

A yellow hexagon with a white border, containing the text 'MEDICAL ASSOCIATE PROFESSIONS' in a bold, black, sans-serif font.

**MEDICAL
ASSOCIATE
PROFESSIONS**

Advanced Critical Care Practitioners

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The organisation

The Newcastle upon Tyne Hospitals NHS Foundation Trust (NUTH) is one of the most successful teaching NHS trusts in the country providing innovative, high-quality healthcare, including community services and primary care.

One of the largest employers in the region, NUTH employs around 13,500 members of staff. It offers the second highest number of specialist services in England, has over 1,800 beds, and manages over 1.72 million patient contacts every year.

Background

In 2011, a report by the Centre for Workforce Intelligence predicted a significant growth in demand for critical care services over the next 20 years with a 4-5 per cent increase in year-on-year activity.

The factors influencing this included an ageing population, increasing patient frailty, and the evolution of medical and surgical care. It was clear that the trust had to find solutions to increasing its provision of critical care services to meet future demand.

While the advanced clinical care practitioner (ACCP) role was a relatively new way of working in critical care, NUTH recognised that it could deliver many benefits including:

- enabling experienced, registered health care practitioners to deliver care, and aiding multidisciplinary team working
- facilitating continuity of care
- providing support to gaps in the junior doctors' rota.

In addition, it meant that the trust could retain highly-skilled nursing and physiotherapy staff by developing their clinical and leadership skills.

What the trust did

NUTH recognised that it needed to reconfigure its investment in critical care, both in terms of finances and consultant time, to support the introduction, development, and supervision of ACCPs locally.

Since the introduction of the role seven years ago, the trust has focused on the following areas to establish ACCPs in multi-disciplinary teams.

Recruitment

NUTH needed to get its recruitment processes right to secure highly-motivated nursing and physiotherapy staff. In 2011, it implemented a new interview and selection process which included the following:

- a clinical interview
- a higher education institute (HEI) interview
- simulation / objective structured clinical examination (OSCE) based selection.

Training

An entrant's route into this role has traditionally started in the established nursing and physiotherapy professions, although NUTH may expand the recruitment pool in the future.

Currently, the trust enrolls ACCPs onto a two-year postgraduate diploma or three-year master's degree, both of which include a non-medical prescribing qualification, and clinical training through the ACCP programme.

This process has resulted in experienced, rounded and knowledgeable ACCPs who have all been awarded [Faculty of Intensive Care Medicine \(FICM\) associate status](#), because the training programme is aligned to the [FICM curriculum](#) (2015) and provides a core set of competencies required for all ACCPs.

Once qualified, the trust allocates the ACCPs to undertake attachments to clinical areas ranging from 12-18 months. This further develops the scope of their clinical practice, leadership and management, education and research, as well as area specific clinical competencies.

As a result, ACCPs are taking on increasingly senior roles within the multidisciplinary team. They are integral to the function of the intensive care units in terms of delivering senior-level clinical care to the equivalent of a mid-level specialty training doctor.

Support for junior doctors in training

ACCps take a position on the critical care medical rota for both day and night shifts and are contracted to work 37.5 hours per week, full time.

While on call, the ACCPs work closely with the junior doctors as part of a multidisciplinary team providing excellent, patient-centred care. While working autonomously, the ACCP will always work within a team led by a consultant trained in intensive care medicine (ICM).

Many of the ACCPs are now involved in medical training both on an informal and more formal basis, including invasive line placement, advanced ventilation courses, transfer of the critically ill patient and care of the critically ill surgical care patient courses.

Continuity of care

In comparison to the high turnover of doctors in training that rotation within the unit brings, ACCPs are a consistent presence and come to know the patients and staff very well. In turn, this informs and improves continuity of senior-level care to patients and practice.



Support for new ACCPs

Peer support

As the role of ACCP was new to the trust, the first six ACCPs initially found the change in roles challenging as they didn't have peers to help them manage the transition, alongside the clinical training and academic course work.

Following successful completion of the training, the qualified ACCPs used their experience to establish a buddying system for newly appointed ACCPs. The existing staff were able to offer guidance, development opportunities and general support.

Each ACCP buddy has a different set of attributes and skills, which is helpful in terms of providing advice, guidance and signposting.

The ACCPs also established a trust group for colleagues, which meets four times a year. This provides ACCPs with the opportunity to discuss their education, training and development needs with clinical leads, and seek support for any ongoing concerns.

Development of training course

The academic portion of the course has been further developed based on the feedback provided by the qualified ACCPs employed by the trust. Newly appointed ACCPs are now purely university based for the first three months of their training.

Next steps

The Shape of Training report requires medical royal colleges to further develop generic components of their curricula by 2020. The FICM ACCP sub-committee is responsible for all matters relating to advanced critical care practitioners, including the curriculum, the annual ACCP conference, reviewing associate membership applications and continuous professional development arrangements.

One of the trust's ACCPs is a member of this sub-committee and helps to represent the views of ACCPs on a national basis. This ACCP has been able to offer insight and knowledge, particularly in terms of the review and development of the curricula, to ensure that it continues to produce clinicians who will form an essential part of the medical staffing of intensive care units nationally.

Top tips

- ACCPs require a significant investment in terms of time and financial resources but will help to improve the patient safety and outcomes and improve patient experience.
- To enhance the validity and credibility of ACCPs, it is essential to follow national recruitment and selection processes to ensure the right person is recruited to the critical care team.
- ACCPs should be involved in the education and training of junior doctors as well as trainee ACCP mentorship.