

**EMPLOYING ADVANCED CRITICAL CARE PRACTITIONERS (ACCPs) AS PART OF A CRITICAL CARE TEAM**

1. **Identify the need for ACCP**: The need for a clear driver is essential. ACCPs will improve patient safety and outcomes, and also improve patient experience through better workforce modelling. ACCPs have enhanced the local staff training as well as optimised Junior Doctor training, either directly or indirectly.
2. **Organisational support and governance to the ACCP role needs to be established**: The ACCP role should be fully integrated into governance structures. Clear guidelines and Standard Operating Policies on the way of working would enhance the organisational support.
3. **ACCP Appointment Process:** In order to enhance the validity and credibility of the ACCPs, the departments and the organisation should abide to the nationally agreed routes of entry and selection processes.
4. **Commitment towards training ACCPs:** The investment in training is extremely important for the ACCP performance outcome perspective. Therefore, there needs to be a clear arrangement and commitment from the organisation towards in-house training and assessment. This requires consultant commitment within their job plans and agreement at the organisational level to provide such training.
5. **Accountability and performance assessment:** There needs to a clear commitment from the organisation towards the lines of accountability both clinically and managerially. This is done through regular appraisal, line management and delivering annual review of competency progression for the ACCPs.
6. **Supporting Continuous Professional Development:** The organisation should support ongoing CPD activity through identification of defined budgets and study leave. This would maximise the patient safety and ACCP job role satisfaction.
7. **Sustaining the ACCP role and Career Progression:** Clear and structured pathways for career progression are important for ACCP retention and engagement with the organisation for a long-term development. There has been a structure developed through FICM.
8. **Performance Survey and feedback:** Regular evaluation through staff and patient feedback and service evaluation through survey would validate the function of the ACCP role. This would create more confidence in the future development of the role.
9. **Wider demonstration and Awareness of the ACCP role:** It is important to explain and demonstrate the ACCP role in the multi-discipline, inter departmental meeting to increase the awareness. This could be through ACCP presentation at the Hospital Grand round, presentation at the hospital Audit meeting, representation of ACCPs at the hospital mortality meeting etc.
10. **Involvement in the local teaching and training opportunities**: ACCPs should be involved in provision of training and education to the junior doctors as well as trainee ACCP mentorship and local staff training.
11. **ACCPs should be a part of the clinical team:** ACCPs should be trusted with the right level of autonomy and decision making in their defined roles. ACCPs should not just be given tasks the junior doctors are not doing. ACCPs should be a part of the medical rota and should be involved in all aspects of care delivery within the remit of the training provided.

**12 ACCPs as leaders and managers:** Further role development opportunities should be considered for ACCPs. In particular, experienced ACCPs could be made to utilise their leadership roles to the benefit the organisation.

**13 ACCPs as locums/bank/agency staff:** ACCPS working additional shifts within their own organisation should be comparably remunerated as the medical trainee they are replacing. Trusts and Boards employing ACCPS from an agency should ensure they are FICM Associated and local checks on NHS indemnification for their practice confirmed. Be aware personal indemnity may only relate to NHS indemnified organisations.