

# Diagnosing Death for Donation after Circulatory Death (DCD) for Advanced Critical Care Practitioners

ACCP Additional Advanced Skills Framework



April 2025

## Preface

In DCD donation, a safe and timely diagnosis of death is essential to maintain public confidence in deceased donation.

The growth of the ACCP role, combined with the 100% increase in donor numbers over the last 10 years, means that for some units the ability for ACCPs to diagnose death in the context of DCD is vital for service provision and ensuring every donation opportunity can be facilitated.

## Introduction

To enable Advanced Critical Care Practitioners (ACCPs) to diagnose circulatory death in the context of DCD organ donation the following competency document has been developed.

The local Clinical Lead for Organ Donation [CLOD] and ICU Clinical lead for ACCP's and ICU Clinical Director/Lead must agree and ensure local governance arrangements are in place with activity reviewed and reported to the CLOD. The ACCP must be willing to undertake the additional advanced skills framework as part of their scope of practice

## Learning and Teaching

When death is diagnosed in the UK, it must be carried out in accordance with the [Academy of Medical Royal Colleges Code of Practice for the Diagnosis and Confirmation of Death](#).

Only medical practitioners can:

- Diagnose death using neurological criteria (brainstem death).
- Complete the Medical Cause of Death Certificate and Cremation forms.
- Diagnose death for organ or tissue donation in Scotland.

However, following cardio-respiratory arrest, there is no restriction on the type of healthcare professional who can diagnose death, provided they are competent to do so. Where death is expected, it is increasingly common in hospitals and hospices that nurses will confirm the death.

In the context of donation after circulatory death, where death follows the withdrawal of life-sustaining treatment, and therefore death is expected, there is no requirement in England, Wales or Northern Ireland that the diagnosis and confirmation of death must be a medical practitioner. Expanding the role of ACCPs to make this important diagnosis to facilitate DCD within critical care and anaesthetic rooms (outside of Scotland) has been approved by FICM and the National Organ Donation Committee.

## Aim

The aims of this Advanced Critical Care Practitioner (ACCP) DCD competency are to:

- Enable ACCP training to a nationally agreed standard by FICM and NHSBT for the diagnosis of death in the context of DCD organ donation.
- To describe the core theoretical knowledge, practical skills and professional judgment required of an ACCP in the diagnosis of death in the context of DCD organ donation.
- The competences identify knowledge, common and specialist elements, which are deemed essential to the role, while allowing for flexibility within local settings to meet service needs.

- Each individual practitioner will take professional responsibility for their autonomous practice including acknowledgement of their limitations and when to 'refer the patient on' to medical colleagues or other appropriate professionals.

Care of the patient following circulatory death to facilitate lung retrieval is **not** covered within the assessment components of this additional advanced skills framework.

It is acknowledged this aspect of care is nuanced, has separate guidelines following the diagnosis of death (re-intubation of the trachea, lung recruitment and initiation of cyclic mechanical ventilation). This presents an additional requirement for training including advanced airway skills.

As such ACCP extension to practise in this area should be discussed and agreed through local quality assurance and governance frameworks in collaboration with the CLOD and ACCP service lead to assure robust training, assessment and supervisory arrangements are in place for practitioners, supervising Consultants and patients.

## DCD Competency

To gain DCD competency, ACCPs will attend a one-day study day run by the Local Clinical Lead for Organ Donation (CLOD) in conjunction with the local Specialist Nurse for Organ Donation (SNOD) and their usual ACCP supervisor in clinical practice. This course could be locally or regionally delivered but must be aligned to the clinical and theoretical outcomes for the DCD additional advanced skills framework.

The study day will teach the theoretical and legal underpinnings for the diagnosis of death and the practicalities of how to diagnose death by circulatory criteria using lectures and simulation-based learning.

After completing the taught element of the study day, ACCPs will need to pass an assessed simulation station *and* a multiple-choice question [MCQ] paper to successfully complete the training.

After successful completion of the taught and assessed elements, the ACCP will undertake a Direct Observation of Procedural Skills [DOPS] assessment by their supervising consultant. If knowledge and skills are met to the required standard, the ACCP will be signed off as competent to diagnose DCD death for organ donation.

**The Advanced Critical Care Practitioner will not be responsible for making treatment limitation decisions but will contribute to decision-making discussions as a member of the critical care multi-professional team.**

### Recommended assessment processes

Assessment tools for the DCD organ donation competencies are the same as those in familiar use for the assessment of doctors in training.

Each competence is mapped to the relevant assessment tools as follows:

#### Assessment Tools

Code Full name

Direct Observation of Procedural Skills [DOPS] (D)

Simulation (S)

Observation of clinical practice (O)

### Alignment to Good Medical Practice

A trained ACCP will be working within a medical model of care delivery; therefore, the competencies for the ACCP are also aligned to the four domains of Good Medical Practice.

### Domains of Good Medical Practice

#### Domain Descriptor:

1. Knowledge, skills and performance
2. Safety and quality
3. Communication, partnership and teamwork
4. Maintaining trust

## Supervision

Overall supervision (direct or indirect) will be provided by a consultant in intensive care medicine (ICM). Where the supervising ICM consultant is not physically present they must always be readily available for consultation. Ultimate responsibility for standards of patient care lies with the ICM consultant.

### How many workplace-based assessments?

Given the nature of DCD certification, a minimum number of WPBAs has been specified, but these numbers should be viewed as an absolute minimum. The actual number of observations of work required will depend on the individual ACCP knowledge competence and skill, and they should seek advice and guidance from their supervisors. ACCPs should be encouraged to undertake as many WPBAs as they feel is needed to support their acquisition of confidence and competence

Verification of death in the setting of a DCD donation can be infrequent and often occurs during unsocial hours. Supervision required during training and the inherent differences between cases may mean a bespoke approach to initial supervision and assessment is taken leading to declaration of competence. **In some cases, this may be remote with agreement between ACCP and supervising Consultant. Whichever approach is taken it is essential that lines of responsibility and supervision are clear to both the ACCP and the supervising Consultant.**

As a minimum standard, trainees must have **at least one** piece of satisfactory assessment evidence for every competency required for sign-off. Some of these may be gained outside of the DCD setting but within the context of gaining competence in verification of death for DCD donation after attending a recognised study day.

Declaration of competence must be strengthened by assessment during sim scenarios.

Where an ACCP performs unsatisfactorily in the additional advanced skills framework assessment, more assessments will be needed following discussion with the ICU clinical Lead for ACCPs and the CLOD. It is the responsibility of the ACCP to provide sufficient evidence of satisfactory performance and satisfactory progress to develop competence.

## Diagnosing Death for DCD Donation

These are the capabilities required of ACCPs for the care of patients for organ Donation after Circulatory Death (DCD) they expand on the general common competencies of ACCP training.

DCD Organ Donation / Diagnosing Circulatory Death		
Objective: Diagnose death in a safe and timely manner to facilitate DCD organ donation		
Capability	Assessment Methods	GMP
<b>Knowledge</b>		
Understands the local organ donation referral and retrieval process	T, C, I	1
Demonstrates knowledge of the principles of medical ethics	T, C, I, HEI, E	1
Diagnoses death in a safe and timely manner so as to facilitate DCD donation	D, S	1,2,4
<b>Skills</b>		
In conjunction the with SNOD, ensures family's understanding of the process of diagnosing death for DCD	C, D, M	1, 3
Accurately documents the diagnosis of death	T, C, I	1, 3
Diagnoses death using circulatory criteria (5 minutes of observed loss of cardiac output and apnoea followed by testing for loss of pupillary reflexes to light, loss of corneal reflexes and absent response to supra-orbital ridge pressure) in a safe and timely fashion	D, S	1,2,4
<b>Behaviours</b>		
Approaches the situation with courtesy, empathy, compassion and professionalism, especially by appropriate body language acting as an equal not a superior	T, C, I, M	1, 3, 4
Ensures appropriate personal language and behaviour	T, I, E	1, 3
Ensures that the approach is inclusive person and patient centred and respects the diversity of values in patients, carers and colleagues		
Demonstrates that all decisions and actions must be in the best interests of the patient	C, M	1

## Donation after Circulatory Death (DCD)

ACCP Surname		
ACCP Forename (s)		
NMC/HCPC number		Number must be completed

	Satisfactory / Unsatisfactory	If yes, please describe how and when this need was met. If no or in progress, please explain why not or how the need is progressing.
Diagnose death using circulatory criteria (5 minutes of observed loss of cardiac output and apnoea followed by testing for loss of pupillary reflexes to light, loss of corneal reflexes and absent response to supra-orbital ridge pressure) in a safe and timely fashion		
Accurately documents the diagnosis of death		

Observed by	
GMC/NMC Number	
Profession/Grade	Date
Signature of observing clinician	

Please complete this form in **BLOCK CAPITALS** and **BLACK ink**

## Supervised Learning Event Form

ACCP Surname		
ACCP Forename (s)		
NMC/HCPC number		Number must be completed

Description of Procedure	Diagnosis of Circulatory Death
ACCP summary notes of case	

Observed by		
GMC/NMC Number		
Profession/Grade		Date
Signature of supervising clinician		

**Clinical Setting** (check one option only):

**Critical Care**

**Anaesthetic Room**

Summary of discussion between ACCP and trainer:	
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ACCP notes and reflections on the learning from procedure:	
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Examples of good practice were:	
Areas of practice requiring improvement were:	
Agreed plan to develop on any areas of practice requiring improvement:	

**Comments on specific aspects of performance** (if relevant)

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Suggested level of performance / global impression (see <a href="#">Capability Level Descriptors</a> in the ICM Curriculum for reference)	Below level of competence expected for stage of training
	At expected level of competence for stage of training
	Exceeds level of competence for stage of training

## Reflective Account Form – DCD

Completing a reflective account about DCD confirmation can be used as part of your revalidation cycle demonstrating that you are meeting the needs of the NMC Revalidation Process, HCPC CPD guide and Good Medical Practice.

<b>Discussion topic</b> Organ Donation	
<b>Key lessons learnt</b>	

<b>Name of reviewer</b>	
<b>NMC/HCPC/GMC number</b>	
<b>Signature</b>	

# Additional Advanced Skills Framework: DCD Module completion sign off proforma

This application form is for use by Advanced Critical Care Practitioners (ACCPs) with FICM membership who are employed in the role of ACCP and:

(a) Have satisfactorily completed Advanced Critical Care Practitioner training to equivalence of the FICM ACCP National Curriculum

(b) Have successfully completed all aspects of the FICM additional advanced skills framework for DCD organ donation for ACCPs.

**The application form must be submitted electronically.** Please complete in full using the electronic version of the document. Do not alter the format. Submit the form to [contact@ficm.ac.uk](mailto:contact@ficm.ac.uk) the submission will be acknowledged by return email. Hard copies will not be accepted.

**Please read the guidelines in this form carefully** and note the supporting documentation required for your application to be considered. Where supporting documents are needed from a referee, please ensure that these are scanned versions of signed letters.

## Part 1: Personal Details

1.1 Title	1.2 Last name	1.3 First name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>

1.4 Full address (you must include postcode)	1.5 Telephone number (Home)
<input type="text"/>	<input type="text"/>
	1.6. Telephone number (Work)
	<input type="text"/>
	1.7 Telephone number (Mobile)
	<input type="text"/>

1.8 Gender	1.9 Date of birth (DD/MM/YYYY)	1.10 Email address
<input type="text"/>	<input type="text"/>	<input type="text"/>

1.11 NMC / HCPC Registration Number	1.12 Expiry date
<input type="text"/>	<input type="text"/>

Name of applicant

Signature of applicant\*

*\*Signature: Please either include an electronic signature or print this page out, sign it in hard copy and scan it for submission electronically.*

Date declaration signed (DD/MM/YYYY)

## Part 2: Certificate

This certificate must be completed and signed by the Training Supervisor of the applicant who supervised their period of training. This certificate is to confirm the applicant's training status.

I (Training Supervisor)

of (work address)

verify that (name of applicant)

**Has successfully completed the knowledge, skills and competencies for the additional advanced skills framework for DCD organ donation for ACCPs. I realise it is a probity issue for me to sign this certificate without having understood the standard identified in those competencies and/or for signing the certificate of an applicant who does not reach the standard. Please ensure each competency below is ticked; failure to do so will result in the form being returned.**

**Please provide details of Training Supervisor in case further information is required:**

Email address (es):

Telephone number(s):

Signature\*:

\* Please either include an electronic signature or print this page out, sign it in hard copy and scan it for submission electronically.

### Part 3: Clinical Supervisor Certificate

This certificate must be completed and signed by a second Consultant Supervisor who has been involved in delivering the module to confirm the applicant has completed all relevant parts of the module.

I (Consultant Supervisor)

of (work address)

verify that (name of applicant)

**Has successfully completed the knowledge, skills and competencies for the additional advanced skills framework for DCD organ donation for ACCPs. I realise it is a probity issue for me to sign this certificate without having understood the standard identified in those competencies and/or for signing the certificate of an applicant who does not reach the standard. Please ensure each competency below is ticked; failure to do so will result in the form being returned.**

**Details of Clinical Supervisor in case further information is required:**

Email address (es):

Telephone number(s):

Signature\*:

*\*Please either include an electronic signature or print this page out, sign it in hard copy and scan it for submission electronically.*

## Part 4: ACCP Programme Director/Lead Certificate

This certificate must be completed and signed by the ACCP Programme Director / Lead in the applicant's current trust. This may be the same person as the Training Supervisor.

I (ACCP Lead)

of (name of Region)

at (work address)

**Confirm the completion of the FICM DCD organ donation additional advanced skills framework for**

(name of applicant)

Signature\*

Date (DD/MM/YYYY)

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*\* Please either include an electronic signature or print this page out, sign it in hard copy and scan it for submission electronically*



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