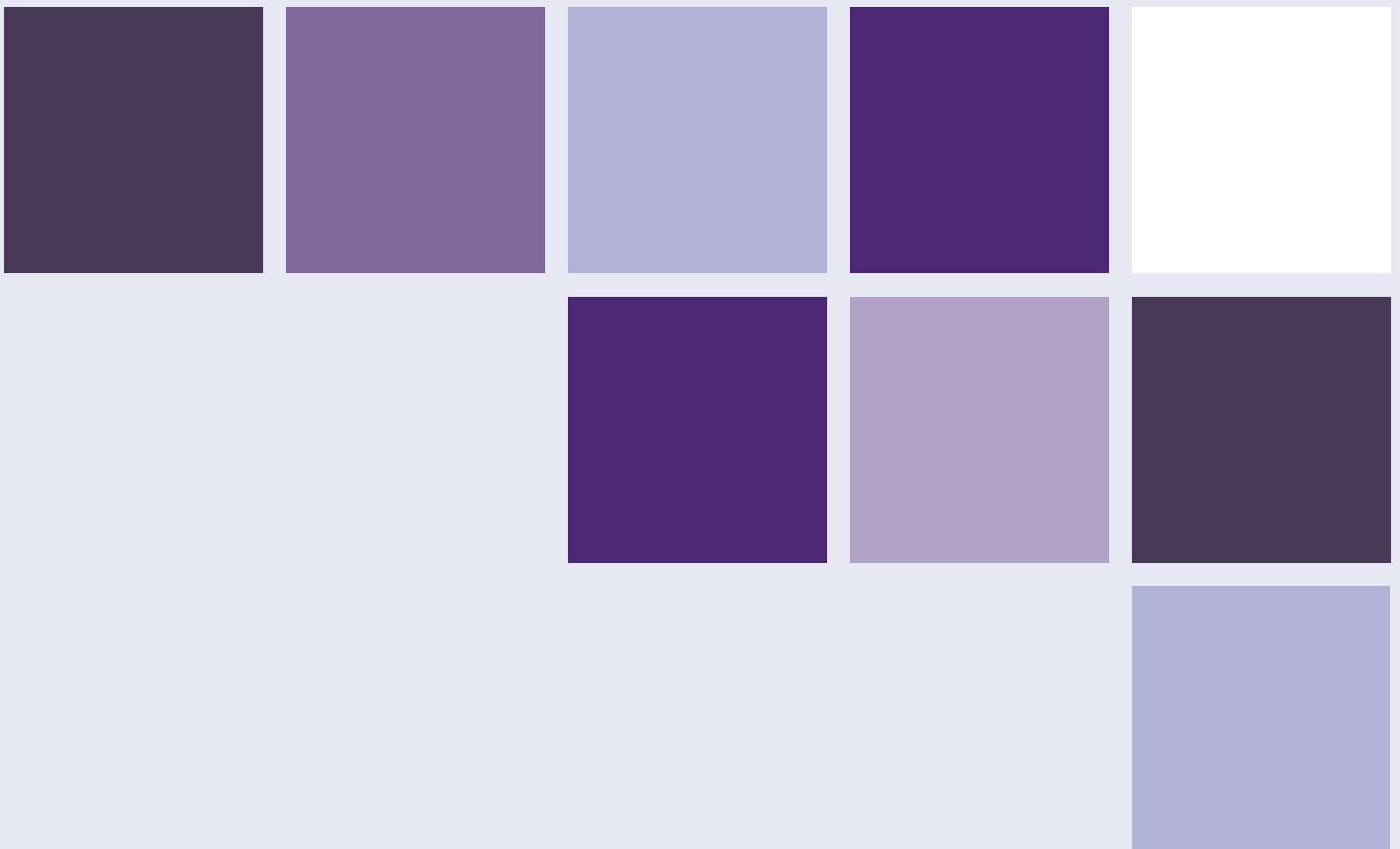


Inter-hospital Transfer for Advanced Critical Care Practitioners

ACCP Optional Skills Framework



1. Preface

The Faculty works with appropriate partner organisations to develop Optional Skills Framework Modules (OSFs) for Advanced Critical Care Practitioners (ACCPs) to undertake applicable to local patient need/ACCP development. In the case of this OSF, the FICM ACCP Sub-Committee acknowledge and thank the input and expertise from the National Critical Care Transfer Leads for NHS England. These documents outline FICM approved modules which may be put in place locally only where there is a benefit to patient care/service need. They are designed solely for Advanced Critical Care Practitioners and are not applicable to other Advanced Practice groups. These modules are optional and will not be applicable or appropriate for all qualified ACCPs. The requirement to undertake these optional modules will be driven by local service need within your trust/ health board. **It is a pre-requisite of this OSF that the ACCP has already successfully completed the Advanced Airway Management OSF.** Those FICM ACCPs who have inter-hospital transfer as part of their current role and scope of practice may apply for recognition of this using the "Prior Learning" route in [Appendix 5](#).

The responsibility for ensuring local procedures for risk, governance, evaluation, and reporting in relation to use of OSFs remain with the employing trusts/health boards. It is recommended that the following points are considered before any OSFs are implemented locally for ACCPs:

- They should be discussed by the ICU clinical team and agreed as appropriate for the patient/service need and the ACCP cohort.
- Use of an OSF for ACCPs is reviewed by the ICU governance group
- Risks to the patient, service and the ACCP are assessed and reviewed as part of the ICU governance process.
- Any adverse event or concerns should be reported and investigated using the trust/health board incident reporting system.
- ACCPs must keep a log of activity in relation to the OSF and discuss at yearly appraisals.
- ACCPs are NHS indemnified, transfers should be part of their Standard Operating procedures and reviewed as part of ICU governance. ACCPs are recommended if they have private indemnity to advise their insurers of context and use of OSFs.
- The trained ACCP undertaking an OSF must have the support of a nominated consultant supervisor with transfer experience . The supervisor must be an ICU consultant who works regularly with the ACCP.

It is recommended that the nominated supervisor liaises with the local Adult Critical Care Transfer Service (ACCTS) Clinical Lead to agree any involvement of the local ACCTS in helping to deliver this OSF. The supervisor is responsible for:

- (i) Assisting with creating knowledge, skills and competency opportunities relating to the OSF
- (ii) Assessment and support throughout the completion of the OSF
- (iii) Supporting maintenance of the skill reported and audited via yearly FICM ACCP appraisal/ Personal Development Record (PDR)

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3. Background

Since their introduction, the role of Advanced Critical Care Practitioners (ACCPs) has developed over time. Whilst transfer of the critically ill patient within hospital (intra-hospital transfer) is part of core ACCP training, solo transfer between hospitals (inter-hospital transfer) is less commonly undertaken by ACCPs as part of their job role in individual units therefore experience and supervised practice within this area may be limited.

The inter-hospital transfer of critically ill and injured patients occurs for three reasons:

1. Escalation of care (*where patients need to access specialist treatment not available in the referring hospital*)
2. Repatriation (*the transfer of patients back to their local hospital when they have completed specialist care or become unwell distant to home*)
3. Capacity (*where patients require transfer owing to a lack of space, staffing, equipment, etc.*)

For the past two decades, commissioned, dedicated neonatal and paediatric critical care transfer services have developed and become integral to the delivery of care to these patients across the country. In adults, the provision has been less organised. Prior to the COVID-19 pandemic, dedicated services were operational, or in development, in the devolved nations of Northern Ireland, Scotland and Wales, but no provision had been made in England outside of ECMO retrieval services. The COVID-19 pandemic served as the catalyst for the rapid establishment of ACCTS in England, and the subsequent publication of the [NHS England Service Specification for ACCTS](#) in June 2021. ACCTS in England are in the relatively early stages of development in comparison to the devolved nations but as all ACCTS across the UK evolve, there is opportunity for ACCPs to work within them in a similar way to paediatric and neonatal Advanced Practitioners (APs) within their respective services. As these services and opportunities evolve in the future, it will be necessary to review and amend this OSF.

Training established ACCPs in inter-hospital transfer, in addition to completing the Advanced Airway Management OSF, will allow ACCPs to undertake inter-hospital transfer working for an ACCTS, as these opportunities arise. It will also facilitate robust training and governance arrangements for ACCPs to undertake inter-hospital transfers as part of their role working within critical care units.

4. Introduction

The following module and associated competencies have been developed for the training of ACCPs who have completed core training and hold FICM Membership as an ACCP. The ACCP is expected to have already achieved, signed off and registered with the Faculty the Advanced Airway OSF, prior to commencing part two of the Inter-hospital Transfer OSF. It is important to note that for the purposes of this document, advanced airway and Inter-hospital transfer management competencies for ACCPs would equate to knowledge, skills and competencies required for medical trainees working independently as part of an ACCTS. Inter-hospital transfer should be seen as an optional additional skill for ACCPs who wish to develop their practice and where there is a clearly identified local service need. These competencies are based on the [FICM ICM Curriculum Special Skills Year Handbook, August 2021](#).

At present this is not part of the requirements for FICM core ACCP training.

Objectives

- Assess patient suitability for inter-hospital transfer by an ACCP
- Prepare patient and equipment for safe inter-hospital transfer
- Manage the process of inter-hospital transfer and any anticipated or unexpected complications.
- Liaise effectively with referring and receiving units
- Communicate effectively and demonstrate leadership around the process of inter-hospital transfer.

5. Scope

Within commissioned Adult Critical Care Transfer Services (ACCTS), all referrals for transfer undergo consultant level review, triage, decision support and risk assessment. Part of this is the decision regarding the most appropriate transfer team composition for the patients care and clinical need. It is expected that the transfer of some patients will always require direct consultant supervision, with the consultant deploying with the transfer team whether the transfer team is clinically led by a training grade / SAS doctor or an ACCP. The same level of consultant oversight and triage must occur where ACCP led transfer is occurring outside of an ACCTS.

The employing ACCTS or local trust/health board policy will define the scope of practice an individual ACCP should operate within. This scope of an individual ACCP's practice can be reviewed as they gain experience. Following successful completion of the FICM Inter-hospital Transfer Optional Skills Framework, a **suggested initial** patient criteria for ACCP led inter-hospital transfer would be:

Inclusion

- Any patient where the consultant triage and risk assessment suggest a stable trajectory and a **low risk** of deterioration during transfer

Exclusion

- Known or anticipated difficult airway (to include anatomically or physiologically difficult airway)
- Any patient where the consultant triage and risk assessment suggest an unstable trajectory and a **high risk** of deterioration during transfer
- Patients < 16 years of age

Delivery of Care

- The ACCP must have successfully completed the Advanced Airway Management OSF [or hold this under the record of prior learning route] prior to completing the Inter-hospital Transfer OSF and have this registered with FICM
- The ACCP will adhere to all documents that guide practice (*checklists, policies and standard operating procedures*) whilst working for the ACCTS and must work to the equivalent if undertaking critical care transfer outside of an ACCTS
- The ACCP will work within a locally defined and agreed induction framework for the ACCTS they are working within or in use on the ICU of their employing trust

It is acknowledged that these elements will evolve with the experience and exposure of the ACCP to more complex inter hospital transfers which may include time critical transfers for appropriately experienced ACCPs.

Alignment to Good Medical Practice

A FICM trained ACCP will be working within a medical model of care delivery; therefore, the competences are also aligned to the four domains of [Good Medical Practice](#).

Domains of Good Medical Practice

Domain Descriptor:

- Knowledge, skills, and performance
- Safety and quality
- Communication, partnership, and teamwork
- Maintaining trust

6. Learning and Teaching

Aims

- Demonstrate the ability to safely undertake the inter-hospital transfer a critically ill patient with consultant oversight.
- Describe the physiological and physical effects that transfer has on patients
- Describe the principles of planning and coordinating patient transfer
- Demonstrate a professional approach to the planning and co-ordination of patient transfer
- Demonstrate correct preparation of patients with a range of pathologies for safe inter-hospital transfer
- Able to recognise and risk assess patient stability pre-transfer to predict any complications and escalate appropriately in a timely manner
- Demonstrate a professional approach to preparation of patients for transfer
- Demonstrate an understanding of the risks and benefits of a range of transfer modalities
- Describe the common problems experienced during patient transfer
- Demonstrate excellent situational awareness, leadership, teamwork, and communication skills
- Each individual practitioner will take professional responsibility to acknowledge their limitations and recognise when to escalate appropriately
- Able to maintain an airway and provide definitive airway management defined in the Advanced Airway Management OSF.
- To describe the core knowledge, practical skills and professional judgement required of an ACCP in the context of inter-hospital transfer of the critically ill patient
- The competencies identify knowledge, common and specialist elements, which are deemed essential to the role 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.
- The ultimate responsibility for safe inter-hospital patient transfer lies with the ACCTS or ICU duty consultant in conjunction with the agreed local policies and ACCP Standard operating procedures.

Definitions

Consultant oversight and supervision of practice will remain a key part of ACCP inter-hospital transfer practice. During **module training** all ACCP led transfers will require at least **direct supervision**, defined as:

- The ACCP is working directly with a supervisor who is present with the ACCP
- Supervision by an ICM or Anaesthetic consultant with extensive experience in inter-hospital transfer

On completion of the Advanced Airway Management ACCP OSF, and the Inter-hospital Transfer ACCP OSF, the ACCP will (*for appropriate patients*), be able to undertake inter-hospital transfer with remote supervision, defined as:

- Consultant triage and appropriate patient selection
- Available to accompany the ACCP led transfer team if required
- Available immediately by phone to give clinical advice

Following completion of the Inter-hospital Transfer OSF, the ACCP should continue to risk assess individual Critical Care patients. **The level of supervision required for an individual case will vary depending on patient assessment, circumstance (i.e. degree of emergency / stability / trajectory) and local organisational factors.**

Structure of Training

The structure of training will involve an initial period of directly supervised intra-hospital transfer practice, complemented by simulation, building on the core training the ACCP will have completed during their initial ACCP training. During this period, there are specific skills and topics to focus on and workplace-based assessments to achieve.

The subsequent period of training would ideally need to be undertaken in conjunction with a regional ACCTS (or equivalent established local provision as outlined in section 7, part 2) and will comprise 3 months full time (or equivalent) directly supervised practice of inter-hospital transfer across a range of patient types and pathologies. This will be complemented by simulation and there are specific workplace-based assessments to achieve. Final sign off by two ICM consultants following satisfactory completion of workplace based and simulation based OSCE assessments.

The ACCP will have a designated module supervisor who is an ICU consultant with expertise and experience of inter-hospital transfer who will supervise the initial period of training and act as the supervisor throughout the whole OSF module. During the second period of training, the ACCP will have a consultant supervisor within the ACCTS who will liaise and work collaboratively with the designated module supervisor.

The ACCP should meet with their designated module supervisor at a minimum, once every 3 months.

Experience in training should be recorded in a logbook, including simulation exercises. A logbook should include details of number of transfers undertaken, reason for transfer and patient type, sim sessions and workshops attended, reflective practice on transfers undertaken including any complications.

Recommended assessment processes

Assessment tools for Inter-hospital transfer of the critically ill patient by ACCPs are the same as those used in the assessment of medical trainees undertaking supervised practice in this area.

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

Assessment tools

Code	Full Name
D	Direct Observation of Procedural Skills [DOPS]
I	[I-CEX] Mini-Clinical Evaluation Exercise
S	Simulation
C	Case Based Discussion [CBD]
O	Observation of clinical practice

Throughout this period of training the ACCP will need to complete a minimum number of workplace-based assessments as outlined in the table [below](#).

7. Training

Part 1 Training – Hospital-Based Training

During this period, the trained ACCP will build on their prior experience, utilising transfer within the hospital environment (intra-hospital transfer), to gain supervised practice and learning. Core ACCP training includes patient transfer and many ACCPs will already be undertaking this skill within the hospital environment. This extended training period should provide the opportunity for consolidated and formalised supervised practice of transfer with a focus on building experience, with structured critique of practice and reflection on the different considerations which can be applied to inter-hospital transfer.

Direct supervision may be provided by a critical care consultant or senior critical care trainee with expertise in transfer or an experienced qualified ACCP who has already achieved the Inter-hospital Transfer OSF.

The ACCP should have a named consultant mentor for this period of training with expertise in critical care transfer with whom they meet regularly (minimum once every 3 months) and review their progress and learning needs, and who will provide some of the direct supervision of practice.

It is recommended that the ACCP is given dedicated time to undertake transfers and allowed to undertake these in preference to their other duties during a defined period of training. Local arrangements will need to be put into place to facilitate this (*such as an agreement to release the ACCP in an ad hoc fashion or defined 'transfer days' where they are available to undertake any transfers and undertake self-directed learning, transfer related quality improvement projects etc.*)

The duration of this initial training period will be defined locally depending upon the number of transfers that occur within the ACCPs organisation but should be completed within 12 months from commencement. It is anticipated that around 10 – 20 supervised transfers will be undertaken covering a range of patient pathologies and locations for example:

- A patient already admitted to critical care going for diagnostic imaging
- A patient admitted to critical care who becomes acutely unwell and needs to be transferred to theatres or interventional radiology for treatment (*not including care during the procedure which should be provided by an anaesthetic team*)
- An acutely unwell patient being transferred from the Emergency Department or the wards to the critical care unit following resuscitation and stabilisation

A Transfer Logbook should be completed. This logbook should include:

- Number of supervised transfers undertaken and supervisor grade
- Reason for transfer and patient type

- A short reflection for each transfer undertaken, including any complications, and identifying learning points
- Sim sessions / workshops attended

Experience will be complemented by simulation-based training focusing on common emergencies and complications encountered during transfer as well as situational awareness, leadership, teamwork, and communication skills.

The ACCP should also complete an approved critical care transfer course within 12 months of starting this phase of training where feasible.

During this phase of training, the ACCP may want to consider undertaking a local quality improvement project related to critical care transfer within their organisation (*such as developing checklists or standard operating procedures, improving transfer equipment etc.*)

Hospital based training – simulation

The use of simulation will assist in the teaching and assessment of some aspects of this section, e.g., the management of emergencies during transfer such as displaced airway, cardiac arrest, difficulties with ventilation and other complications. It will also allow the ACCP to develop and reflect on their human factor's skills such as situational awareness, leadership, teamwork, and communication.

Learning outcomes for hospital-based transfer training

- To assess suitability of the patient for transfer and contribute to discussions around the most appropriate personnel for individually assessed patient needs who require additional discussion
- To lead and conduct the transfer of a critically ill patient confidently.
- To manage the effects of transfer on patient physiology and recognise and react to deteriorating physiology.
- Demonstrates safe practice behaviours, including briefings, checklists and debriefs.
- Demonstrates excellent situational awareness, leadership, teamwork, and communication skills
- To recognise and treat critical complications during transfer including airway displacement, cardiac arrest, medical device failure, intravascular access displacement
- Demonstrates correct pre-transfer check of all equipment required for transfer, ensuring its safe functioning
- Demonstrates safe management of the patient with specific clinical conditions and their physiology throughout the transfer process.

- Demonstrates competence and confidence in managing deteriorating physiology during the transfer process.
- Demonstrates competence and confidence in managing any logistical and equipment complications which may arise during the transfer process.

During this time the ACCP will need to complete a minimum number of work-based assessments as outlined in the table below:

Workplace Based Assessment Tools	Minimum Number
<p>Clinical Evaluation Exercise (CEX)</p> <p>Specific topics to cover should include:</p> <ul style="list-style-type: none"> • assessment of stability for transfer • physiological consequences of transfer and impact on patient pathophysiology • prediction and planning for complications • co-ordination and planning of the transfer • management of the patient during transfer (including complications) • situational awareness, leadership, teamwork, communication and handover during transfer 	10 (using specific proforma detailed in Appendix 3)
<p>Direct Observation of Procedural Skills (DOPS)</p> <p>Specific topics to cover should include:</p> <ul style="list-style-type: none"> • checking procedure for transfer equipment • patient packaging for transfer • management of the difficult airway during transfer • use of the transfer ventilator and managing ventilation during transfer • management of sedation and paralysis during transfer • management of vasoactive infusions during transfer • management of inter-costal drains during transfer • management of intra-cranial pressure monitors during transfer • managing the patient with spinal injury during transfer • management of medical device failure during transfer • management of displaced intravascular access 	20

and critical infusions during transfer <ul style="list-style-type: none"> • giving and receiving a patient handover 	
OSCE simulation assessments	<ul style="list-style-type: none"> • management of the displaced airway during transfer • management of cardiac arrest and other emergencies during transfer

Part 2 Inter-hospital Transfer Training

It is anticipated that this phase of training will take place with a **regionally commissioned ACCTS** as they will undertake the vast majority of adult critical care transfers within a region and will provide the appropriate consultant level supervision, governance framework and oversight required. This will need to be agreed by local arrangement with the ACCTS.

It is acknowledged however that many of these services are in the early phases of their evolution and so may not be able to accommodate ACCPs immediately. In regions where this is not currently possible, time spent with a paediatric critical care transfer service (by local arrangement) could provide some of this supervised practice, in addition to supervised practice of inter-hospital transfers from the ACCPs employing trust. This will be significantly more challenging to arrange however, and the same governance and oversight arrangements will need to be in place.

Whilst ACCPs are not be expected to manage critically ill children and neonates, these services are well established and so can provide experience in patient assessment, troubleshooting and planning and communication for transfer. This should be in addition to directly supervised practice of inter-hospital transfer of adults based at their employing trust.

During this training period the ACCP will focus on gaining experience of inter-hospital transfer of the critically ill patient across a range of patient pathologies and transfer types. All work must be **directly supervised**, by a critical care transfer consultant. The duration of this training period will be defined locally but should be no less than the **equivalent of a 3-month full time attachment**. This is based upon experience of existing transfer services and the minimum time required for a new clinician to join the transfer service and gain full operational competence and confidence.

This period of training must be completed within 12 months from commencement. It is envisaged this will be integrated into the ACCP job plan and the ACCP will also continue to work within Critical Care during this time.

The ACCP should have a named consultant mentor for this period of training who works with the regional ACCTS (*or who has expertise in critical care transfer*), with whom they meet regularly and review their progress and learning needs, and who will provide some of the direct supervision of practice. This should be a different consultant mentor to the mentor the ACCP had during part 1.

The exact number of transfers required to gain competence is not defined but it should include a mixture of transfer types (*escalation of care, repatriation, capacity*) from different locations (ED, Critical Care, CCU, Theatres etc..), as well as a range of patient pathologies and levels of care. As a guide, within an average regional ACCTS it should be possible to undertake between 20–30 transfers within a 3-month whole time equivalent period. All transfer activity should be recorded in a logbook. The ACCP needs to demonstrate competence in all aspects of inter-hospital transfer of critically ill patients. This must include:

- Autonomous practice and conduct of inter-hospital transfers of critically ill patients within scope (*as defined above*), with minimal consultant intervention, to the equivalent of remote supervision across a range of patient types.
- At least 10 supervised level 3 inter-hospital critical care transfers across a range of patient types

If appropriate for the ACCTS, this period may also be used to gain experience in managing complex patients with multi-organ failure requiring inter-hospital transfer that would not be in scope for ACCP led transfer. It may also be possible (dependent upon local provision and arrangement), for the ACCP to spend some time with regional paediatric, neonatal and ECMO transfer services to gain additional experience.

Part two training will be complemented by simulation training, focusing on common inter-hospital transfer emergencies and complications.

During this time the ACCP will need to complete a minimum number of workplace-based assessments as outlined in the table below:

Workplace Based Assessment Tools	Minimum Number
<p>Clinical Evaluation Exercise (CEX)</p> <p>Specific topics to cover should include:</p> <ul style="list-style-type: none"> • assessment of stability for inter-hospital transfer • assessment of patient suitability for ACCP led inter-hospital transfer • physiological consequences of inter-hospital transfer and impact on patient pathophysiology • prediction and planning for complications • co-ordination and planning of the transfer • management of the patient during transfer (including complications) • situational awareness, leadership, teamwork, communication and handover during transfer 	8
<p>Case Based Discussion (CBD)</p> <p>To include the inter-hospital transfer of patients with:</p> <ul style="list-style-type: none"> • TBI / neurosurgical emergencies • multiple trauma (including spinal injury) • burns • respiratory failure • cardiovascular failure (including mechanical support such as IABP) • acute liver failure • Specific topics to include: <ul style="list-style-type: none"> • risk assessing suitability for inter-hospital transfer • assessing patient suitability for ACCP led transfer • management of emergencies and complications during inter-hospital transfer • management of vehicle breakdown during inter-hospital transfer 	10

<p>Direct Observation of Procedural Skills (DOPS)</p> <p>Specific topics to cover should include (with a focus on inter-hospital transfer):</p> <ul style="list-style-type: none"> • checking procedure for transfer equipment • patient packaging for transfer • using a critical care transfer trolley • management of the difficult airway during transfer • use of the transfer ventilator and managing ventilation during transfer • management of sedation and paralysis during transfer • management of vasoactive infusions during transfer • management of inter-costal drains during transfer • management of intra-cranial pressure monitors during transfer • managing the patient with spinal injury during transfer • management of medical device failure during transfer • management of displaced intravascular access and critical infusions during transfer • giving and receiving a patient handover 	10
OSCE simulation assessments (in the setting of an inter-hospital transfer)	<ul style="list-style-type: none"> • management of the displaced airway during transfer • management of cardiac arrest and other emergencies during transfer • management of vehicle breakdown during inter-hospital transfer

ACCTS based Inter-hospital Transfer Training – simulation

The use of simulation during this phase of training should be used to cover certain uncommon aspects, such as medical emergencies, medical device failure or vehicle breakdown during transfer.

Learning outcomes

- To assess suitability of the patient for transfer and contribute to clinical decision making around the most appropriate personnel for individually assessed patient needs
- To lead and conduct the inter-hospital transfer of critically ill patients confidently, across a range of pathologies and transfer types
- To recognise and treat critical complications during inter-hospital transfer including airway displacement, cardiac arrest, medical device failure, intravascular access displacement and vehicle breakdown
- To manage the effects of inter-hospital transfer on patient physiology and recognise and react to deteriorating physiology
- Demonstrates safe practice behaviours, including briefings, checklists and debriefs
- Demonstrates excellent situational awareness, leadership, teamwork, and communication skills
- Demonstrates correct pre-transfer check of all equipment required for transfer, ensuring its safe functioning
- Demonstrates safe management of the patient with specific clinical conditions and their physiology throughout the transfer process.
- Demonstrates competence and confidence in managing any complications that arise during the transfer process.
- Demonstrates competence and confidence in managing any logistical and equipment complications which may arise during the transfer process.

Completion of Training

After successful completion of all workplace-based assessments, transfer course and OSCE simulations in part 1 and 2, successful completion of the Inter-hospital Transfer OSF requires formal final sign off by two critical care consultant supervisors using the proforma in [Appendix 4](#). Following successful completion of the OSF and final sign off, the ACCP will be able to undertake and lead inter-hospital transfer of critically ill patients within a defined scope of practice with consultant triage, risk assessment and oversight.

It is envisaged that in time, ACCPs who have achieved the Inter-hospital transfer OSF and maintained their competencies will be able to undertake sessions with their regional ACCTS (if offered by these services) as part of their ACCP job plan, as their special interest. This will require engagement with and workforce planning by the regional ACCTS and may not be available immediately but is expected to evolve over time.

8. Ongoing competency assessment following module completion

- Maintain a logbook of all inter-hospital critical care transfers undertaken, including details regarding any complications.
- Regular delivery of inter-hospital critical care transfers (ideally working within an ACCTS)
- Review of inter-hospital critical care transfers must be undertaken as part of annual appraisal including review of any related adverse incidents and ongoing experience and maintenance of competency.
- Undertake an annual simulation session to practice management of emergencies during transfer, or evidence of actual situations in practice
- Attend relevant courses and educational opportunities in relation to transfer medicine
- A logbook should include details of number of transfers undertaken, reason for transfer and transfer type, reflections on any complications or challenging transfers, sim sessions and workshops attended
- Review of logbook and practice of the skill at PDR.
- Active participation in ACCTs debrief and review of transfers process.

9. Risk and Governance Structures for ACCP led Inter-hospital Transfer

Inter-hospital transfer of critically ill and injured patients always carries inherent risk and patients should receive the same standard of critical care as they would receive within the critical care unit.

Robust clinical governance structures should be in place to ensure quality, safety, responsibility, and accountability of critical care delivered during transfer and to ensure that ACCPs are always operating within their scope of practice. Such systems should also provide support for ACCPs in the event of a clinical incident during transfer. These structures and systems are inherent to ACCTS and will be in place if ACCPs are working within them.

For ACCPs undertaking inter-hospital critical care transfer outside of an ACCTS, appropriate governance structures must be in place and reviewed to include:

- Addition to ACCP scope of practice with review at yearly PDR
- Agreed by clinical lead and organisational governance system
- Appropriate insurance and indemnity in place
- Reporting of inter hospital transfer activity at ICU governance
- Appropriate use of trust / health board reporting system of any adverse events
- Clinical supervision / debrief provision

Domain		Requirement	Comment
1	Training	FICM Inter-hospital Transfer OSF and Advanced Airway Management OSF	<i>Completed and signed off by Consultant supervisors</i>
2	Experience (Transfer)	Logbook of transfers undertaken	<i>To include evidence of reflective practice particularly around adverse events</i>
3	Experience (Airway)	Logbook of independent airway management	<i>To include evidence of reflective practice particularly around adverse events</i>
4	Continuing Professional Development	Evidence of CPD related to transfer	<i>Can include courses / simulation / supervised practice with reflection / quality improvement projects</i>
5	Sign off for independent practice	Local sign off	<i>Follow ACCTS / trust process</i>
6	Indemnity	Evidence of the OSF being recognised in trust/ health board SOPs and ICU governance Evidence of appropriate indemnity Role outlined in ACCP job description	<i>Must cover transfer specifically</i>
7	Standard Operating Procedures	ACCTS / trust SOPs must be in place, signed off and reviewed annually	Covering all aspects of patient transfer: <ul style="list-style-type: none"> • Patient selection for ACCP transfer • Patient management during transfer • Transfer equipment • Management of complications and unexpected events during transfer
8	Patient Selection	Consultant led triage and risk assessment should occur for each patient to determine suitability for transfer and appropriate team composition	<i>Should apply for all transfers and a Consultant should be available to join the transfer team if clinically indicated</i>

ACCP's should be embedded within ACCTS routine governance systems and processes as part of the wider team

A summary of the ongoing competency requirements and risk and governance structures that should be in place for ACCP led transfer taking place both within and outside of an ACCTS are summarised in the table below:

ACCP TOSF1 Understand the concepts underpinning transfer medicine		
Practitioners must have an in-depth understanding of transfer medicine.		
Competence	Assessment Methods	GMP
Knowledge		
Define transfer	C, T, S	1
Classify types of transfer	C, T, S	1
Describe the policies and procedures for inter-hospital transfer of the critically ill adult patient	C, T, S	1
Critique the need for adult critical care transfer	C, T, S	1
Contrast the risks and benefits associated with inter-hospital transfer	C, T, S	1, 2
Cite the evidence related to the risks and benefits of inter-hospital transfer	C, T, S	1, 2
Describe lines of accountability and responsibility in relation to inter-hospital transfer	C, T, S	1, 3
Describe the roles and responsibilities of all staff accompanying the patient during transfer.	C, T, S	1, 3
Analyse the ethical and legal issues related to patient transfer. This will include capacity issues, such as the need to transfer out the least sick patient.	C, T, S	1, 4
Behaviours		
Demonstrate a professional approach to transfer medicine	D, I, S	1

ACCP TOSF2 Understand the applied physiology of patient transfer		
Critically unwell patients often have low physiological reserves and are liable to deterioration when subjected to physical movement		
Competence	Assessment Methods	GMP
Knowledge		
Describe the physiological and physical effects of movement of patients	D, I, C, S	1
Describe the physiological and physical effects of movement on transfer practitioners	D, I, C, S	1

Describe the physiological and physical effects of altitude on patients during transfer	D, I, C, S	1
Skills		
Demonstrate ability to integrate patient diagnosis with the physiological effects of transfer	D, I, C, T, S	1
Behaviours		
Demonstrate adaptability when undertaking patient transfer	D, I, S	1, 3, 4

ACCP TOSF3 Co-ordinate and plan patient transfer		
Safe patient transfer requires effective co-ordination and planning		
<i>Competence</i>	<i>Assessment Methods</i>	<i>GMP</i>
Knowledge		
Describe the principles of planning and co-ordinating patient transfer	D, C, T, S	1
Describe the principles determining destination hospital selection	D, C, T, S	1
Describe the principles determining the transfer modality	D, C, T, S	1, 2
List the equipment required for inter-hospital transfer	D, C, T, S	1
Skills		
Demonstrate ability to reconcile the risks and benefits of transfer	D, C, T, S	1
Demonstrate the ability to determine consumable resource requirements (e.g. medicines, medical gases, power) for transfer	D, C, T, S	1
Demonstrate an understanding of the dynamic nature of transfer medicine and the importance of contingency planning	D, C, T, S	1, 2, 3
Demonstrate sufficient local knowledge of regional specialist delivery networks	D, C, T, S	1, 3
Contribute to the co-ordination of emergency inter-hospital transfer	D, C, T, S	1, 3
Behaviours		
Demonstrate a professional approach to the planning and co-ordination of patient transfer	D, C, T, S	1, 2, 3
Demonstrate the ability to acknowledge futility and avoid inappropriate inter-hospital transfer	D, C, T, S	1, 3, 4

ACCP TOSF4 Prepare patients for transfer		
Competence	Assessment Methods	GMP
Knowledge		
Understand the indications for inter-hospital transfer (escalation of care / repatriation / capacity)	C, T, S	1,2
Identify the most appropriate mode of transport – road/air	I, C, T, S	1, 2
Identify appropriate transfer team – role/experience required/number of personnel required	I, C, T, S	1,2,3
Communicate to receiving team – handover of patient, time leaving base hospital	D, I, S	1,2,3,4
Appropriate monitoring equipment – ensure equipment has been checked by personnel carrying out transfer	D, I, S	1, 2,3,4
Ensure equipment has power supply, battery life for transfer	D,I,S	1,2
Check oxygen levels and availability of oxygen on mode of transport	D,I,S	1,2
Supply of infusions patient is currently receiving + emergency drugs	D,I,S	1,2
Understand physiological changes during the transfer of a patient	I,C, S	1,2
Anticipate and minimise risks before transferring patient i.e. equipment failure, deterioration of patient on transfer	D,I,C,S	1,2,3,4
Maintain patient safety	D,I,C,S	1,2,3,4
Recognise and prepare for changes in temperature prior to transfer	D, I, C, S	1,2
Ensure adequate access	D,I,C,S	1,2
Skills		
Communication – appropriate communication to specialist teams and receiving unit/teams prior to transfer	D,I,C,S	1,2,3,4
Check transfer monitoring equipment i.e. ensure adequate battery life/power source available	D,I,S	1,2,3
Check infusion pumps/ensure spare pump available	D,I,S	1,2,3
Attach appropriate monitoring equipment Drugs – ensure adequate supply of drugs is readily available + emergency drugs	D,I,S	1,2,3
Select appropriate level/number of staff for transfer	I,C,S	1,2,3,4
Be aware of own limitations prior to transfer	D,I,C,S	1,2,3,4
Anticipate and prevent any complications/equipment failures	D,I,C,S	1,2,3,4
Documentation – comprehensive documentation of hospital stay/current clinical condition + documentation for transfer	D,I,C,S	1,2,3,4

Stabilise patient for transfer – ensure correct position/thermoregulation	D,I,C,S	1,2
Secure patient in transfer trolley	D,S	1,2
Ensure all lines/tubes are visible and secure – document size of ETT and grade of intubation	D,I,C,S	1,2,3
Emergency access available – wide bore cannula	D,I,C,S	1,2,3
Ensure emergency equipment is available for transfer	D,I,C,S	1,2,3,4

ACCP TOSF5 Understand the range of patient transport modalities		
Transferring critically ill patients requires the appropriate and safe use of a range of transport platforms		
Competence	Assessment Methods	GMP
Knowledge		
Classify patient transfer modalities	C, T, S	1
Differentiate the risks and benefits of road, helicopter, fixed wing and other transport modalities	C, T, S	1, 2
Describe the training requirements for personnel escorting patients according to transport modality	C, T, S	1, 3
Describe the risks, benefits and legal constraints pertaining to transporting relatives	C, T, S	1, 2
Skills		
Demonstrate the ability to transfer patients safely by road and understand the situations in which other transport modalities may be considered.	D, C, T, S	1
Behaviours		
Demonstrate a professional approach to the use of different transport modalities	D, S	1

ACCP TOSF6 Clinically manage patients during transport		
ACCps must be confident in their ability to manage a wide range of clinical conditions and patients throughout transfer		
Competence	Assessment Methods	GMP
Knowledge		
Critique the minimum standards for monitoring during transfer	C, T, S	1
Describe the interventions which can be undertaken during transfer	C, T, S	1
Describe the common problems experienced during patient transfer	C, T, S	1
Describe the specific clinical management of the following patient groups before and during inter-hospital transfer: <ul style="list-style-type: none"> • Patients with major head injuries • Patients with contagious diseases • Patients with unstable spinal or pelvic fractures • Patients with major burns • Patients with single organ/system failure – to include: <ul style="list-style-type: none"> ○ ARDS ○ Cardiac failure ○ Liver failure • Patients with complex multi-organ failure 	D, I, C, T, S	1, 2
Optional Patient Groups <ul style="list-style-type: none"> • Patients with Respiratory Failure with extra-corporeal support ILA / ECMO • Patients with circulatory failure with IABP counter-pulsation • Patients with end-stage cardiac failure with ventricular assist • Patients with multiple organ/system failure • Patients who are pregnant • Paediatrics • Neonates 	D, I, C, T, S	1, 2
Skills		
Determine appropriate choices of sedation, muscle relaxation and analgesia to maintain the patient's clinical status during transfer	D, I, C, T, S	1
Demonstrate the safe inter-hospital transfer of critically ill and injured adult patients	D, I, C, T, S	1, 2
Maintain accurate clinical records before, during and after transfer	D, M, T	1, 2, 3, 4
Demonstrate the ability to maintain monitoring of vital signs	D, S	1, 2

throughout transfer		
Demonstrate the ability to manage sudden in-transit loss of: <ul style="list-style-type: none"> • airway • vascular access • monitoring • power • oxygen • infusions 	D, C, T, S	1, 2
Behaviours		
Demonstrate a professional approach to the clinical management of patients undergoing inter-hospital transfer	D, S	1, 2, 3

Assessment Tools: Addition of Code HEI – Higher Educational Institute

Assessment Tools	
Code	Full name
D	Direct Observation of procedural Skills [DOPS]
I	ICM Mini- Clinical Evaluation Exercise [ICM-CEX]
C	Case Based Discussion [CBD]
M	Multisource Feedback [MSF]
T	Acute Care Assessment Tool [ACAT]
S	Simulation
E	Examination

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

Reference Document:

[ICM Curriculum: Supporting Excellence for a CCT in Intensive Care Medicine.](#)

[Handbook: Special Skills Year](#)

10. Appendices

Appendix 1: Abbreviations

Abbreviation	Term
ACCP	Advanced Critical Care Practitioner
ACCTS	Adult Critical Care Transfer Service
AoA	Association of Anaesthetists
ALS	Advanced Life Support
CBD	Case-Based Discussion
CEX	Clinical Evaluation Exercise
CT	Computerised Tomography scan
CVS	Cardiovascular System
DOPS	Direct Observation of Procedural Skills
ED	Emergency Department
FICM	Faculty of Intensive Care Medicine
GMC	General Medical Council
HCPC	The Health and Care Professions Council
HEI	Higher Education Institution
ICU	Intensive Care Unit
NMC	Nursing and Midwifery Council
ODP	Operating Department Practitioner
OSCE	Objective Structured Clinical Examination
OSF	Optional Skills Framework
PDR	Personal Development Record
RCoA	Royal College of Anaesthetists

Appendix 2: Glossary of Terms

Term	Meaning
Clinical Supervisor	ICU Consultant supervising clinical practice on any ACCP ICU shift.
Training Supervisor	ICU Consultant responsible for overall module supervision.

Appendix 3: Assessment Proformas



Direct Observation of Procedural Skills (DOPS) Inter-Hospital Transfer

Please complete this form in BLOCK CAPITALS and BLACK ink

ACCP's Surname		
ACCP's Forename(s)		
NMC number or equivalent		NUMBER <u>MUST</u> BE COMPLETED

Procedure		
Code Number		
Observed by		
GMC Number		GMC NUMBER <u>MUST</u> BE COMPLETED
Date		
Signature of observing doctor		

Assessment:

	Practice was satisfactory	Tick	Assessor's signature
	Practice was unsatisfactory	Tick	Assessor's signature
Expand on areas of good practice. You MUST expand on areas for improvement for each unsatisfactory score given.			
<p>Was patient assessment and selection appropriate?</p> <p>Were the patient, equipment and team prepared effectively?</p> <p>Were potential complications assessed and planned for?</p> <p>Were any adverse events managed, documented, and discussed?</p>			

Was written and verbal communication effective?

Examples of good practice were:

Areas of practice requiring improvement were:

Further learning and experience should focus on:



Clinical Evaluation Exercise (CEX) Inter-Hospital Transfer

Please complete this form in BLOCK CAPITALS and BLACK ink

ACCP's Surname		
ACCP's Forename(s)		
NMC/HCPC Number		NUMBER <u>MUST</u> BE COMPLETED

Observed by		
GMC/NMC Number		GMC /NMC NUMBER <u>MUST</u> BE COMPLETED
Date		Profession/grade
Signature of observing clinician		

Assessment:

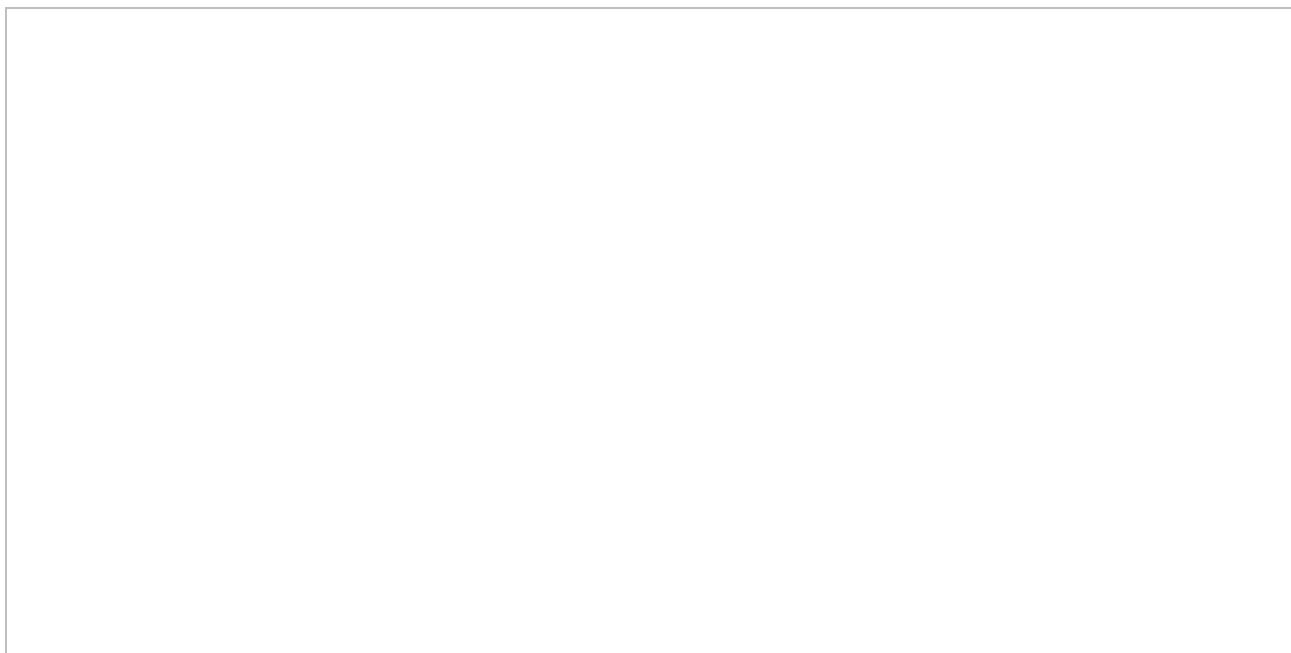
	Practice was satisfactory	Tick	Assessor's signature
	Practice was unsatisfactory	Tick	Assessor's signature

Expand on areas of good practice. You **MUST** expand on areas for improvement for each unsatisfactory score given.

Examples of good practice were:

Areas of practice requiring improvement were:

Further learning and experience should focus on:



If you have rated the performance unsatisfactory, you **MUST** indicate which elements were unsatisfactory

Case Based Discussion (CBD) Inter-Hospital Transfer

Please complete this form in BLOCK CAPITALS and BLACK ink



ACCP's Surname		
ACCP's Forename(s)		
NMC /HCPC Number		NUMBER <u>MUST</u> BE COMPLETED

Code Number or Description of Case		
Observed by		
GMC Number		GMC NUMBER <u>MUST</u> BE COMPLETED
Date		
Signature of supervising doctor		

Clinical Setting:

ICU ☐ HDU ☐ ED ☐ Ward ☐ Transfer ☐ Other ☐

Assessment:

	Practice was satisfactory	Tick	Assessor's signature
	Practice was unsatisfactory	Tick	Assessor's signature

Expand on areas of good practice. You **MUST** expand on areas for improvement for each unsatisfactory score given.

Examples of good practice were:

Areas of practice requiring improvement were:

Further learning and experience should focus on:

Special focus of discussion:

Appendix 4: 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 2015.
- (b) Have successfully completed all aspects of the FICM Optional Skills Framework Inter-Hospital Transfer and previously successfully completed all aspects of the Advanced Airways Management OSF which has been registered with FICM

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** 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

1.13 Date of completion of Advanced Airways OSF

(DD/MM/YYYY)

1.14 Date recorded by FICM

Printed Name of applicant

Signature of applicant*

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

Date declaration signed (DD/MM/YYYY)

Part 2: Training Supervisor 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 OSF Inter-Hospital Transfer for ACCPs. I acknowledge 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.

Part One: Hospital-based Training	<input type="checkbox"/>
Part Two: ACCTS based inter-hospital Transfer Training	<input type="checkbox"/>

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 electronical

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 OSF for Inter-Hospital Transfer for ACCPs. I acknowledge 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.

Part One: Hospital-based Training	<input type="checkbox"/>
Part Two: ACCTS based inter-hospital Transfer Training	<input type="checkbox"/>

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/health board. 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 Inter-Hospital Transfers OSF by

(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.

Appendix 5: Prior Learning Signoff Proforma

Inter-Hospital Transfer for Advanced Critical Care Practitioners Module Completion for those who have pre-existing Inter-Hospital Transfer Practice.

FICM acknowledge that some ACCPs have undertaken Inter-Hospital Transfer practice as a core part of their role for many years. These ACCPs may wish/be eligible to complete the FICM ACCP Inter-Hospital Transfer Optional Skills Framework Module (OSFs) 2021 via a “Prior Learning” route. This route will only be open to those ACCPs who have undertaken regular Inter-hospital transfer practice prior to January 2022. It is recommended that training undertaken after this date uses the FICM Inter-Hospital Transfer OSF.

In order to complete the Inter-hospital Transfer Module via the “Prior Learning” route to undertake solo transfers the ACCP will have to demonstrate:

- Successful completion of the FICM Advanced Airways OSF [either by OSF training or prior learning route] and registration with the FICM .
- They have relevant, frequent inter-hospital transfer experience (approximately 1 transfer every month) recorded in a logbook, including simulation exercises. A logbook should include details of number of transfers undertaken, acuity, complications with reflection and evidence of involvement in transfer feedback, audit and debrief
- They have undertaken an annual simulation session to practice emergency drills for transfer situations, or evidence of actual situations in practice.
- They regularly attend relevant courses, update days and educational opportunities relating to transfer of the critically ill.

As advanced airway skills are integral to transfer the requirements for the Advanced Airway OSF must be met in addition:

- Regular planned theatre sessions, at least every 6 months.
- Review of advanced airway skills must be undertaken as part of annual appraisal including review of any related adverse incidents and ongoing experience and maintenance of competency.
- They have undertaken the Advanced Airway requirements for annual simulation session to practice emergency drills.
- They have the relevant airway experience recorded in a logbook, including simulation exercises. A logbook should include details of number of elective theatre lists undertaken, numbers of procedures performed, sim sessions and workshops attended.

Organisation requirements:

- Meet all the requirements for governance and risk in section 9 of this document.
- Clear arrangements for insurance/ liability

Prior to sign off for Inter-Hospital Transfer Module via the "Prior Learning" route, the ACCP should meet with their Clinical Supervisor and review their previous training in relation to the OSF document FICM Inter-Hospital Transfer for Advanced Critical Care Practitioners.

Module Completion Sign Off via "Prior Learning" Route Proforma

- a. This form is for use by Advanced Critical Care Practitioners (ACCPs) with FICM membership who are employed in the role of ACCP and:
- b. Have satisfactorily completed Advanced Critical Care Practitioner training to equivalence of the FICM ACCP National Curriculum 2015
- c. Have previously completed Advanced Airway training to an equivalence of all aspects of the FICM Optional Skills Framework for Advanced Airway Management for ACCPs prior to October 2021
- d. Continue to undertake all aspects of governance relating to Advanced Airway Practice to the standard outlined in the document *Supplementary Document: Advanced Airway Management for Advanced Critical Care Practitioners Module Completion for those who have pre-existing Advanced Airway Practice*.
- e. Have previously completed Inter-hospital Transfer Training to an equivalence of all aspects of the FICM Optional Skills Framework for Inter-hospital Transfer for ACCPs prior to December 2022.
- f. Continue to undertake all aspects of governance relating to Inter-hospital Transfer to the standard outlined in the document *Supplementary Document: Inter-hospital Transfer for Advanced Critical Care Practitioners Module Completion for those who have pre-existing Inter-hospital Transfer Practice*
- g. The 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 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 form to be accepted. 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)

1.4 Full address (you must include postcode)

1.5 Telephone number (Home)

1.6. Telephone number (Work)

1.7 Telephone number (Mobile)

1.8 Gender

1.9 Date of birth (DD/MM/YYYY)

1.10 Email address

1.11 NMC / HCPC Registration Number

1.12 Expiry date

Name of applicant

Signature of applicant*

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

Part 2: Training Supervisor 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 previously successfully completed the knowledge, skills, and competencies equivalent to the OSF for Inter-Hospital Transfer for ACCPs. I acknowledge 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.

Historical training equivalent to Inter-hospital Transfer skills Part One: Hospital-based training	<input type="checkbox"/>
Historical training equivalent to Inter-hospital Transfer skills Part Two: ACCTS based inter-hospital Transfer Training <ul style="list-style-type: none"> Maintenance of a logbook of all intra and inter hospital transfer activity undertaken including details and actions taken regarding any complications/ adverse events. They have undertaken an annual simulation session to practice emergency drills for transfer situations, or evidence of actual situations in practice. They regularly attend relevant courses, update days and educational opportunities relating to transfer of the critically ill. 	<input type="checkbox"/>
Maintenance of a logbook of all advanced airway interventions undertaken including details regarding any complications	<input type="checkbox"/>
Attends regular planned theatre sessions, at least every 6 months	<input type="checkbox"/>
Has had a review of advanced airway skills undertaken as part of annual appraisal including review of any related adverse incidents and ongoing experience and maintenance of competency	<input type="checkbox"/>
Has undertaken an annual simulation session to practice emergency airway drills, or evidence of actual situations in practice	<input type="checkbox"/>
Regularly attends relevant courses, update days and educational opportunities relating to Advanced Airway Management	<input type="checkbox"/>

Has relevant airway experience recorded in a logbook, including simulation exercises. A logbook should include details of number of elective theatre lists undertaken, numbers of procedures performed, sim sessions and workshops attended.	<input type="checkbox"/>
Successful completion of the FICM Advanced Airways OSF [either by OSF training or prior learning route] and registration with FICM	<input type="checkbox"/>
They have relevant, frequent inter-hospital transfer experience (approximately 1 transfer every month) recorded in a logbook, including simulation exercises. A logbook should include details of number of transfers undertaken, acuity, complications with reflection and evidence of involvement in transfer feedback, audit and debrief	<input type="checkbox"/>
They have undertaken an annual simulation session to practice emergency drills for transfer situations, or evidence of actual situations in practice	<input type="checkbox"/>
They regularly attend relevant courses, update days and educational opportunities relating to transfer of the critically ill	<input type="checkbox"/>

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

Email address (es):

Telephone number(s):

Signature*

Date (DD/MM/YYYY)

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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 OSF for Inter-Hospital Transfer for ACCPs. I acknowledge 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.

Historical training equivalent to Advanced Airway skills Part One: Theatre-based training	<input type="checkbox"/>
Historical training equivalent to Advanced Airway skills Part Two: Critical Care-based training	<input type="checkbox"/>
Maintenance of a logbook of all advanced airway interventions undertaken including details regarding any complications	<input type="checkbox"/>
Attends regular planned theatre sessions, at least every 6 months	<input type="checkbox"/>
Has had a review of advanced airway skills undertaken as part of annual appraisal including review of any related adverse incidents and ongoing experience and maintenance of competency	<input type="checkbox"/>
Has undertaken an annual simulation session to practice emergency airway drills, or evidence of actual situations in practice	<input type="checkbox"/>
Regularly attends relevant courses, update days and educational opportunities relating to Advanced Airway Management	<input type="checkbox"/>
Has relevant airway experience recorded in a logbook, including simulation exercises. A logbook should include details of number of elective theatre lists undertaken, numbers of procedures performed, sim sessions and workshops attended.	<input type="checkbox"/>

Successful completion of the FICM Advanced Airways OSF [either by OSF training or prior learning route] and registration with FICM	<input type="checkbox"/>
They have relevant, frequent inter-hospital transfer experience (approximately 1 transfer every month) recorded in a logbook, including simulation exercises. A logbook should include details of number of transfers undertaken, acuity, complications with reflection and evidence of involvement in transfer feedback, audit and debrief	<input type="checkbox"/>
They have undertaken an annual simulation session to practice emergency drills for transfer situations, or evidence of actual situations in practice	<input type="checkbox"/>
They regularly attend relevant courses, update days and educational opportunities relating to transfer of the critically ill	<input type="checkbox"/>

Details of Clinical Supervisor in case further information is required:

Email address (es):

Telephone number(s):

Signature*

Date (DD/MM/YYYY)

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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/health board. This may be the same person as the Training Supervisor.

I (ACCP Lead)	<input type="text"/>
of (name of Region)	<input type="text"/>
at (work address)	<input type="text"/>

Confirm the completion of the Advanced Airways OSF by

(name of applicant)	<input type="text"/>
---------------------	----------------------

Signature*

Date (DD/MM/YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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* Please either include electronic signatures or print the appropriate pages out, sign them in hard copy and scan it for submission electronically.



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