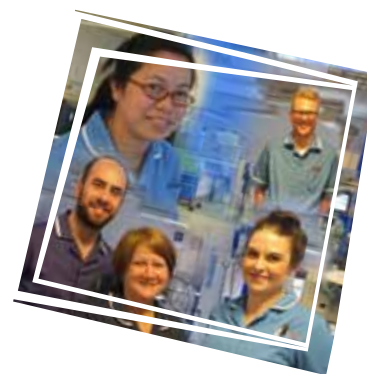


National Standards for Adult Critical Care Nurse Education

Core curriculum and competency development
for registered nurses in adult critical care





Foreword

Since the emergence of intensive care units in the United Kingdom it has been recognised that there is a need to ensure the critically ill patient is cared for by a group of professional nurses that have the appropriate specialist knowledge and skill set to assess, implement and evaluate patients and related care interventions.

To ensure equity of care delivery, it makes sense to strive for an adult critical care nursing workforce that is developed to common standards, so that the quality of that workforce can be assured across geographical boundaries.

This document provides a set of standards and recommendations for post registration critical care nurse education that should be considered and applied to support that vision.

It should be viewed as guidance to aid discussion between commissioners, healthcare and educational providers to facilitate the development of local training and educational programmes that meet today's ever changing healthcare demands.

2016 Standards for Adult Critical Care Nurse Education

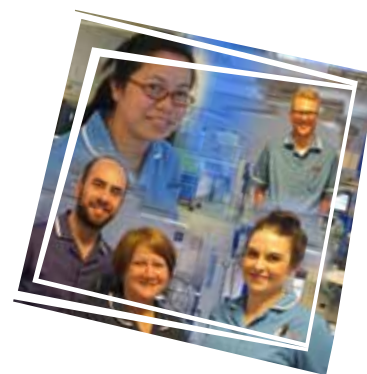
This guidance provides education providers such as Higher Education Institutions (HEI's), Directors of Nursing, Critical Care Nurse Leads and Practice Based Educators (or equivalent) with a strategic view of how critical care education and training should be provided. In particular how it assists in the development of a critical care workforce that has the skills and knowledge needed to deliver safe high quality bedside care to the critically ill patient. Explanation is provided to demonstrate how competency development is structured and used in conjunction with post registration critical care programmes and the agreed core curriculum.

For commissioners and providers of post registration critical care courses this document will describe the benefits associated with having a standardised and transferable approach to critical care education and training and provide detail of the minimum standards expected by service providers to meet the needs of critical care patients and the wider public.

The terms "Student" "learner" "staff" are used interchangeably in reference to the individual undertaking the programme of learning.

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Introduction

In 2008 the Critical Care National Network-Nurse Leads Forum (CC3N) undertook a review of critical care nurse education programmes. This followed concerns raised by critical care service managers, nursing leads and matrons nationally and related specifically to the inequity and differing quality of critical care education provision, including:

- Variation in academic courses offered (including curriculum covered and skills attained)
- Variation in academic awards attached to programmes
- Variation in cost and value for money
- Variation in the competence of nurses at the bedside (despite achieving formal courses)
- Lack of transferability of critical care awards across geographical boundaries

It was recognised that these variations had a direct impact on the quality of care being delivered within critical care units and indirectly on recruitment and retention of the critical care nursing workforce. From the scoping exercise a 2 phase project was created to address these challenges:

- Phase 1: Development of Standards for Critical Care Nurse Education for use by HEI's, including a defined core curriculum
- Phase 2: Development of a suit of CORE competencies applicable to all general critical care units, to provide the practice assessment to accompany the HEI post registration programme

A working group was established in collaboration with wider stakeholders, which included critical care nursing colleagues, practice based educators, managers, critical care networks and academic programme leads and lecturers. They represent a geographically diverse sample including England, Wales & Northern Ireland.



Professional nursing bodies were also represented and included:-



Standards

The professional critical care nursing organisations in the UK (Critical Care Networks – National Nurse Leads (CC3N), British Association of Critical Care Nurses (BACCN), Royal College of Nursing (RCN), Intensive Care Society (ICS), Independent Healthcare Advisory Services (IHAS), National Outreach Forum (NOF)) – believe that educational providers and critical care services must adhere to the principles and standards laid out in this document when commissioning and delivering post registration critical care courses. The standards will be viewed as a framework to assure both healthcare and academic providers that the provision of critical care nurse education is meeting the needs of service delivery and the workforce.

STANDARD	ADDITIONAL RATIONALE/CONSIDERATION	REFERENCES
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1. Educational programme must ..

1.1	be accessible to NMC registered nurses working in a critical care environment (NB. critical care defined by ICS Level 2 and 3 criteria)	To ensure delivery of safe, effective quality care to critically ill patients'. Meeting the needs of service users and service requirements	Guidelines for the Provision of Intensive Care Services (GPICS) (2015)
1.2	be responsive to the needs of the service through a modular and flexible approach	To build sustainable model that can be flexible and meet the requirements of a challenging and progressive service	
1.3	Adhere to core standards: <ul style="list-style-type: none"> • Provides 60 academic credits at level 6 or 7 • Follows the outlined core curriculum • Incorporates Step 2 & 3 competency assessment (having already completed Step 1) in line with the principals of the Framework for Higher Education Qualification (2008) (FHEQ)	To ensure delivery of safe, effective quality care to critically ill patients'. Meeting the needs of service users and service requirements	The Framework for Higher Education Qualifications in England, Wales and Northern Ireland (FHEQ) (2008)

2. The curriculum must ..

2.1	consist of a standard core curriculum, designed to achieve set learning outcomes (Please refer to page 10 Core Curriculum)	To provide a standardised and transferable post registration award in Adult Critical Care Nursing	
2.2	assess both theoretical knowledge and practical skills (using step 2 & 3 competencies)	To achieve level of competence in critical care nursing practice	
2.3	include holistic content which is speciality specific	To ensure care delivery is individualised and patient-centred	
2.4	enable attainment of 60 credits within 12 months/academic year (NB. this may be extended under extenuating circumstances in accordance with HEI validation)	To ensure academic consistency and rigor across all educational programmes	
2.5	include all stakeholders in development and delivery strategies	To ensure curriculum content reflects service requirement and delivery is achievable within current service constraints	

3. Assessment processes must ..

3.1	include theory and practice/competence elements (using step 2 & 3 competencies)	To provide a standardised and transferable post registration award in Adult Critical Care Nursing	
3.2	have allocated clinical mentors who possess a recognised mentorship qualification and a post registration critical care course and/or appropriate experience	To provide robust assessment and accountability processes	
3.3	include robust local strategies that address issues related to failure	To ensure opportunities are equitably provided to all staff to support achievement of competence	

STANDARD	ADDITIONAL RATIONALE/CONSIDERATION	REFERENCES
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4. Quality monitoring procedures must include ..

4.1	evaluation of courses and their outcomes in collaboration with education providers / HEIs	Provides a robust quality assurance process (including learners, practice environment and educational providers) to support programme and placement development	
4.2	local formal stakeholder meetings to evaluate course content and support workforce development	To build sustainable programme that can be flexible and meet the requirements of a challenging and progressive service and evolving workforce	
4.3	educational audits to assess suitability of the learning environment (as per UKCCNA 2014 recommendations)	Provides a robust quality assurance process to support placement development	NMC, 2008 & UK Critical Care Nursing Alliance, (UKCCNA) (2014)

5. SPECIFIC RESPONSIBILITIES OF INDIVIDUALS

5.1 Academic providers must ..

5.1.1	be proficient in theory, including research and evidenced based practice	To provide a standardised and transferable post registration award in Adult Critical Care Nursing	
5.1.2	be clinically credible with relevant practical expertise	Maintain professional credibility, to provide robust academic support and assessment	

5.2 Students must ..

5.2.1	hold a professional registration in nursing and be active on the NMC register	Must be a registered nurse to complete National Competency Framework	
5.2.2	successfully complete a period of preceptorship which includes completion of Step 1 competency attainment prior to commencing a critical care programme	To achieve minimum knowledge and skills attainment prior to accessing course	
5.2.3	complete a minimum of 18 clinical hours per week in a critical care area during the course of the programme	Allow sufficient practical exposure to develop competence within recommended timeframe	
5.2.4	ensure they comply to local HEI / education provider attendance requirements	To promote engagement and protect learning experience	

5.3 Sponsoring organisations must ..

5.3.1	Provide a structured framework to support staff development and progression	To provide a structured framework to support staff progression that monitors and tracks individual achievement and compliance against national standards. To ensure an adequate number of appropriately trained staff to meet service needs and support the delivery of safe and effective quality care	
5.3.2	Have a designated Practice Educator with responsibility for developing and implementing a critical care educational strategy	To provide leadership and expertise to support implementation. To coordinate the education, training and CPD framework for critical care nursing staff	Guidelines for the Provision of Intensive Care Services (GPICS) (2015)

STANDARD	ADDITIONAL RATIONALE/CONSIDERATION	REFERENCES
5.3.3	provide support mechanisms: • As a minimum ensure staff are released from clinical practice for academic study requirements • 40% of learners clinical practice hours should allow for contact with a mentor/supervisor over the duration of the programme	To allow sufficient educational and practical exposure to develop competence within the recommended timeframe. To provide dedicated time to enhance learning.
5.3.4	provide a selection process which includes an agreed approach between the sponsoring organisation, academic provider and learner and as a minimum outlines completion of Step 1 competencies	To ensure all staff have fair and equitable access to educational resources and opportunities to develop
5.3.5	secure funding from appropriate NHS organisations and other educational sponsors, where this is available	To build sustainability into the successful delivery and continuation of the critical care educational strategy
5.3.6	provide a creative learning environment that provides a range of learning experiences, involving patients, clients and professional team members	To ensure staff have exposure to appropriate and meaningful learning opportunities in developing competence and continued professional development that are centred around service users' needs
5.3.7	support clinical placement to facilitate learner development and achievement of learning outcomes	To achieve and maintain competence in areas not routinely delivered in the local organisation and to broaden the learners perspective of critical care service delivery
5.3.8	Support mentors / assessors to facilitate learner development and achievement of learning outcomes	
5.3.9	As a minimum, mentors / assessors must be trained to understand in how to assess staff using the National Competency Framework	

5.4 Mentors/Assessors must ..

5.4.1	meet the standards of regulatory bodies (NMC, 2008)	To provide consistency and maintain the minimum standards for mentorship	NMC (2008) Standards to support learning and assessment in practice
5.4.2	demonstrate on-going professional development/competency within critical care	Maintain professional credibility, to provide robust assessment and accountability processes	NMC (2008) Standards to support learning and assessment in practice
5.4.3	be approved by managers and supported by organisations to undertake mentorship and assessment roles	To ensure the mentor is compliant with the NMC standards 2008	NMC (2008) Standards to support learning and assessment in practice
5.4.4	provide constructive feedback to learners and support the identification and development of learning needs and action plans	To foster an open and meaningful relationship to support learning and development	
5.4.5	manage and support failing learners so that they may enhance their performance and capability for safe and effective practice	To ensure opportunities are equitably provided to all staff to support achievement of competence	

The National Competency Framework for Adult Critical Care Nurses

The framework has been designed to move the learner through a progressive development process from a novice in critical care, through to a competent and independent practitioner.

Working through the 'Steps of Competence'



Step 1 Competencies - Direct supervision refers to the supernumerary period where staff will be expected to complete the Step 1 competencies which should be commenced when a nurse begins in critical care where he/she has no previous experience of the speciality. These competencies will help support staff development during preceptorship. It would be expected that staff will have completed Step 1 competencies before accessing an academic critical care programme and that HEI's build Step 1 into their pre-course requirements. It is recommended that all Step 1 competencies should be completed within 12 months. However, this may be extended with the support of unit managers depending on individual circumstances. Local organisations and HEI's / education providers may use their discretion as to whether Step 1 competencies are relevant and transferable to level 1 enhanced care areas.

Step 2 Competencies - should be completed during the period of an academic critical care programme where 'the learner' will gain the necessary depth of related theory and knowledge from the outlined core curriculum (please refer to page 10 Core Curriculum). Step 2 competencies will allow the nurse to:

- Demonstrate skilled performance in the activity with enhanced theoretical knowledge and understanding giving rationale for practice

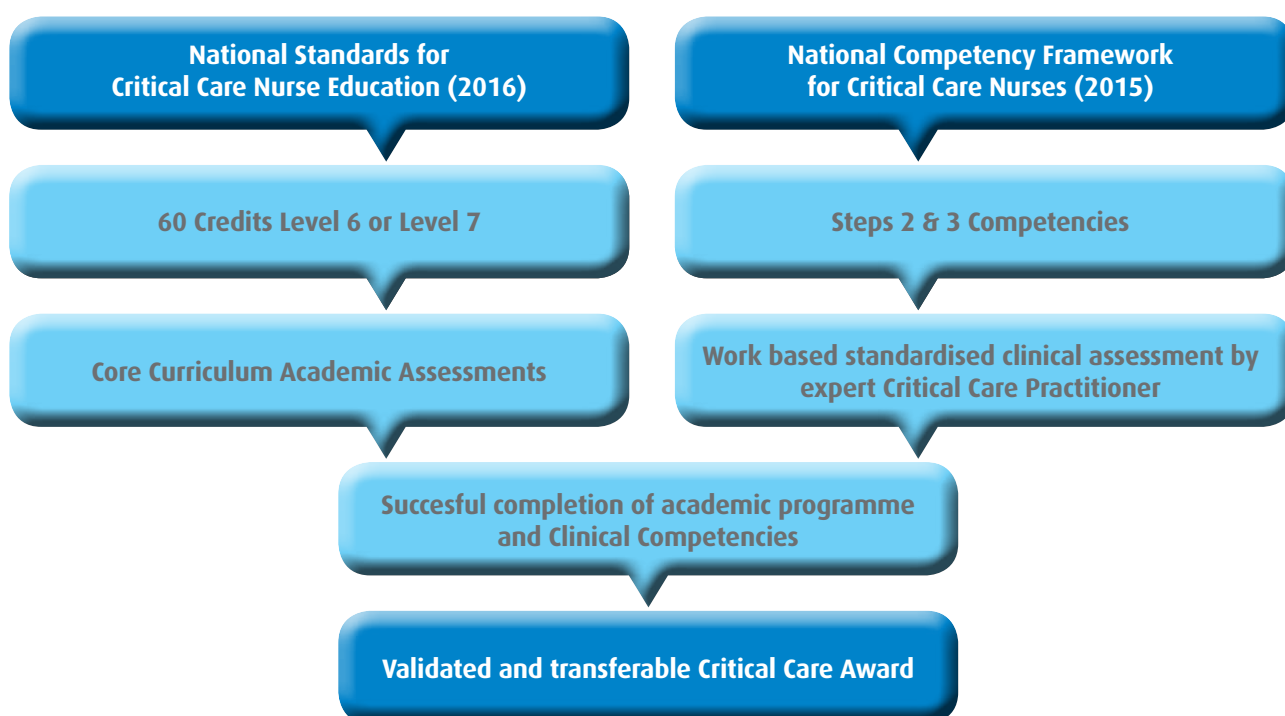
- Demonstrate application of knowledge and understanding in relation to relevant policies, procedures and guidelines
- Participate in problem solving through critical analysis and evaluation of more complex situations
- Develop more varied critical care experience with minimum supervision and guidance, attaining competence in related knowledge and skills

Step 3 Competencies should be completed during the period of an academic critical care programme where the 'learner' will gain skills in supervision of others and complex problem solving.

Step 3 competencies will allow the nurse to:

- Demonstrate competent performance in all the activities specified without direct supervision based upon relevant evidenced based knowledge, intuition and established practice
- Independently problem solve complex situations and offer solutions through critical analysis and evaluation
- Supervise and instruct others in a range of activities related to their role and responsibilities
- Apply knowledge, understanding and research to relevant policies, procedures and guidelines to critically analyse and improve practice

How the academic and competency development fit together



Measuring competence

Competence based education and evaluation consists of two components: identification in clear, measurable terms, with indicators for the level of performance required for specific skills; and the evaluation of skill acquisition through measurable criteria.

The National Standards for Critical Care Education describes competence as:

“The combination of skills, knowledge and attitudes, values and technical abilities that underpin safe and effective critical care nursing care and interventions”

For the framework to remain valid and transferable between organisations and geographical areas the competency document needs to be completed in full (not altered in any way), all the core competencies are applicable to the general critical care unit and need to be achieved in full.

Only exception:

For general critical care units that do not provide renal replacement therapy the knowledge and skills

assessment have been separated. All registered critical care nurses are expected to achieve the knowledge elements; however, the practical assessment will only apply to registered nurses working in units that deliver the therapy.

If any of the other competencies are not achievable within the normal working environment, systems should be put in place that allow staff to gain exposure and experience in the outstanding core competencies within other departments and/or critical care units. A lack of learning opportunities locally should not prevent an individual learner from progressing through the core competencies.

Although competencies cannot be removed from the framework local organisations may add additional competencies to cover more specialist care pertinent to their own area, for example, cardiac surgery, major trauma, ECMO, burns and neurology.

Core Curriculum Completion

In order to achieve a standardised and transferable critical care post registration academic award, it is important that educational providers utilise the core curriculum within their programmes and that critical care units only purchase those courses that have adopted the standards. A number of Critical Care Networks have included these standards within their Service Specification and Peer Review processes as reflected in Guidelines for the Provision of Intensive Care Services (GPICS) and it is anticipated that more will do the same with changes in contracting arrangements for critical care services against professional standards. The Care Quality Commission (CQC) uses the standards as part of the inspection process.

The curriculum is designed to prepare the registered nurse to meet the core competencies relevant to all general critical care units which are outlined in Step 1, Step 2 and Step 3 of the accompanying competency framework.

Aims for higher educational providers

- 1) Educational programmes should be aligned to achieve service requirements which underpin Department of Health (2000) strategic goals
- 2) Embrace the concepts of quality and progressive innovation in learning, teaching and assessment
- 3) Programmes should be developed using a flexible learning approach, utilising virtual learning environments where appropriate
- 4) All programmes should disseminate current research to enhance practice development
- 5) An inclusive learning environment should be provided for all learners
- 6) The learning experience should enhance skills and theoretical knowledge to underpin clinical practice
- 7) All programmes should support and encourage student potential in academic and clinical development,

in the context of service requirements and delivery

- 8) Programmes should be developed and delivered by a combination of individuals who are academically and clinically credible within critical care

Critical care learning outcomes

Programme learning outcomes should allow for the integration of varied learning experiences, both within the academic and clinical setting. The resulting critical care award/qualification should develop nurses with high level analytical skills and the specified range of competencies related to critical care practice (Step 2 & Step 3). These are further defined in the 3 areas below, however it is recognised that each HEI may have differing programme outcome 'headlines' and as such these are not mandatory but the related content should be incorporated as part of all course outcomes.

- 1) Knowledge and skill

Demonstrate and critically reflect on the application of critical care nursing skills which are theoretically underpinned

- 2) Research

Critically evaluate evidence based practice in context to critical care practice

- 3) Decision making

Critically appraise and apply relevant theory to support clinical decision making within a critical care team setting

The programme of study should develop and prepare learners to demonstrate:

- knowledge of relevant anatomy, physiology and pathophysiology
- ability to recognise health abnormalities
- competence to assess, plan, implement and evaluate care for patients with health abnormalities
- knowledge relating to pharmacology and pharmacokinetics
- knowledge of investigations, interpretation and application of results
- knowledge of treatment modalities
- safe and effective use of equipment
- competence to manage emergency situations

- ability to demonstrate leadership, management and team skills

- ability to plan and contribute to rehabilitation alongside the wider MDT

All of the above elements should be applied to the following systems based approach and content related to the detail outlined in Step 2 & Step 3 competencies (table 1.0), with appropriate research and evidence base underpinning programme delivery. This should be delivered using the patient journey or relevant pathways to demonstrate and offer examples of the inter-related, multi-faceted complexity of critical care nursing.

Table 1.0 Systems based approach

Promoting a positive patient experience	Neurological system
Respiratory system	Integumentary system
Cardiovascular system	End of Life Care
Renal system	Inter & Intra hospital transfer
Gastrointestinal system	Rehabilitation
	Care of the pregnant or recently pregnant lady

There are other key areas of development that are integral to the critical care nursing curriculum namely communication and teamwork, law and ethics and holistic care. Although registered nurses may have had exposure to these subjects these should be addressed with specific reference to the critical care environment and include:

- Admission and discharge processes and considerations
- Ability to manage the critically ill patient along a variety of patient pathways
- Psychosocial care of the patient and their family
- Medicines management and the challenges within critical care
- Infection Prevention & Control considerations
- Importance of communication & team work
- Professionalism, accountability and defensible documentation

- Vulnerability of critically ill patients (including consent, mental capacity and deprivation of liberty (DoLS))
- Leadership development
- Legal requirement of role and ethical dilemmas that could arise in practice
- Knowledge of acts of parliament that influence care delivery

Patient safety is integral to the delivery of all programme material but programmes promoting excellence will also include non-technical skills through human factors and simulation:

- Knowledge of fixation
- Red flags
- Situational awareness
- High vigilance (particularly with regard to handover, transfer, emergency situations)

continued overleaf

As identified in: Human Factors in Healthcare (National Quality Board 2013 NHSE)

Bachelor’s degrees with honours are awarded to students who have demonstrated:

a systematic understanding of key aspects of their field of study, including acquisition of coherent and detailed knowledge, at least some of which is at, or informed by, the forefront of defined aspects of a discipline

an ability to deploy accurately established techniques of analysis and enquiry within a discipline conceptual understanding that enables the student: to devise and sustain arguments, and/or to solve problems, using ideas and techniques, some of which are at the forefront of a discipline to describe and comment upon particular aspects of current research, or equivalent advanced scholarship

an appreciation of the uncertainty, ambiguity and limits of knowledge

the ability to manage their own learning, and to make use of scholarly reviews and primary sources (for example, refereed research articles and/or original materials appropriate to the discipline). Typically, holders of the qualification will be able to:

apply the methods and techniques that they have learned to review, consolidate, extend and apply

their knowledge and understanding, and to initiate and carry out projects critically evaluate arguments, assumptions, abstract concepts and data (that may be incomplete), to make judgements, and to frame appropriate questions to achieve a solution - or identify a range of solutions - to a problem communicate information, ideas, problems and solutions to both specialist and non-specialist audiences. (FHEQ 2008).

Learning Environment

The effectiveness of clinical placements will depend on the partnership between education providers, health service providers and students. Each member of the partnership must ensure that the individual’s practice experience contributes to the learning outcomes consistent with the aims of the education programme. The practice environment must provide a safe and supportive environment for students.

It is essential to create a learning environment where staff/students are able to access inter-professional learning opportunities and support to maximise personal achievements. The placement environment must:

- have the required facilities available to support student learning in practice and sufficient resources, which may include access to library services and information technology
 - be able to provide students with learning opportunities to meet their programme learning outcomes and competency framework. Where this is not possible, arrangements should be made for students to visit other critical care units to gain the required learning opportunities
 - have adequate numbers of appropriately prepared competent mentor/assessors to support students. Each student to be allocated a named mentor/assessor
- continued on next page*

- provide care underpinned by the best available evidence where evidence exists
- have a Clinical Educator with appropriate experience and qualifications, responsible for the coordination, promotion and delivery of education and training programmes and allocation of mentors
- have a student selection process
- have processes in place for dealing with concerns about the placement area
- have processes in place to address professional / conduct related issues
- have clearly defined health and safety policies in place to support students in the work based environment

Assessment in Practice & Quality Assurance

Practice environments should be assessed to support potential students and ensure they are experiencing a positive learning environment. In order to support this aim the UK Critical Care Nursing Alliance (UKCCNA) has produced “Quality assurance standards to underpin student placements in critical care units during post registration critical care educational programmes” (UKCCNA 2014).

The aim of the standards is to define the responsibilities of critical care units when providing a work based placement area for nurses enrolled on post registration critical care courses being delivered in collaboration with HEI’s and other education providers. Clarity of understanding by each party of their roles and responsibilities is essential when working in partnership.

Mentors / Assessors

Assessment in practice is used for three main reasons: to promote learning; to certify achievements; and to provide data that can be used for quality assurance purposes. Competence assessment against the National Competency Framework for Adult Critical Care Nurses (CC3N, 2015) is a key component of post registration critical care courses and requires assessment within the clinical environment. All efforts should be made to ensure that assessment in practice is both accurate and fair.

To facilitate this assessment process it is necessary that placement areas have:

- mentors who meet the required standards of the NMC (2008)

- mentors/ assessors who are able to demonstrate their on-going professional development & competency within critical care and have knowledge of current evidence base
- mentors who assess student learning, enabling achievement of required learning outcomes using agreed framework
- mentors who possess a recognised mentorship qualification
- mentors/ assessors with appropriate knowledge and information about the programme of study and the National Competency Framework for Adult Critical Care Nurses (CC3N, 2015)
- appropriate systems in place to ensure early identification of learning issues resulting in action plans and review dates
- a clearly defined confidential process in the case of failure to progress or professional concerns

There should be links between educational providers and mentors and assessors in practice to allow reporting of any failure to progress or professional concerns to be raised and actioned appropriately.

Mentor / Assessor roles and responsibilities

Mentors/Assessors must meet the following requirements:

- Complete an NMC approved mentor preparation programme
- Comply with the NMC Mentorship Standards (2008)
- Perform all clinical skills in a professional, safe and consistent manner

continued overleaf

- Demonstrate evidence of developing their knowledge, skills and competence beyond their nursing registration
- Have completed a post registration qualification in critical care nursing
- Demonstrate that their practice is evidenced based and in line with current critical care recommendations and guidelines
- Is able to make recommendations in relation to competence and provide rationale
- Is approved by the Critical Care Unit Manager/Lead Nurse

Specific responsibilities of mentors/assessors include:

- Promotion of a positive learning environment
- Support of the individual to expand their knowledge and understanding
- Highlighting learning opportunities
- Set realistic and achievable goals / action plans
- Complete assessments within the recommended timeframe
- Bring to the attention of the HEI, Education Lead and/or Manager concerns related to the individual nurse's learning and development

To establish effective working relationship by:

- demonstrating an understanding of factors that influence how individuals integrate into practice setting
 - providing on-going constructive support to facilitate transition from one learning environment to another
 - demonstrating effective professional and inter professional working relationships to support learning
- To facilitate learning by:
- using knowledge of the learner's stage of development to select appropriate learning opportunities to meet the individual's needs
 - facilitating the selection of appropriate learning strategies to integrate learning from practice and academic experiences
 - supporting learners in critically reflecting on their learning experiences in order to enhance future learning

- identifying and applying research and evidence based practice to their area of practice
- supporting learners in applying an evidence base to their own practice

To provide leadership by:

- planning a series of learning experiences that will meet learners' defined learning needs
- acting as an advocate for learners to support them accessing learning opportunities that meet their individual needs
- prioritise work to accommodate support of learners within their practice roles
- provide feedback about the effectiveness of learning and assessment in practice

Supporting evidence & links to other frameworks

Department of Health

In April 1999, the Department of Health (DH) established a review of adult critical care services, and invited an expert group to develop a framework for the future organisation and delivery of critical care services. The group reported their findings in Comprehensive Critical Care (DH, 2000) and identified the need to redesign and improve the standard of critical care services, and central to this was the need for a competent workforce. The report highlighted the difficulties in the recruitment and retention of the necessary trained staff and in having professional training and development programmes that do not match the needs of individuals or the service.

In 2005 the DH took this a step further with the publication of best practice guidance produced by the critical care stakeholder forum 'Quality Critical Care - beyond comprehensive critical care' (DH, 2005), which again emphasised the need for an appropriately trained and competent workforce.

Table 2.0: ICS Core standards for the registered nurse work force (ICS, 2013)

STANDARD		ADDITIONAL RATIONALE/CONSIDERATION	REFERENCES
1.2.6	Each Critical Care Unit will have a dedicated Clinical Nurse Educator responsible for co-ordinating the education, training and CPD framework for critical care nursing staff and pre registration student allocation	The role will be supernumerary and additional Clinical Nurse Educators will be required for larger units, i.e. 1 WTE per circa 75 staff. Consideration needs to be given to local need such as rapid staff turn-over, large numbers of junior staff. The Clinical Nurse Educator will be in possession of a post registration award in Critical Care Nursing and appropriate post graduate certificate in education or equivalent.	Williams G, Schmollgruber S, Alberto L <i>Crit Care Clin.</i> 2006 Jul; 22(3):393-406 BACCN 2009
1.2.7	All nursing staff appointed to Critical Care will be allocated a period of supernumerary practice	This period is to allow adequate time for registered nurses to develop basic skills and competencies to safely care for a critically ill patient. All registered nurses commencing in critical care should be commenced on Step 1 of the National Competency Framework. This supernumerary period for newly qualified nurses should be a minimum of 6 weeks; this time frame may need to be extended depending on the individual. The length of supernumerary period for staff with previous experience will depend on the type and length of previous experience and how recently this was obtained.	BACCN 2009 CC3N, 2013, National Competency Framework for Adult Critical Care Nurses. 2013
1.2.8	A minimum of 50% of registered nursing staff will be in possession of a post registration award in Critical Care Nursing	Nurse education programmes should follow the National Standards for Critical Care Nurse Education (2012) and include both academic and clinical competence assessment.	Williams G, Schmollgruber S, Alberto L <i>Crit Care Clin.</i> 2006 Jul; 22(3):393-406 CC3N, 2012, National Standards for Critical Care Nurse Education CC3N, 2013, National Competency Framework for Adult Critical Care Nurses.

Modernising Nursing Careers

These Standards for Critical Care Nurse Education have been developed to underpin the aims described in Modernising Nursing Careers (DH, 2006), where competence is seen as the currency that allows for greater movement and flexibility of the nursing workforce. Providing verified evidence of skills and competence makes it easier for nurses to demonstrate suitability for new posts, and also allows staff to plan and manage their careers more effectively.

Knowledge & Skills Framework (KSF)

The standards support the generic Knowledge and Skills Framework (KSF) within the NHS, and can be used by organisations to develop the detailed content of KSF outlines for nurses working in the critical care environment (DH, 2004).

Liberating the NHS

Developing the Healthcare Workforce: From Design to Delivery (2012) sets out the opportunity for healthcare providers being 'at the heart' of the decision making process, with the opportunity to design the shape of their workforce and the way in which they develop the people they employ. These standards aim to do just that by supporting nurses to attain the right professional and clinical skills in practice and strengthen partnerships between all academic providers, by utilising the core competencies as part of developing theoretical knowledge.

NMC Code & Revalidation

Professionalism is a concurrent theme which runs throughout the core curriculum and competencies, with specific attention paid to certain aspects during assessment. The assessment documentation is designed to support the registered nurse to evidence compliance against the revalidation criteria without causing duplication of effort. Allowing for reflection in practice and gaining practice related feedback as part of an individual's on-going assessment (NMC, 2015).

Learning through the 'steps of competence' can be both participatory (on the unit working alongside multi-professional staff and mentors/assessors) and non-participatory (working independently to prepare for knowledge and understanding assessments). The hours of learning for the post registration critical care programme will be indicated by the HEI delivering the course. For pre-course competency development (Step 1), it is widely recognised within the stakeholder group that the hours incurred will inevitably be dependent on the individual and the effort placed in their own development. However, on completion of Step 1 the individual will have more than fulfilled the criteria for revalidation over the 3 year period.

ADDITIONAL CONSIDERATIONS

How the framework supports Critical Care service delivery

The competencies are designed to be a multi-purpose tool that will underpin the provision of high quality, individualised patient care. The competencies will support and inform strategic planning, workforce development and management at strategic and unit level. They provide guidance for educational commissioning and structure the content of critical care education and training programmes. The competencies will enhance local accountability and support the role and development of current and aspiring critical care nurses and future leaders.

USING THE COMPETENCIES AT DIFFERING LEVELS

Service and strategic level

- Service reviews
- Workforce/role design and profiling
- Education commissioning, planning and provision

Unit and managerial level

- Recruitment and selection
- Staff appraisal
- Education, training and development planning and delivery
- Career development and advice
- Design of professional and vocational qualifications

Individual and team level

- Professional NMC revalidation/registration
- Career progression
- Self-assessment and personal development planning
- Coaching
- Clinical supervision

Considerations

From a survey carried out in 2015 (CC3N) it is evident that critical care services across the UK are increasingly experiencing difficulties in recruiting and retaining registered nurses which is impacting on service delivery. This comes at a time where there have been significant cuts to education budgets and CPD funding. To ensure critical care services are able to meet the demands placed on them it is imperative that there are sufficient numbers of nurses trained in the speciality. The standards outlined in this document provide a robust

framework to develop adult critical care nurses who have the knowledge and competence required to deliver high quality, safe care.

As critical care supports other areas within the organisation in caring for the acutely ill and deteriorating patient through outreach services, the importance of ensuring that nurses working within critical care are appropriately knowledgeable and skilled to undertake this collaborative role should not be underestimated.

Members of the Critical Care Nurses Education Review Forum

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