

The background of the cover features a red ECG (heart rate) line on a white grid. In the upper right corner, there is a red rectangular box containing the text 'ADVANCED PRACTICE'. Below this box, there are four white stylized human figures of varying heights, representing a group of people. The bottom half of the cover is a solid red area with a subtle geometric pattern of diagonal lines.

ADVANCED  
PRACTICE

# The Advanced Practitioner

in Acute, Emergency and Critical Care

Edited by Sadie Diamond-Fox • Barry Hill  
Sonya Stone • Caroline McCrea  
Natalie Gardner • Angela Roberts

WILEY Blackwell



# The Advanced Practitioner in Acute, Emergency and Critical Care



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Angela qualified as an adult nurse in 2007 (MMU) and has since worked at Pilgrim Hospital, Boston, Basingstoke, and North Hampshire Hospital Intensive Care Units after qualifying.

Since 2007, she has progressed as an Advanced Critical Care Practitioner (ACCP) in 2017 and is a non-medical prescriber. Due to family commitments, she left the ICU to become an Advanced Nurse Practitioner at Southern Health, Petersfield Hospital.

Angela has always been passionate about education and supporting others through postgraduate healthcare.

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Barry is an experienced leader, academic, educator, researcher, and clinical nurse. His current role is Associate Professor and Director of Employability for Nursing, Midwifery, and Health. He has a demonstrated history of working within academia in Higher Education (HE). Barry is a senior fellow (SFHEA) and an HEA mentor, a certified Intensive Care Nurse, with an MSc in Advanced Practice (Clinical); NMC Registered Nurse (RN), NMC Registered Teacher (TCH), and NMC registered independent and supplementary prescriber (V300). He is skilled in clinical research and clinical education, and is passionate about higher education, especially nursing science, advanced clinical practice (ACP), critical care, non-medical prescribing (NMP), and pharmacology. Barry's clinical career was at Imperial College NHS Trust, London. Barry is a strongly education-focused professional who has published 9 books, 60 book chapters, and 100 peer-reviewed journal articles. He is the Consultant Editor for the *International Journal of Advancing Practice (IJAP)* and the Clinical Editor for the 'At A Glance' and 'Advanced Clinical Practice' series within the *British Journal of Nursing (BJN)*.

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Caroline qualified as a nurse in 2008 and began her career in Cardiac Nursing. The first eight years of her career were spent in specialist Cardiothoracic Nursing roles. In 2014, she completed her MSc in Cardiorespiratory Nursing and went on to become a Cardiothoracic Nurse Practitioner and non-medical prescriber. Following on from this specialist role, she progressed further to become an

Advanced Critical Care Practitioner (ACCP) and was awarded Faculty of Intensive Care Medicine (FICM) Membership. Caroline has always had a great passion for education, and continues to compliment her clinical work with teaching across a variety of disciplines. Her key interests are ECHO, Simulation, advanced level practice, and medical education.

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Natalie is the Trust Lead for Advanced Clinical Practice and Non-Medical Prescribing at King's College Hospital in London, and works clinically as an Advanced Critical Care Practitioner. Natalie started her ACCP training at King's in 2017, and has sat on the Faculty of Intensive Care Medicine ACCP Sub-Committee since 2020, of which she is now the ACCP Co-Chair. Prior to this, Natalie has worked as a physiotherapist specialising in respiratory and critical care, since 2007. Natalie also serves as an Army Reserve Officer in the Royal Army Medical Corps, with significant prior service in the Royal Logistic Corps, since 2008. Natalie has served overseas in Afghanistan, Africa, and on a UN Peace Keeping Mission, and upon Commissioning at the Royal Military Academy Sandhurst in 2017, Natalie was presented the prestigious MacRobert Sword of Honour by Major General Ranald Munro.

### **Sadie Diamond-Fox**

***MCP ACCP (FICM ACCP Member), BSc (Hons) RNA, PGCAHP, Fellow (HEA) NMC RN & V300***

Sadie has developed a portfolio career in advanced practice since beginning her training as an Advanced Critical Care Practitioner (ACCP) in 2012. She continues to work clinically as an ACCP at Newcastle upon Tyne Hospitals and more recently has taken a position as trainee ACCP education co-lead. Sadie is Subject Lead for Advanced Practice programmes, Assistant Professor in Advanced Critical Care Practice (FHEA) and PhD candidate ('ImpACCPt' study) at Northumbria University. She is also Advancing Practice Training Programme Director (AP TPD) for Critical Care for Health Education England's Advancing Practice Faculty in the North East and Yorkshire. Her external positions also include Honorary Assistant Professor in Advanced Clinical Practice (ACP) at Nottingham University, External Examiner for Advanced Clinical Practice Programmes at University of Southampton; Intensive Care Society (ICS) Education Committee member; Advanced Practitioners in Critical Care (APCC) Professional Advisory Group (PAG) member to the ICS; Co-Founder and Co-Lead Advanced Critical and Clinical Practice Academic Network (ACCPAN); Editor for Wiley publishing Advanced Practice series, and most recently Editorial Board member for the *International Journal of Advancing Practice (IJAP)*.

### **Sonya Stone**

***BSc, MSc, RN, ACCP, FICM ACCP Member, FHEA***

Sonya is an Associate Professor of Advanced Clinical Practice at the University of Nottingham, and Advanced Clinical Practitioner in Cardiac Intensive Care at Nottingham University Hospitals. Sonya trained as a nurse in Nottingham and spent much of her nursing career in Intensive Care. She trained as an advanced critical care practitioner in Portsmouth in 2016 and took her first academic post at the University of Southampton as a clinical teaching fellow in 2018.

Sonya is an experienced leader, clinician, and academic, with an interest in critical illness and maternal critical care. She leads postgraduate taught education and CPD in the school of health sciences and is faculty academic director for higher degree apprenticeships. Sonya is an educationalist, with a passion for advancing practice and multi-professional learning.

**Ian Peate**

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Ian began his nursing career at Central Middlesex Hospital, becoming an enrolled nurse practising in an intensive care unit. He later undertook 3 years' student nurse training at Central Middlesex and Northwick Park Hospitals, becoming a staff nurse and then a charge nurse. He has worked in nurse education since 1989. His key areas of interest are nursing practice and theory. Ian has published widely. Ian was awarded an OBE in the Queen's 90th Birthday Honours List for his services to nursing and nurse education and was granted a fellowship from the Royal College of Nursing in 2017.

# Notes on Contributors

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Name	Bio
<b>Alexandra Gatehouse</b>	<b>MSC, PG Dip ACCP (FICM ACCP member) BSc (Hons) Physiotherapy, CSP member and V300, Advanced Critical Care Practitioner</b> Alex Gatehouse qualified as a physiotherapist in 2000, and, following Junior Rotations in the Newcastle Trust, she specialised in Respiratory Physiotherapy in Adult Critical Care, also working within New Zealand. In 2012, she trained as an Advanced Critical Care Practitioner, completing a Masters in Clinical Practice in Critical Care and a non-medical prescribing qualification. Alex continues to rotate within all of the Critical Care Units in Newcastle Upon Tyne, also enjoying teaching on Advanced Life Support courses, Regional transfer courses, and within the units. Her interests are transfer, advanced airway management, ECHO, and education.
<b>Andrew Lee</b>	<b>MSc, BSc (Hons), DipHE</b> Andrew is an Advanced Clinical Practitioner specialising in respiratory care. His medical journey was initiated in 2002 at Stoke Mandeville Hospital, Buckinghamshire, on a spinal and orthopaedic ward as a Health Care Assistant. He earned his nursing qualification from De Montfort University in 2007, progressing to work on a Vascular Surgery ward. His passion for respiratory care was ignited at Glenfield Hospital, where he served in a respiratory and cardiology admissions unit, subsequently advancing to the position of Critical Care Outreach Nurse. In 2018, Andrew completed his advanced practice master's degree at the University of Nottingham, and since then, he has been diligently serving as a respiratory ACP in Nottingham. With a special interest in pulmonary vascular disease, Andrew manages a pulmonary embolism follow-up clinic. Demonstrating his leadership skills, he is currently chairing the Respiratory ACP Network, working collaboratively with a remarkable team of respiratory ACPs.
<b>Angela Roberts</b>	<b>Advanced Critical Care Practitioner (FICM ACCP Member), NMP (V300), BSc Adult Nursing</b> Angela qualified as an adult nurse in 2007 (MMU) and has since worked at Pilgrim Hospital, Boston, Basingstoke, and North Hampshire Hospital Intensive Care Units after qualifying. Since 2007, she has progressed as an Advanced Critical Care Practitioner (ACCP) in 2017 and is a non-medical prescriber. Due to family commitments, she left the ICU to become an Advanced Nurse Practitioner at Southern Health, Petersfield Hospital. Angela has always been passionate about education and supporting others through postgraduate healthcare.

**Barry Hill**

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Barry is an experienced leader, academic, educator, researcher, and clinical nurse. His current role is Associate Professor and Director of Employability for Nursing, Midwifery, and Health. He has a demonstrated history of working within academia in Higher Education (HE). Barry is a senior fellow (SFHEA) and an HEA mentor, a certified Intensive Care Nurse, with an MSc in Advanced Practice (Clinical); NMC Registered Nurse (RN), NMC Registered Teacher (TCH), and NMC registered independent and supplementary prescriber (V300). He is skilled in clinical research and clinical education, and is passionate about higher education, especially nursing science, advanced clinical practice (ACP), critical care, non-medical prescribing (NMP), and pharmacology. Barry's clinical career was at Imperial College NHS Trust, London. Barry is a strongly education-focused professional who has published 9 books, 60 book chapters, and 100 peer-reviewed journal articles. He is the Consultant Editor for the *International Journal of Advancing Practice (IJAP)* and the Clinical Editor for the 'At A Glance' and 'Advanced Clinical Practice' series within the *British Journal of Nursing (BJN)*.

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**Clare Allabyrne is currently the Associate Professor and Professional Lead for the MSc Advanced Clinical Practice Mental Health (ACPMH) at London Southbank University and a Fellow of the Higher Education Academy**

A dual qualified nurse (Adult and Mental Health) by profession, her areas of expertise include advanced clinical practice in mental health, child and adolescent mental health, forensic psychiatry, liaison psychiatry, substance use, physical health care in mental health, service user involvement/people participation, multi-agency/partnership working, leadership, service creation, and innovation. Clare worked for 35 years in the NHS across physical and mental health care services in clinical, therapeutic, senior operational, clinical academic, and corporate/strategic leadership roles.

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David qualified as a Paramedic in 2013 working in the West Midlands and the Southeast while completing his BSc in Pre-Hospital and Emergency Care. He has worked in a range of domains, including frontline services, the Isle of Man TT, major public events, and sport. He subsequently trained as a FICM Advanced Critical Care Practitioner, completing his MSc and Non-Medical Prescribing. Subsequently, he worked on the Dorset and Somerset Air Ambulance and passed the DipIMC(RCSEd) by examination. More recently, he is undergoing training as an Anaesthesia Associate on the PGDip pathway. Interests include Pharmacology, Education, and Critical Care.
- Francesca Riccio** **Paediatric Consultant Anaesthetist, FRCA, Bachelor of Medicine**  
Francesca is a paediatric anaesthetist working in University Hospital Southampton. She has always had a keen interest in teaching, in particular, simulation. Throughout her training she has watched the development of advanced practitioners, particularly in the acute setting and believes they are hugely valuable to an ever expanding and demanding healthcare system.
- Emma Toplis** **Advanced Clinical Practitioner**  
Emma is a Registered Nurse who began her career in older people's care. In 2015, she embarked on her journey as a trainee Advanced Clinical Practitioner (tACP). This transition allowed her to explore various clinical specialities, build a comprehensive knowledge base and enhance her skills in advanced practice. Among the several specialities, Emma fosters a deep passion for respiratory medicine. She has since developed a sub-specialist interest in interstitial lung disease. Additionally, she has become an instrumental figure in the quest for quality improvement within respiratory care, cementing her role as a core member of the In-hospital Quality Improvement for Respiratory (InQuIRe) quality improvement faculty. Emma also successfully completed a quality improvement project on improving tobacco dependency management with the Respiratory team at the University Hospitals of Derby and Burton. This project was presented at the BTS 2022 summer conference and awarded the first prize. Through the respiratory Advanced Clinical Practitioner network, Emma finds an excellent opportunity to champion and share best practices in her speciality.
- Emma Underdown** **MSc Advanced Clinical Practice, PGDip Advanced Clinical Practice, BSc (Hons) Intensive Care Practice, DipHE Adult Nursing, NMC RN and V300 Independent Non-Medical Prescriber**  
Emma qualified in 2011 as a nurse and began her career initially as a surgical specialty nurse before moving into Critical Care. She worked for four years as an Intensive Care nurse, gaining her post-graduate degree in Intensive Care Practice. She later spent three years working as a Senior Sister in Critical Care Outreach. She commenced her Advanced Clinical Practice training in 2019 within Emergency Medicine, where she continues to work.  
Emma is a keen clinician and clinical educator who delivers education and training across various disciplines and specialties. Her areas of interest include Advanced Life Support, Medical Education, service development, and PoCUS.

- Hannah Conway** **MSc, DipHE, AFHEA, A/Professor Advanced Clinical Practice, Advanced Critical Care Practitioner (AHP)**  
Hannah specialises in critical care echocardiography and ultrasound and sits on the committee for Focused Ultrasound in Intensive Care (FUSIC), taking a lead role in FUSIC Heart (FICE). Hannah is an approved supervisor and examiner for multiple accreditations and has over a decade of experience in ultrasound education.  
Hannah is a keen clinical researcher and is currently conducting a study into the use of telemedicine to aid echocardiography mentoring in intensive care. Another area of research interest is the characterisation of right ventricular (RV) injury. Hannah is co-chair of PRORVnet, an international, RV-centric research network.
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Chair ICS Advanced Practitioners in Critical Care (APCC) Professional Advisory Group  
Co-Chair Advanced Clinical Practitioners Academic Network (ACPAN)  
Co-Chair of Protecting the Right Ventricle Network (PRORVnet)  
Honorary Secretary National Association of Advanced Critical Care Practitioners (NaACCP)
- Jill Bentley** **MSc Adv Prac, FICM ACCP Member, MSc Pain Management, BSc, DipHE, PGCAP, FHEA, RN (Adult) IP (v300), Lecturer / ACCP**  
Jill qualified as a nurse in 2001 and started her career in theatres, working in Anaesthesia, Recovery, and Outreach. She then moved into a clinical specialist role, working at a large tertiary centre in acute and chronic pain management. After gaining her masters in this specialty, she took the next step to complete her ACP training in critical care, gaining a second MSc in 2012, followed by gaining the award of FICM membership as the ACCP evolved. Jill has a keen interest in education, having worked in a lecturer practitioner role for several years. Her areas of special interest are medication safety, prescribing in advanced practice, pain management, and critical care.
- Jill Featherstone** **National Professional Development Specialist and Medical Education Lead**  
Jill is a National Lead Professional Development Specialist for NHS Blood and Transplant, responsible for medical education and working alongside national clinical leads in organ donation. Her earlier critical care career was in cardiac, general, and neurology centres in Bristol, Swindon, and South Tees, including some paediatric work and as a specialist nurse in organ donation for four years. She is passionate about supporting good family experiences, teamwork, simulation, and innovation using a wide variety of forums to have as much impact and reach as possible, including leading the much-respected multidisciplinary National Deceased Donation Course for ICM trainees and conference sessions.



**Joe Wood****BSc (Hons) Physiotherapy, MSc Advanced Practice, PgCert Clinical Education**

Joe began his career as a Physiotherapist in Kent, with a focus on Respiratory intervention and tracheostomy management. Developing his interest in acute care, he then completed an MSc in Advanced Practice in Critical Care to become an Advanced Critical Care Practitioner. A PgCert in clinical education followed – investigating the role of simulation in healthcare education. He continues to work towards higher accreditation in medical ultrasound and acts as mentor and supervisor for point-of-care ultrasound accreditation for AHP and Medical colleagues across acute medicine, emergency, and critical care.

**John Wilkinson****MBBS PGCertMedEd, Anaesthetics Registrar**

John is an anaesthetics registrar at the Northern School of Anaesthesia and Intensive Care Medicine. Following studying medicine at Newcastle University and completing Foundation Training in Newcastle Trust Hospitals, he has trained in anaesthetic and critical care departments across the North of England, including as a Clinical and Education Fellow in Critical Care. He has a particular interest in Multidisciplinary Team simulation training, including creating resources for sessions involving medical, nursing, and midwifery students from Newcastle and Northumbria Universities.

**Joseph Tooley****MPharm, PG Dip (Hospital Pharmacy), IP (Clinically enhanced), Lead Critical Care Pharmacist**

Joseph qualified as a pharmacist in 2012 and has been a specialist pharmacist for critical care and theatres for the last seven years, working in both general ICUs and previously in neurosciences. He has contributed to the national programme for postgraduate pharmacy training with HEE and regional training on acute kidney injury with CPPE. He is currently the lead pharmacist for critical care, theatres, and surgery at Portsmouth Hospitals University NHS Trust. His interests are pharmacokinetics in critical illness, dosing drugs with renal replacement therapy, neuroscience, and critical care nutrition.

**Kathryn Thomas****Advanced Clinical Practitioner and Clinical Educator**

As a Registered Nurse (RN) specialising in critical care, Kathryn brings a decade's worth of experience, having trained and subsequently qualified as an Advanced Clinical Practitioner (ACP). Throughout this journey, She has had the opportunity to rotate across several specialties, with a particular emphasis on specialist medicine, and has enhanced her skills within advanced respiratory care. Her professional engagements extend across the four pillars of advanced clinical practice. Her previous roles include being a divisional lead ACP for medicine and cancer care. She also imparts her knowledge as a clinical educator for the school of medicine at Nottingham University. Actively engaged in furthering her research, she continuously seeks to enhance her advanced practice role and contribute more significantly to her discipline and level of practice.

- Kirstin Geer**      **BSc (Hons) MSc (Advanced Clinical Practice) PGDip (Advanced Critical Care Practice) FICM ACCP Member**  
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Kirsty qualified as a registered nurse with the Nursing and Midwifery Council (NMC) in 2004, working in medical admissions, coronary care, and critical care outreach. She later embarked on her MSc in Advanced Practice. Kirsty completed her MSc in 2013, gaining a wealth of experience as an Advanced Clinical Practitioner (ACP) in various fields, including acute medicine, frailty, gastroenterology, cardiology, community rehabilitation, and respiratory medicine. Kirsty currently specialises in pleural disease and has successfully established an ACP pleural service. As an enthusiastic member of the Pleural Society and the Respiratory ACP Network, she values and thrives in collaborative, multi-professional environments. Kirsty works diligently to improve the quality of services delivered to patients, using education and supervision as primary tools for development and enhancement.
- Mark Cannan**      **MCP ACCP, BSc (Hons), Dip HE**  
Mark gained a diploma as an ODP in 2013 (University of Central Lancashire), having witnessed the work of an ODP first-hand in the theatres of Camp Bastion. He completed an Honours Degree in Acute and Critical Care (University of Cumbria). Having excluded career progression in managerial or educational roles, the ACCP role seemed to best fit his aspirations. Mark qualified as an ACCP (Northumbria University) in 2019 and has since completed his Master's Degree. He has specialist interests in advanced airway management, regional anaesthesia and transfer of the critically ill patient. He is also on the national working group working towards legislation change to allow ODPs who have progressed into advanced practice the ability to undertake non-medical prescribing.
- Natalie Gardner**      **MSc Critical Care, FICM ACCP Member, BSc (Hons) Physiotherapy, PG Cert Clinical Education, FHEA, MAcadMed, HCPC Physiotherapist and V300**  
Natalie is the Trust Lead for Advanced Clinical Practice and Non-Medical Prescribing at King's College Hospital in London, and works clinically as an Advanced Critical Care Practitioner. Natalie started her ACCP training at King's in 2017, and has sat on the Faculty of Intensive Care Medicine ACCP Sub-Committee since 2020, of which she is now the ACCP Co-Chair. Prior to this, Natalie has worked as a physiotherapist specialising in respiratory and critical care, since 2007. Natalie also serves as an Army Reserve Officer in the Royal Army Medical Corps, with significant prior service in the Royal Logistic Corps, since 2008. Natalie has served overseas in Afghanistan, Africa, and on a UN Peace Keeping Mission, and upon Commissioning at the Royal Military Academy Sandhurst in 2017, Natalie was presented the prestigious MacRobert Sword of Honour by Major General Ranald Munro.

**Nick Fox****BSc(Hons), MSc, RN & V300**

Following an early career in Critical Care, Nick, along with two colleagues was asked to set up the Critical Care Outreach Team at the hospital where he worked. Nick has overseen the expansion of the Critical Care Outreach Team from an initial five day a week service to a 24 hours, seven days a week service. Nick has supported the delivery of the MSc in Advanced Clinical Practice at the University of Lincoln and facilitated in-house sessions on advanced clinical examination at the hospital where he worked. Nick has written articles on safe IV therapy, SpO2 monitoring and Critical Care Outreach, and has also contributed to national guidance on standards for level 1 care.

**Ollie Phipps****Course Director for Non-Medical Prescribing and MSc Advanced Clinical Practice**

Ollie is a Course Director for Non-Medical Prescribing and MSc Advanced Clinical Practice (ACP) at Canterbury Christ Church University. He continues to work clinically as a Consultant Nurse in Acute Medicine and as an ACP in an Emergency Department in Kent. Ollie has led Health Education England and the Royal College of Physicians ACP Credential development for Acute Medicine and Respiratory Medicine. He is a published author on the subject of Advanced Practice within multiple texts and is an international keynote speaker on the subject. Ollie continues to be a national subject matter expert for Advanced Practice.

**Padma Parthasarathy****Respiratory Advanced Clinical Practitioner**

Padmavathi Parthasarathy is an Advanced Clinical Practitioner in Respiratory Medicine currently working at University Hospitals of Leicester. Padma is certified with an MSc in Advanced Clinical Practice, a PG Diploma in Critical Care, a PG Diploma in Respiratory Medicine, and a BSc in Nursing Studies. She is a Co-Chair of the Nurse Specialist Advisory Group (SAG) within the British Thoracic Society (BTS) and Vice Chair of the Respiratory ACP network. She is also a member of the Standards of Care Committee and the Education and Training Committee of BTS. Padmavathi has completed her BSc in Nursing in India and worked in various roles overseas and in the UK. She has worked as a Clinical Instructor, staff nurse, ward sister, and nurse practitioner in critical care outreach and out-of-hours service before moving into her current role as a Respiratory Advanced Clinical Practitioner.

**Phil Broadhurst****RN BSc (Hons) MSc PGCE, FICM ACCP Member, MAcadMED**

Phil is an Advanced Critical Care Practitioner at Stockport NHS Foundation Trust and has significant experience in intensive care nursing. He has an MSc in Advanced Clinical Practice from the University of Salford as well as his non-medical prescribing qualification (V300). He is credentialled by the HEE Centre for Advancing Practice and is a member of the Faculty of Intensive Care Medicine. His special interest is in medical education; thus, he leads the Trust's acute illness management training programme and is an ALS instructor. He has been awarded membership in the Academy of Medical Educators and holds a PGCE in medical education.

**Phil Evans****BN(Hons) MSc DipHE CertHE RN**

Phil Evans is a consultant nurse in acute medicine working at Portsmouth Hospitals University NHS Trust. Phil has had a diverse and varied career, and since 2005, has been working in various independent practice roles, which have developed a broad skill set. His experience includes intensive care, emergency medicine, pre-hospital care as well as acute medicine. The majority of his time is now spent on direct clinical service provision and the development of the ACP role. His remaining time is split between education, research, and service development.

**Rachel Allen-Ashcroft****MSc ACP, BSc Hons, PGCE Med.Ed, FHEA, RNT, V300, PhD Candidate XR Technology and Clinical Education**

Rachel qualified as a Nurse in 2004 and has over 19 years of clinical experience within Intensive and Critical Care environments across four large NHS trusts, including a tertiary transplant centre. Rachel qualified as an ACCP in 2016 and then moved full-time into academia as a senior lecturer delivering on advanced practice MSc pathways at two HEIs. She continues to practice as an ACP within acute/emergency care. Rachel is driving forward the Advanced Practice agenda by leading collaborations with NHS partners to develop and deliver specialty advanced practice education in her role as the Associate Director of Partnerships and International at LSBU.

**Rachel Wong****BMedSc, MBChB, FRCA, FFICM**

Dr Rachel Wong is a Senior Clinical Fellow and ST7 specialising in cardiothoracic anaesthesia, intensive care medicine, and extracorporeal membrane oxygenation (ECMO). She is a dual anaesthetic and intensive care medicine registrar who recently completed a cardiothoracic fellowship at the prestigious Royal Papworth Hospital. Currently, in her final year of training, Dr Wong holds a keen interest in medical education, point-of-care ultrasound, and both trans-oesophageal and trans-thoracic echocardiography. Her expertise is widely recognised, as evidenced by her regular contribution to nationally focused ultrasound for intensive care (FUSIC) courses. Throughout her career, she has passionately advocated for advanced practice roles, dedicating time to supervising and developing advancing and advanced practitioners.

**Rebecca Chamoto**

**Divisional Director of Nursing Medicine and Urgent Care, Stockport Foundation Trust; Respiratory Advanced Clinical Practitioner; Honorary Lecturer for Advanced Practice, Manchester Metropolitan University; NMC Independent and Supplementary Prescriber V300, NMC Registered Nurse, MSc Advanced Practice, BHSc Nursing Studies**  
Rebecca qualified as a Registered Nurse with the Nursing and Midwifery Council in 2003, working primarily in the medical and urgent care specialities before branching out to specialise in Respiratory and Critical Care. Later in her career, she undertook an MSc in Advanced Practice, gaining extensive experience and exposure in multiple specialities before settling as a Respiratory Practitioner. Rebecca continued to specialise in Pulmonary Hypertension, with Pulmonary Embolism being her area of interest. Rebecca is very passionate about leadership, development, quality improvement, and engaging and working collaboratively with multi-disciplinary teams to deliver the highest standard of care to patients.

She is involved in the teaching programme of Advanced Clinical Practitioners of the Future with one of her local Health Education Institutions. Rebecca has recently taken on the role of Divisional Nurse Director, covering Medicine and Urgent Care, leading services to deliver high-quality care to meet the needs of patients across a broad spectrum of specialities.

**Rebecca Connolly** **MSc(ACP), MSc(Psych), BA(Hons), DipHE NMP GMBPsS MCPara MCMI MIEDP**

Rebecca works as a Consultant ACP (Paramedic) in a large NHS Trust, where she is a senior clinical and strategic leader responsible for a large group of multidisciplinary clinicians across a number of sites, including Resuscitation, Sepsis, Critical Care Outreach, and Children and Young People Resuscitation and Sepsis. She is currently undertaking both a clinical doctorate and her separate PhD studies. She has a national profile relating to healthcare for gender-diverse patients, and has delivered keynote speeches at a number of national conferences. She previously lived and worked in Japan, and also as a police officer. Her interests include ultrasound, stigma and sickness, neuropsychology, consciousness, and how psychedelic agents can be used as adjuvant therapy in resistant depression.

**Rebecca Kurylec** **Advanced Clinical Practitioner**

Rebecca Kurylec is a distinguished Registered Nurse who initiated her nursing journey in Nottingham in 2011. Specialising in respiratory medicine for over a decade, she currently serves as an Advanced Clinical Practitioner (ACP) at Nottingham University Hospitals. Rebecca's extensive training includes Advanced Life Support, and she has assumed significant roles such as the resuscitation link nurse. As an ACP, her expertise encompasses patient consultation, meticulous history-taking and thorough physical examinations, underpinned by her astute decision-making capabilities. Additionally, she possesses proficiency in radiological interpretation, both independent and supplementary prescribing, and diagnosis. Rebecca is unwavering in her dedication to the field, anticipating a bright future for ACPs and consistently advocating for ongoing professional development and excellence.

**Rebecca Stacey** **Advanced Clinical Practitioner**

Rebecca Stacey commenced her healthcare career as a registered physiotherapist, quickly specialising in respiratory medicine. Progressing her career, she became an integral part of a team addressing complex breathlessness. Building on her expertise, she qualified as an independent prescriber, particularly in managing asthma and chronic obstructive pulmonary disease. Her academic achievements are highlighted by her co-authored paper in *European Respiratory Review*, and the British Thoracic Society has duly recognised her for her notable research. Currently serving as an Advanced Clinical Practitioner (ACP), Rebecca is central to outpatient care in general medicine and Long Covid services. Beyond her clinical duties, she passionately advocates for the broader recognition and development of the ACP role in clinical and research domains.

**Sadie  
Diamond-Fox****MCP ACCP (FICM ACCP member), BSc (Hons) RNA, PGCAHP, Fellow (HEA) NMC RN & V300**

Sadie has developed a portfolio career in advanced practice since beginning her training as an Advanced Critical Care Practitioner (ACCP) in 2012. She continues to work clinically as an ACCP at Newcastle upon Tyne Hospitals and more recently has taken a position as trainee ACCP education co-lead. Sadie is Subject Lead for Advanced Practice programmes, Assistant Professor in Advanced Critical Care Practice (FHEA) and PhD candidate ('ImpACCPt' study) at Northumbria University. She is also Advancing Practice Training Programme Director (AP TPD) for Critical Care for Health Education England's Advancing Practice Faculty in the North East and Yorkshire. Her external positions also include Honorary Assistant Professor in Advanced Clinical Practice (ACP) at Nottingham University, External Examiner for Advanced Clinical Practice Programmes at University of Southampton; Intensive Care Society (ICS) Education Committee member; Advanced Practitioners in Critical Care (APCC) Professional Advisory Group (PAG) member to the ICS; Co-Founder and Co-Lead Advanced Critical and Clinical Practice Academic Network (ACCPAN); Editor for Wiley publishing Advanced Practice series, and most recently Editorial Board member for the *International Journal of Advancing Practice (IJAP)*.

**Sarah Henry****BSc (Hons), MSc Advanced Practice (Distinction), MCSP  
Lead Advanced Clinical Practitioner in Acute Medicine, Harrogate and District NHS Foundation Trust**

Sarah's current role includes working on an Acute Medical Unit and within Same Day Emergency Care.

Having trained as a Physiotherapist at St George's Hospital Medical School, she completed a variety of rotational jobs. Then she specialised as a Respiratory Physiotherapist and, subsequently, as an Acute Medicine Physiotherapist. From there, Sarah became interested in Advanced Clinical Practice and embarked on her career as an Advanced Clinical Practitioner. She completed both an MSc in Advanced Clinical Practice at the University of Leeds and Clinical Competencies within Acute Medicine.

Previously, she was an Advanced Clinical Practitioner Representative on the Society for Acute Medicine Council and a member of the core group working nationally with the Royal College of Physicians developing the Acute Medicine Advanced Clinical Practice Curriculum, published in April 2022.

**Sean Buchanan****BScHons; HDipCompSci, PGDip (AdvClinPrac), MScMed (Emergency Medicine), MSc (Critical Care Medicine)**

Sean became a paramedic immediately after completing school in South Africa and worked for the emergency services as well as in the emergency department. He worked in various roles, including firefighter, ambulance paramedic, trauma nurse, and mountain search and rescue officer. After 14 years in the profession, he became a critical care paramedic. Two years later, he became a flight paramedic with a helicopter emergency medical service. He went on to develop several emergency medicine training courses and delivered these across southern Africa. He later immigrated to the UK and took a post as an ACP in the emergency department of a DGH. Looking for a return to critical care medicine, he completed the ACCP training program. He continues to work as an ACCP and has a research interest in the application of AI in trauma.



**Sonya Stone****BSc, MSc, RN, ACCP, FICM ACCP Member, FHEA**

Sonya is an Assistant Professor of Advanced Clinical Practice at the University of Nottingham, and Advanced Clinical Practitioner in Cardiac Intensive Care at Nottingham University Hospitals. Sonya trained as a nurse in Nottingham and spent much of her nursing career in Intensive Care. She trained as an advanced critical care practitioner in Portsmouth in 2016 and took her first academic post at the University of Southampton as a clinical teaching fellow in 2018.

Sonya is an experienced leader, clinician, and academic, with an interest in critical illness and maternal critical care. She leads postgraduate taught education and CPD in the school of health sciences and is faculty academic director for higher degree apprenticeships. Sonya is an educationalist, with a passion for advancing practice and multi-professional learning.

**Stephanie Shea****MSc ACP, BSc (Hons) Adult Nursing, PDTN from LSHTM, NMC RN and V300, Advanced Level Nursing Practice Credential (ALNP) with Royal College of Nursing**

Stephanie has been a registered nurse since 2008. During this time, she has worked in various roles within critical care, travel health, expedition medicine, film/television, emergency medicine, and pre-hospital care. She progressed to senior sister and practice educator in urgent and emergency care before moving into advanced practice. Since 2017, she has been an ACP in emergency medicine and, as of 2022, the organisational lead. Stephanie is passionate about the vital role advanced practitioners play in the workforce, and strategies to support them are the current focus of her doctoral studies. Raising their voice and providing a national platform has been at the heart of her work and led her to be elected as the East of England Rep for RCEM ACP Forum. Her key areas of interest are emergency care, pharmacology, clinical skills, and advanced level practice.

**Stevie Park****MSc ACCP (FICM ACCP Member), V300**

Stevie Park is an Advanced Critical Care Practitioner (ACCP) with Faculty of Intensive Care Medicine Membership (FICM ACCP Member) at the Queen Elizabeth Hospital in Birmingham. Stevie has an MSc in ACCP and is a registered independent and supplementary prescriber (V300). She is well published in organ donation, transfer medicine, and ultrasound. Outside of work, she is fortunate to have a very understanding husband and son, without which her writing would not be possible.

**Stuart Cox****MSc ACCP, BSc (Hons Nursing Science)**

Stuart Cox works as a senior Advanced Critical Care Practitioner (ACCP) at University Hospitals Southampton NHS and Dorset and Somerset Air Ambulance. Prior to this he was employed as a Senior Charge Nurse ICU at Southampton and Senior Nurse CEGA Air Ambulance. He graduated with a BSc (Hons) in Nursing Science and completed his MSc in ACCP in 2018. Stuart is a Registered Nurse with the Nursing and Midwifery Council (NMC), an independent prescriber (V300), and an ACCP with membership with the faculty of intensive care medicine (FICM). Stuart has co-authored and developed national guidelines on critical care transport drawing on his experiences on pre-hospital critical care and global repatriations and retrievals.

- Tracey Maxfield** **MSc Advanced Practice (clinical practitioner), PGCert (Medical Imaging Reporting), DCR(R), HCPC registered diagnostic Radiographer**  
Tracey qualified as a diagnostic Radiographer in 1991 and has worked in Radiology departments across West Yorkshire. In 1996, she gained a PG Cert in medical imaging reporting and went on to establish the Radiographer plain film reporting service at her current NHS Trust of employment.  
In 2017, she had the opportunity for a part-time secondment in the acute assessment unit of her current Trust. She developed non-Radiographic clinical skills, enabling her to apply for a training post in advanced clinical practice in acute medicine, and successfully completed an MSc in Advanced Clinical Practice in 2021. Now qualified, Tracey works full time clinically as an ACP in acute medicine and is passionate about using advanced practice to develop service to patients and to strengthen existing medical teams across urgent care, primary care, and community settings.  
Tracey is an experienced presenter at conferences, study days, and university lectures both locally and nationally. Her unconventional career pathway from her background profession has been a topic she has been invited to speak and write about many times. She continues to use her Radiography skills in her new role for the benefit of patients and colleagues.  
Writing for publication began earlier in her Radiography career, but latterly she has written for medical journals, submitted posters for conferences, and contributed to advanced practice textbooks.
- Victoria Metaxa** **MD, PhD**  
Dr Victoria Metaxa is a full-time Critical Care and Major Trauma Consultant, at King's College Hospital in London. She is a King's College London Honorary Clinical Senior Lecturer, and has a PhD in neurosciences and an MA in Medical Ethics and Palliative Care from Keele University. Her clinical interests include bioethics, end-of-life care, critical care outreach, and the management of patients with haematological malignancies. Dr Metaxa is a member of the European Society of Intensive Care (ESICM) Ethics section, and the representative of the section in the ESICM e-learning committee. She is the UK National Outreach Forum board Secretary and a member of the Legal and Ethical Advisory Group of the UK Intensive Care Society (ICS).
- Vikki-Jo Scott** **RN, MA Learning & Teaching, SFHEA**  
Vikki-Jo has a background in Critical Care Nursing and returned to clinical practice to work in Critical Care during the initial peaks of the COVID-19 pandemic. Since working in academia, she has focused on Continuing Professional Development for Health and Social Care professionals. She teaches on many courses, including those focussed on quality improvement and the application of learning to practice, as well as leading the Advanced Clinical Practice programmes. She is a Senior Fellow of the Higher Education Academy and, up until 2020, was the Dean of the School of Health and Social Care at the University of Essex, England. She is currently undertaking a PhD focussed on Advanced Clinical Practice and is a reviewer for the Centre for Advancing Practice accreditation processes.
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# Preface

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Advanced practitioners are integral to the interdisciplinary team's successful care and improved outcomes for acutely ill patients in intensive care units and emergency departments. There has been an expansion of advanced practitioner roles expanding across most clinical specialties. In the context of this acute, emergency, and critical care textbook, trainee ACPs, advanced level practitioners across all disciplines, and consultant level practitioners working in emergency medicine and critical care, are the target audience. This acute emergency and critical care advanced practice book is one of several in the Wiley advanced practice series. It is written by Advanced Practitioners for Advanced Practitioners with the aim of ensuring that the services we offer people are safe and effective, and responsive to needs in your locality, from a national perspective and globally.

Advanced practice is a level of practice associated with health and care professions such as physiotherapy, nursing, pharmacy, paramedics, and occupational therapy. This is a level of practice and not necessarily a job title or role, which is designed to transform and modernise pathways of care, enabling the safe and effective sharing of skills across traditional professional boundaries. Advanced practice is delivered by experienced, registered health and care practitioners. It is a level of practice characterised by a high degree of autonomy and complex decision-making. This is underpinned by an advanced academic award or equivalent expert and autonomous experience that encompasses the four pillars of clinical practice, leadership and management, education, and research, with demonstration of core capabilities.

Activity has been undertaken at local, national, and international levels to determine how advanced practice is regulated. It is acknowledged that advanced practice brings with it considerable benefits to patients, in terms of patient satisfaction, improvement in standards of care and clinical outcomes, however, there remains discrepancy in the regulation of advanced practice within contemporary health and care systems. This enduring concern needs to be addressed by key stakeholders as advanced practice gains momentum around the world.

All health and care professionals working at the level of advanced practice have developed their skills and knowledge to an expert level. One example would be Advanced Practitioners working within a clinical context would have the freedom and authority to act, making autonomous decisions in the assessment, diagnosis, and treatment of people. Advanced practice embodies the ability to manage clinical care in partnership with individuals, families, and carers. It includes the analysis and synthesis of complex problems across a range of settings, enabling innovative solutions to enhance people's experience and improve outcomes. Advanced Practitioners are required to operate as autonomous practitioners who can make sound judgements in the absence of full information and manage varying levels of risk when there is complex, competing, or ambiguous information or uncertainty. Importantly, all Advanced Practitioners will have developed their skills and theoretical knowledge to the same standards and should be empowered to make high-level decisions of similar complexity and responsibility. Consequently, all advanced practice posts will contain elements of each of the four pillars of advanced practice. The composition of individual roles will be determined locally.

Leadership and management include identifying the need for change and innovation within clinical practice, developing the case for change, creating a strategic vision, and building a coalition of effective individuals to effect any change. Managing change and service improvement is essential in advanced practice, alongside team development, negotiation, and influencing others. Advanced Practitioners are expected to initiate, evaluate, and modify a range of interventions, which may include prescribing medicines, therapies, providing lifestyle advice, and delivering care.

Education is the cornerstone to improving practice within both the clinical and education sectors. Within advanced practice, it is necessary for practitioners to apply the principles of teaching and learning across their role with patients/service users, carers, and staff alike, promoting an inclusive and creative learning environment. Developing service user/carer education materials, as well as teaching, mentoring, and coaching staff, are essential for continuing to improve standards and the quality of care. Practitioners must be aware of the evidence underpinning subject-specific competencies, i.e., they must have the knowledge, skills, and behaviours relevant to their role and scope of practice, and how to apply these, acting as a role model for other team members. Advanced Practitioners are equipped with effective communication skills to support colleagues in making decisions, planning care, or seeking alternatives as part of the process of making positive changes.

Research and evidence-based practice are crucial for the advancement of clinical practice. This includes not only practitioners' ability to access research and use the information, but also their involvement in research, to bring about improvements and change in practice and to disseminate their findings. Advanced Practitioners can demonstrate clinical proficiency, which embodies the ability to manage clinical skills holistically, using clinical decision-making and clinical reasoning skills. They must apply analytical skills when treating people with complex problems and use evidence-based knowledge and skills; they must practise with competence and maintain ethical conduct, to enhance people's experience and improve patient outcomes.

# Acknowledgements

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## **Sadie Diamond-Fox**

My dedications are extensive, but I make no apologies for this, because making a book ‘come alive’ does not happen overnight, nor does it happen without an extensive team by your side. To my family and friends, without whom this most definitely wouldn’t have been possible, particularly my Husband. To my little boy, Oscar, I hope that if/when you read Mummy’s name on the spine of a book, you will realise that it is possible to achieve your dreams with the right support and mentorship. I hope that you will never let anyone convince you otherwise. Please always remember to try and “lift as you climb”, my little love. To Barry Hill and Professor Ian Peate, thank you for your continued support and for believing in my abilities as both a contributor and now an editor. You both continue to be an inspiration, thank you for being such great mentors. To my editorial team, thank you for your time, hard work, and patience throughout this process. I hope it has been an enriching experience for you all and that this will act as a springboard for you in to further publication projects for our workforce. To our contributors, without whom this book wouldn’t reflect the diversity, sheer determination, and in-depth knowledge that our collective workforce boasts – thank you! I hope you consider working with us again as we continue this journey with Wiley-Blackwell. To the entire team at Wiley-Blackwell who have been fundamental to getting this book (and others in the series) onto bookshelves, you are all such fantastic people to work with, thank you! A special thank you to Tom Marriott, Charlie Hamlyn, and Ella Elliott, you have been a guiding light for me, not just for this text, but for others in this series. Thank you for being so patient.

## **Barry Hill**

I would like to dedicate this book to the expert chapter contributors and my co-editors. You have shown tenacious commitment and enthusiasm throughout this publication journey and are fantastic individuals. Thank you to my dear friend Ian Peate and Wiley for your continued support in my development and also allowing us to shine the light on advancing practice. A special recognition to my Jose, my mum Tina and my sisters Mel and Sonia, and also my best friend Leanne. Thank you, dad, for watching over me and keeping me safe. You have all inspired me and motivated me in my academic journey.

## **Sonya Stone**

This is for my wife, Tamsin, and my son, Rudi. You’re my inspiration, my passion, and my everything, every day. And to my ‘team’, you know who you are, thank you.

## **Natalie Gardner**

Dedicated to my loving partner Ben, who unwaveringly supports me in all I do. Thank you to my co-editors and chapter contributors, what a journey it has been.

**Caroline McCrea**

This is for my father-in-law Stuart McCrea who unexpectedly passed away at the start of this project. A fantastic father, gaga and husband who is sorely missed. Thank you for everything you did for us. I also want to thank my amazing husband and little son Joshua, you are my inspiration and I hope I make you proud. Also a big thanks to my phenomenal mother and sister. Thank you for everything you do to support me. To my expert editorial team it's been such a blast and an unforgettable experience. Thank you for taking me on this journey.

**Angela Roberts**

I dedicate this to the Roberts-Margett bubble – to Will for always believing in me, and to Emilia and Freddie for all the cuddles and smiles that kept me going. What a magnificent journey. Thank you to the amazing editorial team, working with you has been a blast.

# How to Use Your Text Book – Pedagogical Features Contained Within Your Textbook

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A standard pedagogical format has been applied to this text. The boxed pedagogical content appears throughout this text where it is relevant to the chapter content. This may vary throughout the text.

- **Learning outcomes** give a summary of the topics covered in each chapter.
- **Self-assessment questions** provide the reader with a set of questions specifically designed to help you review your own knowledge base prior to reading the chapter.
- **Multi-professional framework (MPF) for advanced clinical practice guidance for professional development and Accreditation considerations:** Each chapter begins with a link to each relevant accrediting organisation/Royal College accreditation document via the boxes.
- **Clinical investigations boxes** provide a link to relevant investigations that pertain to the content of the chapter.
- **Examination Scenarios** provide a link to relevant clinical examination scenarios that pertain to the content of the chapter. They also encourage the reader to reflect upon their knowledge bases concerning the scenario being presented.
- **Fields of practice – Paediatrics** provides an application of the chapter content to the field of paediatric and child health.
- **Fields of practice – Learning Disabilities** provides an application of the chapter content to the field of learning disabilities.
- **Fields of practice – Mental Health** provides an application of the chapter content to the field of mental health.
- **Learning Events** promote reflection on chapter content.
- **Pharmacological principles** directly links the main principles of pharmacology to the content of the chapter.
- **Red flags – Pathological Considerations** are specific attributes derived from a patient's medical history and the clinical exam that are usually linked with a high risk of having a serious disorder.
- **Orange flags – Psychological Considerations** alert the reader to important psychological considerations in relation to the chapter content.

- **Green flags – Social and Cultural Considerations** alert the reader to specific social and cultural issues in relation to the chapter content.
- **Case Study** presents challenging case studies that relate to the chapter content. They are data-led encouraging the reader to analyse the data, make clinical decisions, and apply the decisions to practice.
- **Take Home Points** are a succinct summary of the main points of the chapter.

# UNIT 1

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## CONTINUOUS PROFESSIONAL DEVELOPMENT, APPRAISAL AND REVALIDATION





# CHAPTER 1

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## Governance

Ollie Phipps

### Aim

The aim of this chapter is to explore the governance required to support advanced clinical practice, the role of professional bodies, developing an advanced practitioner's scope of practice, the required indemnity, and to understand the concept of professional identity.

### LEARNING OUTCOMES

After reading this chapter the reader will:

1. Understand the need of governance within advanced practice.
2. Be aware of their own scope of professional practice and how they should develop and grow it safely, within the law, supported by an appropriate governance framework.
3. Understand the need for practitioners to be clinically competent and to demonstrate this through capabilities in practice using the correct knowledge, skills, and behaviours.
4. Acknowledge the concept of interprofessional working, but understand the concept of professional identity and differences in practice.

### SELF-ASSESSMENT QUESTIONS

1. How does one safely develop their scope of practice?
2. As an advanced practitioner assessing a pregnant lady – when would you need to refer to a midwife or medical practitioner?

3. How do you deem yourself competent with the correct knowledge, skills, and behaviours to assess and treat an individual?
4. What requirements should be in place to protect you from litigation?

INTRODUCTION

Advanced practice within the United Kingdom (UK) is experiencing significant development which has seen changes in traditional professional boundaries. Due to this, multi-professional advanced practitioners must be aware of the professional, legal, and ethical considerations that they may face. Advanced Practitioners are a developing part of the modern healthcare workforce (HEE 2021). These Advanced Practitioners make a vital contribution to patient care (NHS 2020) and consist of registered practitioners from a variety of healthcare professional (HCP) backgrounds who have advanced-level capabilities which embrace the four pillars of practice, as set out in the Multi-professional Framework (MPF) for Advanced Clinical Practice in England (HEE 2017).

THE MULTI-PROFESSIONAL FRAMEWORK (MPF)

The MPF expands the definition of advanced clinical practice in England (HEE 2017). The framework is designed to enable a consistent understanding of advanced clinical practice, building on work carried out previously across England, Scotland, Wales, and Northern Ireland. The core capabilities of advanced clinical practice are articulated in this framework, and these will apply across all advanced clinical practice roles, regardless of the health and care professional’s setting, subject area, or job role (HEE 2017). The MPF requires that health and care professionals working at the level of advanced clinical practice have developed and can evidence the underpinning competencies (knowledge, skills, and behaviours) applicable to the specialty or subject area (HEE 2017). It must be recognised that every practitioner is responsible and accountable for their actions and omissions. This is reflected within each HCP’s code of conduct (NMC 2015; HCPC 2016). The NMC Code is 2018 – Please change this from 2015.

Multi-professional Framework (MPF) for Advanced Clinical Practice Guidance for Professional Development (HEE 2017)

This chapter maps to the following statements within the MPF:

1. Clinical Practice:	1.1	1.2	
2. Leadership and Management:	2.2	2.10	2.11
3. Education:	3.1	3.2	3.8
4. Research:	4.6		

Source: Adapted from Health Education England (2017).

## Accreditation Considerations

This chapter maps to the following statements within the following national accreditation documents:

### Curriculum for Training for Advanced Critical Care Practitioners Syllabus V1.1 (The Faculty of Intensive Care Medicine 2018)

3.3	4.12	
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### Advanced Critical Care Outreach Competencies

(The Intensive Care Society, Critical Care Networks – National Nurse Leads and The National Outreach Forum 2022)

A4	C2	C6	D1	
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### Emergency Medicine Advanced Clinical Practitioner Curriculum 2022 – Adult (The Royal College of Emergency Medicine 2022)

Theme 2: Educational governance and leadership SLO 12: Manage, administer, and lead
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### Advanced Clinical Practice in Acute Medicine Curriculum Framework (Health Education England 2022)

Core CiPs: 1, 2, 5
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## GOVERNANCE

Many advanced titles exist in healthcare for people working at an ‘advanced level’, such as ‘Advanced Clinical Practitioner’ (ACP), ‘Advanced Nurse Practitioner’, ‘Advanced Paramedic’, and ‘Advanced Practice Therapeutic Radiographer’. It is essential to note that some professionals have adopted or been given the term ‘advanced’ but may not have the correct credentials or simply are not working at an ‘advanced’ level for many reasons (HEE 2017). With the development of Advanced Practice across the UK, the four nations have taken a different approach to its implementation. It is essential that local clear governance structures must exist to support the development, implementation, and ongoing strategy for both the employer and advanced practice employee (HEE 2017). There should be policies highlighting the clear difference between base registration, enhanced practice, and advanced practice which explore the agreed scope of practice and freedom to act (HEE 2017).

Employers may need to review their workforce to ensure there is no misunderstanding for colleagues, and more importantly, the public. Appropriate governance meetings of an Advanced Practice Assurance Group, or similar, should exist with a reporting route to the trust board or similar. An executive should be identified to hold the portfolio of advanced practice and an Advanced Practice Lead should be appointed, where possible, to steer the development of advanced practice within an organisation. To embed Advanced Practice ensuring that it is fit for purpose, it is essential that governance is in place and should consider the following:

- Practice governance and service user safety requirements
- Adherence to legal and regulatory frameworks
- Support systems and infrastructure for delegated roles (e.g. requesting diagnostic tests, administering medicines)
- Professional and managerial pathways of accountability
- Continued assessment against, and progression through, the capabilities identified within this framework
- Location of advanced clinical practice within a career framework that supports recruitment and retention, and succession planning to support workforce development
- Regular constructive clinical supervision that enables reflective practice together with robust annual appraisal.

(HEE 2017)

## REGULATION STATEMENTS OF STANDARDS AND CODE OF CONDUCTS

Each HCP is responsible to uphold their individual professional code of conduct and professional standards. This is even more important when working as an advanced practitioner given higher-level decision-making, undertaking procedures with potential risks, and making possible discharge decisions. Each professional code must be understood.

### NURSING AND MIDWIFERY COUNCIL (NMC)

‘The Code presents the professional standards that nurses, midwives, and nursing associates must uphold in order to be registered to practise in the UK. It is structured around four themes – prioritise people, practise effectively, preserve safety, and promote professionalism and trust. Each section contains a series of statements that taken together signify what good nursing and midwifery practice looks like’ (NMC 2015).

### HEALTH AND CARE PROFESSIONS COUNCIL (HCPC)

‘The role of the standard of conduct, performance, and ethics sets out how we expect registrants to behave and outlines what the public should expect from their health and care professionals. They help us make decisions about the character of professionals who apply to our Register and we use them if someone raises a concern about a registrant’s practice. Our registrants work in a range of different settings, which include direct practice, management, education, research, and roles in industry. They also work with a variety of different people, including patients, clients, carers, and other professionals’ (HCPC 2016).

## General Pharmaceutical Council (GPhC)

‘The standards apply to all pharmacists and pharmacy technicians in Great Britain. There are nine standards that every pharmacy professional is accountable for meeting. The standards for pharmacy professionals describe how safe and effective care is delivered. They are a statement of what people expect from pharmacy professionals, and also reflect what pharmacy professionals have told us they expect of themselves and their colleagues’ (GPhC 2017).

## Legal Issues with Advanced Practice

Advanced Practice will often involve exploring new ways of working and touching upon roles that were traditionally performed by other professional groups, for example medical staff. Therefore, it is essential that any legal implications are fully explored to ensure that new areas of practice are appropriate for the obligations of current legislation and statutes. It must be noted that ignorance of the law is not an appropriate or sufficient defence. The law relates to rules that govern and oversee our society, with the purpose of maintaining justice, upholding social order, and preventing harm to both, individuals and property. The UK parliament can implement laws across the four countries (England, Wales, Scotland, and Northern Ireland). However, the devolved nations all have powers and judicial systems to implement laws that affect an individual country on devolved issues, and health is one of them.

## Scope and Capability

### Defining Scope of Practice

For HCPs, acknowledging one’s scope of professional practice is important, as it defines the limit of their knowledge, skills, and experience. This scope is supported by the professional activities undertaken in their working role, and essential boundaries must be identified, acknowledged, and maintained. It is acknowledged that a professional’s scope will change over time as their knowledge, skills, and experience develop.

With the evolution of advanced practice and the expansion of entrustable professional activities, traditional professional boundaries, for example, of the nurse, paramedic, and physiotherapist have significantly changed, and this is demonstrated as the multi-professional workforce comes together at an advanced level.

The provision of healthcare has evolved and is incorporated into many healthcare settings, from primary care to secondary care, from a generalist stance or within specialities. This variability and breadth have meant that advanced practice has become immersed in attempts to define and provide structure.

As this level of practice is unique to the work setting, it is acknowledged that no one profession can encompass all the expertise needed to treat and care for patients. For all, it must include the four fundamental strands of advanced practice: a clinical element, a research element, an educational element, and a management/leadership element. Technological and clinical advances across all sectors have brought about changes in practice and have contributed to the level and quantity of post-qualification education required to advance.

Often contentious is the definition of what advanced practice is. Not one definition will fit perfectly to all advanced practitioners or indeed some work environments. Advanced practice is occasionally described as a blurring of the lines of boundaries of traditional roles or registered HCPs. Yet, this ‘blurring’ of boundaries implies assuming aspects of a variety of roles and is needed to provide better, more holistic care to all which can be seen as a positive evolution of healthcare.

## Competency versus Capability

Competency and capability are two terms that pertain to human ability. Capability is the term used to describe the quality of being capable. Does the individual have the ability to acquire the knowledge and skills required, and is it within their capacity? Capability can also be used to describe a person's implied abilities, or abilities that are not yet developed. With experience, time, and practice, a person's capabilities can develop into competence. Capabilities serve as the starting point of being able to do something and gradually becoming more adept in performing the task. Competence describes the quality of an individual's work. Competence can also be applied to the improvement or development of one's abilities and skills. Once competence has been met, it can result in an increased quality of work and/or performance. Competence can include a combination of knowledge, skills, abilities, behaviours, and attitude.

## Knowledge, Skills, and Behaviours

Employers, Higher Education Institutions, Capability Frameworks and Curriculums must set out the knowledge, skills, and behaviours required to be competent.

- **Knowledge** – the information, technical detail, and 'know-how' that someone needs to have and understand to successfully carry out the required duties. Some knowledge will be more specific, whereas some may be more generic.
- **Skills** – the practical application of knowledge needed to successfully undertake the duties. They are learnt through on- and/or off-the-job training or experience.
- **Behaviours** – mindsets, attitudes, or approaches needed for competence and working as a professional. Whilst these can be innate or instinctive, they can also be learnt. Behaviours tend to be very transferable. They may be more similar across occupations than knowledge and skills. For example, team worker, adaptable, and professional.

## Competence

Each advanced practitioner must possess the correct knowledge, skills, and behaviour to undertake their role and to demonstrate competence, professionally and educationally. Although embracing the four pillars of advanced practice, as experts, advanced practitioners must be professionally mature and have significant experience of practice. They must always work within their scope of professional practice and acknowledge their professional limitations and restrictions.

## Multi-professional Registrations and Scope of Practice

Advanced clinical practice is multiprofessional, which differentiates it from other health and care provision by registered professionals (HEE 2021). Developing a level of advanced clinical practice will be complex as each practitioner will have different professional starting points reflecting different professional registrations, prior practice, and previous supervision and assessment experience. It must therefore be acknowledged that there is no single underpinning, pre-registration professional training for professionals developing to work at an advanced level of practice. The scope of practice for different registered professions varies; not all professional registrations extend to independent or supplementary prescribing (HEE 2021).

## Credential Resources

As Advanced Practice has evolved, several professional organisations, supported by HEE and other key stakeholders, have created specialty-specific curriculum and capability frameworks to provide a standardised national structure that assists employers in the training and appointment of regulated healthcare workers in advanced clinical practice roles across England. The purpose of these curriculum frameworks is to develop ACPs who have the correct knowledge, skills, and behaviours, and to acknowledge their scope of practice and level of competence. On successful completion, learners will be able to demonstrate to their employer that they are entrusted to undertake the role of ACP within the National Health Service (NHS) and/or other health and social care settings (HEE 2021).

## Core and Specific Capabilities

The capabilities in practice (CiPs) within curriculum frameworks will be mapped to the MPF but will outline specific capabilities required for specialist areas of practice. As part of the holistic development of responsible clinicians, these professional capabilities must be demonstrated at every stage of training (HEE 2021). Higher Education Institutions provide high-quality Masters level courses in advanced practice; however, these do not usually include specialty-specific competencies or nationally defined curricula. There is variation in the range of competencies acquired, and no standardisation of the level of competence of the practitioner for a specific area of practice. Specific ACP credential resources provide an opportunity for standardisation and consistency in a specific clinical area.

## Royal College of Emergency Medicine – Emergency Care ACP

In 2015, the Royal College of Emergency Medicine (RCEM) opened a pilot scheme for credentialing Advanced Clinical Practitioners in Emergency Medicine. The pilot completed in summer 2017, and the process is now an accepted part of RCEM. Emergency Care ACPs (ECACPs) have developed a curriculum that enables them to care for patients with a wide range of pathologies, from life-threatening to self-limiting. On completion of the programme, ECACPs can identify the critically ill and injured, providing safe and effective immediate care. They have expertise in resuscitation and are skilled in practical procedures. As such, ECACPs can rapidly establish differential diagnoses, initiate or plan definitive care; and working with in-patient and supporting specialties, as well as primary care and pre-hospital services, correctly identify admission and discharge needs. Through completion of the RCEM credential curriculum ECACPs will acquire the requisite skills to meet both the core and area-specific requirements of ACPs and will be competent to manage complete episodes of care within their clinical specialty.

### Fields of Practice – Paediatrics

Those working with and treating children must ensure that they are competent to undertake such a role. The person must possess the correct knowledge, have the right skills, and exhibit professional behaviours. Those working with children must ensure that they have the correct indemnity and insurance to cover paediatric practice. Currently, an ACP Paediatric curriculum is being developed. Health Education England, working with the Royal College of Paediatrics and Child Health (RCPCH), is creating a curricular framework that will consist of key capabilities and learning outcomes across 11 domains which map across five patient groups: non-hospital paediatrics, hospital paediatrics, neonatal, critical care, and child with complex needs.



## Faculty of Intensive Care Medicine

The Faculty of Intensive Care Medicine (FICM) have created an Advanced Critical Care Practitioner (ACCP) curriculum that has identified the aims and objectives, content, experiences, outcomes, and processes of postgraduate specialist training leading to a Postgraduate Diploma/Masters qualification in Advanced Critical Care Practice or equivalent. The curriculum promotes a set structure, with expected methods of learning, teaching, feedback, and supervision. The curriculum and assessment process sets out the key requirements of knowledge, skills, and behaviours the ACCP trainee will achieve. The FICM has used the traditional medical assessment process to monitor the ACCP trainee's progress through various stages of training. The objective of the programme is to produce high-quality patient-centred practitioners with appropriate knowledge, skills, and attitudes to enable them to practice in Intensive Care Medicine. On successful completion of training and when performing in the role of an ACCP, there is a requirement to consolidate, maintain, and extend the knowledge, skills, and competence as defined by the FICM ACCP Curriculum.

### Fields of Practice – Mental Health

The field of mental health is a specialist area (HEE 2020a). A minimal standard of practice has been created. HEE has developed a capability framework to support the training of Advanced Practitioners working in the specialty of Mental Health. This curriculum allows the Advanced Practitioner in Mental Health (AP-MH) to deliver high-quality, effective care for people experiencing mental health illnesses/conditions. It enables regulated HCPs to develop theoretical knowledge and clinical skills to practice in the specialist areas of mental health. The framework enables practitioners to develop their knowledge, skills, and professional behaviour to work autonomously in providing care to patients requiring complex assessment and treatment. Practitioners will also learn to develop their leadership and management skills to support the wider mental health team and contribute to organisational learning. Finally, the curriculum is designed to promote and share evidence-based knowledge to enhance mental health services and person-centred care (HEE 2020a).

## Expanding Scope and Scope Creep

Those training, and those working, at an advanced level must be aware of their competence and capability. With various curriculums and capability frameworks being developed and implemented, advanced practitioners have guidance on where their knowledge, skills, and professional behaviour must sit. However, someone beginning their advanced practitioner journey must acknowledge that it will take years to acquire the knowledge, skills, and experience to work at an advanced level. For some, advanced practice touches upon the traditional knowledge and skills which were traditionally associated with medicine, however with the development of the multi-professional workforce, bringing a different set of knowledge and skills, the advanced practitioner is seen as being 'value added' rather than a role substitute.

## Learning from the Airedale Inquiry

The Airedale Inquiry (2010) has steered how a scope of practice should be reviewed. The inquiry focused on a group of senior nurses who worked outside of their scope of practice and inadvertently caused harm to patients. The senior nurses recorded what they were doing in clinical records, prescription charts, and medical notes. It is unlikely that they deliberately set out to harm patients. They were utterly convinced



of their own clinical prowess, which went well beyond the boundaries of acceptable nursing practice at that time and beyond the boundaries of their own clinical understanding and capability. The inquiry believes that when the scope of practice for any HCPs' roles is extended, the impact on patient care needs to be assessed. Organisations should ensure that clear lines of responsibility are in place, that training and development plans are fit for purpose, that there is appropriate evaluation of the effectiveness of the role within the organisation, and that there is effective dialogue and engagement with patients, carers, and the public (Airedale Inquiry 2010).

## The Advanced Practitioner and The Pregnant Patient

The Royal College of Nursing issued guidance in 2021 regarding advanced practitioners treating pregnant ladies. It must be highlighted that the care of the pregnant woman is the domain of midwives and medical practitioners, as outlined in legislation. However, this is not in isolation from other HCPs, including advanced-level practitioners. It is imperative that all HCPs understand their own roles, limits and boundaries of practice always considering their registration and work within their scope/competence (RCN 2021). It is advisable that non-midwives and non-medical practitioners ask all pregnant women to seek advice from their named midwife at their earliest convenience, even if the condition appears to be unrelated to the pregnancy.

### Fields of Practice – Learning Disabilities

Those working with and treating people with learning disabilities and autism must ensure that they are competent to undertake such a role. The person must possess the correct knowledge, have the right skills, and professional behaviours. Those working with people with learning disabilities and autism must ensure that they have the correct indemnity and insurances to cover this type of practice. In 2020, Health Education England launched the 'Advanced Clinical Practice: Capabilities framework when working with people who have a learning disability and/or autism'. This framework sets out to provide a definition of advanced clinical practice for Allied Health Professionals (AHPs) and Nursing staff in learning disabilities and autism services (HEE 2020b). In recent years, the learning disability and autism workforce has been the focus of much attention, not least because of the national Transforming Care Programme, which aims to develop health and care services so that people with a learning disability and/or autism can live as independently as possible, with the right support, and close to home. More recently, the Learning Disabilities Mortality Review (LeDeR) Programme has highlighted the persistence of preventable health inequalities and that people with a learning disability die, on average, 15–20 years sooner than people without a learning disability. The ACP framework sets out the capabilities (including knowledge, skills, and behaviours) characterised by a high degree of autonomy, complex decision-making, and management of risks. The LeDeR programme has highlighted the need for:

- healthcare coordination for people with complex or multiple health conditions
- assurance that effective reasonable adjustments are being provided for people with a learning disability and their families
- mandatory learning disability awareness training for all staff supporting people with a learning disability (HEE 2020a).

## Workforce Integration and Professional Identity

Historically, advanced practice roles have been developed within professional groups without a set standard for each clinical background resulting in a large amount of discrepancy and variation (Lawler et al. 2020). It must be acknowledged that the introduction of the new ACP role may interfere with pre-existing professional identities and hierarchies. Existing and new roles have been confused by discrepancies between competencies, training, and qualifications (Lawler et al. 2020). Health Education England (2017) has attempted to standardise and clarify the advanced practitioner level of practice and associated role. However, there seems to be a dichotomy developing in terms of the implementation of the HEE framework by employers between advanced clinical practice as a level of practice of the registered professional and advanced clinical practitioner as a novel omni professional role framed in the medical model as opposed to advancement of professional practice (Lawler et al. 2020). Many advanced practitioners are rostered onto medical rotas rather than advanced practitioner rotas. A common theme exists where experienced practitioners become novice practitioners (trainees) within the medical model. Advanced practice is a level of practice, although it is used as a role. Employers should avoid advanced practitioner training to be carried out at the same time as their original job (e.g. ward sister or rotational physiotherapist).

The transition from a practitioner (nurse/physiotherapist/paramedic) to an advanced practitioner has been described as an ‘overwhelming’ process that is defined by straddling two identities and ‘transition shock’ is common. This can result in a struggle to form an identity and feeling like an imposter (Lawler et al. 2020). The transition from being experienced in a previous role to novice in a new role is a period of adjustment, and requires significant support (HEE 2021). There is a clear need for further clarity and structure for advanced practice education and role development, which HEE has started to implement. There is a need for advanced practitioners and their employers to acknowledge professional identity differences and for professional bodies (NMC, HCPC, GPhC) to issue clear guidance. Research is required to explore the specific professional differences within the ACP role. FICM, RCEM, and HEE have created processes, such as credentials, to set minimum standards of expected education and clinical capabilities in practice. These are essential for patient safety and governance. Recruitment processes should take professional identity into consideration, and need to be thorough enough to ensure candidates with the correct qualities, capabilities, and credentials are selected.

## Development and Regulation

As this evolution of an alternative ‘arm’ to provide healthcare in the UK continues, mechanisms of governance have been difficult to hone due to the variability in roles and environments in which advanced practice can be found. In 2008, a call to have new parts added to the NMC and HCPC registers was not authorised as the Council for Healthcare Regulatory Excellence (CHRE) deemed that regulators should ensure that their codes of conduct adequately reflect the requirement for health professionals to stay up-to-date and operate safely within their areas of competence. In addition, organisations are encouraged to develop local governance frameworks, policies, and procedures to support and regulate advanced practice, taking support and guidance from the relevant advisory groups for the disciplines involved.

All these factors play a pivotal role in the continued expansion and prevalence of advanced practice roles and all professionals involved in these roles. There is a need to ensure awareness and the ability to address them all. Encompassing the four fundamental strands of advanced practice is essential nonetheless interpersonal skills and insight are equally important ensuring that advanced practice is a sustainable development in the future workforce planning and longevity of the NHS.

## Responsibility and Accountability

All healthcare practitioners working either at their base registration or at an advanced level must understand that they are both responsible and accountable for the decisions they make. Expanding one's scope of practice should be done following the correct preparation, education, and experience. The concepts of accountability and responsibility are closely linked and are at the centre of the codes of conduct for those professionally regulated by the Nursing and Midwifery Council (NMC 2015) and the Health and Care Professions Council (HCPC 2016). Advanced Practitioners have an obligation to undertake their role, and associated tasks, using sound professional judgement. As their level of practice expands, they should realise that this will increase the level of responsibility. Regulated HCPs are responsible for maintaining their competence in practice. They are answerable for their decisions made within their professional practice, and the consequences of those decisions. Advanced Practitioners should be able to justify their decisions and understand the associated legislation, ethical principles, professional standards, guidelines, including evidence-based practice.

## Dunning-Kruger Effect

The Dunning-Kruger effect is pertinent in advanced practice. Here, incompetence and metacognitive defects can lead to an over-estimation of an individual's abilities and performance. People in this group find it a challenge to recognise genuine levels of competence when applied to themselves or (objectively) in more competent peers. Gaining insight into one's own limitations and inadequacies is also a challenge by social comparison demonstrating an inability to 'see' their own deficits in relation to their peer's performance. The presence and prevalence of this effect in advanced practice must be recognised and challenged to counterbalance the effect of imposter syndrome, thus creating a balanced, objective practitioner.

## Imposter Syndrome

Imposter syndrome is a common phenomenon amongst advanced practitioners and can be interpreted both positively and negatively. Here, the practitioner doubts their credentials, their ability to function, and is often plagued by a fear of being exposed as inadequate. This phenomenon is driven by anxiety and self-doubt, or because of attempted perfection. Often, it is associated within high-pressure environments, especially in healthcare, and associated with comparing oneself to another colleague. Within imposter syndrome, is the sense that someone else is better than you, however competent HCPs possess the same skills, knowledge, and experience.

## Professional Issues

Advanced practitioners are pioneers of a new style of practice which challenges the traditions associated with professional roles. With the development of the advanced practitioner role, which is undertaken by members of the multi-professional workforce, working within professional silos has significantly changed. Within areas such as acute and emergency care, nurses, physiotherapists, and paramedics, for example, despite keeping their own professional identities, will work together, undertaking the same role, undertaking the same procedures, and working alongside one another. Each profession brings its own dimension of expertise to the patient, while embracing its own scope of practice. This is seen as being 'value added' for both the patient and the healthcare team. However, each professional group has their restrictions, often associated with legislation or their professional regulator i.e. independent prescribing.

### Learning Events

- You are asked to review a patient who is acutely unwell. Although you have managed many acutely unwell patients, this patient is pushing your knowledge and clinical acumen to your limitations. Your supervisor believes you are capable and pushes you to continue your assessment and management. How would you ensure patient safety and ask for help? Are you concerned about imposter syndrome?
- An Advanced Practitioner has just completed an MSc in Advanced Clinical Practice which has been accredited by Health Education England. Some concerns have been raised about their clinical practice and there is a possibility that they are working outside of scope of practice, seeing patients independently, and starting inappropriate treatments. They do not discuss their cases with a senior clinician. How should this be handled? How should the practitioner and their supervisor manage this situation? How should the practitioners develop their scope of practice and demonstrate their capability in practice?
- A patient presents with shortness of breath. An advanced practitioner reviews the patient's chest x-ray and notes it as 'unremarkable – nothing abnormal detected'. Four hours later, the patient collapses, has a cardiac arrest, and dies. The coroner asks the advanced practitioner to demonstrate their capability in the management of the patient's initial presentation and to state how competent they are to interpret a chest x-ray. How would you respond in this situation?

### CLINICAL INVESTIGATIONS

#### Radiology (IR(ME)R)

The Ionising Radiation (Medical Exposures) Regulations (IR(ME)R) (2017) stipulate measures for the protection of patients from unnecessary or excessive exposure to medical x-rays. They also have specific guidance for Employers, Practitioners, Operators, and Referrers in their responsibilities as Duty Holders. The Employer is responsible for putting into place a system of policies, protocols, and procedures which will govern referrals, ensure that justification of exposures takes place, and that a clinical evaluation of all radiographs is recorded. The aim is to ensure that radiation doses to patients are kept as low as is reasonably practicable. The Employer is responsible for ensuring that the diagnostic findings and clinical evaluation of each medical exposure is recorded in the patient's notes. Over recent years, advanced practitioners have been prevented from ordering investigations primarily due to a misunderstanding of their role. Therefore, in 2021, the RCEM created a protocol titled: 'Radiology Requesting Protocol for Extended and Advanced Clinical Practitioners in the Emergency Department' (RCEM 2021) to set out the clear standards which were supported by the Clinical Radiology Faculty of the Royal College of Radiologists.

#### Blood Tests

Clinicians requesting blood investigations must acknowledge that the responsibility for ensuring that results are acted upon rests with the person requesting the test. That responsibility can only be given to someone else if they accept by prior agreement; this includes discharging patients before results are back and forwarding to primary care colleagues (BMA 2020). Patients should be kept informed, in a sensitive and appropriate manner, of the findings of investigation results, the actions taken as a result, and in a manner that is in keeping with the principles of Duty of Candour (RCEM 2021).

## Indemnity

Legal accountability involves advanced practitioners being responsible for ensuring they have professional indemnity insurance in case there is a substantiated claim of professional negligence. Regulators need to ensure that registrants have this indemnity arrangement in place, and it is now a condition of their registration. The indemnity insurance must be appropriate for their level of practice undertaken. If you are employed, your employer has vicarious liability for your actions and omissions while in their employment and is responsible for your actions. However, the practitioner must have been working within their level of competence and following their organisation's policies, procedures, and guidelines.

## Indemnity Insurance

Healthcare professionals, by law, must have in place an appropriate indemnity arrangement in order to practise and provide care in the UK. It is your responsibility as a registered HCP to ensure that appropriate cover is in place for your whole scope of practice. The requirement for professional indemnity is to make sure that if someone has suffered harm through the negligent action of a practitioner, they will be able to claim any compensation to which they are entitled. Regulators know that the professionals on their registers take this obligation very seriously. Professionals do not need to hold an arrangement, but it is your responsibility as a professional to ensure that appropriate cover is in place for your whole scope of practice. If you practise without an appropriate indemnity arrangement in place, you may be removed from your professional bodies register and will be unable to practise until appropriate indemnity cover is in place. If you are an employee in the NHS or independent sector, your employer will normally have indemnity arrangements that will cover your work.

Appropriate cover is an indemnity arrangement which is appropriate to your role and scope of practice. It must take into account the nature and extent of the risks of practising in your role. The cover must have enough financial resources to meet an award of damages for a range of situations if a successful claim is made against you, including the costs of a large claim or several smaller claims. If your indemnity provider does not have enough resources to meet the cost of a claim, then you will have to secure alternative indemnity cover to meet the indemnity requirement. To help you to decide whether you have appropriate cover you should think about what your job involves and where you work; who you provide care to and the level of care you provide; the risks involved with your practice; and the possible size of any claim for damages. You could seek advice from your professional body, trade union or insurer to inform your decision. As noted above, if you are an employee in the NHS or independent sector, your employer will normally have indemnity arrangements that will cover your work but it is your responsibility to check. If you work for the NHS, you will already have an appropriate indemnity arrangement. The NHS insures its employees for work carried out on their behalf, which means you will be covered if a successful claim is made against you in that employment. Outside the NHS, many employers are likely to have professional indemnity arrangements that will provide appropriate cover for all the relevant risks related to your job and scope of practice. Arrangements may vary between employers and it is your responsibility to check with them.

## Organisations

The MPF gives clear direction for organisations employing advanced practitioners. They must consider where advanced clinical practice roles can best be placed within health and care pathways to maximise their impact and should define clear purposes and objectives for advanced roles. Employers must

recognise and accept the responsibilities and greater accountability in relation to governance and support for new advanced roles and the associated level of practice. Governance is essential and applies to all healthcare registrants and is cited within each respective professional code of practice. Each employer carries responsibility and vicarious liability for practitioners, and must be responsible for ensuring that all advanced clinical practice roles, whether existing or future, do not compromise safety (HEE 2017). Policies will need to be developed and processes introduced to reflect this. Without these, there is a significant risk of ‘unconscious incompetence’, which is likely to compromise safe person-centred care, as well as the reputation of advanced clinical practice (HEE 2017).

### Case Studies

1. An ACP has recently been signed off as competent to insert a seldinger intercostal chest drain. The procedure is undertaken on a 50-year old man, who suddenly becomes breathless, with chest pain and is acutely unwell. The procedure is abandoned and taken over by a colleague.
  - What should be required to deem someone capable and competent to undertake a procedure?
  - Who should be able to assess this?
  - What governance framework should be in place?
2. An experienced Advanced Practitioner joins your team. She has been signed off on many practical procedures and has regularly attended in-hospital cardiac arrests as part of the critical care team. She is not FICM or RCEM credentialed or similar.
  - What is required within your organisation to enable this practitioner to practice safely?
  - What governance is required and how should it be implemented for practitioners to work at an advanced level and to be part of a senior decision-making rota?
  - How do you ensure members of your team are capable and competent to carry out the required role?
3. A newly appointed advanced practitioner is undertaking their MSc in ACP and working through their capability framework (FICM, RCEM, HEE ACP). They have several years of clinical experience in their area of specialty and, as such, have a depth of knowledge and skills related to the patient group. However, they have never been responsible for making diagnosis and planning patient management.
  - What would be the first steps for the trainee to achieve the required capabilities in practice for the advanced role for which they are training?
  - What are the responsibilities of their supervisor, and how might they support the trainee to achieve the capabilities in practice?
  - What is the role of university tutor in facilitating the trainee to achieve the competencies for their advanced role?



### Take Home Points

- Multi-professional advanced practitioners must be aware of the professional, legal, and ethical considerations that they may face.
- Those training, and those working, at an advanced level must be aware of their competence and capability.
- To practice effectively and within your professional registration, you must possess the correct knowledge, skills, and professional behaviours to undertake your role. This includes working within your role as a newly qualified registrant, as a specialist practitioner, and as an advanced practitioner.
- Advanced practitioners must be able to demonstrate a critical understanding of their broadened level of responsibility and autonomy. They must acknowledge the limits of their own competence and professional scope of practice, including when working with complexity, risk, uncertainty, and incomplete information.
- Advanced practitioners must be aware of the risk of scope creep, and the professional legalities associated with this.
- The advanced practitioner is seen as being ‘value added’ rather than a role substitute, as in a developing health service under pressure, we should ensure the right person, with the right skills and knowledge, sees the right patient.

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## CHAPTER 2

# Continuous Profession Development (CPD), Appraisal and Revalidation

Vikki-Jo Scott

### Aim

The aim of this chapter is to provide an overview of the key aspects of continuing professional development, including appraisal and revalidation, as it relates to Advanced Practice within Emergency and Critical Care settings. It provides links to relevant policy and guidance as well as suggested tools, case studies, and further support and reading to help develop your understanding of this topic.

### LEARNING OUTCOMES

After reading this chapter the reader will:

1. Recognise the importance of ongoing personal professional development for Advanced Practice and its impact on addressing evolving and novel aspects of population need and its contribution to patient safety.
2. Understand the contribution that can be made by Advanced Practitioners (APs) working in emergency and critical care settings to developing a team to work effectively.
3. Be aware of the contribution that can be made to the development of Advanced Practice beyond the local context.
4. Be able to plan the next steps in their professional development, including appraisal, revalidation, and progress towards consultant level.

SELF-ASSESSMENT QUESTIONS

1. What policy documents should you refer to when planning your development as an AP?
2. What tools can you use to plan and structure professional development?
3. Who will play a role in influencing the effectiveness of your and your team’s development and achievement of goals, expectations, and requirements?
4. What networks/forums should you access to contribute and learn from the development of AP at a regional, national, or international level?

INTRODUCTION

The goals of advanced practice roles are to manage clinical care in partnership with individuals, families, and carers. It includes the analysis and synthesis of complex problems across a range of settings, enabling innovative solutions to enhance people’s experience and improve outcomes. This is certainly apparent in emergency and critical care where, complexity, clinical risk, and time sensitivity often add pressure to the application of knowledge and skill for patient-centred problem solving. Transitioning into an autonomous role as an AP is therefore both daunting and a cause for celebration (Skills for Health 2020).

This chapter will explore different aspects of continuing professional development within this field to enable the Acute, Emergency or Critical Care (AECC) Advanced Practitioner (AP) to navigate their way through the requirements, expectations, and aspirations for their role.

The Multi-professional Framework (MPF) for Advanced Clinical Practice (HEE 2017) provides helpful guidance on the expectations for APs at each layer of professional development.

Multi-professional Framework (MPF) for Advanced Clinical Practice Guidance for Professional Development (HEE 2017)

This chapter maps to the following statements within the MPF:

1. Clinical Practice:	1.1	1.2	1.3	1.11	
2. Leadership and Management:	2.4	2.11			
3. Education:	3.1	3.2	3.4	3.6	3.7
4. Research:	4.8				

## Accreditation Considerations

This chapter maps to the following statements within the following national accreditation documents:

### Curriculum for Training for Advanced Critical Care Practitioners Syllabus V1.1 (The Faculty of Intensive Care Medicine 2018)

3.21	3.23	4.12	
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### Advanced Critical Care Outreach Competencies

(The Intensive Care Society, Critical Care Networks – National Nurse Leads and The National Outreach Forum 2022)

C1	C4	C5	
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### Emergency Medicine Advanced Clinical Practitioner Curriculum 2022 – Adult (The Royal College of Emergency Medicine 2022)

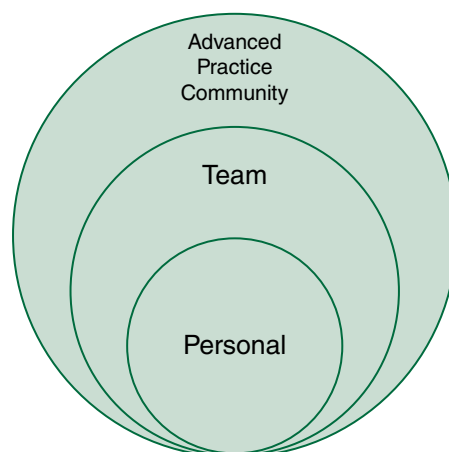
Section 9: Continuing Professional Development (CPD) and revalidation
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### Advanced Clinical Practice in Acute Medicine Curriculum Framework (Health Education England 2022a)

Section 9: Continuing Professional Development (CPD) and revalidation
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## PROFESSIONAL DEVELOPMENT AND TRANSITION IN ADVANCED PRACTICE

When considering professional development in advanced practice, it is important to recognise that this goes beyond just the individual's development. Advanced Practitioners are rarely 'sole operators' and commonly work in emergency and critical care settings within a multi-professional team situated within an employing organisation. The individual's development will impact the broader team and organisation in which they work. At an advanced level of practice, it is also expected that individuals contribute to the broader development of the Advanced Practice community, which is diverse, multi-professional, and evolving fast. It is therefore helpful when looking at this topic to consider the 'personal', the 'team', and the 'AP community' and how the development of one will radiate out to the other layers (see Figure 2.1).



**FIGURE 2.1** Layers of professional development and transition in advanced practice.

## PERSONAL PROFESSIONAL DEVELOPMENT

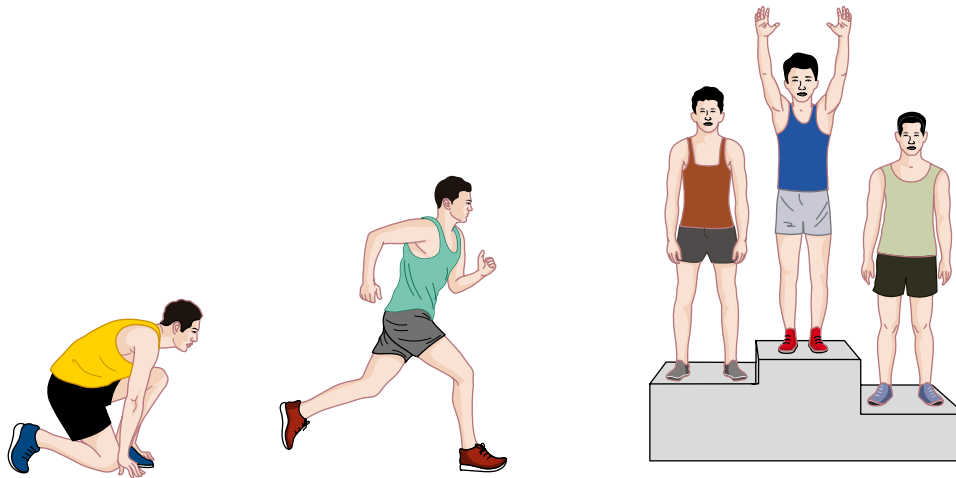
Personal professional development is lifelong. We never stop learning, and the nature of advanced practice is that it is evolving, adapting to population needs. It is an innovative role often moving into uncharted territories which require that we use new or unfamiliar approaches or apply knowledge, skills, and behaviours in novel contexts.

In order to develop, you need to remember where you have developed from and recognise how much was learnt along the way to provide confidence and a direction for future development. While it might be useful to think about this as a journey, as depicted in Figure 2.2; where you set a goal to reach, work towards it, and then step on the podium at the end and take your medal, the race is actually never over!

For the duration of our working lives there are always new goals that we can choose to reach for. Sometimes this is because we want to push ourselves in a different direction, and sometimes it is because the world around us has changed and to keep up with this change we need to 'adjust our sails' and set new goals.

This is particularly the case in emergency and critical care, which, as we have seen over recent years in response to the COVID-19 pandemic, had to make rapid changes to the functions, structure, locations, and ways in which APs practised. This created a new challenge for APs to operate in ways that had not been encountered before, or at least not at the scale of demand that has previously been 'routine' in these settings. With the increasing demands on community services, a backlog of health interventions, and people now seeking support at a later stage in their disease due to the pandemic, we have continued to see changes and an adapted focus within the AECC services. The 'business as usual' is not the 'usual' as we would once have known it. In an online survey published by Health Education England (2020), they noted how APs were reporting being utilised in ways they had not experienced before, making more use of the full scope of their knowledge, skills, and experience.

It is important to remember that we are never starting from zero each time a new goal is set. All of your learning and experiences to date will have shaped what you are, and often lessons learnt from these can be applied or adapted to help you in achieving your next goal. The hard part, though, is often remembering what we have learnt along the way.



**FIGURE 2.2** The professional development journey.

Think about how difficult it is to explain to someone a task that you do now unconsciously. To be successful at this you need to break it down into its constituent parts, or stages of the process. Some will seem familiar and easily transferable to a new skill, and others appear quite specialised, which took practise or different approaches, resources, or knowledge to master . . . but you did get there in the end!

As an AP you will have started in a particular profession. You will have learnt the relevant skills to master and practice within this profession, applying the knowledge and evidence base to underpin your actions, and have continued to build upon these through experience. All professions that work within the definition of ‘Advanced Practice’ are regulated. This means that educational standards have been set for the approval of an individual to enter that profession, and a monitoring and revalidation process is required for them to continue to practice. All regulatory requirements for healthcare professions provide scope for and a requirement to continually develop and enhance practice. Advanced practice development is therefore not outside or in addition to the requirements of professional revalidation; it is the way in which you can demonstrate how you are encompassing the requirements of your profession’s specific regulatory body to continually develop.

As you develop within a specific field of practice, you will have continued to cultivate and apply the knowledge and skills gained from initial registration within a profession to the area in which you work. This will have led you to an ‘enhanced’ level of practice within your specialist field of emergency or critical care. Often, clinicians working in this field will describe themselves as specialists rather than generalists due to the range of presentations, conditions, complications, and body systems that they need to support for patients that come into their service. This is a specialist set of knowledge and skills in itself; to be able to consider holistically the different aspects of the patient’s presentation and to balance the impact of one condition, symptom, or intervention against another.

## CREDENTIALS, CAPABILITIES, OR COMPETENCIES

Within specialist areas of practice, there are organisations and professional bodies which provide resources, support, and benchmark standards that are expected for those working in these fields. For acute care, this is provided by the Health Education England Advanced Clinical Practice in Acute

Medicine Curriculum Framework (2022a); for emergency care, this is provided by the Royal College of Emergency Medicine (2022); and for critical care, this is provided by the Faculty of Intensive Care Medicine (2019). In addition, there may be profession- or location-specific networks that can be accessed (e.g. the Royal College of Nursing forum or the regional Critical Care networks). These organisations provide clear direction for those working in these fields as to the scope of practice that can be expected, and for many employers, it is expected that you provide evidence of meeting their requirements to be able to work at different levels in this field.

The standards that are used by these organisations are commonly referred to as ‘credentials’, ‘capabilities’, or ‘competencies’. Work is also underway through the Centre for Advancing Practice to develop, validate, and publish credentials for particular specialisms. You should continue to look out for credentials that are relevant to your field of practice, and think about what evidence you can provide or need to gain to demonstrate you meet the expectations for the specialism in which you work.

The FICM provides a curriculum that sets out the expectations regarding recognition by them to practice as an Advanced Critical Care Practitioner (ACCP). Within their handbook, they note that the outcome from their training programme ‘is such that mastery of the specialty to the level required to commence autonomous practice in a specific post is achieved by the end of training as knowledge, skills, attitudes, and behaviours metaphorically spiral upwards. Following qualification, the continuing professional development of the ACCP will follow the same model’. Their ACCP advisory group has also produced a CPD and appraisal pathway (FICM 2020) by which ACCPs can plan, institute, maintain, and evidence their ongoing clinical academic and professional learning.

They note this is in addition to regulatory body requirements regarding revalidation (with the NMC or HCPC) and includes a ‘medical style’ appraisal, as clinical supervision of ACCPs sits with the Consultant Medical Staff in Critical Care and clinical leads for ACCPs.

Within the ‘CC3N Step Competency Framework’ for critical care nurses, they also highlight the need to ‘demonstrate your advanced theoretical knowledge and provide the relevant evidence base for your established practice. You are advised to keep a record of any supportive evidence and reflective practice to assist you during progress and assessment reviews’. This framework specifies the competencies and form in which evidence should be recorded to demonstrate practice at this advanced level. This includes assessment and development plans, action plans, and annual competency review alongside reflection in preparation for revalidation with the NMC (CNN 2015).

In the Royal College of Emergency Medicine (RCEM) ‘Emergency Care Advanced Clinical Practitioner Curriculum (Adult and Paediatric)’ (2022) (page 29), they also note the need to address the requirements for CPD as set out by the relevant regulatory body that apply to the particular profession you originally registered in (NMC or HCPC). However, in the ‘common competencies’ they also make reference to particular behaviours that are expected. This includes the need to ‘Keep up to date with national reviews and guidelines of practice (e.g. NICE and SIGN)’ under the ‘common competency for Evidence and Guidelines.

In the ‘Acute Medicine’ credential validated by the Centre for Advancing Practice (and co-produced with the Royal College of Physicians), they set out the core, specialty, and generic capabilities that are expected for this field of practice (CiPs) (HEE 2022a). The eligibility criteria, expected duration of training, content of learning, learning outcomes, key clinical presentations and conditions/issues, and practical procedures this credential can apply to, teaching and learning methods, assessment methods, assessment criteria, and expected evidence are provided in this credential for advanced clinical practitioners (ACPs) working in acute medicine. These are furthermore linked to the Multi-professional Framework for Advanced Clinical Practice in England, to demonstrate how achievement within this credential can provide evidence within the MPF-expected capabilities (HEE 2022a).

### Learning Event

Consider what evidence you think you need to collect, review, evaluate, and act upon to demonstrate ongoing development to meet your relevant regulatory, professional, and specialist credential standards.

This evidence should relate to your current job, specialist field, and level of practice. As a starting point you might find it helpful to look at your job description or the job description of a role you are aiming for. This is likely to give you particular expectations around your role, including relevant competencies and capabilities, tasks, and responsibilities. These can then be mapped to the expectations around Advanced Practice by looking at the capabilities in the Multi-professional Framework for Advanced Clinical Practice in England (HEE 2017) and any other credentialling, capability, or competency frameworks that are applicable to your field of practice (e.g. FICM, Acute Medicine, CC3N, or RCEM, as listed above).

So when starting out on your own personal professional development, it is helpful to identify:

- What are the expectations you should be working to?
- Who governs these expectations?
- How can/must you demonstrate that you meet these expectations?

## SUPERVISION

Requirements for CPD within regulatory, professional, or credentialling bodies are often linked to expectations around supervision. Successful professional development is much more likely to be achieved where an individual is supported and guided in their practice, with opportunities for assessment, feedback, and discussion. Certain criteria may be set down by your employer or your regulatory, professional, or credentialling body regarding:

- What type, model, and volume of supervision should be expected?
- Who can act as an appropriate supervisor?
- Whether they have a role to play in assessing and confirming your progress and achievement?

For Advanced Practice, the document produced by Health Education England sets out the minimum expected standards regarding supervision (HEE 2022b). This should be referred to when planning to embark on the development as an AP and as you continue to develop in this role. It is a guide you can also use as you develop your own skills to support and supervise others, including the next generation of APs.

In addition to the HEE expectations regarding supervision, and where any credentialling, competency, or capability frameworks apply, reference should also be made to the expectations regarding supervision in these documents. These may provide additional insight or more specific requirements regarding the types of supervision, learning or assessment, and criteria for supervisors that are expected in particular fields of practice.

For example, in the CC3N Step Competency Framework for nurses working in critical care, the requirements for 'lead assessors' and 'critical care lead/Nurse manager' are set out and additional resources for mentors to guide the implementation of the framework are provided.

As you may expect, the HEE 'Acute Medicine' credential refers to the roles of co-ordinator of education and associate supervisor, which are also set out in the 'minimum expectations' document that



applies more broadly to the Multi-professional Framework for Advanced Clinical Practice in England. However, the detail provided on teaching, learning, and assessment methods to be applied for this credential provides more specific direction for the particular types of supervision activity that will be expected of supervisors and those seeking recognition as an ACP in this field of practice.

In the ACCP Trainer Guidance provided by FICM, they set out the role that educational supervisors, practice mentors, and ACCP leads are expected to take in providing supervision, support, and learning opportunities to develop competence and mastery in the field of critical care advanced practice. Here, they provide specific direction regarding the types and expected timing of supervisory activity.

The Royal College of Emergency Medicine also provides information in their credentialling curriculum regarding how supervision is expected to support the development of EC-ACPs and provide links to access supervisor training. It is important to note that, as with the above, there are expectations for EC-ACPs about how, when, and who can provide final 'sign off' to say an individual has demonstrated the expected criteria to be recognised in this specialist field of practice.

It is important therefore to ensure, before embarking on seeking accreditation for emergency or critical care, that the appropriate people and correct level, types, and supervisory activities and documentation are in place in order to meet the criteria required. Fundamental to this is that both the 'trainee' and their supervisor are clear about what is to be expected by referring to the relevant accreditation documentation.

Establishing an effective supervisory relationship is key to success. It can have a significant influence on your development and your experience of the process, which may in turn affect how well you feel able to support others. You may or may not have some choice about who your supervisor will be. Getting the right balance between someone you feel you can talk to easily and someone you feel will be honest without repercussions on friendship or working relations can be difficult! Be aware of the professional relationship status that supervision holds, know what to expect and know who else you can turn to if the supervision is not working as it should.

Coaching may or may not be an approach taken within your supervision but is strongly encouraged as a reflective challenge for your practice and to develop your leadership capability. Many employers will have a people development team with some leadership coaches who would be happy to support you.

However, remember that YOU are the person that is most invested in your development. Others (including employers, supervisors, and coaches) will have their own agenda and will not necessarily appreciate the complexity of your journey to where you are today and the rich texture of how you perform at your best. A key expectation of Advanced Practice is developing autonomy. This includes taking personal responsibility for driving your progress forward in the way that works best for you, which is a necessary adjunct to effective supervision.

It is important to consider here the differences between types of supervision roles such as a line manager, coach, expert in the field, mentor, critical friend, and appraiser (see Table 2.1). Each role will have a different focus, goal, and expected outputs and may use a different approach to effectively achieve the expected goals and outputs. For example, while not exhaustive, Table 2.1 suggests an idea of who in what role may be best to approach for particular supervisory activities and purposes. The different roles may overlap at times, but being clear with supervisors about what the purpose is and picking the right person for the activity you are undertaking is key to productive supervision. For example, a workplace supervisor may be best to provide opportunities to develop confidence and competence for specific clinical tasks. A line manager may be helpful to identify potential opportunities (including potential supervisors to work with) to gain experience to achieve the expectations required and give direction on the types of evidence or performance they would expect to see. A coach (or sometimes an appraiser depending on the approach used for appraisal in your organisation) may be particularly helpful in identifying realistic goals and establishing a time-limited route map with you of how you are going to achieve these.



**TABLE 2.1** The differences between types of supervision roles.

Role ✓	Line manager	Coach	Mentor	Appraiser	Expert	Critical friend
Aim/Purpose						
Permission and structure to learn	✓			✓		
Enhancing learning, making it apply to real practice, and giving learning an anchor/benchmark for practice			✓		✓	✓
Signposting and problem solving	✓		✓	✓		
Horizon scanning and development planning	✓	✓		✓		
Activity						
Reflection		✓	✓			✓
Case study review				✓	✓	
Assessment	✓			✓		
Role shadowing			✓		✓	

### Learning Events

Review the bullet points below and think about who would be best to utilise to achieve these.

- What are the expectations you should be working to?
- Who governs these expectations?
- How can/must you demonstrate that you meet these expectations?

## CONTINUING PROFESSIONAL DEVELOPMENT-USING APPRAISALS EFFECTIVELY

Healthcare and population needs are always changing, so professional development in advanced practice may never feel like it ends, as there are always going to be new knowledge and skills to learn. However, by setting clear objectives for your development and career aspirations, targets, and goals, you will be presented with more opportunities to make a conscious decision of what changes you want, rather than just being dragged along with the flow of change.

To do this, establish what the barriers or facilitators to change are and identify allies that will help you facilitate your development. Revisit Table 2.1 of potential people you can gain support from and consider who would be best from this list to be your ally to address barriers/facilitators. You should also take time to understand how your objectives align with intrinsic motivators (e.g. what gives you meaning, a sense of belonging, or self-esteem) and extrinsic motivators (e.g. rewards, competition, how you are seen by others) as well as organisational strategic objectives.

Every organisation will undertake an annual appraisal for all staff. This provides a golden opportunity to articulate and negotiate your achievements and aspirations, and to seek endorsement from your line manager for your plans. As you develop as an AP you should use this to synthesise your personal

aspirations, your organisational objectives, and the requirements to grow in your advanced practice capabilities. The structure and prescribed format for appraisal documentation will vary from place to place but they may include, or be supplemented with the use of a number of skills and tools that you can use to identify, plan, and sustain your learning.

Undertaking a learning needs assessment will provide dedicated time and space to decide what you need to focus on for your development. From this you can be more targeted on the actions you choose to undertake to address your learning needs. Within learning needs analysis, it is helpful to get a variety of perspectives on the areas you may need to consider as a development goal. Using a self-assessment tool, alongside gathering feedback (perhaps through a 360-degree appraisal) can help to discern what is needed. We are not always the best judge of how we are perceived by others and tend to over- or underemphasise our strengths and weaknesses. Learning needs analysis does not need to be complicated; asking simple questions such as ‘What are your goals?’, ‘What are your desired outcomes?’, ‘What knowledge/skills do you already have?’, and ‘What do you need?’, can help identify the gaps and prioritise actions.

Using a goal-setting tool such as ‘SMART’ can also help to clearly and concisely identify objectives and the actions, resources, and time scale needed to achieve your objectives. Think about, write out, and where possible discuss and agree with your supervisor:

- **S – Specific** – Write a clear aim and why it is significant. Try to keep it simple (you can break down complex aims into smaller chunks to help keep them specific enough for actions to be taken).
- **M – Measurable** – How are you going to meaningfully measure achievement of your aim. What will tell you that you have been successful?
- **A – Action** – What are the achievable and agreed actions you are going to undertake to address your aim?
- **R – Resources** – What resources are you going to need to achieve your goal? (This could be money, people, or access to a resource such as a course or online learning). Consider whether these are realistic (if not you may need to adjust, or stagger your goal or actions) and be clear about how these will help you achieve your goal.
- **T – Time** – Set a specific date by which you expect to achieve your goal. This may include setting dates for interim points for when actions need to be carried out, and when review is needed to check you are on track (or if you need to adjust your plan). This could be linked with a job plan, which is a helpful way of laying out time to facilitate your own development and ensure that you are meeting all four pillars of advanced practice.

Using other planning tools, such as a Gantt chart, can also be helpful to clearly set out timelines and actively plan for regular review points. Passively relying on an annual review may mean momentum is lost, or changes in circumstances derail your goals rather than adjusting to the circumstances while still keeping the ultimate goal in mind. These tools are also helpful as they encourage you to break a ‘master plan’ or an overarching goal into smaller, more manageable chunks. At different times you may need to break your actions down to smaller tasks to keep moving forward. For example, what can you do in the next 15 minutes towards your goal rather than in the next month? Gantt charts tend to be used as a basic structure for Personal Development Plans, where you should identify short-, medium-, and long-term goals.

Reflective tools or models are well known and used in healthcare, particularly within initial training or more formal education. You could try a few different ones to find the one that feels the best fit for you and until it feels familiar and easy to use. A key principle of reflection is that it is an ‘active’ rather than

passive process, where you set aside time and head space to engage with your experience and consider how that may help you in the future. All reflective models will encourage you to not just keep your reflective thoughts in your head. Writing it down and discussing it with someone (e.g. a coach, supervisor, or colleague you are utilising for revalidation processes) helps expose your thoughts; it can help to provide a definitive frame of reference for your goals and plans, and from this, gives you the driving force to turn this into tangible physical action. You may also find the National Health Service (NHS) leadership model (2023) helpful as a structure for reflection. It provides prompts to explore different aspects of leadership (which is a key pillar of AP) and provides tools for self- and peer-assessment and a way in which to record your experiences, plan your development, and track your progress.

## ATTITUDES TO LEARNING

Your attitude to learning can also have an impact on success. In studies that talk about a ‘growth mindset’, they noted that people who believed if they worked hard they could learn and achieve more, were actually more successful. Although the research has largely been based on children, this can also apply to adults, this is explored further in Carol Dweck’s TED talk ‘The power of believing that you can improve’ (Dweck 2022). By remaining open to learning and believing that putting some effort into learning can help you to achieve your goals, you are more likely to achieve what you are aiming for. Being passive and expecting the ‘learning to come to you’ are much less likely to be successful.

This is one of the reasons why there has been a shift away from using lectures as the primary way of delivering education. Just being present in a lecture theatre or gathering together a portfolio of attendance certificates will not automatically guarantee that learning has been achieved – it requires some active engagement by the learner for the transfer of knowledge from one person or source to another to happen. Verification of learning and capability in Advanced Practice takes note of this. For example, in the Advanced Clinical Practice Apprenticeship Standards for End Point Assessment (Institute for Apprenticeships & Technical Education 2018), and in the HEE e-portfolio (supported) Route (2023) for evidencing that a person adequately meets the capabilities expected for working at this level of practice, a range of evidence is required. The portfolios and assessments used will expect not just a collection of certificates, but articulation of how a particular learning event or experience has contributed to your development and can be evidenced in your practice as an AP. This requires engagement with reflection on learning and within this, clear articulation of how this applies to your practice as an AP within the emergency or critical care setting. For this reason, you will need to engage in a range of work-based assessments, which include external observation and endorsement of your capabilities as well as the use of case studies to provide examples of how learning has been applied and the expected outcomes of learning achieved.

Log books, structured training reports, and mini clinical evaluation exercises are expected within the RCEM credential for EC-ACPs, and Direct Observation of Procedural Skills, Case-based Discussions, and Multi-source Feedback are required by FICM for ACCPs. Within this process, and noting the ‘growth mindset’ approach, this requires that you acknowledge weakness as well as strengths, drawing upon both positive and negative feedback and experiences to plan and then demonstrate your development.

There is sometimes a temptation to feel you have to do everything to a perfected level before pushing yourself forward into new roles/tasks/contexts. In reality, though we are continually developing, you can never be fully and perfectly prepared, but you can be open to learning along the way, adapting as needed. Sometimes you do need to ‘just go for it’. Opportunities come by every now and again, and if you do not allow time away from the day-to-day tasks, you will miss the opportunities that occasionally pass by that could propel and boost your progress.

Finally, when considering your personal development, remember to look after yourself! Research has shown that healthcare worker wellbeing, organisational change, and patient safety are linked (Montgomery et al. 2020). There has been significant discussion of ‘building resilience’ and efforts to reduce burnout in healthcare workers, with the COVID-19 pandemic particularly highlighting the negative long-term impact this can have. Advanced Practitioners are not immune to this! In fact, you may be more at risk due to the emerging nature of AP roles where established support networks and a clear role identity, scope of practice, and legitimised autonomy can be a challenge. A (usually unjustified) sense of needing to prove yourself due to imposter syndrome has been noted to be a common feature of people’s experience, particularly where they are working in innovative ways or in new teams or services. Investing time in your own development and wellbeing is consequently worthy of attention, not least because it contributes to patient safety. This is, of course, a priority all can agree on as important.

## SUPPORTING PROFESSIONAL DEVELOPMENT WITHIN A TEAM

It is unlikely that as an AP you will be working in isolation. Commonly, Aps work within a multi-disciplinary team. Within this environment, it is important that as part of your CPD you develop your professional identity. All team members are not expected to work the same or bring the same knowledge, skills, and experience with them to the role they play within a team. Each team member should be encouraged to draw on others’ strengths to complement what they contribute, thus allowing the service to adapt to address the needs of the patients, carers, and organisations they work with.

From the team perspective of professional development, it is therefore important to recognise the strengths of others. As an AP you are also likely to be leading a team, and supporting trainees. You should take a facilitatory approach to identifying where individuals may need support to develop their contribution/expertise, as well as identifying where, as a team, there may be areas that need developing.

## CONTRIBUTION TO BROADER DEVELOPMENT OF AP

Within the Multi-professional Framework for Advanced Clinical Practice in England, a core capability of the ‘research’ pillar is that Aps are engaging and using networks to support their practice. This should be seen as your wider community of practice (beyond those you directly work with).

A Community of Practice (COP) is defined as a group of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly (Wenger 2000). They usually have an agreed domain or identity shared by an area of interest and an agreed community in order to build relationships, learn from each other, and share resources on their practice. There are a number of organisations developing AP in specific areas, such as the National Association of Advanced Critical Care Practitioners, The ACP Forum, and many in between.

Identifying and engaging with a community of practice is likened to ‘finding your tribe’; somewhere you feel you belong. It can be an incredibly helpful resource for shaping and supporting professional development and role transition at a personal and team level. It can help to ‘calibrate’ your ideas about what Advanced Practice is, what it can achieve, and what further opportunities there are to explore in this exciting field of practice.

A resounding feature of Advanced Practice is that it is diverse and often shaped by the local context. This can lead to a belief that the local way to operate is the only way; however by tapping into the diverse population of Advanced Practice, you can draw upon a wealth of experiences to open up the potential

options available. By the types of work that Aps engage with and the position that this role affords, Aps are often in the position of being trailblazers and innovators, having to create new solutions or deal with new problems to solve. This creates a need for and provides an opportunity to view the situation beyond the boundaries of your particular experience to date, your profession, team, or service.

## WHAT NEXT?

As you hopefully will have gathered by now, CPD is iterative. There is always further development to be undertaken. It is also the case that once you have achieved recognition or accreditation as an AP in emergency or critical care, there are expectations that you periodically revalidate your credentials to work in this field.

As noted above, each of the credentialling bodies also provides direction regarding what is expected if you want to continue to work at the advanced level in emergency or critical care.

For FICM, it is expected that the meetings and assessments that have been used within the training programme are built upon to allow regular review and overall competency progression (e.g. meetings two or three times per year with the ACCP local clinical lead). Annual appraisal can be combined with the Annual Review of Competency Progression (ARCP) while in training, and can also be utilised going forward to review progress and set development plans (including meeting any regulatory body requirements to remain registered in your profession). While there are no specific requirements set beyond the completion of the training by FICM, it is noted that the ACCP should continue to consolidate, maintain, and extend knowledge. They note that the ACCP clinical lead is expected to play a key role in supporting career progression and agreeing on any additional dimensions to service delivery that are required.

For RCEM, again they do not provide specific direction regarding requirements to retain accreditation beyond what is expected for revalidation with your relevant regulatory body. They do note that all ACPs should engage in CPD and maintain a portfolio of evidence to ensure they meet the requirements for professional revalidation.

In the CC3N Step Competency Framework, this is more specifically (and understandably) linked into the requirements for revalidation with the NMC (which is once every three years). This includes use of reflection, evidence of professional indemnity arrangements and CPD, practice hours, and feedback log books. In addition, they provide a structure for annual competency review, which should accompany local annual appraisal systems and documentation to ensure the nurse continues to demonstrate themselves as a safe and competent critical care practitioner.

The Centre for Advancing Practice have not yet agreed on a process for registering or providing continued, or renewed accreditation (as of December 2022) for validated credentials (including for Acute Medicine). In the next few years, regulatory bodies may review whether Advanced Practice will come more directly under their remit as a regulated professional title. This may have implications for people that have followed credentialling programmes and wish to maintain this status. However, all of the above organisations already draw attention to the need for registered professionals to maintain and adhere to the requirements of their regulatory body.

In many large organisations (including at Integrated Care Board [ICB] level) there are opportunities being created for leadership in Advanced Practice. It may seem tempting to see working as an Advanced Clinical Practitioner as the ultimate destination. However, taking a lead AP role can allow you to continue to develop and influence others at a broader organisational, or community of practice level.

A fundamental feature of leadership is that you are supporting others to take their journey of development and hopefully make it a positive experience for them. This requires that you share your