## 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 must be completed** |

|  |  |
| --- | --- |
| Procedure |  |
| Code Number |  |
| Observed by |  |
| GMC Number |  | **GMC NUMBER MUST BE COMPLETED** |
| Date |  |  |
| Signature of observing doctor |  |

**Assessment:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Practice was satisfactory** | Tick one | Assessor’s signature |
|  | **Practice was unsatisfactory**  | Tick one | Assessor’s signature |
| Expand on areas of good practice. You **MUST** expand on areas for improvement for each unsatisfactory score given. |
| **Was patient assessment and selection appropriate?****Were the patient, equipment and team prepared effectively?****Were potential complications assessed and planned for?****Were any adverse events managed, documented, and discussed?** **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 MUST BE COMPLETED** |

|  |  |
| --- | --- |
| Observed by |  |
| GMC/NMC Number |  | **GMC /NMC NUMBER MUST BE COMPLETED** |
| Date |  | Profession/grade |
| Signature of observing clinician |  |

**Assessment:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Practice was satisfactory** | Tick one | Assessor’s signature |
|  | **Practice was unsatisfactory**  | Tick one | 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 MUST BE COMPLETED** |

|  |  |
| --- | --- |
| Code Number or Description of Case |  |
| Observed by |  |
| GMC Number |  | **GMC NUMBER MUST BE COMPLETED** |
| Date |  |  |
| Signature of supervising doctor |  |

**Clinical Setting:**

ICU [ ]  HDU [ ]  ED [ ]  Ward [ ]  Transfer [ ]  Other [ ]

**Assessment:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Practice was satisfactory** | Tick one | Assessor’s signature |
|  | **Practice was unsatisfactory**  | Tick one | 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:**

1. Have satisfactorily completed Advanced Critical Care Practitioner training to equivalence of the FICM ACCP National Curriculum 2015.
2. 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)

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

1.13 Date of completion of Advanced Airways OSF 1.14 Date recorded by FICM

(DD/MM/YYYY)

Printed Name of applicant Signature of applicant\*

 Date declaration signed (DD/MM/YYYY)

*\*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 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 | [ ]  |
| Part Two: ACCTS based inter-hospital Transfer Training | [ ]  |

**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 | [ ]  |
| Part Two: ACCTS based inter-hospital Transfer Training | [ ]  |

**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)

\* 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

1. This form is for use by Advanced Critical Care Practitioners (ACCPs) with FICM membership who are employed in the role of ACCP and:
2. Have satisfactorily completed Advanced Critical Care Practitioner training to equivalence of the FICM ACCP National Curriculum 2015
3. 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
4. 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.*
5. 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.
6. 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*
7. 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\*

 Date declaration signed (DD/MM/YYYY)

*\*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.**

|  |
| --- |
|  |
| Training equivalent to Inter-hospital Transfer skills Part Two: ACCTS based inter-hospital Transfer Training* 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.
 | [ ]  |
| Maintenance of a logbook of all advanced airway interventions undertaken including details regarding any complications  | [ ]  |
| Attends regular planned theatre sessions, at least every 6 months  | [ ]  |
| 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  | [ ]  |
| Has undertaken an annual simulation session to practice emergency airway drills, or evidence of actual situations in practice  | [ ]  |
| Regularly attends relevant courses, update days and educational opportunities relating to Advanced Airway Management | [ ]  |
| 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.  | [ ]  |
| Successful completion of the FICM Advanced Airways OSF [ either by OSF training or prior learning route] and registration with 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 | [ ]  |

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

Email address (es): Telephone number(s):

Signature\* Date (DD/MM/YYYY)

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  | [ ]  |
| Historical training equivalent to Advanced Airway skills Part Two: Critical Care-based training | [ ]  |
| Maintenance of a logbook of all advanced airway interventions undertaken including details regarding any complications  | [ ]  |
| Attends regular planned theatre sessions, at least every 6 months  | [ ]  |
| 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  | [ ]  |
| Has undertaken an annual simulation session to practice emergency airway drills, or evidence of actual situations in practice  | [ ]  |
| Regularly attends relevant courses, update days and educational opportunities relating to Advanced Airway Management | [ ]  |
| 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.  | [ ]  |
| Successful completion of the FICM Advanced Airways OSF [ either by OSF training or prior learning route] and registration with 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 | [ ]  |

Details of Clinical Supervisor in case further information is required:

Email address (es): Telephone number(s):

Signature\* Date (DD/MM/YYYY)

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 Transfer OSF by

 (name of applicant)

Signature\* Date (DD/MM/YYYY)

\* Please either include electronic signatures or print the appropriate pages out, sign them in hard copy and scan it for submission electronically.