Part 2:

- a. Completion of passport (Clinical) competencies i.e 15 competency matrices
 1. Matrix 1-10 : Clinical core competencies
 2. Matrix 11-13: Professional core competencies
 3. Matrix 14 : Leadership core competencies
 4. Matrix 15: Teaching and training
- b. Completion of 1 X audit per year or demonstration of participation
- c. 1 X MSF / year

Part 3:

- a. Recommendation from the educational supervisor
- b. Satisfactory completion of training at ARCP

Part 1 + Part 2 + Part 3 = ACCP

2. What is the remit of ACCP trainee/ ACCP

The remit of ACCP trainee/ACCP is exactly what has been signed off in the passport (Matrices). The competencies that are not covered in the matrices should not be attempted at all. It is envisaged, once they attain the necessary competencies they would function at CT2 level. This is based on the decision of the ARCP panel based on the candidate's performance, recommendation and good standing from the educational supervisor. Until they become ACCP, the ACCP trainee would not be allowed to participate in the rota.

Structure of training



Final Assessment

- ARCP (Clinical Competencies)
- Presentation
- OSCEs
- SOE (viva)

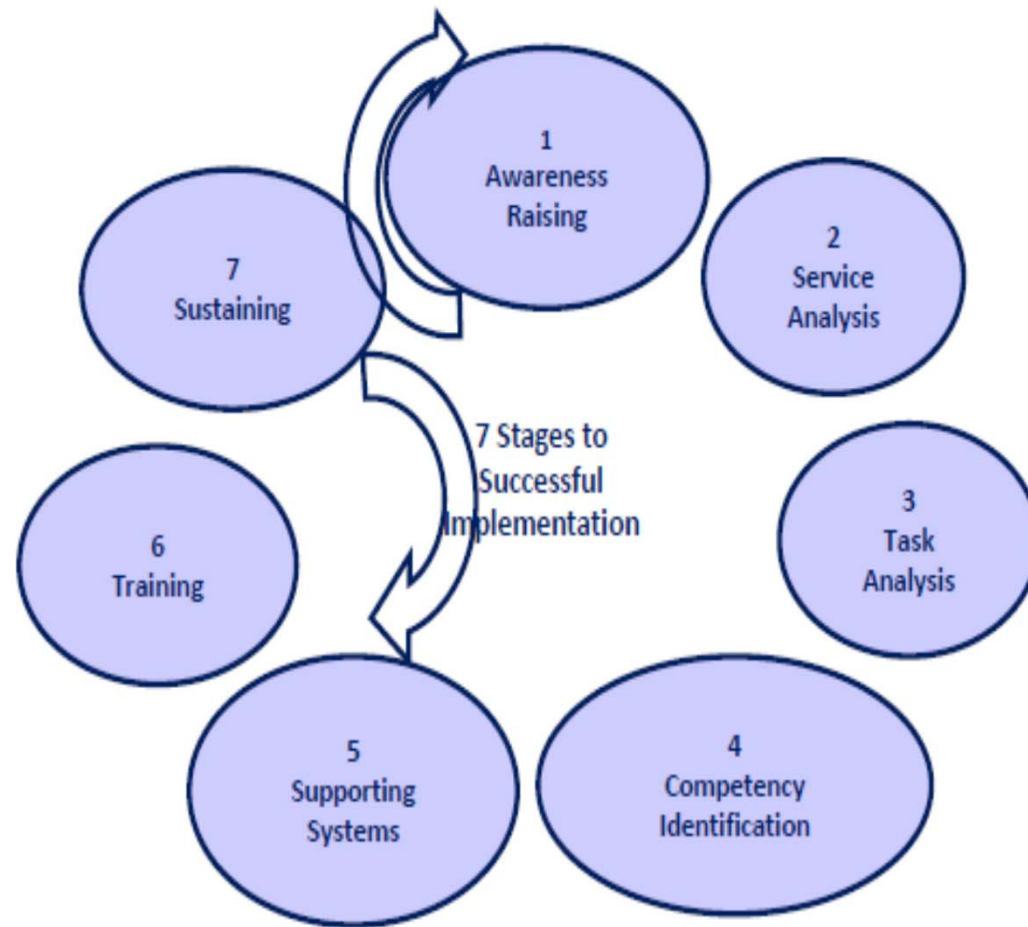
My colleagues view

- “credible “
- “ Trustworthy”
- “ couldn’t have had a better description --- ward rounds”
- “recommend for 1st on call rota “

Calderdale framework

- 7 step, clinician led process
- used to improve the way a healthcare team

Calderdale framework



Awareness Rising – Staff engagement

- “**buy in**” – concept
- Rota’d along side trainees
- Biggest strength is that I had a **highly motivated ACCP team** that we appointed at start
- Quickly adopted themselves as Champions to raise trust

Service analysis – Potential to change

- **FAQS** : Clear structure to the purpose of ACCPs and their functions
- Clarity on “Who does what now?”- **Role Identification and Rota for ACCPs**
- Create list of tasks/ subtasks – Need to be careful – **MUST NOT BE ABUSED**
- Consider potential service changes which would improve efficiency and patient experience – **expansion of the roles**

Competency identification (Quality)

- We **formalised training Process** - Matrix /WPBA/ Engagement with FICM/ LETB
- **Clear Entry and exit Strategies**
- HEI
- Presentations in Local M&M, Journal Clubs
- Governance Meetings
- Involvement in Staff education

Supporting system (Governance)

- Setting up clinical supervision and reflective practice
- Awareness of what and when they should feedback
- Awareness of professional limitations

Training (Staff Development)

- Competency based and should be practical
- Identify educational needs of new roles – **HEI Partnership/DOH CF**
- Does the course exist or will it need to be set up with your input?
- Set up timeline required, is it achievable? – **Fear Factor**

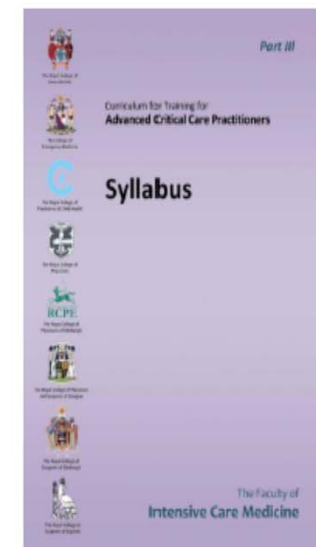
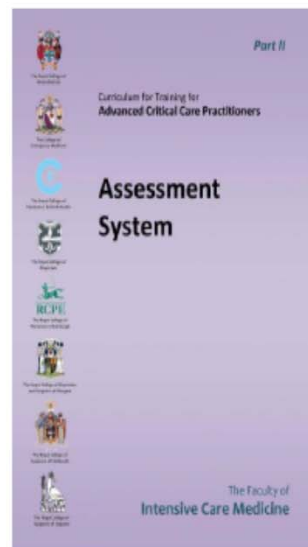
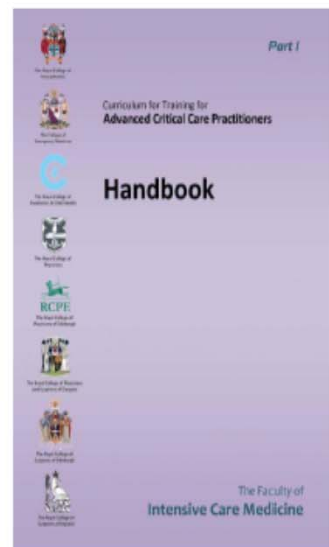
Sustaining (Embedding and Monitoring)

- “As the going gets tough the tough gets going”
- Revalidation Process.....
- Creating competency based job descriptions and role expansion

If you were to start an
ACCP Programme....

The Recipe

FICM – National ACCP Training curriculum 2015



Concepts

- Based on medical ITU training (FICM Curriculum for Training in ICM)
- 2 Year training leading to Postgraduate Diploma (clinical + HEI)
- FICM affiliation (Associate FFICM award on completion of successful training)

Syllabus

- Core knowledge with assessment modalities cross-referenced (HEI)
- Common competencies
- Specialist ICM competencies
- Professional competencies

Framework – For the Programme director

- Registration with FICM
- Definition, role & scope of practice of an ACCP
- Basic recruitment criteria
- Basic guide to course structure
- Learning modalities
- Out of hours guidance
- Description of Assessment tools
- Role of Educational Supervisor

Requirements

- Course Director
- Educational Supervisors - 1 per ACCP
- Consultants or Senior Trainees to deliver teaching
- University Staff - local HEI lead
- SPA allocation

Portfolio

- Logbook
- Learning record & reflection
- Courses - local, national
- Audit
- Research
- Teaching - all levels
- Train the Trainers
- Awards

Assessment system

- Training Record
- Logbook
- Educational Agreements
- Consultant Assessments
- HEI Record and Assessment
- Educational Supervisor Record
- Annual Review

Challenges

- Money
- HEI - documentation, timelines,
- Management buy-in
- CPD & evolution of role

The future

- Exit exam – When ?
- CPD – Revalidation
- Career development – ?Nurse Consultant
- Specific sub-specialty skill-sets – USS, Research, Education
- Enhance national profile

Where we are now

- 5 Fully Qualified ACCPs
- Had successful ARCP
- Passed all the 3 assessment – OSCE, Clinical Presentation and viva
- Extremely Happy Consultant Body, Senior and Junior Nursing staff

Where we are now

- 5 new ACCPs appointed
- Due to have couple more from Royal Navy
- Excellent feedback

Where we are now

- Role Expansion
 - Simulation Faculty
 - Education and contribution/ Facilitation to University Modules
 - Facilitation of Governance meetings
 - Research forefront

The Faculty of Intensive Care Medicine



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ACCP Training

ACCPS must complete a programme leading to an appropriate Postgraduate Diploma/Masters degree with a Higher Education Institution. Teaching within hospitals is overseen by a Local Clinical Lead (LCL) who holds an honorary appointment with the HEI and is responsible to the HEI for the delivery of the clinical components of training.

A list of the HEIs where ACCP training is available can be found below:

- ▶ [Cardiff University](#)
- ▶ [Keele University](#)
- ▶ [University of Leeds](#)
- ▶ [Northumbria University](#)
- ▶ [Swansea University](#)
- ▶ [Teeside University](#)
- ▶ [University of Warwick](#)

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[National Recruitment for ICM](#)

[Workforce](#)

[CPD and Revalidation](#)

[Critical Care Leadership Forum \(CCLF\)](#)

[Publications](#)

[Critical Eye](#)

[Partner Organisations](#)

[Contact the FICM](#)

➤ Leeds Teaching Hospitals NHS Trust

Information provided by Richard Faulkner, ACCP Trainee

➤ Newcastle upon Tyne NHS Foundation Hospitals Trust (NuTH)

Information provided by Sadie Diamond-Fox, ACCP Trainee

➤ NHS Lothian

Information provided by Gail Renwick, ACCP

➤ North Cumbria University Hospitals NHS Trust

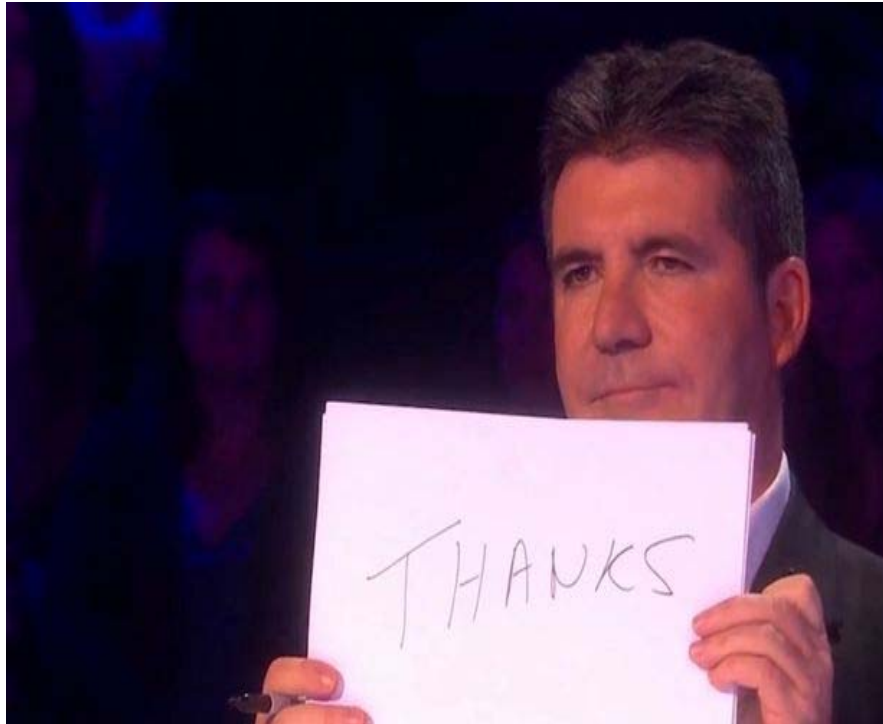
Information provided by Kirsten Geer

➤ University Hospital of North Staffordshire

Information provided by Charlotte Cox

Acknowledgements

- The entire ACCP team (sorry I don't have a picture)
- Karen Eptlett, Clare Hughes and Lesley Smith
- All my consultant colleagues
- Mel Humphries
- Carole Boulanger



You are very welcomed to
visit us

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