Aims & Objectives

• Aim
  • Overview of the ACCP role and how it works within the local critical care setting

• Objectives
  • My development to ACCP
  • Drivers
  • FICM guidance and curriculum
  • What’s happening locally at ULHT
Northumbria ACCPs
Drivers

• Increasing age & co-morbidities
• Utilise new technologies and treatments
• Reduction in ICM trained staff
• Resident ratio 1:8
• Staff progression
• Staff retention
ACP vs ACCP

• ACP cheaper because more numbers to be trained
• ACP generically trained and only competencies are speciality specific
• ACP definition is acknowledged by HEE, but it’s not a title or a role
• Any registered professional
• Not supernumerary, on job training
• Even less specialist knowledge
Pre- requisites for ACCP

- Registered professional - Nurse/physio
- Experience working in critical care
- Bsc or demonstrate academic ability at degree level
- Complete a robust selection process
- Must be entered on to an appropriate postgraduate diploma/MSc with higher education Institution
- Must be able to prescribe
What is an ACCP

- High standard knowledge and skills
- Nurse/Physio
- Diagnose & treat
- Refer to specialist if needed
- Empowered to make high level clinical decisions
- Successfully completed academic and clinical competencies set out by FICM
- A FICM member ACCP with supervision from ICM consultant should fall within definition of an ICU resident (GPICS 2018)
What can ACCP do
Program & course

• 2 years full time supernumerary
• Complete program leading to appropriate postgraduate diploma/MSC
• Cellular physiology
• Homeostasis
• Systems A + P & pathophysiology
• History taking and examination

• Radiology
• Microbiology
• Pharmacology & prescribing
• Technology
• Discharge planning and rehabilitation
• EOL care
• Organ/tissue donation
• Surgical procedures
FICM & Networking

- National Association of Advanced Critical Care Practitioners (NaACCP)
- Founded in June 2013, hosted by FICM
- [www.ficm.ac.uk/accps/naaccp](http://www.ficm.ac.uk/accps/naaccp)
- Regional networks - Northern region, Mid ACCP, London Network, North West
- Podcasts - Jonathon Downham
- Facebook
- Twitter
CPD & appraisal

- Meet mentor formally every 6 months
- Logbook skills
- Feedback
- Record of study days & formal teaching
- FICM/ ULHT assessment forms
- Tripartite appraisal - consultant & matron
- Audit
- Service development
Advantages vs disadvantages

- Expensive to train - financial/time
- Lack of knowledge
- Continuity of care
- Passionate about ICU and want to be there
- Keeps experienced nurses clinical
- Reduces consultant workload in longer term
LCH pilot project

- Meet GPICS requirement
- Junior Drs 3/5 ACCP has prevented them making a mistake
- Registrars - better theatre training,
- Consultants - protected time & continuity
- Nurses - Bridge between nurses and medical staff
  - Interventions and performed more efficiently
  - Senior nurses have support
  - ¾ staff asked see it as career progression
Any questions?
Contacts and References

- Heather.baker@ulh.nhs.uk
- The Faculty of Intensive Care Medicine (FICM)
- The Guidelines for Provision of Intensive Care services, version 2 (GPICS2)
- Health Education England (HEE 2017) ACP framework
- ULHT ACCP Pilot project