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For recipient’s use
The National Education and Competence Framework for Assistant Critical Care Practitioners

May 2008
Note: The term ‘national’ relates to England. The devolved Scottish Government and Welsh Assembly have the discretion to apply these standards if they so wish.
Foreword

This framework builds on the work of the Changing Workforce Programme development sites that tested the role in clinical practice, the National Practitioner Programme Critical Care Board, the Education and Competence Advisory Party, higher education institutions (HEIs) and clinical colleagues drawn from a range of backgrounds, with a specific interest in critical care development.

Many critical care units have introduced new roles or have extended the scope of practice of nurses, technicians, physiotherapists and clinical pharmacists. These developments have been in response to variations in recruitment and retention patterns, the impact of the Working Time Directive, increasing complexity of care pathways and technology, and maximising opportunities to prevent or reduce the risk of critical illness in medical and surgical patients in general ward areas.

The local focus in role development has resulted in wide variations in the scope of professional practice and variations in education and training to support role extension and expansion, with no mechanism to recognise the transferability of such roles. The result is potential confusion for patients and public and variable standards of practice.

This document describes:

• The role of an Assistant Critical Care Practitioner (level 4 on the NHS Career Framework)
• How the role should function within the critical care team
• The benefits of introducing the role in clinical practice
• A National Framework of Education and Competence to support the development of the role

The Assistant Critical Care Practitioner is one of two new roles. The other is that of an advanced practitioner in critical care. It is important that the benefits of both roles are considered by the critical care team as part of redesigning a future sustainable workforce for critical care services. The roles are designed to make a significant contribution to the care and management of critically ill patients and their families, as well as offering structured clinical career progression for appropriate members of the critical care team.

At present it is likely that entrants to the assistant role will be from the equivalent of the existing Support Worker role: the new role will offer them an interesting and challenging career opportunity within critical care services. Access for people without a healthcare background may be possible in the future but would require further development with an appropriate programme of introduction and experience within a healthcare setting.

The framework defines the essential elements of practice for the role leading to formal recognition of the Assistant Critical Care Practitioner role; beyond this core there is the possibility of local flexibility for specialist areas.
The role described in this document is underpinned by nursing and is designed to develop a high-level, trained, accredited, recognised, transferable practitioner who works within set boundaries of care delivery to meet a service need in critical care.

The Assistant Critical Care Practitioner will function with a level of autonomy as part of the critical care team and work within a defined scope of practice and agreed clinical standards. It is anticipated the Assistant Critical Care Practitioner will be capable of delivering holistic patient care incorporating elements of assessment, data interpretation and alteration of treatment plans following discussion and under the direct or indirect supervision of a registered nurse. As such they may undertake some duties and responsibilities previously in the domain of registered practitioners, including nurses, technicians and physiotherapists.

Assistant Critical Care Practitioners will be subject to peer review and appraisal. Once established in practice, the Assistant Critical Care Practitioner will become involved in the training and supervision of other Assistant Critical Care Practitioners and Healthcare Assistants/Support Workers.

The role is designed to ensure that patients receive timely and effective care and it may also provide a method of closing gaps in the workforce. Overall it will provide a highly proficient supporting role to the critical care team.

The development of new roles is often contentious, with perceived threats to the training, the role and status of existing healthcare professionals and standards of patient care. This document defines the role of the Assistant Critical Care Practitioner, its scope and limitations in clinical practice, and proposes a process of education, assessment and skills acquisition based on the Knowledge and Skills Framework, National Occupational Standards and Vocational Qualifications, that is nationally recognised and transferable and can contribute to the holistic care of patients.

As in all parts of the New Ways of Working Programme, the title for the role has been a contentious area; it has been decided to retain the name Assistant Critical Care Practitioner for the present. It is possible that new titles will evolve.

**Julie Pearce**
Director of Nursing and Quality, East Kent Hospitals NHS Trust
Previously: Chief Nurse, Hampshire and Isle of Wight SHA.

**Dr Anna Batchelor**
President, Intensive Care Society
Chair, Education and Competency Advisory Sub-Group
About this document

The Changing Workforce Programme emerged from the NHS Plan and was charged with testing and developing new ways of working to improve both patient care and patient/staff satisfaction through the best use of skills. This document has been produced through the work of the National Practitioner Programme Board for Critical Care and the Education and Competency Advisory Party (see Appendix 1 for a list of members).

The content of the document has also been informed through the significant contribution from trainee Assistant Critical Care Practitioners, their mentors/supervisors, managers and clinicians, working within the following development sites:

- Hinchingbrooke Healthcare NHS Trust
- James Paget Healthcare NHS Trust
- Royal Devon and Exeter Healthcare NHS Trust
- Sheffield Teaching Hospitals Foundation Trust
- Shrewsbury and Telford Hospitals Trust
- Southampton University Hospitals Trust
- Southport and Ormskirk Hospitals Trust

Key stakeholders

The programme was managed under the auspices of the Changing Workforce Programme. Contributions and guidance were received from the Intensive Care Society, the Intercollegiate Board for Training in Intensive Care Medicine, the Royal College of Nursing, the British Association of Critical Care Nurses, the Adult Critical Care Stakeholder Forum, Critical Care Networks, Strategic Health Authorities, Skills for Health and the National Workforce Review Team.

Intended audience

- Members of all healthcare professional groups
- Regulators, advisory groups, professional bodies and trade unions within the health sector
- Patients and the lay public
- Strategic Health Authorities
- Deaneries and Workforce Development Directorates
- Higher education institutions
- Critical care service managers
- Potential employers of Assistant Critical Care Practitioners
- Critical Care Networks
Contents

Foreword iii
About this document v

1 Introduction 1
1.1 The role of the Assistant Critical Care Practitioner 1
1.2 Scope of practice 2
1.3 Continuing professional development 2
1.4 Career pathway for becoming an Assistant Critical Care Practitioner 3

2 Workforce planning 4
2.1 Benefits of incorporating an Assistant Critical Care Practitioner within the workforce 4
2.2 Development sites case studies 5
2.3 Changing workforce 8

3 Professional and educational values underpinning the National Education and Competence Framework 9
3.1 Introduction 9
3.2 Professional values 9
3.3 Educational values for the trainee Assistant Critical Care Practitioner Programme 10

4 The National Education and Competence Framework for Assistant Critical Care Practitioners 11
4.1 Introduction 11
4.2 The principles of teaching and learning 11
4.3 The aims and outcomes of the National Education and Competence Framework 13
4.3.1 Aims of the framework 13
4.3.2 Outcomes of the framework 13
4.4 Progression through the framework 14
4.4.1 Overall length of the framework 14
4.4.2 Clinical experience in the programme 14
4.4.3 Eligibility for entry to the education programme 15
4.4.4 Accreditation of prior experiential learning (APL/APEL) 15

5 Competence, assessment, supervision and theoretical components of the framework 16
5.1 Competence 16
5.2 The role of assessment 16
5.2.1 Factors guiding assessment 17
5.2.2 Assessment requirements of the framework 18
5.3 Supervision, accountability and delegation 19
5.3.1 Supervision 19
5.3.2 Accountability 19
5.3.3 Delegation 20
1 Introduction

1.1 The role of the Assistant Critical Care Practitioner

The Assistant Critical Care Practitioner role is a new way of working that complements existing roles within the critical care team. The purpose of the Assistant Critical Care Practitioner role is to provide patient-focused care, previously undertaken by a registered practitioner, allowing the registered practitioner to focus on more complex care needs. Their core purpose is to ensure patient-centred, safe, timely, accessible, appropriate and efficient care, to support patients through critical illness, and, where appropriate, provide comfort and care to enable a dignified death.

Assistant Critical Care Practitioners can have an impact within critical care units and as part of the provision of acute services. This may include Intensive Care and High Dependency Units, Outreach, Post Anaesthetic Care Units and Medical Assessment Units.

An Assistant Practitioner is defined as:

A healthcare worker who delivers healthcare to patients and who has a level of knowledge and skill beyond that of the traditional healthcare Assistant or support worker (WDC Standing Conference June 2003)

An Assistant Critical Care Practitioner in conjunction with the critical care team can:

- Undertake duties and responsibilities previously in the domain of registered practitioners, to deliver holistic care and treatment within their competence
- Provide direct clinical treatment to patients
- Contribute to the assessment of critically ill patients
- Perform agreed clinical skills, under appropriate supervision
- Collect, analyse and report relevant oral, written and visual information to contribute to decision making
- Plan, implement and manage a treatment programme or care plan within the scope of their skills and training under the supervision of the registered nurse
- Communicate within the multi-professional team
- Apply relevant theoretical and practical knowledge and skills in a work setting
- Reflect on situations and experiences to further enhance their knowledge and skills
- Teach and educate patients/relatives and other members of the multi-professional team where appropriate
- Supervise other support workers
1.2 Scope of practice

The scope of practice for the Assistant Critical Care Practitioner is defined by this document, which addresses both the clinical skills and the underpinning knowledge it is necessary for them to acquire prior to functioning as an Assistant Critical Care Practitioner.

The Assistant Critical Care Practitioner undertakes certain clinical activities, some of which were previously in the domain of registered practitioners. To function at this level requires the authorisation of the employer, the successful completion of a defined period of training, theoretical study and the acquisition of clinical competences outlined within this National Education and Competence Framework. It will be necessary to have Higher Education Institution and/or National Vocational Qualification Provider and local clinical accreditation along with recognition by the Adult Critical Care Workforce Reference Group.

The Assistant Critical Care Practitioner must recognise and acknowledge any limitations in their knowledge and skills. The Assistant Critical Care Practitioner will act within locally defined codes of practice and conduct. In clinical practice the Assistant Critical Care Practitioner will be supervised by and accountable to the registered nurse responsible for the patients they are caring for.

1.3 Continuing professional development

Lifelong learning requirements for an Assistant Critical Care Practitioner should be adhered to, as defined by the employer and designed to ensure that the Assistant Critical Care Practitioner is adequately prepared and trained to carry out the activities expected of them.
### 1.4 Career pathway for becoming an Assistant Critical Care Practitioner

#### Figure 1 Current pathways leading to the role of an Assistant Critical Care Practitioner

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<th>Level</th>
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<td>1</td>
<td>HCA/Support Worker</td>
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<td>HCA/Support Worker</td>
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<td>3</td>
<td>Senior HCA/Support Worker level 3 National Vocational Qualification</td>
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<td>4</td>
<td>Assistant Critical Care Practitioner</td>
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<td>5</td>
<td>Registered Practitioner – Nurses, physiotherapists, operating department practitioners</td>
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<td>6</td>
<td>Senior Practitioner – undertakes nationally recognised education and competency framework leading to Advanced Critical Care Practitioner</td>
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<td>7</td>
<td>Advanced Critical Care Practitioner</td>
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<td>8</td>
<td>Consultant Practitioner</td>
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<td>9</td>
<td>Clinical Director of Service</td>
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- **Level 1**: First exposure to healthcare working. Minimal recognised academic qualifications
- **Level 2**: First exposure to healthcare working. Minimal recognised academic qualifications
- **Level 3**: Undertaking National Vocational Qualifications levels 1, 2 and 3. Gaining relevant healthcare experience
- **Level 4**: Works at interface with qualified nurses and Allied Health Professionals and supports the work of doctors
- **Level 5**: Registered practitioners at the beginning of their professional career in critical care supported by post-registration education and work-based learning
- **Level 6**: Examples: Education modules – Anatomy and physiology, pharmacology, clinical decision/judgement making. Examples: Competences – clinical examination, airway management, organ support, interpretation/diagnosis
- **Level 7**: Functions independently, as a skilled intermediate level member of the critical care team, with relevant supervision
- **Level 8**: Undertakes specific duties, e.g. clinical practice, consultancy, education
- **Level 9**: Managing and co-ordination of services

Agenda for Change anticipates this role being banded at level 2/3 during training and emerging at level 3/4 on completion of training, depending on local requirements.
2 Workforce planning

2.1 Benefits of incorporating an Assistant Critical Care Practitioner within the workforce

The development sites identified positive benefits of employing Assistant Critical Care Practitioners within critical care.

As outlined in *Intensive Care Medicine. Crossing the quality chasm: a new health system for the 21st century* (National Academy Press, 2001), care should be safe, timely, effective, efficient, equitable and patient centred. Information collected from the development sites has indicated significant potential for the Assistant Critical Care Practitioner to have a direct impact on service delivery in the following areas:

2.1.1 Timely care

- Practitioner-led clinical interventions
- Minimising delays in treatment/waiting time for patient procedures
- Appropriate investigations and initiation of treatment
- Timely provision of services at the point of need

2.1.2 Effective care

- Providing critical care services without walls
- Supporting level 1/2 category critical care patients within acute ward areas (see Appendix 2 for definitions of levels of care)
- Reduced deviation from recognised patient care pathways
- Effective use of care bundles
- Implementation of and adherence to protocols and guidelines

2.1.3 Safety

- Enhanced links between services, ensuring continuity and reduction in duplication
- Enhanced communication of the patient’s progress
2.1.4 Services delivered in the most efficient way possible

- Enhanced patient experience
- Improved career opportunities for staff/enhanced retention
- Enhanced processes for the transfer of critical care patients
- Reduced ‘hand offs’
- Enhanced transfer times inter- and intra-hospital

2.1.5 Equitable patient care

- Enhanced patient experience
- Appropriate investigations and initiation of treatment

2.2 Development sites case studies

As part of the exploration of existing roles and the development of New Ways of Working in Critical Care, four development sites undertook to explore the Assistant Critical Care Practitioner role in clinical practice. The reports from Sheffield Teaching Hospitals NHS Foundation Trust and Southport and Ormskirk Hospital NHS Trust are included below.
Role development
To establish a new role, not merely extend an existing role, using a competence-based training programme. We arranged visits to several sites where the Assistant Practitioner role was successfully being utilised to enable us to develop an objective overview of how this role could be adapted to meet local needs. A steering group was set up. To reach a wider audience, the two project leads maintained a high profile in theatres and within the critical care units, giving information to all members of the multidisciplinary team in the form of:

- Formal presentations
- Poster presentations
- Informal interviews with staff at all grades
- Leaflets distributed around the units

The team also organised multidisciplinary process mapping sessions to undertake activity analysis in order to develop job descriptions, person specifications and the competency framework. Following this, we needed to establish the views of all members of the multidisciplinary team towards the role of practitioner. Therefore a pilot study was undertaken.

Findings
Initially, reactions to the introduction of the Assistant Practitioner were mixed. Staff expressed anxieties that this new worker might devalue the role of the nurse and that the new role would simply consist of a series of tasks to be performed. Overall, however, the feeling among the staff was positive and optimistic, with qualified nurses recognising the need for career progression at support worker level, and the valuable contribution that these staff could provide to patient care delivery.

Educational programme
The team initially worked in collaboration with a local university to further develop the academic component and establish the Assistant Practitioner training at Foundation degree level. As the role has evolved it has become apparent that an NVQ route would be more appropriate as a model for the competency framework in terms of teaching and assessment. Therefore, the project team are seeking to award the current trainees an NVQ via the APEL process and develop an NVQ course for further cohorts.

Introducing the role
The decision to open a Post Operative Surgical Unit (POSU) provided the ideal opportunity to introduce this new role into a brand new unit, where there would be new staffing ratios of which the Assistant Practitioner would be part. Seven trainees were employed and commenced training in June 2005; these trainees have completed their training. Three further cohorts are planned for the year 2006–2007, to work on POSU, GITU and HDU across two sites.

Anticipated benefits of the role:
- Improved patient experience
- Career progression for HCSW in line with the NHS career framework
- Development of new skills
- Improvement in recruitment and retention
- Increased job satisfaction
- Seamless provision of care
- Freeing up of registered staff for other tasks
- Improvement in recruitment to nurse training and other healthcare professions

Service review
A formal service review was undertaken to gain staff perception of the role of the Assistant Practitioner on POSU. The evaluation highlights the overall success of the programme and demonstrates that the Assistant Practitioners are valid and valued members of the multidisciplinary team. The evaluation has also highlighted areas that can be changed and improved upon.
We were already making significant progress with expanding the roles of the Health Care Assistants working in Critical Care in our Trust. A competence-based programme was being established for HCAs working in Critical Care.

Throughout the pilot the project team has ensured that staff throughout the Trust have been involved in the decision making and development of the project areas. This has allowed us to address issues that staff were concerned about quickly and effectively and has enabled us to implement any necessary changes as the project has evolved.

Introducing the role
The HCAs chosen within our unit where at NVQ level 2 or 3. Part of the requirement for becoming a Critical Care Assistant was a commitment to complete the educational pathway chosen by our Trust. Some of the many skills gained on completion of the training included arterial blood gas sampling, setting up and dismantling of a haemofiltration machine and taking venous bloods.

Educational pathway
Prior to commencing the pilot we discussed the educational pathway with all Critical Care units within the Cheshire and Mersey Critical Care network. There was an overriding feeling that they did not want to release staff for two days per week for two years to undertake the Foundation degree. It was decided then to look for an alternative route to the Foundation degree and we found the NVQ level 4 in Health and Social Care. Although this course was management orientated we found it possible to adapt the units to suit our needs.

Each Critical Care Assistant (CCA) was assigned a G Grade mentor. The aim of the mentors was to ensure that the CCAs received the time and input necessary to gain the competences set out by the practice educator. The mentor also ensures that the NVQ4 portfolio compiled by the CCA will achieve the standards set by the NVQ4 assessor.

As part of the in-house training programme the CCAs have presented case studies at their study days and have sat an exam, which consisted of a multiple-choice question paper and a scenario paper that asked the CCA how they would admit and devise a plan of care for a new admission.

Once qualified the CCAs will be able to care for level 2 patients within the critical care unit and also assist in the care of a level 3 patient under RN supervision.

The way forward
At the beginning of the pilot the CCAs told us that they found that being part of the pilot process was quite daunting and none of them knew what was really going to be expected of them.

Over the course of the project, the CCAs tell us that they have gained a lot from their new roles. They feel that they now have a better understanding of how a patient’s physiology actually relates to their illness. They also feel that they have a more valued role within the critical care team, which in turn helps to improve the patient’s care. Taking part in the pilot has given one of the CCAs the confidence to want to further her career and she has been accepted onto a pre-registration nurse training programme.

On a positive note for the future and for those involved in this pilot, one of our CCAs has said:

‘We feel like we have come a long way since we started in the Critical Care Assistant roles. We are now more motivated and have better job satisfaction. Before the pilot we felt that we had skills that we weren’t actually using. The role has allowed us to develop new skills supported through an educational programme with skill-based competences. We are looking forward to having the increased responsibility of looking after Level 2 patients and having more involvement in caring for Level 3 patients.’
2.3 The changing workforce

The report *A Health Service of all the talents* (DH, 2000) recommends that the NHS workforce needs to be transformed in order to provide the sort of care that will be needed in the future, with emphasis on:

- **Team working** across professional and organisational boundaries
- **Flexible working** to make the best use of the range of skills and knowledge
- **Streamlined workforce planning and development** based on the needs of patients
- **Maximising the contribution of all staff to patient care**
- **Modernising education and training**
- Developing new, more flexible, careers
- Expanding the workforce to meet future demands
- Working within agreed clinical protocols and clinical pathways
- Clarity of roles and responsibilities and accountabilities

A number of issues have driven the development of role redesign for non-registered practitioners, including:

- **Changes within the support workforce**: multi-professional support workers, as opposed to traditional healthcare assistants, are now emerging to support the work of registered practitioners
- **Increased flexibility in service delivery**: driven by the NHS Plan, the blurring of professional boundaries is leading to a change in the skill mix of teams
- **Financial imperatives**: governing the shape of the healthcare system, resulting in the need to make the best use of available resources
- **Increasing emphasis on patient-centred care group service models**: generic workers supporting multi-professional teams, providing a more flexible, efficient workforce that fits the complex needs of the patient
- **Greater use of protocols and guidelines in the delivery of services**: these have allowed services to identify patient pathways. Protocols allow an expected treatment plan to be delegated to a support worker who is trained to deliver care according to the protocol, and, importantly, to recognise when the patient does not fit the expected and identified norm along that pathway or within the protocol
- **Recruitment and retention**: existing support workers tend to be locally trained and recruited and are thereby a valuable resource to develop, with a greater potential for retention in the local area
3 Professional and educational values underpinning the National Education and Competence Framework

3.1 Introduction

Professional values relate to obligations to patients, to professional practice and to professional development. They are influenced by traditions and practice, underpin conduct and provide the foundations upon which this National Education and Competence Framework is built.

3.2 Professional values

Professional obligations to patients are:
- A commitment to a partnership of care
- A recognition of the whole person within their social, ethical and cultural context
- The honouring of the relationship of trust with the patient with its concomitant moral and ethical responsibilities
- A dedication to clear, honest and empathetic communication

Professional practice and professional development involves:
- A commitment to:
  - Clinical and technical excellence
  - A professional life and the responsibilities that this implies, especially accountability
  - Lifelong learning and professional self-development
  - Continuous questioning, deliberation and reflection in developing new professional knowledge and understanding
  - Clinical practice commensurate within agreed competences
- A recognition that:
  - Assistant Critical Care Practitioners assist with clinical interventions on patients as a necessary part of their care
  - Assistant Critical Care Practitioners assist with the provision of critical care both within and outside the traditional boundaries of an Intensive Care Unit
  - The dynamic nature of professional knowledge, and the ability to work in this environment, requires the recognition of personal limits
- The ability to:
  - Work with an appropriate level of autonomy within the parameters of the critical care team
Professional and educational values underpinning the National Education and Competence Framework

- Engage in the development of the professional group as a whole by sharing knowledge and understanding to influence and change practice
- Respect and work in collaboration with colleagues
- Focus on the salient features of practice
- Exercise wisdom
- Demonstrate sensitivity to the moral and ethical issues implicit in critical care practice in contemporary society
- Exercise clinical reasoning and develop professional judgement in practice
- Provide support to other team members in their endeavours to take advantage of learning opportunities

3.3 Educational values for the trainee Assistant Critical Care Practitioner Programme

These are:

- The establishment of a learning partnership between the registered supervisor and the trainee Assistant Critical Care Practitioner within the critical care team
- Trainee Assistant Critical Care Practitioners examining their own professional and personal values
- Recognition that clinical practice is the key arena in which trainee Assistant Critical Care Practitioner education takes place and is therefore to be valued
- Trainee Assistant Critical Care Practitioners developing clinical skills through practice and a thorough knowledge of the theory behind that practice
- Trainee Assistant Critical Care Practitioners’ understanding of professional judgement within the context of modern critical care
- Trainee Assistant Critical Care Practitioners’ understanding of the moral and ethical elements relevant to critical care
- Trainee Assistant Critical Care Practitioners developing reflective practice and self-motivation in the learning process
- The importance of lifelong learning, CPD and self-assessment
- The importance of learning to communicate with a range of different people
- The importance of discussion in the process of teaching and learning
- The importance of research into practice and the development of good practice
- The undertaking of good evaluation to allow development and refinement of the National Education and Competence Framework

The key element in introducing Assistant Critical Care Practitioners will be gaining the trust of all healthcare professionals and managers and acceptance by patients and their families. It is crucial that effective leadership, a high level of engagement from all members of the team, clearly defined boundaries and guidelines for practice are in place together with a mechanism for measuring and evaluating the impact on patient care and the work of the rest of the critical care team.
4 The National Education and Competence Framework for Assistant Critical Care Practitioners

4.1 Introduction

The primary responsibility for the achievement of the required learning rests with the trainee. The clinical environment provides many of the most important learning experiences for healthcare professionals. Unlike other learning environments, the clinical environment does not have the education of the trainee as its primary purpose and the trainee must learn how to make best use of the opportunities available without imposing upon patients or disrupting the provision of service.

4.2 The principles of teaching and learning

It is important that trainees are provided with a broad range of clinical experiences and receive appropriate mentorship/supervision throughout the programme.

The trainee will need to learn how to:

• Gain new skills within the practice setting
• Carry out specialist and core critical care interventions/practices
• Bring core and specialist critical care theory into relationship with practice
• Think about and utilise the complex relationship of theory and practice to support good practice
• Use reflection and deliberation to improve and develop practice
• Use reflection on practice to identify learning and learning needs
• Interrelate appropriately and in a variety of ways with all others in the clinical setting
• Theorise during practice (i.e. how to, during a particular practical incident, formulate new ways of thinking and doing that go beyond what the text book can offer)
• Theorise practice itself (i.e. how to recognise, in a particular piece of practice, the principles, assumptions, beliefs and theories that actually shaped that practice)

The clinical learning environment will be key in enabling trainees to develop the competences required of the Assistant Critical Care Practitioner. It is important that trainees are provided with a broad range of clinical experiences and receive appropriate mentorship/supervision throughout the programme. Each trainee will be allocated a clinical mentor who will assume overall responsibility for supporting the trainee to develop clinical competence and for assessing the achievement of competence. Other health professionals from relevant disciplines will be involved in clinical teaching and competence. It is important to recognise that to embrace the concept of opportunistic learning trainees should be supported by the wider team in order to maximise learning opportunities.
It is anticipated that a range of learning and teaching methods will be utilised, including:

- **Workplace learning:** the majority of the programme will be undertaken in the critical care clinical environment, in which the trainee will initially observe practice and progressively work towards developing clinical competence. This will involve observation, working under supervision, and then increasingly independent practice as the trainee progresses through the programme. This experience may also involve visiting other areas.

- **Taught sessions:** formal contact sessions will consist of lectures, seminars, group tutorials and problem-based workshops. These will be delivered locally by expert staff from a variety of disciplines.

- **Group work:** this will involve trainee-led case presentations and reflective-based action learning sets, using learning diaries. Selected extracts from this work will contribute to the Learning Portfolio to demonstrate personal insights derived from experience.

- **Directed self-study:** study guides, recommended texts and e-based materials will form the basis of the work, though trainees would also be expected to critically select a wide range of written material to support individual development needs.

- **Clinical skills learning:** the development of clinical skills will take place in the clinical environment, supported by simulator-based training where possible to provide a safe environment for clinical skills learning. Practice-based skills development should be planned to offer safe supervisory support from local multi-professional staff with appropriate expertise.

- **Professional behaviour and probity:** trainees will need to extend their skills in cognitive, psychomotor and affective (attitude) domains. These are the skills directly needed to care for patients as well as to communicate effectively with patients, relatives and carers, colleagues and the multi-professional team. They will also need to have the ability to deal with difficult situations and act professionally in such situations.

Consequently, this National Educational and Competence Framework supports the belief that the following principles are essential in shaping the education of the trainee Assistant Critical Care Practitioner:

- Observation in clinical settings directed so that trainees learn to see, analyse and interpret all that occurs

- Action (rather than just observation) in the practical setting, which is essential to foster learning

- Ongoing dialogue in the clinical setting between NVQ/HEI course leader, clinical supervisor, mentor, teachers and trainee Assistant Critical Care Practitioner, which is a vital part of the learning process

- Problem-solving by the trainee in a range of different practical activities
4.3 The aims and outcomes of the National Education and Competence Framework

4.3.1 Aims of the framework

- That upon gaining the vocational qualification all Assistant Critical Care Practitioners have undergone a nationally recognised, transferable standard of education and training
- Incremental development is recognised and the demonstration of competence is required to enable the employee to move from being a trainee into an Assistant CCP role in clinical practice
- The demonstration of theoretical knowledge, practical skills and an understanding of clinical judgement
- To maintain patient safety as a core principle
- To encourage development of personal and intellectual attributes necessary for lifelong learning

The framework will enable the Assistant Critical Care Practitioner to:

- Develop both their clinical competence and their confidence in caring for patients within a multidisciplinary/multi-professional team
- Offer care to patients from level 1 through to level 3 critical care status that is based on sound evidence and clinical judgement
- Review and reflect upon their practice in order to improve it

4.3.2 Outcomes of the framework

On completion of the framework the Assistant Critical Care Practitioner will have demonstrated:

- An understanding of the responsibilities and accountability of being an Assistant Critical Care Practitioner and the values that underpin this
- A range of theoretical and practical knowledge related to their core and speciality practice (see competences section)
- A range of practical clinical skills related to their core and speciality practice
- The development of clinical judgement
- An understanding of their role within the wider critical care team and the limitation of their scope of practice
- The understanding and use of reflective practice, deliberation and other educational processes appropriate for examining and developing their own clinical practice
- An understanding and respect for the multidisciplinary/multi-professional nature of healthcare and their role within it
4.4 Progression through the framework

At the beginning of the programme the clinical supervisor will assess the trainee’s learning needs, guided by:

- The requirements of the core theoretical components
- The requirements of the relevant speciality clinical competences
- The trainee Assistant Critical Care Practitioner’s knowledge and existing capability with respect to the theoretical and clinical competences
- The local circumstances of the clinical environment

Progression through the framework is a matter for consideration by individual organisations. All organisations must confirm that they have in place a rigorous and formal process to ensure that the trainee’s progress is dependent on the demonstration of appropriate clinical skills, the development and maintenance of appropriate professional behaviour and academic performance.

Trainees will exit the framework at NVQ level 4/Foundation degree. We recognise that at present there is no nationally recognised level 4 NVQ in critical care. To achieve role development the pilot sites adapted level 3 NVQ and developed custom-built modules specifically for critical care. It is entirely valid for organisations to train to NVQ level 3 to fulfil a service need; however, this does not constitute the Assistant Critical Care Practitioner role as defined in this framework.

NHS Trusts in partnership with education providers may develop full-time or part-time routes through the framework in response to local priorities and needs. The structure of the Assistant Critical Care Practitioner training programme will be highly dependent on the institution running it and the nature of the entrants. For this framework, it is therefore only possible to state the structural specification that all courses must meet.

4.4.1 Overall length of the framework

The length of the training programme should be between 12 and 24 months, depending upon acquisition of skills and competences.

This period is intended to be indicative as we recognise that many employees attracted to this role will be experienced healthcare support workers. Educators will need to be mindful of this and tailor the length of learning and competence acquisition accordingly.

4.4.2 Clinical experience in the programme

The majority of the learning will be undertaken in a critical care clinical environment with additional taught formal sessions.

A variety of critical care settings can be used in order to provide appropriate learning opportunities to develop the knowledge and skills to fulfil the competence requirements.
4.4.3 Eligibility for entry to the education programme

All candidates will be employed by and have the support of their host critical care unit.

The prospective trainee Assistant CCP must demonstrate:

- Commitment to patient care and patient safety
- Ability to work as part of a team
- Recognition of the role and responsibilities of being a trainee Assistant CCP
- Understanding of the framework with particular respect to their own work and educational experience
- Aptitude for clinical practice
- Recognition that educational as well as clinical development will be required

4.4.4 Accreditation of prior experiential learning (APL/APEL)

It is recognised that experienced healthcare workers may find that their previous training does not equip them to achieve the depth and breadth of competence set out in this document. Such staff are an extremely important resource and institutions offering Assistant CCP programmes set up under this framework will seek to provide tailored fast track courses to meet the needs of these individuals, through the accreditation of prior learning/experiential learning (APL/APEL).
5 Competence, assessment, supervision and theoretical components of the framework

5.1 Competence

The framework requires that the trainee Assistant CCP demonstrate competence in both core and speciality elements within the framework.

Competence is built up from knowledge (for example facts about physiology) and skills (for example inserting an intravenous line safely and effectively). Modern human resource practice breaks down the requirements for any job into several individual competences; an example of one would be history taking and consultation skills. In a wider sense, ‘competence’ to carry out an entire role consists of having all the individual competences required, plus the ability to use judgement at a higher level (for example by knowing when to use which competence and when it is clinically right to depart from a standard clinical approach).

The agreed working definition of ‘competence’ from the Scottish OPRS Committee is the ‘consistent integration of skills, knowledge, attitudes, values and abilities that underpin safe and effective performance in a professional or occupational role’.

Evidence to demonstrate competence

Evidence must be of good quality. It should

- Be relevant to the standards against which the candidate’s performance is being assessed
- Give a reliable indication of the candidate’s competence
- Be an authentic result of the candidate’s own work
- Be valid and current

5.2 The role of assessment

Assessment is a fundamental aspect of teaching and learning, and is a continuous process. It ensures the appropriate development of the trainee and covers any of the situations in which aspects of their education or training are measured, recognised or formally appreciated, whether this is by a teacher, an educator, a patient or the learner themselves. It is concerned with demonstrating how well, and in what ways, the trainee Assistant CCP has profited from the learning opportunities as reflected in their self-knowledge and deliberation with those who teach them.

Assessment is not an exact science. It involves some subjectivity and there is no single method that will overcome this. The professional judgement of the clinical supervisor will always be a key component of the process.
Assessment for all qualifications that include portfolio development is based on collecting and judging ‘evidence’ of candidates’ competence.

**There are two complementary types of evidence**

- Performance evidence – which shows what candidates can do
- Knowledge evidence – which shows what they know and understand

In addition we recognise that high standards of professional behaviour and probity are a precursor to providing the public with reassurance that the role meets the standards they would expect from a healthcare professional.

Evidence of candidates’ performance and of their knowledge is needed before safe judgements can be made about competence. For a candidate to be judged as competent there must be evidence to show that they can:

- Consistently meet all the performance criteria
- Apply the specified knowledge and understanding in their work

**5.2.1 Factors guiding assessment**

Assessment will take account of professional and educational values, attitudes, knowledge, clinical skills, technical skills and the needs of the employing authority. It will be informed by the:

- Clinical supervisor’s professional judgement
- Need to ensure that assessment provides a quality learning experience for both the trainee Assistant Critical Care Practitioner and the clinical supervisor
- Need to ensure that all learning opportunities are well utilised
- Need for all parties to understand the purpose of the assessment and the assessment criteria
- Need for multiple perspectives on each assessment
- Recognition that the soundness of the assessment is related to the rigour with which the multiple perspectives are collected, recorded and utilised
- Need for assessment to develop through and across the programme, where differences in specialities need to be taken into account
- Need to engage the trainee Assistant Critical Care Practitioner in self-assessment throughout the process
- Need to ensure that there are no surprises for the trainee Assistant Critical Care Practitioner at the summative and final assessments through effective use of formative assessments
- Need for the trainee Assistant Critical Care Practitioner to satisfy the required standard by the end of each negotiated learning period, and at the end of the programme
- Need to subject the summative assessment process of the framework for Assistant Critical Care Practitioners to quality assurance procedures
5.2.2 Assessment requirements of the framework

In all assessments (formative or summative), attention to the following information will ensure that multiple perspectives on the trainee Assistant Critical Care Practitioner’s progress will be properly considered.

Account must be taken of:

- The visible performance of the trainee
- How the trainee has related theory to practice
- The trainee’s ability to articulate understanding of the values and assumptions that have influenced their performance
- The impact of the trainee’s performance on others involved
- How the trainee has used the learning opportunities provided
- The trainee’s knowledge of themselves
- The quantity and quality of workplace supervision
- 360 degree feedback and trainee self-assessment

Education providers running the Assistant Critical Care Practitioner programmes will need to develop an assessment strategy for their competence-based programmes that meet their own internal and external quality assurance process. This strategy should:

- Have high predictive validity for the requirements of the role
- Enable sampling of the competence framework appropriately
- Use a variety of assessment methods
- Contain both formative and summative elements
- Deliver the competency coursework
- Demonstrate that the national standards are consistent across all education providers

In the early years of the Assistant Critical Care Practitioner programmes it is envisaged that registered practitioners with the relevant clinical expertise in the critical care setting would carry out assessment of the clinical skills. In time, as the role evolves, experienced Assistant Critical Care Practitioners may carry out elements of assessment.
5.3 Supervision, accountability and delegation

5.3.1 Supervision

The registered practitioner is responsible for designing a supervision system that protects the patient and maintains the highest possible standards of care. Ongoing supervision is used to assess the trainee Assistant Critical Care Practitioner’s ability to perform the delegated tasks and capability to take on additional roles and responsibilities. The following should apply:

- A named supervisor is provided
- There is a system in place to access supervision and clinical advice as required
- Regular supervision time is agreed between the registered practitioner and the trainee and a record made of each session
- The registered practitioner has the necessary skills to support and assess the trainee
- The trainee shares responsibility for raising issues in supervision and may initiate discussion or request additional information/support
- When the registered practitioner is absent from a setting where the trainee is working, there is an identified contact in case of a query or emergency

Supervision may incorporate elements of direction, guidance, observation, joint working, discussion, exchange of ideas and co-ordination of activities. It may be direct or indirect, according to the nature of the work delegated. The decision concerning the amount and type of supervision required by the trainee Assistant Critical Care Practitioner is based on the registered practitioner’s judgement and determined by the recorded knowledge and competence of the trainee, the needs of the patient, the service setting and the delegated tasks.

5.3.2 Accountability

Like all other public bodies, health service providers are accountable to both the criminal and the civil courts to ensure that their activities conform to legal requirements. In addition, employees are accountable to their employer to follow their contract of duty. Registered practitioners are accountable to regulatory and professional bodies but at present Assistant Critical Care Practitioners are not subject to professional registration.

When delegating work to the trainee Assistant Critical Care Practitioner, registered practitioners have a legal responsibility to have determined the knowledge and skill level required to perform the delegated task. The registered practitioner is accountable for delegating the task and the trainee Assistant Critical Care Practitioner is accountable for accepting the delegated task, as well as being responsible for their actions in carrying it out. This is applicable if the trainee Assistant Critical Care Practitioner has the skills, knowledge and judgement to perform the delegation, and if the delegation of task falls within the guidelines and protocols of the workplace and the level of supervision and feedback is appropriate.
5.3.3 Delegation

Delegation is the process by which the registered practitioner can allocate work to a trainee Assistant Critical Care Practitioner who is deemed competent to undertake that task. The trainee then carries the responsibility for that task. When a task is delegated, both the responsibility and the accountability for the activity pass from the registered practitioner to the trainee.

Key questions to be answered when considering delegation of activities are:

• Is the prime motivation for the delegation to serve the best interests of the patient?
• Does the registered practitioner view the trainee as competent to carry out the task?
• Does the trainee possess the required training and feel competent to perform the activity?
• What is the level of the trainee’s skills, competence, attitudes and experience?
• What are the requirements of the patient group?
• What is the nature of the task in the specific circumstance?
• Does a mechanism for supervision and feedback exist?

For trainee Assistant Critical Care Practitioners the level descriptors outlined within the context for competence section (section 7.1) should be used to inform the assessment of progress in any given situation. This can be seen as a ladder of supervision, with progression from demonstrates knowledge of through to independent performance.

6 Key points of the National Education and Competence Framework

In addition to outlining the recommended theoretical study elements, competences and skills, this framework describes the level of responsibility, the scope of practice and limitations of the Assistant Critical Care Practitioner when supporting the assessment, diagnosis, clinical interventions, treatment and management of the critically ill patient.

The National Education and Competence Framework recognises that the development of common standards of clinical practice requires:

- Consistency with *The NHS Knowledge and Skills Framework (NHS KSF)*
- Recognition of clinical practice as the main area for teaching, learning and assessment
- Fostering liaison between the NHS and local education providers
- Entrants to demonstrate appropriate previous experience with an agreed minimum level of clinical experience
- A recognised structure of education and competence that allows the individual practitioner the time for individual professional development
- A process of national approval via recognised professional bodies
- The development of a career pathway that enhances professional and personal development

Consequently the key areas covered by this framework include the following:

- The core competences to determine a practitioner’s level of competence to practice
- Clinical skills to be acquired
- Supervision processes
- Assessment processes
- Scope of practice and limitations of the role

Further details regarding the individual roles of the supervisor, mentor, teacher and assessor can be found in Appendix 4.

6.1 The context for the specification of theoretical study

Public confidence in a new role relies upon the introduction of a robust framework that ensures national education and practice standards are in place, adhered to and monitored. The purpose of this framework is to make those national standards explicit and to inform training programmes of the educational outcomes and practice standards that must be met.
This document identifies those standards through competence achievement and outcomes that demonstrate that the practitioner is fit for practice. Therefore, the underpinning education can be delivered in a manner that best fits the teaching philosophy of the education establishment and local clinical placement opportunities.

However tightly the specification of minimum standards might be worded, they are still open to different interpretations by individual institutions, teachers and trainees.

### 6.1.1 The recommended core theoretical components

By completion of the programme academic and practice learning the Assistant CCP must demonstrate their knowledge of the core components of theory as detailed below:

**Relevant anatomy, physiology and pathology**

**Principles of infection**
- Infection prevention and control
- Aseptic procedures

**End of life care**

**Discharge planning and rehabilitation**

**Patient safety and risk management**

**Communication**
- Effective communication with patients, relatives and carers and the multidisciplinary team
- Accurate record keeping and documentation

**Self-governance and ethics**

**Legal issues including**
- Consent
- Clinical negligence
- Scope of practice
- Accountability
7 The National Education and Competence Framework

We recognise that the Assistant Critical Care Practitioner role has some common components to that of registered practitioners that are differentiated through the level at which practitioners function. We also recognise that local competence frameworks have developed within critical care nursing. The main documents informing the competences identified for the Assistant Critical Care Practitioner role include:

- The NHS Knowledge and Skills Framework
- National Occupational Standards
- National Vocational Qualifications
- Locally constructed competence packages from within the development sites
- Curriculum for Foundation degree
- The Advanced CCP National Education and Competence Framework and the Surgical Care Curriculum Framework (National Practitioner Programme)
- National Workforce Competence Framework (Skills for Health)
- Competence frameworks developed by critical care units and critical care networks
- NHS North West Critical Care Competences

7.1 The context for the specification of competence

Once training is complete the National Education and Competence Framework each competence statement defines the scope of practice expected at two levels:

- **Is able to perform** refers to the areas of practice the Assistant CCP can undertake when deemed competent, under the guidance and *indirect supervision* of a designated registered practitioner
- **Performs under *direct supervision*** refers to areas of practice carried out while competence attainment is being achieved or areas of practice that sit outside the remit of the unregistered practitioner

There are a number of competences that may be relevant to more than one domain; however, in order to reduce repetition and for the benefit of conciseness they have been placed in the domain most applicable.
The competences reflect the specific requirements of the Assistant Critical Care Practitioner role and are intended to complement the mandatory training requirements according to local policy. Such training would be undertaken as an integral part of the Assistant Critical Care Practitioner competence development, and may include:

- Equipment training
- Health and safety
- Cardiopulmonary resuscitation
- Handling and moving
- Fire safety

### 7.2 Competence development process

During training the practitioner will perform under direct supervision until competence is gained. Once competence has been achieved the practitioner will perform tasks within the scope of their role as part of the critical care team. It is then the responsibility of the Assistant Critical Care Practitioner to recognise the need for support and seek guidance from the registered practitioner when required.

The following descriptor is also included within the matrices and refers to the underlying knowledge required within the specified area of competence:

- **Demonstrates knowledge of and informs practice** refers to the theoretical or underpinning knowledge to support the delivery of, and informs competent practice

As each core competence is described within its domain, the practice level and supervision required will be specified using the application of the following matrix.

<table>
<thead>
<tr>
<th>Core competence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is able to perform</td>
</tr>
<tr>
<td>Performs under direct supervision</td>
</tr>
<tr>
<td>Demonstrates knowledge of and informs practice</td>
</tr>
</tbody>
</table>
7.3 The Knowledge and Skills Framework (KSF) and Level Descriptors

Use of the NHS Knowledge and Skills Framework (NHS KSF) in relation to the Assistant Critical Care Practitioner role describes and defines the knowledge and skills staff need to apply in order to deliver quality services. It is used to support the development of individuals in their post. The NHS KSF is made up of 30 dimensions, which identify the broad functions that are required by the NHS to enable it to provide a good-quality service to the public. (DH, 2004)

Six of the dimensions are core and are relevant to every NHS post. These are:

- Communication
- Personal and people development
- Health and safety and security
- Service improvement
- Quality
- Equality and diversity

The other 24 dimensions are specific and apply to some but not all jobs. The specific dimensions that apply to the Assistant Critical Care Practitioner post have been identified as:

- Health and wellbeing (HWB)
- HWB5 – Provision of care to meet health and wellbeing needs
- HWB6 – Assessment and treatment planning
- HWB7 – Interventions and treatments

Each dimension has four levels. Each level has a title that describes what the level is about. In identifying which is the accepted level it is the requirements of the post that are reflected, not the abilities or preferences of the person who is employed in that post.

The specific health and wellbeing dimension reflects the essential aspects of the post.

In reality, the Assistant Critical Care Practitioner moves freely between the applications of these competences as required. It is essential to the clinical model to which the Assistant Critical Care Practitioner works they should apply their knowledge and skills in a flexible patient-centred way in accordance with critical care patient pathways and care bundles.

The Assistant Critical Care Practitioner will acknowledge the overarching principles identified within the core dimensions with specific reference to health, safety and security and equality and diversity in order to:

- Maintain the patient's privacy and dignity
- Recognise and respond to cultural and religious beliefs
- Recognise and respond to patients with limited mobility
- Adhere to best practice in the safe disposal of clinical waste
## 8.1 Communication

KSF Core Dimension 1

**Level Descriptor 2:** Communicate with a range of people on a range of matters

### Competence Matrix 1

<table>
<thead>
<tr>
<th>Is able to perform</th>
<th>Demonstrates knowledge of and informs practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Communicates effectively with patients and relatives</td>
<td>• Implications of informed consent and patient confidentiality</td>
</tr>
<tr>
<td>• Communicates effectively with members of the multi-professional healthcare team and other agencies</td>
<td>• Implications of cultural/religious beliefs and their impact on communication</td>
</tr>
<tr>
<td>• Can recognise the limitations of their role and accountability issues and effectively communicate these to the registered practitioner</td>
<td>• Relevant legislation, policies and procedures</td>
</tr>
<tr>
<td>• Can recognise and manage barriers of communication</td>
<td></td>
</tr>
</tbody>
</table>
### 8.2 Personal and people development

**KSF Core Dimension 2**

**Level Descriptor 2:** Develop own knowledge and skills and provide information to others to help their development.

#### Competence Matrix 2

<table>
<thead>
<tr>
<th>Personal and people development</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Is able to perform</td>
<td>• Can identify personal learning requirements and take responsibility for own learning and development</td>
</tr>
<tr>
<td></td>
<td>• Can demonstrate application of knowledge into practice</td>
</tr>
<tr>
<td></td>
<td>• Takes an active part in learning opportunities, and keeps a personal development portfolio and evidence of reflective practice</td>
</tr>
<tr>
<td></td>
<td>• Can participate in the development review process, and keep up-to-date records</td>
</tr>
<tr>
<td></td>
<td>• Can recognise obstacles to learning and take steps to overcome them</td>
</tr>
<tr>
<td></td>
<td>• Can provide information to others to enhance their development</td>
</tr>
<tr>
<td></td>
<td>• Can support registered professionals in delivering teaching and assessment of knowledge and skills of trainee practitioners</td>
</tr>
<tr>
<td>Demonstrates knowledge of and informs practice</td>
<td>• Teaching and learning methods that take into account the personal development and development of others</td>
</tr>
<tr>
<td></td>
<td>• Learning tools that support independent learning; portfolios of evidence, personal development plans, learning agreements, skills log, reflective writing and critical incident reporting</td>
</tr>
<tr>
<td></td>
<td>• Assessment strategies</td>
</tr>
</tbody>
</table>
8.3 Health, safety and security

KSF Core Dimension 3

Level Descriptor 2: Monitor and maintain health, safety and security of self and others.

### Competence Matrix 3

<table>
<thead>
<tr>
<th>Health, safety and security</th>
</tr>
</thead>
</table>
| **Is able to perform**      | • Role and responsibilities consistent with legislation, policies and procedures to maintain own and others’ health, safety and security (complies with local infection control, handling and moving policies)  
• Role in a manner that minimises risk to health, safety and security  
• Recognises and takes appropriate action to manage an emergency situation – summoning immediate assistance when necessary  
• Handles patient information in a manner consistent with legislation, policy and procedure  
• Safe handling of medicines according to best practice guidelines  
• Risk Assessment, offering information and advice on how to reduce risk e.g. Health Promotion  
• Assists in maintaining a healthy, safe and secure working environment for everyone in contact with the organisation  
• Supports others in enabling individuals to learn healthier, safer and more secure ways of working |

| **Demonstrates knowledge of and informs practice** | • Legislation, policies and procedures supporting health, safety and security to include Data Protection Act 1998, Control of Substance Hazardous to Health (COSH) |
### 8.4 Service improvement

**KSF Core Dimension 4**

**Level Descriptor 2:** Contribute to the improvement of services.

**Competence Matrix 4**

<table>
<thead>
<tr>
<th>Service improvement</th>
<th></th>
</tr>
</thead>
</table>
| **Is able to perform** | • Can apply relevant changes to their own practice with agreed direction, policies and strategies within timescale and seeking support when necessary  
• Can evaluate own and others’ work, completing the relevant documentation  
• Can feed back constructive suggestions on how to improve service to appropriate person  
• Can participate in research and audit activities and complete relevant documentation  
• Can identify issues within the organisation/working environment in the interest of the user and the public |
| **Demonstrates knowledge of and informs practice** | • Legislation, policies and procedures relating to service improvement structures  
• Organisational values and objectives |
8.5 Quality

KSF Core Dimension 5

Level Descriptor 2: Maintain quality in own work and encourage others to do so.

Competence Matrix 5

<table>
<thead>
<tr>
<th>Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is able to perform</td>
</tr>
<tr>
<td>• Can carry out consistently safe practice within the limitations of the role in relation to responsibility and accountability</td>
</tr>
<tr>
<td>• Can carry out consistently safe practice in line with legislation, policies and procedures</td>
</tr>
<tr>
<td>• Can work as an effective and responsible team member and support others in doing so</td>
</tr>
<tr>
<td>• Can prioritise own workload in a way that reduces risk to quality</td>
</tr>
<tr>
<td>• Can monitor and maintain quality of work in own area and encourage others to do so</td>
</tr>
<tr>
<td>• Can recognise and report ‘near miss’/incident through the appropriate channels</td>
</tr>
<tr>
<td>• Can demonstrate consistent effective use of resources and encourage others to do so</td>
</tr>
<tr>
<td>• Can identify and alert others to quality issues and policy concerns</td>
</tr>
</tbody>
</table>

Demonstrates knowledge of and informs practice

• Legislation, policies and procedures that support quality issues; complaints procedures, incident reporting mechanisms
# 8.6 Equality and diversity

**KSF Core Dimension 6**

**Level Descriptor 2:** Support equality and value diversity

## Competence Matrix 6

<table>
<thead>
<tr>
<th>Is able to perform</th>
<th>Equality and diversity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Consistently practices in a manner that respects patients’ beliefs, preferences, choices and individuality</td>
</tr>
<tr>
<td></td>
<td>• Consistently practices in a manner that supports patients’ privacy and dignity</td>
</tr>
<tr>
<td></td>
<td>• Can respect cultural and religious beliefs and demonstrate awareness of impact on the patient and their dependants</td>
</tr>
<tr>
<td></td>
<td>• Recognises when equality and diversity are not being promoted</td>
</tr>
<tr>
<td></td>
<td>• Recognises when someone is being discriminated against</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Performs under direct supervision</th>
<th>Equality and diversity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Seeks to address appropriately when equality and diversity are not being promoted</td>
</tr>
<tr>
<td></td>
<td>• Seeks to address appropriately when someone is being discriminated against</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Demonstrates knowledge of and informs practice</th>
<th>Equality and diversity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• The terms: equality, diversity, discrimination</td>
</tr>
<tr>
<td></td>
<td>• Legislation, policies and procedures that support equality and diversity issues</td>
</tr>
</tbody>
</table>
8.7 Patient assessments

KSF Health and wellbeing (HWB) 6: Assessment and treatment planning

**Level Descriptor 2**: Contribute to the assessment of physiological and/or psychological functioning

**Competence Matrix 7**

<table>
<thead>
<tr>
<th>Patient assessment</th>
<th></th>
</tr>
</thead>
</table>
| **Is able to perform** | - Undertakes timely and appropriate assessment of the patient  
- Can undertake, recognise and respond to the findings of, for example: Early Warning Score (EWS), pain score, tissue viability, mobility, nutritional assessment, Glasgow Coma Scale |
| **Performs under direct supervision** | - Assists registered practitioner with initial patient assessment following admission to critical care  
- Contributes to planning and implementation of care for patient following initial assessment |
| **Demonstrates knowledge of and informs practice** | - Physiological response to painful stimuli  
- Nutritional requirements and maintenance of an adequate nutritional status  
- Relevant anatomy and physiology |
### 8.8 Monitoring vital signs and observation of the patient

KSF Health and wellbeing (HWB) 6: Assessment and treatment planning

**Level Descriptor 2:** Contribute to the assessment of physiological and/or psychological functioning

#### Competence Matrix 8

<table>
<thead>
<tr>
<th>Monitoring and Observation of the Patient</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Is able to perform</strong></td>
<td>• Undertakes timely observations appropriately</td>
</tr>
<tr>
<td></td>
<td>• Can recognise and respond appropriately to abnormal observations</td>
</tr>
<tr>
<td></td>
<td>• Can identify where abnormal readings are related to equipment</td>
</tr>
<tr>
<td></td>
<td>malfunctions rather than physiologically generated</td>
</tr>
<tr>
<td></td>
<td>• Can undertake 12-lead electrocardiography (ECG)</td>
</tr>
<tr>
<td></td>
<td>• Can undertake blood glucose monitoring</td>
</tr>
<tr>
<td></td>
<td>• Can accurately record Early Warning Score</td>
</tr>
<tr>
<td></td>
<td>• Can perform measurements of height and weight</td>
</tr>
<tr>
<td></td>
<td>• Can record peak flow</td>
</tr>
<tr>
<td></td>
<td>• Can undertake arterial blood sampling for laboratory testing</td>
</tr>
<tr>
<td></td>
<td>• Can manage invasive lines for monitoring – arterial and central venous pressure (CVP)</td>
</tr>
<tr>
<td></td>
<td>• Can remove arterial lines and central lines safely</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Demonstrates knowledge of and informs practice</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Basic anatomy and physiology of the cardiovascular system</td>
<td></td>
</tr>
<tr>
<td>• Basic ECG monitoring and normal ECG wave formation</td>
<td></td>
</tr>
<tr>
<td>• Common arrhythmias and actions to be taken</td>
<td></td>
</tr>
<tr>
<td>• Concept and measurement of CVP</td>
<td></td>
</tr>
<tr>
<td>• Concept and measurement of arterial blood pressure</td>
<td></td>
</tr>
<tr>
<td>• Concept and measurement of blood glucose levels</td>
<td></td>
</tr>
</tbody>
</table>
8.9 Basic airway management

KSF Health and wellbeing (HWB) 7: Interventions and treatments

Level Descriptor 2: Contribute to planning, delivering and monitoring interventions and/or treatments

Competence Matrix 9

<table>
<thead>
<tr>
<th>Basic airway management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is able to perform</td>
</tr>
<tr>
<td>• Can recognise the physiological abnormalities that may contribute to difficulties in airway management and seek appropriate assistance</td>
</tr>
<tr>
<td>• Can recognise the signs of airway obstruction in a self-ventilating patient and seek urgent assistance</td>
</tr>
<tr>
<td>• Can observe respiratory function in a critical care patient and seek urgent assistance</td>
</tr>
<tr>
<td>• Can recognise the signs of respiratory arrest and seek urgent assistance</td>
</tr>
<tr>
<td>• Can recognise early changes in the maintenance of a clear airway by verbal response of the patient</td>
</tr>
<tr>
<td>• Can record oxygen saturation measurements, recognising and reporting early signs of deterioration</td>
</tr>
<tr>
<td>• Can recognise signs of wheezing or stridor and seek urgent assistance</td>
</tr>
<tr>
<td>• Can safely assemble oxygen therapy equipment and administer prescribed oxygen therapy</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Performs under direct supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Assists in emergency situations – supporting the critical care team in the delivery of life support techniques, employing skills learnt on BLS training</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Demonstrates knowledge of and informs practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Relevant anatomy and physiology of the respiratory system</td>
</tr>
<tr>
<td>• Basic life support equipment, its significance and maintenance</td>
</tr>
<tr>
<td>• Indications and contraindications for oxygen therapy</td>
</tr>
<tr>
<td>• Methods used to support a patient's airway</td>
</tr>
<tr>
<td>• Signs and symptoms of respiratory complications</td>
</tr>
</tbody>
</table>
### 8.10 Assisted ventilation

**KSF Health and wellbeing (HWB) 7: Interventions and treatments**

**Level Descriptor 2:** Contribute to planning, delivering and monitoring interventions and/or treatments

#### Competence Matrix 10

<table>
<thead>
<tr>
<th>Assisted ventilation</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Is able to perform</strong></td>
<td></td>
</tr>
<tr>
<td>• Can recognise and report physiological abnormalities in respiratory status</td>
<td></td>
</tr>
<tr>
<td>• Can monitor respirations/ventilator settings and maintain accurate records, reporting appropriately</td>
<td></td>
</tr>
<tr>
<td>• Safe care of patient requiring mechanical ventilation</td>
<td></td>
</tr>
<tr>
<td>• Safe care of patient requiring CPAP/BIPAP</td>
<td></td>
</tr>
<tr>
<td>• Safe care of patient with a tracheostomy</td>
<td></td>
</tr>
<tr>
<td>• Can recognise signs of airway obstruction and respiratory distress and seek urgent assistance</td>
<td></td>
</tr>
<tr>
<td>• Can recognise ‘respiratory arrest’ and seek urgent assistance</td>
<td></td>
</tr>
<tr>
<td>• Can perform sampling from established arterial line, recording and reporting results appropriately</td>
<td></td>
</tr>
<tr>
<td>• Can perform pulse oximetry, recording and reporting results</td>
<td></td>
</tr>
<tr>
<td>• Can perform endotracheal/tracheal suctioning and obtain specimens following correct protocol and procedure</td>
<td></td>
</tr>
<tr>
<td>• Can meet oral hygiene needs of patient receiving assisted ventilation techniques</td>
<td></td>
</tr>
<tr>
<td>• Safe administration of nebuliser therapies as prescribed</td>
<td></td>
</tr>
<tr>
<td>• Monitoring and safe maintenance of endotracheal/tracheal tube</td>
<td></td>
</tr>
<tr>
<td>• Monitoring and safe maintenance of humidification systems</td>
<td></td>
</tr>
<tr>
<td>• The safe operation of oxygen therapy/suction equipment</td>
<td></td>
</tr>
<tr>
<td>• Assessment of pain and take appropriate action to alleviate</td>
<td></td>
</tr>
<tr>
<td>• The preparation of equipment required for emergency situations</td>
<td></td>
</tr>
<tr>
<td><strong>Performs under direct supervision</strong></td>
<td></td>
</tr>
<tr>
<td>• Assists in emergency situations – supporting the critical care team in the delivery of life support techniques employing skills learnt on BLS/ALERT training courses</td>
<td></td>
</tr>
<tr>
<td>• Commencement of CPAP/BIPAP assisted ventilatory systems</td>
<td></td>
</tr>
<tr>
<td><strong>Demonstrates knowledge of and informs practice</strong></td>
<td></td>
</tr>
<tr>
<td>• Relevant anatomy and physiology of the respiratory system</td>
<td></td>
</tr>
<tr>
<td>• Methods used to assess respiratory status</td>
<td></td>
</tr>
<tr>
<td>• Acid base balance</td>
<td></td>
</tr>
<tr>
<td>• Various forms of artificial airways and the associated risks</td>
<td></td>
</tr>
<tr>
<td>• Various forms of ventilatory support and the associated risks</td>
<td></td>
</tr>
</tbody>
</table>
8.11 Psychological care

KSF Health and wellbeing (HWB) 5: Provision of care to meet health and wellbeing needs

**Level Descriptor 2**: Undertake care activities to meet health and wellbeing needs of individuals with a greater degree of dependency

## Competence Matrix 11

<table>
<thead>
<tr>
<th>Psychological care</th>
<th></th>
</tr>
</thead>
</table>
| **Is able to perform** | • Can identify and report psychological disturbances of critical illness for patients and their dependants  
• Can facilitate family and significant others in the delivery of patient care  
• Can promote patient independence at all times  
• Can provide psychological support to patients in the critical care setting and during the transition to ward care  
• Can work with the critical care liaison nurses or equivalent support networks  
• Can provide supportive care and coaching (distraction techniques) through difficult procedures |
| **Performs under direct supervision** | • Assists practitioner to support patients and relatives in making informed choices and understanding the consequences |
| **Demonstrates knowledge of and informs practice** | • Psychological and sociological impact of critical illness  
• Standards set out in the Essence of Care, and how they address the psycho-social needs of the patient  
• The impact of sleep deprivation on the critical care patient |
8.12 Pain management

KSF Health and wellbeing (HWB) 5: Provision of care to meet health and wellbeing needs

**Level Descriptor 2:** Undertake care activities to meet health and wellbeing needs of individuals with a greater degree of dependency

### Competence Matrix 12

<table>
<thead>
<tr>
<th>Pain management</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Is able to perform</strong></td>
<td>• Can recognise the ways in which a patient perceives and tolerates pain</td>
</tr>
<tr>
<td></td>
<td>• Can use pain scoring assessment and seek appropriate action</td>
</tr>
<tr>
<td></td>
<td>• Can care for patients receiving a range of pharmacological agents used for optimising pain relief</td>
</tr>
<tr>
<td></td>
<td>• Can use a range of alternative measures that may provide pain relief</td>
</tr>
<tr>
<td></td>
<td>• Can recognise and report the problems that can occur for the patient as a consequence of inadequate analgesia</td>
</tr>
<tr>
<td></td>
<td>• Can utilise appropriate information and resource files relating to analgesia</td>
</tr>
<tr>
<td></td>
<td>• Can undertake and record the observations required for patients with patient controlled analgesia</td>
</tr>
<tr>
<td></td>
<td>• Can undertake and record the observations required for patients with epidural analgesia</td>
</tr>
<tr>
<td></td>
<td>• Can recognise abnormalities that may occur for patients using patient-controlled analgesia</td>
</tr>
<tr>
<td></td>
<td>• Can recognise abnormalities that may occur for patients using epidural analgesia</td>
</tr>
<tr>
<td></td>
<td>• Can demonstrate the ability to seek immediate assistance should any abnormalities occur</td>
</tr>
<tr>
<td></td>
<td>• Can work with the registered practitioner alongside the acute pain control team</td>
</tr>
<tr>
<td><strong>Demonstrates knowledge of and informs practice</strong></td>
<td>• Risks associated with sedative and neuromuscular drugs</td>
</tr>
<tr>
<td></td>
<td>• Ways in which the patient perceives and tolerates pain</td>
</tr>
<tr>
<td></td>
<td>• Pharmacological agents used for optimising patient pain relief</td>
</tr>
<tr>
<td></td>
<td>• Role of acute and chronic pain team</td>
</tr>
</tbody>
</table>
8.13 Hygiene

KSF Health and wellbeing (HWB) 5: Provision of care to meet health and wellbeing needs

Level Descriptor 2: Undertake care activities to meet health and wellbeing needs of individuals with a greater degree of dependency

Competence Matrix 13

<table>
<thead>
<tr>
<th>Hygiene</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is able to perform</td>
</tr>
<tr>
<td>• Can explain hygiene procedures to the patient and obtain consent</td>
</tr>
<tr>
<td>• Can assess moving and handling risks and prepare the patient and the environment for the activity</td>
</tr>
<tr>
<td>• Can ensure equipment is clean and safe for use</td>
</tr>
<tr>
<td>• Can encourage independence and choice at all times</td>
</tr>
<tr>
<td>• Can observe the patient for pressure damage, skin integrity and neurovascular status, reporting abnormalities and changes</td>
</tr>
<tr>
<td>• Individual patient hygiene needs and requirements</td>
</tr>
<tr>
<td>Performs under direct supervision</td>
</tr>
<tr>
<td>• Implements plan of care to meet these needs of the ‘unstable’ patient</td>
</tr>
<tr>
<td>Demonstrates knowledge of and informs practice</td>
</tr>
<tr>
<td>• Infection prevention and control policies and procedures</td>
</tr>
<tr>
<td>• Skin integrity assessment tools</td>
</tr>
</tbody>
</table>
8.14 Nutrition

KSF Health and wellbeing (HWB) 5: Provision of care to meet health and wellbeing needs

Level Descriptor 2: Undertake care activities to meet health and wellbeing needs of individuals with a greater degree of dependency

Competence Matrix 14

<table>
<thead>
<tr>
<th>Nutrition</th>
</tr>
</thead>
</table>
| **Is able to perform** | • Assessment of individual nutritional status using a nutritional assessment tool and report findings and concerns  
• Implementation of correct food hygiene procedures  
• Care of the patient with a naso-gastric tube following agreed local and national protocols  
• Accurate measurement and recording of height and weight  
• Appropriate use of Body Mass Index (BMI) calculation methods  
• A variety of methods to enable the individual to meet their nutritional needs (parenteral and enteral feeding)  
• Use of equipment and aids to deliver nutrition |
| **Demonstrates knowledge of and informs practice** | • Nutritional assessment tools  
• Individual dietary requirements  
• Physical, psychological and environmental factors affecting dietary intake  
• The components of a balanced diet  
• The alternatives to oral diet and fluids |
8.15 Fluid management

KSF Health and wellbeing (HWB) 5: Provision of care to meet health and wellbeing needs

Level Descriptor 2: Undertake care activities to meet health and wellbeing needs of individuals with a greater degree of dependency

Competence Matrix 15

<table>
<thead>
<tr>
<th>Fluid management</th>
</tr>
</thead>
</table>
| **Is able to perform** | • Observing the patient for potential problems that may occur regarding the management of fluid balance and seeking advice should these problems occur  
• Measuring and recording urine output, reporting any deviation from set parameters  
• Venepuncture and cannulation in line with local and national policy and procedures  
• Recording and reporting haematological and biochemical blood results  
• Safe practice in accordance with local policy relating to the safe administration of blood and blood products |
| **Demonstrates knowledge of and informs practice** | • The differences in the types of intravenous fluids used  
• The common signs of dehydration and fluid overload  
• Local policy relating to the safe administration of blood and blood products |
### 8.16 Elimination

**KSF Health and wellbeing (HWB) 5: Provision of care to meet health and wellbeing needs**

**Level Descriptor 2:** Undertake care activities to meet health and wellbeing needs of individuals with a greater degree of dependency

#### Competence Matrix 16

<table>
<thead>
<tr>
<th>Is able to perform</th>
<th>Performs under direct supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Can maintain accurate fluid balance chart</td>
<td>• Set up and prime haemofiltration machine</td>
</tr>
<tr>
<td>• Can recognise and respond appropriately to an abnormal fluid balance</td>
<td></td>
</tr>
<tr>
<td>• Can undertake the task of urinalysis and report results</td>
<td></td>
</tr>
<tr>
<td>• Can manage the safe disposal of waste products</td>
<td></td>
</tr>
<tr>
<td>• Can perform urinary catheterisation and removal</td>
<td></td>
</tr>
<tr>
<td>• Can obtain mid stream urine sample (MSU), catheter specimen urine (CSU) and follow correct procedure for laboratory samples</td>
<td></td>
</tr>
<tr>
<td>• Can implement catheter care/management</td>
<td></td>
</tr>
<tr>
<td>• Can implement bowel care/management</td>
<td></td>
</tr>
<tr>
<td>• Can care for the patient with a stoma</td>
<td></td>
</tr>
<tr>
<td>• Can care for the patient receiving haemofiltration</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Demonstrates knowledge of and informs practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Normal and abnormal urea and electrolyte results</td>
</tr>
<tr>
<td>• Normal and abnormal urinalysis results</td>
</tr>
<tr>
<td>• Urinary/catheter/bowel care protocols</td>
</tr>
<tr>
<td>• Risks of cross infection</td>
</tr>
</tbody>
</table>
8.17 Administration of medicines

KSF Health and wellbeing (HWB) 5: Provision of care to meet health and wellbeing needs

**Level Descriptor 2**: Undertake care activities to meet health and wellbeing needs of individuals with a greater degree of dependency

**Competence Matrix 17**

<table>
<thead>
<tr>
<th>Administration of medicines</th>
<th>Is able to perform</th>
<th>Performs under direct supervision</th>
<th>Demonstrates knowledge of and informs practice</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Informing the relevant person when specific medicines are indicated</td>
<td>• Assists the patient to take oral medications administered by the registered practitioner</td>
<td>• What constitutes a medicine</td>
</tr>
<tr>
<td></td>
<td>• Observing for changes and adverse reactions during and following drug administration</td>
<td></td>
<td>• Common adverse reactions</td>
</tr>
<tr>
<td></td>
<td>• Reporting any changes observed</td>
<td></td>
<td>• Medicines code</td>
</tr>
<tr>
<td></td>
<td>• Maintaining existing O₂ therapy</td>
<td></td>
<td>• Local and national policy relating to the administration of medicines</td>
</tr>
<tr>
<td></td>
<td>• Reporting and disposal of any medicines found unattended</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

It is expected that an Assistant Critical Care Practitioner would be able to undertake specific elements of care to support patients/individuals in the administration of medicines. Non-registered staff in health and social care can administer medicines that are appropriately prescribed. However, the following principles apply:

- Registered healthcare professionals, such as doctors and nurses, have a duty of care and are professionally and legally accountable for the care they provide, including those tasks they delegate to non-registered staff. If expecting Assistant Critical Care Practitioners to administer medicines, those delegating the duty must ensure that they are competent to do so safely.

- The employing organisation has a legal duty of care and is responsible for ensuring that the staff they employ are properly trained and undertake only those responsibilities agreed in the specified job description (*Medicine Matters*, March 2005)

The Assistant Critical Care Practitioner would be able to employ skills required to:

- Assist in the administration of medicines consistent with their own role
- Refer questions relating to medicines to an appropriate person
- Maintain existing oxygen therapy
- Report changes in condition to an appropriate person
- Follow correct procedure for the disposal of medicines found unattended
8.18 Tissue viability, wound and pressure area management

KSF Health and wellbeing (HWB) 7: Interventions and treatments

Level Descriptor 2: Contribute to planning, delivering and monitoring interventions and/or treatments

Competence Matrix 18

<table>
<thead>
<tr>
<th>Tissue viability and wound management</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Is able to perform</strong></td>
</tr>
<tr>
<td>• Assessment of wound and tissue viability</td>
</tr>
<tr>
<td>• Wound care in line with local and national policies and procedures, including the care of the patient with surgical and chest drains</td>
</tr>
<tr>
<td>• Care that prevents pressure ulcer formation</td>
</tr>
<tr>
<td>• Report and liaise with tissue viability team</td>
</tr>
<tr>
<td><strong>Demonstrates knowledge of and informs practice</strong></td>
</tr>
<tr>
<td>• Anatomy and physiology of the skin and the healing process</td>
</tr>
<tr>
<td>• Methods used to care for wounds</td>
</tr>
<tr>
<td>• Pressure area management</td>
</tr>
<tr>
<td>• Wound assessment forms and methods used</td>
</tr>
<tr>
<td>• Waterlow scores</td>
</tr>
</tbody>
</table>
## 8.19 Infection control and waste management

**KSF Core Dimension 3: Health, safety and security**

**Level Descriptor 2:** Monitor and maintain health, safety and security of self and others

### Competence Matrix 19

<table>
<thead>
<tr>
<th>Is able to perform</th>
<th>Demonstrates knowledge of and informs practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Can recognise the signs and symptoms of infection and the impact of infection on patients and their carers</td>
<td>• Services available to address infection control issues</td>
</tr>
<tr>
<td>• Can identify potential infection control hazards in the critical care environment and take appropriate action according to policy and procedure</td>
<td>• Measures put in place to prevent infection</td>
</tr>
<tr>
<td>• Can undertake safe working practice and undertake ‘universal precautions’ to safeguard the patient, relatives, staff and themselves and encourage others to do so</td>
<td>• Negative pressure environments</td>
</tr>
<tr>
<td>• Can care for the patient who requires ‘barrier nursing’</td>
<td>• Policies and procedures relevant to infection control and waste management</td>
</tr>
<tr>
<td>• Can care for the immuno-suppressed patient who requires ‘reverse barrier nursing’</td>
<td>• Can undertake sterile procedures adhering to aseptic techniques</td>
</tr>
<tr>
<td>• Can undertake correct cleaning of equipment and environment using appropriate cleaning materials in line with Trust and departmental guidelines</td>
<td>• Can demonstrate effective hand hygiene using appropriate hand-washing/alcohol-based hand rub technique and application</td>
</tr>
<tr>
<td>• Can demonstrate safe disposal of clinical waste and disposal of sharps and used linen in containers appropriate to the procedure</td>
<td>• Can undertake correct cleaning of equipment and environment using appropriate cleaning materials in line with Trust and departmental guidelines</td>
</tr>
</tbody>
</table>

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# 8.20 End of life care

**KSF Health and wellbeing (HWB) 5: Provision of care to meet health and wellbeing needs**

**Level Descriptor 3:** Plan, deliver and evaluate care to meet people’s health and wellbeing needs

## Competence Matrix 20

<table>
<thead>
<tr>
<th>End of life care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Is able to perform</strong></td>
</tr>
<tr>
<td>• Adheres to good practice principles when caring for the dying patient</td>
</tr>
<tr>
<td>• Can manage the process of end of life care of the critically ill patient</td>
</tr>
<tr>
<td>• Can communicate care plans and discuss end of life care with patients and their dependants</td>
</tr>
<tr>
<td>• Can care for relatives following an unexpected death</td>
</tr>
<tr>
<td><strong>Demonstrates knowledge of and informs practice</strong></td>
</tr>
<tr>
<td>• Legal and ethical and cultural issues involved with end of life care</td>
</tr>
<tr>
<td>• Local and national care pathways relating to end of life care (Gold Standards Framework and Liverpool Care Pathway – the Vigil)</td>
</tr>
<tr>
<td>• Bereavement processes and their psychological impact</td>
</tr>
<tr>
<td>• Organ donation pathways and support staff involved in the organ donation process</td>
</tr>
</tbody>
</table>
9 National recognition and transferability

To ensure national recognition and transferability of the role, this National Educational and Competence Framework will be supported and endorsed by the Royal College of Nursing and the British Association of Critical Care Nursing. It is anticipated that local organisations will use this and continue to link into the national reference group for critical care.
## Glossary of terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical assessor</td>
<td>An accredited registered practitioner with responsibility for assessing a trainee Assistant Critical Care Practitioner in the practice setting. The roles of clinical assessor and supervisor may be combined.</td>
</tr>
<tr>
<td>Clinical judgement</td>
<td>The application of relevant knowledge and experience within the context provided by clinical standards (that reflect the collective judgement of the profession) and rules of professional conduct in reaching decisions where a choice must be made between alternative possible courses of action.</td>
</tr>
<tr>
<td>Clinical supervisor</td>
<td>A competent practitioner with responsibility for supervising an identified trainee Assistant Critical Care Practitioner within their multidisciplinary team.</td>
</tr>
<tr>
<td>Competence</td>
<td>A practitioner’s ability to practise an entire role, combining individual competences and the use of wider judgement.</td>
</tr>
<tr>
<td>Core knowledge</td>
<td>The knowledge base to underpin professional practice that is common to all Assistant Critical Care Practitioner programmes irrespective of the particular specialty.</td>
</tr>
<tr>
<td>Mentor</td>
<td>An experienced practitioner with appropriate education and training to facilitate learning and supervise trainee Assistant Critical Care Practitioners within the practice setting.</td>
</tr>
<tr>
<td>National Educational and Competence Framework</td>
<td>The main educational document providing the background, development entry routes, definitions, structure of education and training, and assessment strategy for trainees on the programme.</td>
</tr>
<tr>
<td>Registered practitioner</td>
<td>A healthcare worker who is required to maintain a professional registration, such as nurse, doctor, pharmacist, physiotherapist and occupational therapist (this list is not exhaustive but includes the key professionals who will have contact with Assistant Critical Care Practitioners).</td>
</tr>
<tr>
<td>Specialist knowledge</td>
<td>The knowledge relevant to a particular specialty which is over and above the core knowledge expected of all Assistant Critical Care Practitioners in any specialty.</td>
</tr>
</tbody>
</table>
11 Bibliography

A Review of Adult Critical Care Services (Department of Health, 2000)

HR in the NHS Plan (Department of Health, 2002)

Medicines Matters: A guide to current mechanisms for the prescribing, supply and administration of medicines (NHS Modernisation Agency, 2005)

NHS Career Framework (www.skillsforhealth.org.uk/page/career-frameworks)

NHS Improvement Plan: Putting people at the heart of public services (Department of Health, 2004)

NHS Plan (Department of Health, 2000)

Quality Critical Care: 'Beyond comprehensive critical care' (Critical Care Stakeholder Forum, September 2005)

Supervision, accountability and delegation of activities to support workers (Royal College of Nursing, 2006)

The Curriculum Framework for the Surgical Care Practitioner (Department of Health, 2005)

The National Education and Competence Framework for Advanced Critical Care Practitioners (Department of Health, 2008)

The NHS Knowledge and Skills Framework (KSF) and the Development Review Process (Department of Health, 2004)
Appendix 1: Main contributors to the National Education and Competence Framework

Critical Care Programme Board members

Julie Pearce – Director of Nursing and Quality, East Kent Hospitals NHS Trust
Previously: Chief Nurse, Hampshire and Isle of Wight SHA.
Chair; National Practitioner Programme Board for Critical Care

Dr Anna Batchelor – President, Intensive Care Society; Chair, Education and Competency Advisory Sub-Group

Carole Boulanger – Consultant Advanced Critical Care Practitioner, Royal Devon and Exeter NHS Foundation Trust

Carol Woods – Associate Workforce Designer for the Critical Care Project, National Practitioner Programme

Diane Swain – Project Manager for the Critical Care Project, National Practitioner Programme

Dr Fran Woodward – Director, Cancer Implementation, Integrated Cancer Centre, Guy’s and St Thomas’ NHS Foundation Trust

Keith Young – Policy Manager, Adult Critical Care Team, Department of Health

Chris Smith – Chair and Lead Critical Care Nurse, British Association of Critical Care Nurses

Dr Chris Heneghan – Chair, Intercollegiate Board for Training in Intensive Care Medicine

Maura McElligot – Chair, Royal College of Nursing Critical Care Nursing Forum

Dr Sam Waddy – Junior Doctors Representative; Former Chair, Intensive Care Society Trainee Division

Barry Williams – Patient Representative, Critical Care Patient Liaison Committee (CritPal) of the Intensive Care Society

Gerri Nevin – Critical Care Forum, Royal College of Nursing and Carole Boulanger
Appendix 1: Main contributors to the National Education and Competence Framework

**Education and Competence Advisory Party members**

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Julie Pearce – Director of Nursing and Quality, East Kent Hospitals NHS Trust
Previously: Chief Nurse, Hampshire and Isle of Wight SHA, NHS South Central; Chair, National Practitioner Programme Board for Critical Care

Carol Woods – Associate Workforce Designer for the Critical Care Project, National Practitioner Programme

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Colleen Mason – Project Lead Assistant, Critical Care Practitioner Programme (Theatres), Sheffield Teaching Hospitals

Mena Smith – Practice Educator Critical Care, Southport and Ormskirk NHS Trust

Nicky Williams – Project Lead Assistant Critical Care Practitioners, Southport and Ormskirk NHS Trust

Lindsay Stewart – Divisional Head of Nursing Heart and Lung, South Manchester University Hospital Trust representing Royal College of Nursing Critical Care Nursing Forum

Jane Osgathorp – Senior Nurse, Practice Development at Papworth Hospital NHS Foundation Trust

Jane Fox – Programme Manager, Skills for Health

Annette Richardson, Nurse Consultant Critical Care, Newcastle upon Tyne Hospitals Foundation Trust, British Association of Critical Care Nurses
Appendix 2: Intensive Care Society – Levels of Care 2002

Level 0

Patients whose needs can be met through normal ward care in an acute hospital.

Level 1

Patients at risk of their condition deteriorating, or those recently relocated from higher levels of care whose needs can be met on an acute ward with additional advice and support from the critical care team.

Level 2

Patients requiring more detailed observation or intervention including support for a single failing organ system or post-operative care, and those stepping down from higher levels of care.

Level 3

Patients needing monitoring and support for two or more organ systems one of which may be basic or advanced respiratory support.
## Appendix 3: Quality indicators published by the Adult Critical Care Stakeholder Forum in ‘Quality Critical Care Beyond Comprehensive Critical Care’ (September 2005)

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient-centred care</td>
<td>The need to keep the patient at the centre of care by treating all patients as individuals and, wherever possible, respecting their choices about their own care. This will mean that care may have to be organised across a number of boundaries</td>
</tr>
<tr>
<td>Evidence-based care, monitoring and evaluation</td>
<td>The use of best evidence, in tandem with continuous monitoring and evaluation, to inform clinical and non-clinical decisions and activities. This includes the systematic audit of packages of interventions that are based upon high-level evidence (care bundles) proved to enhance patient care and outcomes</td>
</tr>
<tr>
<td>Early warning systems and outreach systems</td>
<td>The use of track and trigger systems on general wards and appropriate intervention tools and systems to ensure clinical teams refer to critical care as necessary</td>
</tr>
<tr>
<td>An appropriately trained and competent workforce</td>
<td>This will include the staff working in the critical care area as well as those working elsewhere within the hospital whose clinical practice will require them to be competent in the recognition of critical illness</td>
</tr>
<tr>
<td>To have access to effective multidisciplinary teams available 24/7</td>
<td>To have effective multi-professional teams in which members have clear individual roles and share knowledge, skills and best practice. To demonstrate a culture of shared learning and respect in which all disciplines recognise and work within the boundaries of their knowledge and experience and take full responsibility for their actions. To create an effective workplace culture of openness, mutual challenge and support to ensure the delivery of effective patient-centred care</td>
</tr>
<tr>
<td>Staff empowerment, support and development</td>
<td>The continuing support and development of all staff so that they possess the competences, knowledge, skills and experience necessary for the delivery of a safe, effective and patient-centred service</td>
</tr>
<tr>
<td>Flexible service planning</td>
<td>To have in place mechanisms that enable flexible and collaborative service planning that is informed through the continuous evaluation and monitoring of service outcomes and feedback from all stakeholders involved in the patient’s journey</td>
</tr>
<tr>
<td>Quality indicator</td>
<td>Description</td>
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</tr>
<tr>
<td>Effective communication</td>
<td>To have effective communication systems within the critical care team, with patients and relatives and within the hospital or Trust. This should include an effective Critical Care Delivery Group in each hospital with the remit to oversee the development and performance of their critical care services. Critical care teams are encouraged to contribute to their local clinical networks</td>
</tr>
<tr>
<td>Using resources effectively</td>
<td>To manage resources (staff, equipment, technology) effectively and in accordance with public accountability</td>
</tr>
<tr>
<td>Data and information</td>
<td>The collection and use of robust critical care data is essential to support operational and clinical decisions including the future commissioning of services, evaluation of clinical care and benchmarking against other providers, both locally and nationally</td>
</tr>
</tbody>
</table>
Appendix 4: The roles of the clinical supervisor, mentor, teacher and assessor

Clinical supervisor

The essential characteristics for clinical supervisors are:

- Registered qualified practitioner
- Completed a recognised teaching/training programme (e.g. ENB 998, City and Guilds 730)

Clinical supervisors have a responsibility to:

- Ensure that opportunities for the trainee’s personal and professional development are available
- Be cognisant of the assessment documents and the trainee’s portfolio of evidence
- Teach the trainee within the clinical environment as appropriate to the stage of progression within the framework
- Liaise with the mentor for the assessment of competence in related practice processes
- Undertake the required assessments and ensure that they liaise with all parties as the need arises
- Ensure that the trainee has sufficient opportunity, in a safe environment, to be taught and to learn the required skills
- Co-ordinate the start and completion date of the programme with the trainee, manager and mentor
- Take the lead and make the final decision in the assessment of the trainee, including the completion of documentation
- Provide advice and support and, where necessary, address specific needs such as difficulties in progression
- Ensure that the trainee has access to relevant educational resources, e.g. library, intranet, internet
Mentor

The essential characteristics for mentors (as described by the NMC and HPC) are:

- An experienced professionally qualified practitioner (e.g. senior nurse, senior ODP, senior Advanced CCP) with appropriate education and training to perform the role of mentor
- A holder of a recognised mentoring qualification (e.g. ENB 998 or C&G 730 PGCE, PGDipE)

Mentors have a responsibility to:

- Be cognisant of the assessment documents and the trainee portfolio of evidence
- Ensure that they understand the assessment documents and meet the trainee during the first week of the placement
- Ensure that time is identified for initial interviews in order to assess learning needs and develop a learning contract
- Identify and provide access to learning opportunities and resources to assist the trainee to reflect on experiences, to facilitate learning in and from practice and to ensure that the learning experience is a planned process
- Liaise with clinical supervisor(s) regarding related practice experiences and confirm assessment of competence
- Undertake the required assessments and ensure that they liaise with all parties as the need arises
- Complete the necessary sections of the trainee portfolio
- Co-ordinate the start and completion date of the framework with the trainee
- Contribute to a supportive learning environment for trainees
- Be approachable, supportive and aware of the individual trainee’s learning style
- Have knowledge and information of the trainee Assistant Critical Care Practitioner Education and Competence Framework and practice assessments
- Be willing to share knowledge of patient care
- Encourage the use of enquiry based on learning and problem solving
- Offer encouragement to the trainee to work in partnership with the multidisciplinary team
- Ensure the provision of time for reflection, feedback and monitoring of the progression
- Ensure that the trainee has constructive feedback with suggestions on how to make further improvements to progress
- Seek evaluation of the framework from the trainee on a regular basis
Teacher

The essential characteristics for teachers are:

- Working within the relevant clinical setting
- Relevant professional qualifications
- Have expert knowledge to share with trainee Assistant CCP

Teachers have a responsibility to:

- Facilitate opportunities for the trainee Assistant CCP’s personal and professional development
- Be cognisant of the assessment documents as relevant to their area of expertise
- Teach the trainee Assistant CCP within the clinical environment as appropriate to the stage of progression within the framework
- Liaise with the mentor and clinical supervisor for the assessment of competence in related practice processes
- Undertake the required assessments and ensure that they liaise with all parties as the need arises
- Provide advice and support to the trainee Assistant CCP while working with them
- Provide the trainee Assistant CCP with constructive feedback and suggestions on how to make further improvements to progress

Assessor

The essential characteristics for assessors are:

- Working within or familiar with the relevant clinical setting
- Relevant professional qualifications
- Completed relevant assessors training programme
- Have expert knowledge to share with the trainee

Assessors have responsibility to:

- Take account of professional and educational values, attitudes, knowledge, clinical skills, technical skills and the needs of the employing authority
- Take account of their own and the clinical supervisor’s professional judgement
- Ensure that the assessment provides a quality learning experience for both the trainee and the clinical supervisor
- Ensure that all learning opportunities are well utilised
- Ensure that the purpose and the criteria of the assessment are clearly understood by all parties
- Consider multiple perspectives on each assessment
• Recognise that the soundness of the assessment is related to the rigour with which the multiple perspectives are collected, recorded and utilised
• Ensure that assessment develops through and across the programme, where differences in specialities need to be taken into account
• Engage the trainee in self-assessment throughout the process
• Ensure that there are no surprises for the trainee at the summative and final assessments through effective use of formative assessments
• Ensure that the trainee satisfies the required standard by the end of each negotiated learning period, and at the end of the programme
• Subject the summative assessment process of the framework for Assistant Critical Care Practitioners to quality assurance procedures