

## CRITICAL CARE OUTREACH PRACTITIONER NATIONAL CREDENTIAL AND CAREER FRAMEWORK WORKING GROUP

### THE NATIONAL OUTREACH FORUM IN COLLABORATION WITH THE INTENSIVE CARE SOCIETY AND THE CRITICAL CARE NATIONAL NETWORK NURSE LEADS FORUM

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#### TERMS OF REFERENCE

**The National Outreach Forum (NORF)** [www.norf.org.uk](http://www.norf.org.uk) is a multi-professional interest group that seeks to promote excellence in the care of acutely unwell patients. NORF provides a representative forum for Critical Care Outreach service providers and recipients, or similar models of care, across the country (England, Wales and Northern Ireland) who, using best evidence, strives to optimise the quality of the acutely unwell patient's treatment, care and experience.

**The Intensive Care Society (ICS)** [www.ics.ac.uk](http://www.ics.ac.uk) is the largest multi-professional critical care membership organisation in the UK that welcomes medical, nursing and allied healthcare professionals from across the world. The Society's vision is a world where every member of the multi professional critical care team has a voice and plays a part in research, education and standards-development. The Society's mission is to represent the views of the multi professional critical care community and help them by providing opportunities for knowledge exchange to support learning and enable them to contribute to research and standards development.

**The Critical Care National Network Nurse Leads Forum (CC3N)** [www.CC3N.org.uk](http://www.CC3N.org.uk) is one of three forums that represent the Critical Care Operational Delivery Networks and its membership includes all the network lead nurses from England, Wales and Northern Ireland. CC3Ns primary purpose is to collaborate and engage with critical care stakeholders to improve the quality, safety and experience of critical care service users and providers.

#### BACKGROUND

Comprehensive Critical Care Outreach (3CO) can be defined as *"a multidisciplinary organisational approach to ensure safe, equitable and quality care for all acutely unwell, critically ill and recovering patients irrespective of location or pathway"* (NORF 2012)

Core components of Comprehensive Critical Care Outreach (3CO) as a continuum are exemplified by seven core elements:

- Patient Track and Trigger
- Rapid response
- Education, training and support
- Patient safety and clinical governance

- Audit and evaluation; monitoring of patient outcome and continuing quality care
- Rehabilitation after critical illness (RaCI)
- Enhancing service delivery through collaboration and skilled communication

To date at a National level (UK), education, clinical competencies and career frameworks for critical care outreach personnel, or those working within equivalent frameworks or models of care, have been developed and delivered in various ways, differing widely between organisations and regions. This is evidenced in the CC3N (2017) Workforce Survey: [https://www.cc3n.org.uk/uploads/9/8/4/2/98425184/national\\_critical\\_care\\_nursing\\_and\\_outreach\\_workforce\\_survey\\_report\\_2018\\_final.pdf](https://www.cc3n.org.uk/uploads/9/8/4/2/98425184/national_critical_care_nursing_and_outreach_workforce_survey_report_2018_final.pdf)

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This multi-professional task and finish group is being established to develop a nationally recognised competency credential and career framework for registered practitioners delivering comprehensive critical care outreach (3CO), or equivalent services.

#### PURPOSE

1. To define a patient focussed National Competency Credential and Career Framework for Registered Practitioners delivering comprehensive critical care outreach (3CO), or equivalent services
2. To develop a suite of core critical care outreach competencies that underpin current clinical practice
3. To develop a recommended professional development framework / career pathway for 3CO practitioners
4. To advise Acute Provider Trusts, 3CO leads, practice educators, HEIs and other education providers of the expected level of competence and skills required to attach to future educational programmes
5. To promote and foster clear communication and productive relationships between stakeholders in practice and academia

#### EXPECTED OUTCOMES

1. Production of a nationally recognised and transferable competency credential for registered practitioners delivering 3CO or equivalent models of care
2. Provide standardisation in assessment of competency attainment
3. Provide 3CO leads, practice educators, HEIs and other education providers with the requisite core clinical competencies /skills to support 3CO educational programmes at level 6 (or above)
4. Production of a recommended professional development framework / career pathway for 3CO or equivalent practitioners

#### WORKING GROUP OBJECTIVES

1. Act as a multi-professional task and finish group, completing all work streams within the allocated time frame (15 months: March 2019 - June 2020)
2. Identify sub-groups and Leads
3. Review existing critical care outreach (CCO) or equivalent competency frameworks

4. Review existing post registration professional development (career pathway) frameworks
5. Identify and describe core comprehensive critical care outreach (3CO) competencies, knowledge, skills and behaviours
6. Identify and describe a model professional development (career pathway) framework for 3CO and equivalent practitioners
7. Ensure alignment and interface with existing competency frameworks and post registration professional development / career pathways
8. Maintain credibility of outputs by:
  - a. Engaging 3CO experts and practitioners and collaborating with all relevant stakeholders; *including but not exclusive to: FICM, SAM UK, NaACCP, RCN, UKCCNA, ICU-Steps, RCP, (BACCN, ACPRC no response at 06 02 2019)*
  - b. Utilisation and reference to, published literature, national guidance and best practice evidence
9. Work in collaboration with practice educators, HEI's and other education providers
10. Disseminate all work produced through NORF, the ICS, CC3N and others as appropriate to enable wide and robust consultation
11. Assimilate feedback within the allocated time frame
12. Publish and launch National 3CO Credential and Professional Development Framework (career pathway)
13. Promotion of the above by all key stakeholders

## MEMBERSHIP

The working group is multi-professional and comprised of: experienced and knowledgeable critical care outreach (CCO) practitioners and CCO medical Leads, critical and acute care nurses, therapists, practice educators and academic lecturers with 'critical and acute care' in their portfolio. Membership represents a geographically diverse sample including England, Wales and Northern Ireland and work in either critical care outreach teams, Level 1 units, acute clinical areas, HEI's or other academic organisations. Additional members maybe invited where their input is seen as valuable in the development of the work plan.

## CHAIR AND DEPUTY

A Chair and Deputy will be appointed. The Chair or Deputy will, in conjunction with the Nucleus Group, be responsible for agenda items and proof reading notes and minutes for accuracy

## NUCLEUS GROUP

1. A nucleus group will be established and will meet more frequently (via teleconference) than the full working group
2. The nucleus group will:
  - a. Be led by the Chair or Deputy and comprise of the sub-group leads / other key stakeholders

- b. Deal with emergent issues of the various sub-groups between meetings and provide guidance and support as appropriate
- c. Develop agenda content for the working group meetings
- d. Share minute taking
- e. Be responsible for manuscript production

### ROLES AND RESPONSIBILITIES / NOTIONAL WORK LOAD

1. Three 'face to face' meetings are planned over a one year period. A fourth final 'sign off' meeting may be arranged if the Nucleus Group deems necessary
2. Teleconferences will be held in between meetings as needed, but will be at least three
3. Sub group leads to attend 100% of Working Group meetings (or represented by an appropriately nominated deputy)
4. Other group members to attend at least two out three of the Working Group meetings (or represented by an appropriately nominated deputy)
5. Line manager support should be sought and agreed for the above
6. ALL Working Group members to be actively involved in the development of the work streams
7. Continued work on allocated work streams will be expected between meetings (in the region of 12 hours between each meeting) and shared to ALL via email
8. To openly share any thoughts, ideas or comments in relation to the work being undertaken, respecting the opinion of others
9. To complete work within agreed time frames

### MEETING QUORATE

- Chair or Deputy
- 50% of Working Group members

### SIGN OFF QUORATE

- Chair or Deputy
- 50% of Working Group members
- 50% of sub-group members

### OTHER

Unfortunately reimbursement for travel expenses will not be possible. NORF and the ICS will however provide refreshments and a light lunch at the Working Group meetings.