



The Faculty of
**Intensive
Care Medicine**

Advanced Critical Care Practitioners

CPD and Appraisal
Pathway

VERSION 2.3

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Contents

Contents.....	2
Introduction.....	4
Continuing Professional Development.....	10
Reflective Accounts.....	11
Quality Improvement Activity.....	11
Non-medical Prescribing.....	13
Additional Advanced Skills Frameworks (AASF).....	13
Personal Good Character and Probity.....	13
Achievements, challenges and aspirations.....	13
Practice Related Feedback.....	14
Multi-Source Patient and Colleague Feedback.....	14
Feedback: review of compliments and complaints.....	15
Instructions for using this documentation.....	16
Quick reference guide.....	17
Portfolio Review	18
Personal details.....	19
Health.....	20
Scope of Practice – Local.....	21
Professional Indemnity Arrangements.....	24
Probity.....	25
Mandatory Training.....	26
Personal Development Plan for last year and Review of Progression.....	27
Educational Supervisor Meetings.....	29
Educational Supervisor Meetings.....	30

Achievements, challenges, and aspirations.....	31
Significant Events.....	32
Reflective Accounts.....	33
Non-Medical Prescribing Review.....	35
Additional Advanced Skills Framework (AASF) Review	36
Quality Improvement Activity.....	37
Personal Development Plan for next year	38
Summary of Appraisal Discussion	39
Appraisal Outputs	40

Introduction

Revisions

V1.0	2015	
V2.0	2017	
V2.1	2019	Amended to reflect updates in guidance for ACCPs working outside of the ICU
V2.2	2020	Amended to include Senior ACCP within the Career Progression table and guidance on MSF requirements for Trained ACCPs in section 9.
V2.3	2025	Incorporation of the Centre for Advancing Practice Four Pillars of Advanced Practice and Additional Advanced Skill Frameworks Development/review.

Aim

FICM recommends that qualified ACCPs undertake an annual appraisal using the FICM ACCP appraisal pathway and documentation. It is recommended that this documentation be completed and stored electronically as far as practicable. All FICM ACCPs will be either NMC or HCPC registrants and must maintain the professional regulator revalidation requirements.

Many of the roles and responsibilities of the qualified FICM ACCP lie within what might have been described as the medical remit. Therefore, alignment to the domains of GMC Good Medical Practice 2024 which are the principles that underpin medical revalidation is a pragmatic approach. As clinical supervision and levels of entrustment for FICM ACCPs are unambiguously delivered by Consultants in ICM in Critical Care, the style of CPD / appraisal needs to reflect this professional relationship.

Domain 1: Knowledge, Skills and Performance

- Develop and maintain your Professional Performance
- Apply knowledge and experience to practice
- Record your work clearly, accurately and legibly

Domain 2: Safety and Quality

- Contribute to and comply with systems to protect patients
- Respond to risks to safety
- Protect patients and colleagues from any risk posed by your health

Domain 3: Communication, partnership and teamwork

- Communicate effectively
- Work constructively with colleagues to maintain and improve patient care, delegating effectively
- Teaching, training, supporting and assessing
- Continuity and Coordination of Care
- Establish and maintain partnerships with patients

Domain 4: Maintaining Trust

- Show respect for patients
- Treat patients honestly and colleagues fairly and without discrimination
- Act with honesty and integrity.

It is the aim of this document therefore where possible to harmonise these processes. Given that there will be significant areas of overlap this document also seeks to avoid unnecessary duplication of effort and evidence.

The [Centre for Advanced Practice portal](#) enables practitioners to record activity for CPD.

Role of the ACCP

ACCP's are part of the critical care team working as Advanced Practitioners as part of the medical workforce on the ICU. Broadly, within their role, the ACCP will:

- Undertake comprehensive clinical assessment of a patient's condition
- Request and perform diagnostic tests
- Initiate and manage a clinical treatment plan
- Provide accurate and effective clinical handovers
- Undertake invasive interventions within the scope of practice
- Provide professional leadership and support within a multi-professional team
- Work autonomously in recognised situations
- Demonstrate comprehensive knowledge across a range of subject areas relevant to the field of critical care
- Critically analyse, evaluate and synthesise different sources of information to assess and manage the care of a critically ill patient
- Apply the principles of diagnosis and clinical reasoning
- Apply theory to practice through a clinical decision-making model
- Apply the principles of therapeutics and safe prescribing
- Understand the professional accountability and legal frameworks for advanced practice
- Function at an advanced level of practice as part of the multidisciplinary team as determined by the competency framework
- Apply the principles of evidence-based practice to the management of the critically ill patient
- Understand and perform clinical audit and quality improvement work

The Role of the FICM

The FICM curriculum (2023) for ACCPs provides a core set of competencies required for all ACCPs. Individual trusts and Health Boards have, in addition, trained their ACCPs to perform further tasks and procedures relevant to the clinical case mix and requirements of their own units. All activities must follow robust local governance procedures and standard operating procedures.

The Faculty of Intensive Care Medicine maintains a register of all ACCP Members who have applied for and met the qualification criteria to hold FICM ACCP membership. **Any FICM ACCP not meeting the requirement for NMC/ HCPC revalidation/regulation leading to removal from the register, should inform the faculty immediately and consider their FICM membership null and void from that date.** FICM considers that the ongoing education, training, good conduct, and high performance of all ACCPs are vital in delivering high-quality health care and maintaining Professional Standards.

Appraisals

In addition to the domains laid out within this document, there are likely to be additional requirements for the FICM ACCP's annual appraisal process specified locally according to clinical, and service need by employing trusts or Health Boards. These would include areas such as the Mandatory Training requirements and review of any additional Advanced Skills Frameworks (ASFs) that have been carried out to ensure continued currency and competency each year.

It is the responsibility of each FICM ACCP to yearly undergo a thorough annual appraisal. The process must adhere to the principles of NMC/HCPC and GMC guidance and reflect the practice of the ACCP according to the 4 pillars of advanced practice.

Appraisers

It is envisaged that to adequately represent both the base profession and medical aspects of the ACCP appraisal process, the appraisal should be carried out between the ACCP and clinical line manager/supervisor and ACCP Clinical Lead or nominated ICM deputy. Tripartite appraisal meets the requirements of medical and base regulator. If not feasible components of the appraisal, separate 6-monthly appraisals will meet the needs of both.

Appraisal documentation

All documentation must be presented to both appraisers at least 48hrs prior to the appraisal meeting. This documentation should be acknowledged by the local workplace in relation to meeting appraisal requirements for the role in their organisation to avoid duplication.

Revalidation

It is the responsibility of each FICM ACCP to adhere to and maintain their own professional standards with regard to their base professional registration and revalidation. This document is not intended to replace the Revalidation process itself (or the requisite documentation). However, much of the information contained herein can and should be used to populate the specific domains set out in revalidation requirements.

This pathway and documentation herein support and inform the four themes of the **NMC Code of Revalidation**:

- **Prioritise people** by actively seeking and reflecting on any direct feedback received from patients, service users and others to ensure that you can fulfil their needs.
- **Practise effectively** by reflecting on your professional development with your colleagues, identifying areas for improvement in your practice and undertaking professional development activities.
- **Preserve safety** by practising within your competency for the minimum number of practice hours, reflecting on feedback, and addressing any gaps in your practice through continuing professional development (CPD).
- **Promote professionalism and trust** by providing feedback, helping other NMC colleagues reflect on their professional development and being accountable to others for your professional development and revalidation.

The **Health & Care Professionals Council (HCPC)** operate a self-declaration system with audit selection occurring at random whereby HCPC registrants will be required to:

- Submit a CPD profile by the deadline, which shows the activities you have undertaken since the last renewal
- Provide supporting evidence that shows the CPD meets the standards, including a dated list to help the assessors identify any gaps of more than three consecutive months which have not been accounted for.

Both registering bodies therefore have a requirement to maintain records which this documentation meets.

ACCPs who work primarily in a role in one of the other three Pillars of Advanced Practice

A FICM ACCP is professionally accountable to ensure they meet the requirements of their role and scope of practice.

It is the responsibility of employing trusts and health boards to ensure FICM ACCPs are facilitated to maintain their clinical capabilities as ACCPs. If the clinical capabilities and requirements of the ACCP role cannot be met, a job title change should be considered to avoid confusion between these capabilities and competencies.

To meet the clinical demands as laid out in the CPD and appraisal pathway, ACCPs should be exposed on an annual basis to activity in both level 2 and level 3 areas.

Those ACCPs wishing to retain the 'traditional' ACCP role working across both levels 2 and 3 need to spend an appropriate proportion of their professional time working within level 3 over the year. A FICM ACCP is professionally accountable to ensure they meet the requirements of their role and maintain the scope of their practice.

For those who wish to be career level 2 ACCPs and those in outreach roles, this should be specified at appraisal. It should be noted that those who are career level 2 should not be expected to fulfil level 3 rota commitments and if they wish to work in level 3 later, they must retrain to be up to the standard required, by completing and providing evidence that they have met the competencies associated with level 3 care.

There is an expectation by FICM that the ACCP who has a role that does not meet all four of the Pillars of Advanced Practice should review and adapt this document in line with specifics of the role being carried out. This is the individual's professional responsibility and to ensure currency and competency, a logbook should be maintained and kept up to date to highlight the areas of practice that remain relevant to their ongoing role. Examples of such roles include Academia, Leadership roles, Research roles.

GMC Good Medical Practice

This document is also supported and informed by the four domains of the **GMC's Good Medical Practice 2024** which define the principles that underpin medical revalidation and translate across trained ACCP practice:

1. [Creating fair respectful and compassionate workplaces](#)
2. [Promoting patient-centred care](#)
3. [Helping to tackle discrimination](#)
4. [Championing fair and inclusive leadership](#)
5. [Supporting continuity of care and safe delegation](#)
6. [Making your updated standards easier to navigate](#)

Alignment with the National Advanced Practice Agenda

The ACCP role is currently aligned to the requirements of the Advanced Practice agenda across all four nations. An advanced practitioner is defined as 'achieving a level of practice characterised by a high degree of autonomy and complex decision making'. This is underpinned by a master's level award or equivalent that encompasses the four pillars of Advanced practice:

- Leadership and management
- Education
- Research
- Clinical practice

The Multi-Professional Framework for Advanced Clinical Practice in England (2025) requires that all health and care professionals working at an advanced clinical practice level should have developed capabilities underpinned by evidence applicable to the speciality.

Career Progression

On successful completion of training and when performing in the role of an ACCP there is a requirement to consolidate, maintain and extend the knowledge skills and competence as defined by the FICM ACCP Curriculum [2023]. As a

valuable member of the critical care workforce, it is anticipated that as your career progresses there are additional dimensions to service delivery, and your role will be agreed upon with your ACCP Clinical Lead/line manager. This may support your progression through the Agenda for Change (AfC) banding structure.

The following represents broad guidance and there must be allowance for the fact that ACCPs may take on other professional roles not listed in the table below. Appropriate recognition of these roles must occur to facilitate ACCPs to move between the career structure in keeping with the agenda for change and advanced practice criteria.

Title	Band	Requirements
Trainee ACCP	7	<ul style="list-style-type: none"> Registered healthcare professional with appropriate critical care experience eligible to undertake non-medical prescribing. In a recognised ACCP training programme and working towards completion of an appropriate MSc/ PGDip via a recognised Healthcare Education Institution. Following the FICM ACCP syllabus and curriculum. Be supernumerary for two years whole time equivalent in clinical practice.
ACCP	8a	<ul style="list-style-type: none"> Completion of the academic and clinical competencies to the standard required by the FICM (PGDip ACCP programme). Successful application for FICM membership. Fully completed an MSc. Completion of an annual appraisal in line with the FICM ACCP appraisal process and in line with individual Trust/Health Board values. Usual expectation is for clinical work on a resident rota, encompassing days, nights, and weekends as determined by local service need.
Senior ACCP	8a / 8b (banding to be decided locally)	<p>Both of below</p> <p>1) Senior clinical work:</p> <ul style="list-style-type: none"> Continuing to work on a resident rota, working pattern will be negotiated between the ACCP and the employer. May supervise tACCPs and support junior medical staff new to ICM for skills and activities that fall within the scope of practice as an ACCP, under local ACCP standard operating procedures and appropriate governance arrangements. <p>2) Extended skills:</p> <ul style="list-style-type: none"> Undertakes extended skills post core FICM ACCP training in line with local service needs e.g. PICC line insertion, point of care ultrasound etc. Demonstrates active engagement in the four pillars of advanced practice.
Lead ACCP	8b	<p>All 3 below</p> <p>1) Senior clinical work:</p> <ul style="list-style-type: none"> Continuing to work on a resident rota, working pattern will be negotiated between the ACCP and the employer <p>2) Undertakes extended skills following core training,</p> <ul style="list-style-type: none"> Fully engaged in and taking an active role in at least 2 of: quality improvement, education & training or research activities. <p>3) Undertakes managerial tasks such as:</p> <ul style="list-style-type: none"> Line management of trainee/junior ACCPs.

		<ul style="list-style-type: none"> Oversees the development and annual appraisals of trainee/junior ACCPs in conjunction with the consultant ACCP supervisor. Leads the development and delivery of ACCP service. Undertakes tasks such as: staffing, rostering, sickness reviews and liaison with the wider organisation. Directly responsible for performance management of all ACCPs in the team and managing team members under local Trust/ Health Board disciplinary policy if required. Participates in business case creation and recruitment of ACCPs. (trainee/qualified), including advertisement, selection, interviewing and appointment of appropriate staff members. Carrying out incident and Serious Incident (SI) investigations. Attends and contributes to strategic meetings and development of related policies/procedures. Is involved in budgets, procurement, and financial planning for the ACCP team.
Consultant ACCP	8c	<p>A highly experienced ACCP who is working in a very senior capacity within the critical care unit. In addition to the above:</p> <ul style="list-style-type: none"> Completion of higher training according to the requirements of the critical care unit and the organisation. Has written or been a significant contributor to a Trust/Board level business case. Adoption of senior leadership role within the organisation, such as significant contributor to divisional management, Trust/Health Board quality improvement or safety role or serious incident investigation. Actively involved in strategic unit or organisational development There should be an attempt to reduce night-time frequency where the workings of the unit allow this.

Four Pillars of Advanced Practice

All health and care professionals working at the level of advanced clinical practice should have developed their skills and knowledge to the standard outlined in this framework; the capabilities are common across this level of practice enabling standardisation. The four pillars that underpin this practice are:



Multi-Professional Framework for Advanced Practice (2023)

The language used to describe each capability is mapped to Level 7 taxonomy, which supports the expectation that those working at advanced practice level are required to be able to make judgements and manage varying risks when complex information is provided, in line with Masters level education.

During the appraisal process, the ACCP should show development that meets the requirements for all four pillars of advanced practice and it key that in the appraisal process, all four pillars are addressed for ongoing learning and development.

Continuing Professional Development

CPD should focus on outcomes or outputs, rather than on inputs and a time-served approach. As an ACCP, you should evaluate what you have learned and understood from your CPD activity, and how it may impact on and improve your performance.

You should identify and participate in CPD based on your day-to-day work in Critical Care and what you perceive will be needed in the future, both personally and for the service, in order for you to continue to undertake your roles and responsibilities. You should plan and participate in a wide range of CPD covering the entire scope of your practice (although CPD is not limited to this).

CPD should also prepare you to address the unpredictable and changing nature of Critical Care practice. Some CPD should be based on developing and considering new areas of competence, knowledge and skills.

You should also participate in CPD that meets the needs of your patients, colleagues and your employer where appropriate e.g. Mandatory Training

You should ensure that your CPD is influenced by your participation in local healthcare governance processes, individual and national audit, workplace-based assessments, and other mechanisms that shed light on your professional and work practices.

Personal learning and CPD should be organised and undertaken as part of your personal development. It is an essential part of an ACCP's career. CPD should be linked to the domains and attributes of the NMC Revalidation Code and the Good Medical Practice Framework. For ACCPs registered with the Health Care Professional Council [HCPC] the requirements of the CPD and Registration HCPC document will be met by this document.

Standards of CPD

For base regulation revalidation there will be a set requirement of CPD hours required. For example: The NMC identifies that a minimum of 40 hours of CPD must be undertaken within each 3-year Revalidation Cycle – of these 40 hours, 20 hours must include participatory learning.

To fulfil the agreed requirements of the FICM ACCP role, ACCPs should be undertaking 100 hours of CPD, 50 hours of which need to be participatory [i.e. an educational activity which involves interactions with one or more professionals], within each 3-year Revalidation Cycle.

An ACCP's specific educational needs and Personal Development Plan should be a continuously evolving process that is directed primarily via the yearly Educational Supervision meetings with your ES or Clinical Lead.

You must maintain accurate, contemporaneous and verifiable records of your CPD activities, with details including;

- Maintain a continuous, up-to-date and accurate record of their CPD activities
- Seek to ensure that their CPD benefits the service user
- A brief description of the topic and notes of the actual content. This will help prepare your reflective accounts.
- Detail of the feedback you provided and how CPD has contributed to improving the quality of their practice and service delivery
- Dates and time the CPD activity was undertaken
- Upon request, present a written profile explaining how they have met the standards for CPD including attendance certificates/event programs etc.
- CPD should cover all four pillars of Advanced Practice, including; Clinical, Leadership, Education and Research.

Reflective Accounts

Good clinical practice requires you to reflect on your practice and whether you are working to the relevant standards.

Within each 3-year revalidation cycle, you must record at least 5 pieces of formal written reflection that explain how this CPD and/or Quality Improvement activity demonstrates that you are meeting the needs of the NMC Revalidation Process, HCPC CPD guide and Good Medical Practice, i.e. how you changed or improved your work as a result, and how it is relevant to the NMC Code?

To maintain NMP registration a reflective piece on prescribing activity related to the area of clinical practice is required yearly one of these may form part of the five required for your revalidation requirements,

For each reflective account, you must also undergo a formal discussion with a suitably qualified and registered member of nursing or medical staff, who is trained to provide reflective feedback and/or appraisal.

A reflection and discussion form which includes the name, signature and NMC/HCPC/GMC number of the clinician that you had the discussion with as well as the date you had the discussion must be included.

Quality Improvement Activity

Within this section, you must demonstrate that you regularly participate in activities that review and evaluate the quality of your work, both as an individual and as part of the Critical Care Team.

Quality Improvement Activities (QIAs) should be robust, systematic and relevant to your work, including any clinical, academic, managerial and educational roles that you undertake. They should include an element of evaluation and action, and where possible, demonstrate an outcome or change.

Involvement in quality improvement activities is an ongoing process and evidence of participation in such activities must be presented at every appraisal. However, the extent and frequency will depend on the nature of the activity. For example, participation in a full national clinical audit might be appropriate once per revalidation cycle, whereas a case review might be expected to take place more regularly. You should discuss and agree on the frequency of the quality improvement activity with your appraiser.

For each episode of QIA that you undertake, you must record:

- Nature of the activity i.e. a brief description of its form and function including dates and times if applicable
- The nature of your personal participation within the QIA
- Demonstrate that you have taken appropriate action in response to the results/output from the QIA. This might include the development of an action plan based on the results of the activity or audit, any change in practice following participation, and informing colleagues of the findings and any action required.
- Demonstrate that you have evaluated and reflected on the results of the activity or audit. This might be through reflective notes about the implications of the results on your work, discussion of the results at peer supervision, professional development or team meetings and contribution to your professional development. A minimum of 5 reflective pieces (for CPD or QIA) is required for NMC Revalidation
- You should consider whether an improvement has occurred or if the activity demonstrated that good practice has been maintained. This should be through the results of a repeat of the activity or re-audit after some time where possible.

Quality improvement activities for an ACCP can take many forms and examples include:

- Clinical audit – evidence of effective participation in clinical audit or an equivalent quality improvement exercise
- Improvement project using plan, do, study, act cycles QI methodology
- Review of clinical outcomes – where robust, attributable and validated data are available. This could include morbidity and mortality statistics and meetings or Clinical review meetings you should seek to present and discuss
- Performance data and complication rates where these are routinely recorded for local or national reports. Critical Care has in place several robust and validated quality measures that include ICNARC, SICSAG, and SCTS Blue Book Data etc. You should submit any such data that applies to your critical care unit.
- Case review or discussion – a documented account of interesting or challenging cases that an ACCP has discussed with a peer, another specialist or within a multi-disciplinary team.
- Departmental reports from any external inspection agency e.g. CQC
- Audit and monitor the effectiveness of a teaching programme
- Evaluate the impact and effectiveness of a piece of health policy or management practice
- Teaching sessions delivered to other healthcare staff with feedback from attendees
- MDT meeting attendance
- Departmental Health Care Governance and Managerial meetings attended
- Contribution to local, regional or national guidelines concerning any aspect of healthcare

Non-medical Prescribing

As ACCP non-medical prescribers your appraisal / PDP process must involve a review of your prescribing activity. The following aspects must be reviewed:

Job Description: The job description (JD) for any ACCP undertaking non-medical prescribing after completing the approved course must have the following statement added to their JD which has been approved Trust wide:

'Undertakes non-medical prescribing within their sphere of competence. Complying with the requirements of the Non-Medical Prescribing policy and their regulatory body'.

NICE guideline: All ACCPs must be aware of and conform to [NICE guidelines \[NG5\] Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes](#) Published date: March 2015

Additional Advanced Skills Frameworks (AASF)

As ACCP non-medical prescribers your appraisal / PDP process must involve a review of your Additional Advanced Skill Framework SF activity. The following aspects must be reviewed:

- **Governance Structures:** Ensuring that appropriate Standard Operating Procedures (SOPs) are in place to govern the extended role being carried out
- **Review:** The local organisational need for the continued use of the Additional Advanced Skill Framework must be reviewed yearly.
- **Logbook:** A logbook of all procedures carried out concerning the Additional Advanced Skills Framework must be reviewed at each appraisal and assessed for areas of limited practice to identify an action plan to ensure currency and competency for each AASF in turn.

Personal Good Character and Probity

An ACCP's good character is based on conduct, behaviour and attitudes. ACCPs must constantly adhere to the best principles of Nursing Allied Health and Medical Professionalism.

For NMC revalidation, every three years you provide a Health & Character Declaration according to NMC Guidelines. This would also be deemed to be good practice for those registered with the HCPC.

You must declare if you have been convicted of any criminal offence or issued with a formal caution over the three years prior to the renewal of your registration, or if you have any pending police charges.

Probity is at the heart of healthcare professionalism. Probity means being honest and trustworthy and acting with integrity. Concerning your role as an ACCP, probity specifically also extends to the following areas:

- Providing and publishing information about the services you provide
- Writing reports and CVs, giving evidence and signing documents
- Research
- Financial and commercial dealings
- Conflicts of interest
- Achievements, challenges and aspirations

Whilst these topics are not mandatory for revalidation, it is important to discuss your achievements over the past year, your aspirations for the future and any challenges you may be currently facing, with your appraiser. Appraisal is a

formative process and therefore you are encouraged to discuss these topics, and then record and document the outcome in support of these discussions.

Practice Related Feedback

It is a formal requirement of the NMC Revalidation process that you must obtain at least five pieces of practice-related feedback over the three years before the renewal of your registration. This would be considered good practice for the ACCPs registered with the HCPC. It is important to reflect on the feedback obtained and the impact on your practice and or learning needs going forward.

You will have received feedback through each of your annual appraisals and your regular meetings with your ES or Clinical Lead and this should be available for inspection in your portfolio.

You should obtain specific feedback on your individual performance via formalised MSF-type processes.

Multi-Source Patient and Colleague Feedback

Feedback from colleagues and patients will usually be collected using standard MSF questionnaires that comply with NMC/HCPC/GMC guidance and it is expected that any questionnaire will be administered independently of the ACCP and the appraiser. The purpose of the exercise is to provide you with information about your work through the eyes of those you work with and treat and is intended to help inform further development.

You must remain sensitive to the timing and circumstances when you request feedback. It might be helpful to assure patients and colleagues that your professional relationship with them will not be adversely affected by any feedback that they provide and that they do not have to provide feedback if they do not want to. In some cases, you might want to consider using a third party to seek feedback on your behalf.

You should receive your questionnaire feedback prior to your appraisal to ensure you have had time to consider it and are prepared to discuss it. You should be able to demonstrate that you have reflected on the feedback. Your appraiser will be interested in what actions you took as a result of the feedback, not just that you collected it.

Trained ACCPs should complete a full MSF every three years this is outlined on the [FICM website](#). This is best planned during the revalidation year. Suggested numbers of assessors are provided in the table below. A minimum of 12 feedback forms must be completed for the process to be deemed valid.

Role of assessor	Suggested number of feedback forms
Educational supervisor (ES)	1
Consultant	1 (+ ES)
ST3+	2-4
FY1/2 or CT1/2	2-4
Nursing staff and other ACCP's	4-8
AHPs	2-4
Clerical	1

A full MSF should be completed annually for ACCPs in training

Feedback: review of compliments and complaints

Feedback is often provided by patients and others by way of complaints and compliments which should also be reviewed as part of the appraisal process.

A complaint is a formal expression of dissatisfaction or grievance. It can be about an individual ACCP, the team or the care of patients where an ACCP could be expected to have had influence or responsibility.

Complaints should be seen as another type of feedback, allowing ACCPs and organisations to review and further develop their practice and to make patient-centred improvements.

You should be aware of the complaints procedures in the organisations you work in and be aware of any complaints received about you or your team.

You should demonstrate knowledge of the formal organisational protocols in place when investigating and responding to complaints, and in the continued treatment of the complainant.

You should record any actions taken by yourself or the organisation as a result of the complaint and any alteration in practice that has resulted.

Complaints may potentially act as an indicator of performance and how you use your professional and clinical skills. Complaints can thus be utilised to highlight areas for further learning, which should then be included in your personal development plan.

Instructions for using this documentation

All sections of this documentation should be completed in an electronic format and if a finalised version is required to be stored in personnel files as per individual institution instructions, this should be reviewed on a case-by-case basis. An electronic version is preferred.

Supporting evidence must be kept within the ACCP's portfolio and be available for inspection at the time of the appraisal meeting.

The NMC, HCPC and GMC stipulate that all the information and declarations within the respective revalidation documentation need to be confirmed by a third party (nurse or doctor according to organisational requirements), to ensure compliance with the revalidation requirements.

For ACCP appraisal and revalidation, it is therefore mandatory that both appraisers sign off the declaration to ensure that they are satisfied with the content of the appraisal.

Each appraiser must provide their name, NMC, HCPC or GMC number, email, professional or trust address and postcode.

Quick reference guide

Appraisal Requirements

Personal Details

Scope of work

Health Questionnaire

Attendance review

Yearly: evidence of completion of mandatory training

Review of learning objectives from the previous appraisal period with evidence of how these have been met.

Five pieces of reflective accounts per three-year period.

Quality Improvement activity as agreed with your appraiser

Personal good character and probity review

Multi-Source Feedback

Achievement, challenges and aspirations

PDP objectives for the next appraisal period

Professional indemnity check

Significant event discussion

Practice feedback

Feedback – review of compliments / complaints.

MSF should be completed

Portfolio Review (to include as a minimum)

PORTFOLIO

It is mandatory for all ACCPs to maintain a contemporaneous portfolio. This will contain the following documentary evidence in addition to the information laid out in the domains identified above. The Portfolio must be available for inspection at the time of the appraisal meeting.

- Record of meetings with Educational Supervisor and Line Manager (one of each per year)
- Logbook
- Current job plan
- CPD undertaken
- Teaching undertaken
- Audit/QI undertaken
- Research undertaken
- Courses attended & certificates

Clinical Pillar

Logbook Review

Evidence should be provided on activities undertaken to ensure practice is up to date.

Development of new skills/ procedures

All Workplace based assessments undertaken

Service user feedback

Team feedback

Leadership Pillar

Involvement in unit, Trust/health board / National activity

Evidence of role modelling trust / ACCP values /scope of practice

Education Pillar

Teaching undertaken.

Feedback

Courses attended & certificates

Research Pillar

QI

Audit

Research activity

Personal development plan for the next year

Summary of appraisal discussion

Personal details

(Reviewed yearly)

NMC/HCPC Number	
Address	
Email address	
Telephone number	
Employer address	
Name of designated body (for revalidation purposes)	
Qualifications (including Awarding Body & Dates) Please include ACCP qualifications	
FICM Status	
Year of appraisal	
Revalidation date	
Membership of learned societies (e.g. ICS, SICS, EDIC, ACTA)	

Health

(Completed yearly)

Please confirm that you are capable of fulfilling the Professional Obligations placed upon you by your professional regulatory body. This states that you must be in a state of health that ensures you are capable of safe and effective practice without supervision after any reasonable adjustments are made by your employer. It does not necessitate a complete absence of any disability or illness.

I accept the professional obligation placed upon me about my personal health ☐

If you feel you are unable to accept this statement for whatever reason, please explain why in the comments box:

--

Are you registered with a GP? Yes ☐ No ☐

Is your immunisation state up to date? Yes ☐ No ☐

Please provide the dates of your last immunisation and certificates:

--

How many sick days have you taken since your last appraisal?

--

How many sick days have you taken in the last three years?

--

If so date of referral to occupational health services

--

Please provide any additional comments regarding any health issues and your role as an ACCP?

--

Scope of Practice – Local

(Completed once – reviewed/amended yearly)

Scope of work information should be completed and any alterations on yearly review clearly noted, including any additional scope of practice in relation to Standard Operating Procedures for roles/responsibilities above and beyond the base Job Description.

Clinical commitments including current job plan, job description/job specification (if available)
Work Setting – brief description of Critical Care unit – number of beds, admissions per year, types of cases admitted, sub-specialty areas
Regular Clinical roles – ICU, HDU, Outreach, ED, MAU, OP Clinics
Ad-hoc clinical roles – as above but undertaken less than once per month
Out of hours commitment (hours/frequency)

Educational Roles**Research Roles****Managerial & Leadership roles****Any other roles****Healthcare Roles external to Designated Body****Dates of Practice**

Average hours worked per week clinically for last year

Record of total hours worked for last 3 years (NMC minimum is 450)

Detail & review the local governance arrangements for the individual ACCP scope of practice including as a minimum:

Risk Assessment
Cross reference with logbook of activity
Patient/ service Need
Impact on training
Governance arrangements
Review dates

Please describe any changes to your scope of work that you envisage taking place in the next year

Professional Indemnity Arrangements

(Completed Yearly)

You must clearly state whether your indemnity arrangement is through:

- Your employer ☐
- A membership with a professional body ☐
- A private insurance arrangement ☐

You must show evidence to demonstrate that you have an appropriate arrangement in place.

- Appropriate Standard Operating Procedures (SOPS)/ Governance Frameworks reviewed in relation to current scope of practice outside that of the initial Job Specification
- Review of clinical logbook of procedures, identification of any areas of limited practice and these should be added to a development plan if required.

If your indemnity arrangement is provided by membership with a professional body or a private insurance arrangement, you will need to record the name of the professional body or provider.

Insurer	
Name	
Renewal date	

Probity

(Completed Yearly)

I confirm I have read and understand my professional responsibility as an ACCP in relation to probity and have discussed any areas of concern or conflict with my appraiser.

I accept the professional obligation placed upon me in relation to probity ☐

ACCP signature	
Print name	

Appraiser signature	
Print name	
Date	

Mandatory Training

(Completed Yearly)

Please provide an up-to-date list of the Mandatory Training that you are required to undertake by your local Trust, both generic (e.g. Fire & Safety, Conflict Resolution) and specific to your role in Critical Care (e.g. Blood Transfusion, ALS/CALS).

Please also indicate which elements of the mandatory training you are currently up to date with.

As each organisation will have different requirements for completion of mandatory training, please obtain a copy of these and attach to this document for completion of appraisal.

Personal Development Plan for last year and Review of Progression

(Completed Yearly)

Date of last appraisal	
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Name of last appraiser	
------------------------	--

This section should clearly list each component of last year's PDP (as defined in last year's appraisal if applicable) and the current status of progression towards meeting the goals within the PDP. Learning or development needs should be assessed in relation to patient safety/service needs, risk, frequency of required skill/capability, and appropriate governance requirements.

Learning/development need	Was this need met? Yes/No/In progress	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.

General comments concerning last year's progress

Educational Supervisor Meetings

Please provide details of your meetings with your Line Manager

(Completed Yearly)

Name of Line Manager	
----------------------	--

Job Title	
-----------	--

Date of Meeting	
-----------------	--

Outcomes Agreed

Educational Supervisor Meetings

Please provide details of your meetings with your Educational Supervisor

(Completed Yearly)

Name of Educational Supervisor	
Job Title	
Date of Meeting	
Outcomes Agreed	

Achievements, challenges, and aspirations

(Completed Yearly)

Whilst these topics are not mandatory for revalidation, it is important to discuss your achievements over the past year, your aspirations for the future and any challenges you may be currently facing with your appraiser. Appraisal is a formative process and therefore you are encouraged to discuss these topics and record and documentation in support of these discussions.

Achievements

Challenges

Aspirations

Significant Events

(Completed Yearly)

Significant events are an additional source of supporting information that can be used to demonstrate that an ACCP is continuing to meet the principles and values set out in Good Medical Practice.

If your employing trust utilises data capture software for Significant Events, please record any output from this that is relevant to you.

Please give details of any significant events in which you have been involved, either clinically or in a managerial capacity. These should include:

- Never events
- Near misses
- Morbidity & Mortality Reviews
- Datix events
- Coroner's Reports & Attendances (anonymised)
- Patients referred to the Procurator Fiscal

In addition to a concise description of the event, the ACCP should reflect on each episode and give details of the lessons learnt from the significant event and any action subsequently taken.

Reflective Accounts

(Completed every 3 years)

Good practice in any field requires you to reflect on your practice and whether you are working to the relevant standards. Within each 3-year revalidation cycle, you must record at least 5 pieces of formal written reflection that explain how this CPD and/or Quality Improvement Activity demonstrates that you are meeting the needs of the NMC Revalidation Process, HCPC CPD guide and Good Medical Practice.

Discussion topic	
Key lessons learnt	

Discussion topic	
Key lessons learnt	

Discussion topic	
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Key lessons learnt	
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Discussion topic	
Key lessons learnt	

Discussion topic	
Key lessons learnt	

Name of reviewer	
NMC/HCPC/GMC number	
Signature	
Date	

Non-Medical Prescribing Review

(Reviewed Yearly)

One reflective piece per year must be in relation to activities as a Non-Medical Prescriber.

Is non-medical prescribing defined in your job description and registered with the regulatory body if appropriate?

Yes ☐ No ☐

Have you completed one reflective account form relating to non-medical prescribing?

Yes ☐ No ☐

Title of the non-medical prescribing related reflection for this CPD period	
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All ACCPs must be aware of and conform to [NICE guidelines \[NG5\] Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes](#) (Published date: March 2015) and the [Royal Pharmaceutical Society \(RPS\) Competency Framework for all Prescribers](#) (2023)

I confirm that I am aware of and conform to this guideline ☐

Signature of ACCP	
Date	

Signature of reviewer	
Date	

Additional Advanced Skills Framework (AASF) Review

(Reviewed Yearly)

Duplicate as many times as required for the number of AASFs held

Additional Advanced Skills Framework Reviewed:

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Is the AASF identified, still relevant to the role of the ACCP?

Yes ☐ No ☐

Is logbook evidence sufficient to show competency and currency of practice in relation to the AASF identified?

Yes ☐ No ☐

Have there been any adverse incidents or reported issues in relation to the AASF identified?

Yes ☐ No ☐

If Yes please detail the incident/issue and the remedies identified.

Incident	
Remedies	

I confirm that I will continue to practice within my scope of practice and will ensure an appropriate logbook of procedures is maintained to show currency and competency at any point that it may be requested. ☐

Signature	
Date	

Signature of reviewer	
Date	

Quality Improvement Activity

You must demonstrate that you regularly participate in activities that contribute to QI within critical care, as an individual or as part of the Critical Care Team.

Please complete a separate form for each quality improvement activity.

Brief description of the quality improvement activity; please include its function, dates, and times if applicable

What was your involvement in this activity?

What action have you taken in response to the results/outputs of the activity? (e.g. action plans, changes to practice)

Demonstrate evaluation and reflection on the results of the activity (e.g. reflective notes, discussion of the results with peer-supervision, contributions to your personal development)

Is any further action to be taken, such as re-audits? If so, please provide details:

Personal Development Plan for next year

(Completed Yearly)

Following a thorough examination and discussion with your appraisers, you should agree on a set of educational and CPD goals for the forthcoming year and incorporate these into a coherent Personal Development Plan.

This section should clearly list each component of next year's PDP.

Learning/development need	When and how will this be met?

Summary of Appraisal Discussion

(Completed Yearly)

The appraisers and the ACCP being appraised must record here a jointly agreed and concise summary of the appraisal discussion. To directly address the appraisal process to the combined requirements of NMC Revalidation/ HCPC and GMC Good Medical Practice, it is useful to consider the appraisal in four distinct areas.

In preparation for the appraisal, the ACCP should use these four areas to summarise the evidence they have provided within the domains laid out above.

1. Maintaining Effective Practice via a Knowledge, Skills and Performance Framework

2. Preserving and promoting Safety and Quality

3. Prioritising people via Communication, Partnership & Teamwork

4. Promoting & Maintaining Professionalism and Trust

Appraisal Outputs

(Completed Yearly)

1. An appraisal has taken place that reflects the whole of the ACCP's scope of work and addresses the principles and values set out in Good Medical Practice

Yes ☐ No ☐

2. Appropriate supporting information has been presented for appraisal and revalidation purposes and this reflects the nature and scope of the ACCP's work

Yes ☐ No ☐

3. A review that demonstrates progress against last year's personal development plan has taken place

Yes ☐ No ☐

4. An agreement has been reached with the ACCP about a new Personal Development Plan and any associated actions for the coming year

Yes ☐ No ☐

5. No information has been presented or discussed that raises a concern about the ACCP's fitness to practice

Yes ☐ No ☐

Appraiser Comments

Appraisee Comments

Signature of Appraiser 1	
NMC/ GMC number:	

Signature of Appraiser 2	
GMC/ NMC number:	

ACCP signature	
Registration number and Regulator (NMC/HCPC):	

Date:	
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