Critical Care Outreach Practitioner Framework

Citation

Critical Care Outreach Practitioner Framework. National Outreach Forum, Intensive Care Society and Critical Care Networks - National Nurse Leads (2022)

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Endorsing Organisations

Supporting Organisations

Critical Care Outreach Practitioner Framework

Foreword

The value and expertise of Critical Care Outreach teams in supporting staff and caring for deteriorating and recovering critically ill patients and their families/carers, is a valuable service supporting patients across the whole hospital setting. Critical Care Outreach Practitioners (CCOPs) use a unique set of skills built upon existing professional competency and experience, to develop a rapid and responsive, often multi-professional service that requires leadership and authority to act in the best interests of patients.

The National Outreach Forum (NOrF), Intensive Care Society (ICS) and Critical Care Networks National Nurse Leads Forum (CC3N), collaborated on the creation of this innovative and practical document. It sets out a development framework and a clear pathway to support enhanced, advanced and consultant level competence in practice for CCOPs. Commonly a mix of health care professionals with experience of working with acutely or critically unwell patients in hospital settings. In this role they need to demonstrate innovation, education, research and leadership skills and this document offers clear career planning guidance for them and their staff working in these teams.

NOrF, the ICS and CC3N recognise the crucial role of CCOPs not only in caring for deteriorating and critically ill patients and supporting their families, but also in a range of activities central to supporting services to ensure patients healthcare needs are met across NHS Provider organisations.

NOrF, the ICS and CC3N value the diversity and expertise from nurses and allied health professionals, and collaboratively we will continue to seek opportunities for supporting CCOPs to ensure they deliver the best possible care to patients who are at risk of deterioration or recovering from critical illness. We commend this innovative framework to all those who are interested in delivering critical care outreach services.

'This Framework has been developed with the support of Health Education England to ensure that it is aligned to HEE's Multi-Professional Framework for Advanced Clinical Practice in England (2017).'

Dr Isabel M Gonzalez, Former Chair - National Outreach Forum (NOrF)

Dr Sandy Mather, Chief Executive - Intensive Care Society (ICS)

Claire Horsfield, Former Chair - Critical Care Networks National Nurse Leads Forum (CC3N)

Chair's Introduction

The introduction of Critical Care Outreach Teams (CCOTs) and equivalent services are one of the great successes of responsive patient centred service developments following the publication of Comprehensive Critical Care[4]. These teams are being described as the *safety engines of the hospital*, providing a rapid response to patients whose condition is recognised as deteriorating and ensuring appropriate and timely interventions are administered. CCOTs have become an increasingly vital part of the acute hospital care system in the UK, delivering high level skills at the patient bedside, wherever and whenever they are needed. They can also provide an invaluable educational resource, supporting and empowering all members of the multi-professional team to take prompt remedial action if they believe a patient's condition is deteriorating. Indeed, growing evidence points to the affirmative impact of CCOTs on reducing in-hospital mortality, cardiac arrest rates and the positive impact of these teams in supporting and initiating discussions that enable clinically appropriate person-centred decisions[1, 12].

The National Outreach Forum[13] (NOrF) state that 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". Whilst teams have varied structures and names, including Rapid Response Systems (RRS), Medical Emergency Teams (MET) and many more, CCO is the most common model referred to in the UK. All nonetheless operate, with the aim of preventing and responding to patient deterioration in hospitals and supporting ward-based teams with their management and care, ensuring that patients receive the right care at the right time in the right place. Unlike RRS and MET, CCO is unique in that it provides 'post ICU follow-up,' and is increasingly a formal part of rehabilitation after critical illness (RaCI) services, delivering post-critical care discharge liaison care, including step-down provision, and supporting patients recently discharged from critical care. In addition, an increasing number of teams are also introducing patient or visitor activated outreach such as Call for Concern© (C4C©) which arguably, should be the ambition for all teams moving forward.

Critical Care Outreach Teams (CCOTs) are now an established and integral part of the acute hospital fabric and patient safety strategies and the imperative for a 24/7 service has been growing. The recent Getting it Right First Time (GIRFT) Report[7] identified that not all Trusts have 24/7 CCO services. 42% of Trusts reported a 24/7 service, 28.5% <24/7 service, 15% <7-day service and 14.3% with no CCO service at all. The report asserts however that it is possible to supplement 12/7 CCO services with an appropriately skilled Hospital at Night team (with critical care training and support and governance linked to critical care), especially in smaller hospitals. However, there should always be seven day-a-week provision, as round-the-clock coverage is important to ensure deterioration is recognised as early as possible. The report importantly identifies that "full 24/7 CCO services build the strongest relationship between critical care and the wards, supporting education, early recognition of deterioration in patients and embedding critical care within the whole hospital".

Irrespective of team composition and name it is vital that all members of these teams are adequately prepared, supported, and assessed to undertake their role competently and efficiently. To date, education, and role preparation for Critical Care Outreach Practitioners (CCOPs) has been developed and delivered in various ways and differs widely between organisations and regions. Whilst served well in the past by the NOrF 'Operational Standards and Competencies for Critical Care Outreach Services'[14] and local, Network and HEI education and competency programmes, it has now become abundantly clear that a nationally agreed standard for CCOP education, training and assessment is required. This standardised approach is supported by data from the most recent CC3N National Critical Care Outreach Workforce Survey[3] which identified that of the 129 responses, 117 (90.7%) reporting that CCO staff were trained and assessed with competencies to underpin practice, these comprised of a mixture of Trust, NOrF, Network and University developed competencies.

Unwarranted clinical variation in NHS practice has long been accepted as a barrier to quality care and this Critical Care Outreach Practitioner Framework aims to address the deficit identified above. The Working Group and authors of this document were formed because of collaboration between the National Outreach Forum (NOrF), the Intensive Care Society (ICS) and the Critical Care Networks

National Nurse Leads Group (CC3N), and a sub-group of the Operational Delivery Networks (ODN) for England, Wales and Northern Ireland; This brought together national multi-disciplinary experts in Critical Care Outreach, health academia and key stakeholders from other professional bodies. With Critical Care Outreach increasingly a career choice, its purpose is intended to facilitate the structured development and career progression of post registration Health Care Professionals (HCPs) working in Critical Care Outreach or equivalent services and introduce a system of credentialing recognised by CCOPs, hospital managers, clinical and educational commissioners, HEIs, national regulators and the public. The intention is that the 'Enhanced Practice Level' serves as the nationally recognised standard and credential of competence, skills and behaviours required of HCPs providing Critical Care Outreach services, ensuring that they have a level of competence commensurate with the level of patient care required. We hope that this first iteration of the Critical Care Outreach Practitioner Framework will be embraced and in due course, be improved upon.

Finally, on a personal note, I would like to acknowledge and thank members of the Working Group and especially the Sub-Group Leads for their tireless hard work, commitment and perseverance, challenged by the coronavirus pandemic, in developing this much needed Framework and for willingly giving up their free time to do so.

Of course, all our thanks go to CCOPs throughout the UK for their unstinting dedication and diligence to ensure patient safety is at the heart of all that they do – *Thank you*.

Lesley Durham
Chair, Critical Care Outreach Practitioner Framework Working Group
On behalf of the National Outreach Forum Executive Board
President, International Society for Rapid Response Systems

1. Purpose, Scope and Values

Purpose

The purpose of this Critical Care Outreach Practitioner Framework is to facilitate the structured development and career progression of **post registration** Health Care Professionals (HCPs) working in **critical care outreach or equivalent service,** and to introduce a system of credentialing recognised by CCOPs, hospital managers, clinical and educational commissioners, HEIs, national regulators and the public. The intention is that the **'Enhanced Practice Level'** (appendix 1) serves as the **nationally recognised standard and credential of competence, skills and behaviours** required of HCPs providing Critical Care Outreach services, ensuring that CCOPs have a level of competence commensurate with the level of patient care provided. We acknowledge that these competencies are wide ranging and service specific and therefore some may not apply to all Critical Care Outreach personnel.

Scope

The scope of this framework is for HCPs working within a critical care outreach service, acknowledging that services and team configurations have historically developed on an ad hoc basis dependent upon perceived local need and resources available. For this document, Critical Care Outreach (CCO) 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"[4].

Core elements of CCO are defined within the NOrF operational standards as a continuum that is 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 quality improvement, collaboration, and co-ordination

The intention of this framework is to articulate a standardised approach to the development of registered health care professionals working in CCO services at all practice levels.

It is acknowledged that NOrF, the ICS and CC3N are not regulatory bodies, however this project uses their expertise and that of CCO experts and colleagues in health academia, to develop a framework that can be used by post registration HCPs working in CCO services to demonstrate partnership working and continuing professional development (CPD).

Underlying values of the CCOP Framework

For this framework, values are defined as; "a set of ideals that motivates and informs an individual's behaviour and actions"[2].

The underlying values for the framework resonate across all practitioners working in CCO services. These are:

- Altruism
- Advocacy
- Compassion and caring
- Honesty and integrity
- Fulfilment of duty of care
- Social responsibility
- Commitment to excellence
- Equity, diversity and inclusion

These values should remain consistent for the professionals as they work through and across the framework. These values will not directly form part of the framework and therefore are not involved in any assessment; however, they do provide an underlying model for behaviour and motivation.

2. Benefits of the CCOP Framework

The primary audience for this framework is health care professionals working in Critical Care Outreach.

It is intended that the framework will encourage the emergence of recognised experts in CCO and therefore support the peer development of clinicians working at all levels of practice.

Other audiences, including the public (patients and carers), local managers, clinical commissioners, educational commissioners, and national regulators (Care Quality Commission (CQC)/National Health Service Improvement (NHSI)), may also benefit from understanding the variation in skills and knowledge of CCO practitioners working in this area.

A summary of benefits is outlined below:

Table 1

CCO Practitioner	Managers	Clinical Commissioners	Educational Commissioners	National Regulators	Public
Career progression is measured against a specific national framework	Provides information to support business cases to improve critical care service provision	Provides benchmarking to help identify quality markers for service definition and review	Provides a framework to identify knowledge and skill gaps across a multi-professional community	Provides a framework for leadership and accountability	Enables the public to understand the variation in skills across the CCO workforce
Provides a framework for structured and informal reflective practice and continuous practice development	Provides a reference document to support workforce development and clinical supervision	Increased understanding of AHP capabilities Required to support effective critical care provision	Provides clarity of expected skills required to increase employability of post-graduates	Provides a framework that can be linked to other national critical care standards, for example GPICS[15]	Improves public understanding of CCO provision in the hospital setting
Creates a common language to improve communication across the CCO workforce	Helps with clarification on required levels of practice in the critical care environment	Provides a reference for transferable skills for critical care services nationally	Provides a framework to select and review educational placements	Workforce development can be reviewed and benchmarked	Supports a dialogue between the public and the CCO practitioner
Establishes a framework for constructive feedback and appraisal review at specified intervals	Provides a greater understanding of generic skills to maximise efficiency of care	Provides a framework to help prioritise investment in AHP care provision	Highlights the importance of research in the development of outreach services	Targeted engagement with specialty experts will improve service regulation	Patients and carers can support workforce changes with a more informed perspective

3. How to Use the Framework

The framework is intended to be used by CCOPs working in critical care outreach services in either a full time or a part time capacity. It is acknowledged that the CCO workforce has a range of clinical commitments for their organisation.

The primary focus is that of the individual CCOP and their ability to reflect their current level of practice as well as providing guidance to progress further. Progression in practice is attributed to changes in three dimensions:

- Complexity
- Predictability
- Sphere of influence

Together these can inform the extent of the individual's personal autonomy to progress within their outreach service and needs to be taken into consideration during the individual's assessment. Through the three practice levels the framework articulates the increasing level of skills, knowledge and breadth of experience required to progress into different levels of expertise.

3.1. The CCOP Framework Levels

The Framework utilises the three acknowledged practice levels; 'Enhanced', 'Advanced' and 'Consultant' (table 2) and has purposely avoided using numerical levels to ensure there is no confusion or assumed affiliation to traditional banding structures. These three levels are in alignment with a significant number of other professional development frameworks.

Table 2

Enhanced	Advanced	Consultant
• Uses justifiable deviance able to function in unpredictable environment, manages risk defers major decision making	• Uses justifiable deviance extensively, unpredictable environment, manages risk	• Uses justifiable deviance across whole systems
• Although found in different settings, across professions with a specific body of knowledge	• Found in different settings but also has highly developed a specific body of knowledge	• Systems leadership
• Complex clinical decision making but defers to others for overall plan	• High level complex clinical decision making including complete management of episodes of care. Less door hanging	• High level complex decision making
• Manages a caseload-highly developed brokering skills, some door hanging*	• Uses brokering skills but not as frequently as enhanced group	• Masters/Doctoral
• Post reg/post grad qualifications/ CPD occasionally Masters level	• Masters level	• Evaluate and create
• Evaluate and create	• Evaluate and create	• HEE levels 8&9
• HEE levels 6&7	• HEE levels 6&7	

Leary A (2019) Enhanced practice: A workforce modelling project. Health Education England

*Door hanging is a term used by Professor Molly Courtney to define actions that a professional is capable of making decisions and technically competent to do but requires the sanction of another professional to authorise, usually because of restrictions by employers. An example of this is the requesting of imaging. Courtney M, (2002) Essential Nurse Prescribing, Greenwich Medical Media

Enhanced Practice Level

A robust suite of competencies, skills and behaviours are found in **Appendix 1**. These have been agreed and written by multi-disciplinary clinical experts and educationalists in the field of Critical Care Outreach (CCO) and acute care. The intention is that the 'Enhanced Practice Level' serves as the nationally recognised standard and credential of competence, skills and behaviours required of HCPs providing critical care outreach services. This ensures that CCOPs have a level of competence commensurate with the level of patient care being provided. It is anticipated that completion of these will be the minimum requirement and will be viewed as the National Standard in Critical Care Outreach.

Advanced Practice Level

CCO practitioners wishing to achieve 'Advanced Practice Level' may use this framework to access this level of study through existing pathways of postgraduate study such as the Masters in Advanced Clinical Practice or equivalent. Enabling the individual to demonstrate the development of the skills and knowledge required to expand the scope of practice to better meet the needs of the people they care for. Additional outreach specific competencies at Advanced level are found in **Appendix 2** and should be achieved if maintaining practice in a CCO role.

Consultant Practice Level

CCO practitioners wishing to achieve 'Consultant Practice Level' may access this level of study through existing pathways of postgraduate study such as a: PhD. Enabling the individual to demonstrate the development of new knowledge through research that contributes to developments in practice within this specialist field, or as a contribution to a professional doctorate that allows practitioners to demonstrate the ability to evaluate, synthesize, and apply knowledge in their specialist field. Additional outreach specific competencies at Consultant level are found in **Appendix 3** and should be achieved if maintaining practice in a CCO role.

3.2. The CCOP Framework Key Pillars

In alignment with HEE's Multi-Professional Framework for Advanced Clinical Practice in England (2017) and other professional development frameworks, the CCOP Framework has adapted the four pillars throughout the three practice levels.

The four pillars are:
A. Clinical Practice
B. Facilitation of Learning
C. Leadership
D. Research, Evidence and Improvement

Each of these pillars are subsequently expanded with sub-divisions and headings providing further structure for individuals to demonstrate a current impact or potential for growth.

The Framework is not intended to map against traditional pay-scale structures however, the starting position is that of post registration professionals. The levels within each pillar should allow individuals to demonstrate transferrable skills that they have developed within the critical care outreach service.

3.3. Assessment Process

The Nursing and Midwifery Council (NMC)/Health and the Care Professions Council (HCPC) are the national regulatory bodies for the nursing and allied health professions referred to within this framework, whose primary aim is to protect the public by ensuring practitioners are fit to practice.

It is therefore vital that the assessment process for this framework aligns to the relevant regulatory body for the relevant professional group and does not create an unnecessary or superfluous burden on the practitioners using the framework. The framework supports NMC revalidation processes[10] and aligns

itself with the HCPC standards of evidence through CPD[11]. One of the main strengths of revalidation is that it reinforces the NMC Code[12] by requiring individuals to use it as the reference point for all the requirements, including written reflective accounts and reflective discussion. These should highlight the Code's central role in the nursing and midwifery professions and encourage consideration of how it applies in everyday practice.

The NMC Code (Paragraph 22 - 22.3 of the NMC Code) requires an individual to fulfil all registration requirements. To achieve this, the registered nurse must:

- Meet any reasonable requests so the NMC can oversee the registration process (22.1).
- Keep to prescribed hours of practice and carry out continuing professional development activities (22.2).
- Keep individual knowledge and skills up to date, taking part in appropriate and regular learning and professional development activities that aim to maintain and develop individual competence and improve performance (22.3).

The HCPC are clear that there are five standards a practitioner must meet to stay registered[11]. These are:

- Maintain a continuous, up-to-date and accurate record of their CPD activities.
- Demonstrate that their CPD activities are a mixture of learning activities relevant to current or future practice.
- Seek to ensure that their CPD has contributed to the quality of their practice and service delivery
- Seek to ensure that their CPD benefits the service user.
- Upon request, present a written profile (which must be their own work and supported by evidence) explaining how they have met the Standards for CPD.

The self-assessment process therefore requires a demonstration of a range of skills, knowledge and experience at increasing depths and across extended periods of time as the levels progress. The assumption is that practitioners will have achieved the relevant aspects of each level before progressing further.

The framework does provide some suggested evidence for each pillar and for specific areas that may help clinicians to frame their career path. Managers may also find the framework helpful when discussing career progression with staff. Individuals may find it useful to map themselves onto the framework then discuss it with colleagues and peers to gain an external perspective before focusing on how to progress.

The evidence required can be presented in a variety of formats that may include:
- Service user testimonies
- Self-reflection in practice (written account plus discussion)
- Evidence of audit/research/publications
- Peer review
- Multi-professional feedback
- Viva assessments (where appropriate)
- Observation of clinical practice (where appropriate)

3.4. Advice for the Critical Care Outreach Practitioner

- Take time to familiarise yourself with the framework
- The conversation should focus on where the individual feels they currently sit, where they would like to develop and how you and/or the organisation can support that ambition
- Make notes as you read through the framework as to where your evidence and examples of practice are best aligned

- Everyone will have a mix of levels within each pillar and that is okay, remember this is not a performance matrix, it is a development framework
- The levels are there to outline the potential for growth and to give some guidance for how you may achieve the next stage
- Should you find yourself uncertain where to align yourself between levels it may be helpful to speak to peers you work with e.g. Critical Care Consultants, Clinical Leads Consultant Nurses and also your line manager, to gain a wider perspective on how they see your practice and influence.

3.5. Advice for the Assessor

Assessors will be Health Care Professionals (Nurses, AHPs and Doctors) with the requisite knowledge and skills to assess a particular competency at a particular practice level.

- The framework can be used as a benchmarking tool for CCOP's
- The conversation should focus on where the individual feels they currently sit, where they would like to develop and how you and/or the organisation can support that ambition
- Take time to familiarise yourself with the framework
- You may find that the framework is best deployed with individuals who have (or intend to have) the majority of their time working in CCO
- You may wish to use the framework on either a bi-annual or an annual basis as part of the usual appraisal process
- It is not essential that you are in the same discipline as the individual; however, it may assist you if you have some understanding of CCO services
- The framework is intended to facilitate a discussion regarding career development and opportunities
- The framework **is not** intended to be used as part of any performance management process or policy

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Example 1 Enhanced Level Practitioner

Mary has only recently joined the Critical Care Outreach team following completion of a 6-month secondment to the team. At her initial meeting with her mentor, she had the opportunity to reflect on her current skill level across the 4 pillars as well as being able to identify any learning needs to undertake over the next phase of her career:

Clinical Skills: enhanced level, with some core ED specific skills being at an advanced level (given that this was her previous position/place of work)

Leadership: Advanced level when working as a shift leader in ED, but at an enhanced level working as a Critical Care Outreach nurse across the organisation

Facilitation of Learning: Advanced level as she has just completed a Learning and Teaching in Healthcare Module (level 7) as part of a PG Cert in Clinical Education

Research: Enhanced as she's yet to undertake any formal training in undertaking / facilitating research.

Example 2 Advance Level Practitioner

Asif has been part of the Critical Care Outreach team for the last 6 years and in the lead up to his annual appraisal. He's taken stock of where he is currently with regards to his various skills especially as there's now an opportunity to undertake a Masters in Advanced Practice with the hope to be able to apply for an Advanced Practitioner position once completed.

Clinical skills: advanced level across most aspects

Leadership: advanced as he has just completed the NHS Leadership Academy Edward Jenner Programme as part of the Trust's in-house leadership programme

Facilitation of Learning: enhanced - although he regularly teaches as part of the ALS course and has previously done the mentorship course, he wants to explore the various options available to undertake more structured learning opportunities in order to develop this particular pillar more

Research: enhanced level, but if successful in his application to undertake a Masters in Advanced Practice he would complete a research module and subsequent dissertation which would help him develop this pillar more over the next 3-4 years.

Example 3 Consultant Level Practitioner

Marguerite has just returned from 12 months maternity leave and during her return to work discussion with her line manager, she and her line manager have together assessed her current "comfort level" across the 4 pillars:

Clinical Skills: Advanced but would require some refresher time with her Outreach colleagues working clinically to enable her to come back up to speed after her time off

Leadership: consultant level

Facilitation of Learning: consultant level

Research: consultant level - She's currently in year 3 of her PhD and is looking forward to taking this work forward now that she's back at work full time.

4. Critical Care Outreach Practitioner Framework Pillars

4.1. Introduction to the Pillars of Practice

Practitioners working at the level of enhanced, advanced or consultant level practice will develop their skills and knowledge to the standards outlined within this framework; with the four underpinning pillars being clinical practice, leadership, education, and research. Healthcare professionals working within this framework, will be practicing within a continuum within this framework, and will be able to:

4.1.1. Clinical Practice

- Demonstrate a critical understanding of their broadened level of responsibility and autonomy and the limits of own competence and professional scope of practice, including when working with complexity, risk, uncertainty, and incomplete information.

- Demonstrate critical reflection on own practice, self-awareness, emotional intelligence, and openness to change, whilst working in partnership.

- Undertake comprehensive person-centred assessments of the person's physical, mental, psychological, and social needs, strengths, and assets - actively involving the person, and wider partners. This includes an understanding of and relevance of history taking, including requesting and interpreting appropriate investigations and interventions.

The Clinical Practice Pillar has been constructed to allow flexibility within the field of CCO regarding knowledge and skills in acute and critical care. The framework is intended to provide a foundation for critical care outreach practitioners to subsequently expand upon to include more specific clinical knowledge and skills.

The Clinical Practice sub-divisions are:

Safe, Effective, Patient Centred Care
- Knowledge of Critical Care and Critical Illness
- Co-ordination of Care
- Communication
- Patient Safety

Judgement and Decision Making
- Critical Thinking and Clinical Reasoning

Individuals who have moved into Advanced Practitioner roles may find more specific guidance for their knowledge and skills through both the 'Multi-professional framework for advanced clinical practice in England' (HEE 2017) and the Advanced Critical Care Practitioner Framework (Department of Health 2008).

4.1.2. Leadership and Management

- Demonstrate effective communication skills, supporting people in making decisions, planning care or seeking to make positive changes.

- Use expertise and decision-making skills to inform clinical reasoning approaches when dealing with differentiated and undifferentiated individuals.

- Pro-actively initiate and develop effective relationships, fostering clarity of roles within teams, to encourage productive working.

- Continually develop practice in response to changing population health need, for future developments in new treatments and changing social challenges.

- Demonstrate team leadership, resilience, and determination, managing situations that are unfamiliar, complex, or unpredictable and seeking to build confidence in others.

- Effective leadership should incorporate models of behaviour that positively influence a spectrum of individuals from students and junior staff through to peers and the wider multi-professional team.

The Leadership sub-divisions are:

Teamwork and Team Development
- Working with Others
- Connecting People and Services

Professional and Organisation Leadership
- Managing People and Services
- Improving Services
- Strategy and Vision

4.1.3. Education/Facilitation of Learning

- Critically assess and address own learning needs, engage in self-directed learning, critically reflecting to maximise clinical skills and knowledge, as well as own potential to lead and develop both care and services. Advocate for and contribute to a culture of organisational learning to inspire future and existing staff.

- Facilitate collaboration of the wider team and support peer review processes to identify individual and team learning. Identify further developmental needs for the individual and the wider team and support them to address these. Support the wider team to build capacity and capability through work-based and inter- professional learning, and the application of learning to practice.

- Act as a role model, educator, supervisor, coach, and mentor, seeking to instil and develop the confidence of others.

The Facilitation of Learning pillar captures both the individual's capacity to capitalise on learning opportunities as well as supporting and developing educational resources for others.

The Facilitation of learning sub-divisions are:

Learning and Developing
- Learning Opportunities
- Developing others

Creating the Learning Environment
- Learning Resources
- Culture of Learning and Development

4.1.4. Research, Evidence and Improvement

- Engage in research activity, adhering to good research practice guidance to support the development of evidence- based strategies that enhance quality, safety, productivity, and value for money.

This pillar includes service change and improvement as ways of modifying service delivery outside of the research frameworks. These skills require the utilisation of methodologies and tools to ensure effective implementation and evaluation and are not profession specific.

It is important to note that the ability to reach "consultant" within a research environment is likely to require a career transition from clinician to researcher. This framework may help to facilitate that transition, where other more research biased frameworks may support further personal development.

The Research, Evidence and Improvement sub-divisions are:

Research
- Research Knowledge
- Research Delivery

Evidence into practice
- Evidenced based practice
- Service improvement and evaluation

4.2. The CCOP Framework Pillars

Table 3

CCOP Framework Pillars			
A **Clinical Practice**	**B** **Leadership**	**C** **Education/Facilitation of Learning**	**D** **Research, Evidence and Improvement**
• This pillar has been constructed to articulate the expected knowledge, skills, behaviours, and competence in CCOP across the three practice levels	• Effective leadership should incorporate models of behaviour that positively influence a spectrum of individuals from students and junior staff through to peers, seniors, and the wider multi-professional team	• The Education/Facilitation of Learning pillar captures both the individual's capacity to capitalise on learning opportunities as well as supporting and developing educational resources for others	• This pillar includes service change and improvement as ways of modifying service delivery outside of the research frameworks • These skills require the utilisation of methodologies and tools to ensure effective implementation and evaluation and are not profession specific
The Clinical Practice sub-divisions are:	**The Leadership sub-divisions are:**	**The Education/Facilitation of Learning sub-divisions are:**	**The Research, Evidence & Improvement sub-divisions are:**
Safe, effective, patient centred care • Knowledge of acute and critical Illness and patient deterioration • Co-ordination of Care • Communication • Patient Safety	**Teamwork and team development** • Working together • Working with others • Leading with compassion and care	**Learning and developing** • Learning opportunities • Developing others	**Research** • Research knowledge and delivery
Judgement and decision making • Critical thinking and Clinical Reasoning	**Professional and organisation leadership** • Improving services • Strategy and vision	**Creating the learning environment** • Learning resources • Culture of learning and development	**Evidence into practice** • Evidenced based practice • Service improvement and evaluation

A. Clinical Practice Pillar

Safe, effective, patient centred care

Table 4

Domain	Enhanced	Advanced	Consultant
Knowledge of Acute and Critical Illness and Patient Deterioration	Develops the ability to perform comprehensive patient assessments based on history taking and physical examination of acutely unwell adult patients to arrive at a differential diagnosis Undertakes appropriate investigations and provides supportive measures to prevent patient deterioration whilst awaiting medical review Works collaboratively with ward-based staff, demonstrating the use of evidence-based specialist skills required to develop and deliver a detailed management plan for the critically ill ward patient	Practices in compliance with the respective code of professional conduct and scope of practice, demonstrating responsibility and accountability for decisions, actions, and omissions Acts as an expert autonomous practitioner and role model, assisting colleagues to develop advanced knowledge and skills to benefit the treatment and care of critically ill patients in any adult setting within the Trust Utilises professional judgement about when to seek help, demonstrating critical reflection on own practice, self-awareness and emotional intelligence Autonomously initiates, evaluates, and modifies a range of interventions which may include prescribing medicines, and therapies	Works in collaboration with consultant colleagues to provide advanced clinical care Develops own interests in specialist areas of clinical practice working within Trust frameworks and priorities
Co-ordination of Care	Demonstrates sound levels of clinical judgement and decision making in implementing and/ or modifying interventions in collaboration with the multidisciplinary team	Works in partnership with individuals, families and carers, using a range of assessment methods as appropriate (e.g. history-taking; holistic assessment; identifying risk factors; mental health assessments; requesting, undertaking and / or interpreting diagnostic tests; and conducting health needs assessments)	Works collaboratively to develop novel clinical pathways and services through influence and innovation at strategic level, in line with local, regional and national strategies
Communication	Demonstrates the ability to document in a comprehensive and contemporaneous manner Relays findings to appropriate teams, making recommendations for ongoing treatment and care	Provides clinical advice and support to other professional groups, including medical staff and allied health professionals Facilitates input from the multidisciplinary team, showing advanced levels of negotiation in order to achieve the best outcomes for the patient	Provides clinical advice and expert opinion to Trust senior and executive management teams Contributes to national, as well as local, developments in Critical Care Outreach Is able to effectively process complex, sensitive or contentious information in contributing to the development of strategic planning at regional and national levels

Domain	Enhanced	Advanced	Consultant
Patient Safety	Ensures agreed medical/nursing treatment plans are implemented, promptly reporting and recording any changes in the patient condition Ensures patient safety incidents are escalated and reported in a timely manner and engages in the investigation of clinical incidents	Exercises professional judgement to manage risk appropriately, especially where there may be complex and unpredictable events, and supports teams to do likewise to ensure the safety of individuals, families and carers Leads on the investigation of clinical incidents, providing input into learning and development and delivery of action plans	Provides expert opinion where clinical incidents have occurred Demonstrates the ability to challenge organisational and professional barriers that limit or inhibit effective service delivery

Judgement and decision making

Table 5

Domain	Enhanced	Advanced	Consultant
Critical Thinking and Clinical Reasoning	Develops the ability to apply independent critical thinking and clinical reasoning to clinical situations Demonstrates the ability to adapt existing skills and knowledge and apply them to new environments	Uses expertise and decision-making skills to inform clinical reasoning approaches when dealing with complex clinical situations, synthesising information from multiple sources to make appropriate, evidence-based judgements and/or diagnoses	Works across organisational, professional and agency boundaries and possesses a high degree of personal and professional autonomy in making complex clinical decisions

Clinical practice suggested evidence and resources:

- Reflective pieces on clinical cases
- Peer review/360 reviews
- Multidisciplinary team feedback
- Patient or relative feedback on service provision and pathways
- Observations of clinical practice
- Completion of clinical modules of a relevant Master's degree
- Evidence of educational activities undertaken with a range of professionals
- Reporting of clinical incidences and investigations with action plans

B. Leadership Pillar

Teamwork and team development

Table 6

Domain	Enhanced	Advanced	Consultant
Working With Others	Demonstrates knowledge and understanding of team structure, human factors, interpersonal relationships, and team performance Works collaboratively with other members of the critical care MDT to develop local service delivery Supports local appraisal of the CCOT	Anticipates/recognises and addresses barriers to optimal team performance Participates in peer review within own/regional multi- disciplinary critical care outreach teams Pro -actively seeks out opportunities to collaborate with other professions to enhance and deliver large scale service change	Works with other critical care professional bodies nationally on a regular basis Engages with sectors outside of the usual NHS boundaries to draw in expertise and skills required to enhance service delivery
Connecting People and Services	Supports co-production and includes the patient/ service user and their families/network as part of the healthcare team Creates opportunities for critical care outreach professionals to meet and learn about/ discuss patient care and service developments	Actively seeks to form/ develop new relationships to enable effective inter-team working and service delivery across professional/organisational boundaries Works at a regional level to draw together best practice and share examples across Trusts	Is a recognised CCO leader and spokesperson within the critical care community Is sought as an expert in critical care outreach, both within the organisation and the external environment

Professional and organisational leadership

Table 7

Domain	Enhanced	Advanced	Consultant
Managing People and Services	Supervises the day-to-day activity of junior staff, including pre and post registration students, junior medical staff and HCSW working in critical care outreach Supports other professionals (outside of own professional background) on a regular basis	Is accountable for the operational delivery of the relevant professional service within the Trust Applies effective/ recognised tools or strategies to analyse, measure or evaluate team culture/ performance	Fosters innovation and creativity to evaluate new ways of working Translates and applies understanding models of team work/performance external to the NHS Consults on the management of virtual teams (national or/and international)
Improving Services	Can collect robust evidence to demonstrate the need for service change Can identify relevant stakeholders required in service change	Engages and influences relevant leadership to support multi-professional service change Develops the progression of the service and relevant staff Engages and supports multi-professional development in critical care	Implements innovative service delivery at Trust / regional level Works at a regional/ national level to develop and influence service delivery
Strategy and Vision	Supports the development of the annual Critical Care Outreach Service Strategy Participates in Trust wide CCO initiatives Develops the relevant strategy to engage the appropriate stakeholders	Develops the relevant CCO service strategy Contributes to regional activity through collaboration with other services	Establishes a Trust wide multi-professional strategy and implementation plan Engages relevant stakeholders and uses appropriate change management strategies Is consulted to contribute to regional/national CCO developments

Leadership suggested evidence and resources:

- Annual appraisal with professional objectives clearly linked to service objectives
- Appraising and marking student placements
- Reflective reports/feedback
- Completing appraisals for members of staff
- Evidence of reviewing local practice/quality improvement/service evaluation
- Contribution to CCO strategies and initiatives
- Evidence of leading regional critical care outreach working groups, committees, or organisations
- Evidence of coaching and mentoring staff
- Participation in peer review
- Completion of advanced leadership development courses
- Evidence of engagement with relevant stakeholders to support policy development/implementation
- Senior position within CCO or profession specific organisation/research group
- Evidence of consultation and active engagement with national policy change
- Evidence of informing direction/standards of practice nationally
- Presenting/speaking at national and international conferences and events
- Spokesperson for specialist organisation

NB. For individuals wishing to explore a more comprehensive leadership framework the NHS Leadership Academy (2013) provides the Healthcare Leadership Model as well as a range of structured programmes of education.

C. Education/Facilitation of Learning Pillar

Learning and Developing

Table 8

Domain	Enhanced	Advanced	Consultant
Learning Opportunities	Demonstrates learning beyond registration and further continuing professional development using various approaches e.g. study days and sessions, online learning, conferences Evidence of academic study relating to education e.g. practice teacher award, postgraduate certificate and diploma in medical education Demonstrates engagement with others in the CCO team to understand the roles, developing new skills and knowledge Uses the diverse, often unpredictable ward environment to reflect on practice as a key learning opportunity for complex decision-making Evidences that they provide educational support to others within the clinical environment and utilizes opportunities for their own learning from others	Can provide a portfolio of evidence of achieving a highly developed body of knowledge specific to CCO Is working towards a relevant Master's degree e.g. advanced clinical practice or medical education Can critically reflect how the practitioner has expanded their knowledge and clinical skills with advanced techniques and completion of relevant competencies Can articulate how new skills demonstrate improvement in patient care for patients and the service Evidence of being an advocate locally for MDT educational opportunities Demonstrates helping others to develop the skills needed to work in an often unpredictable environment with acutely ill/deteriorating patients	Completed Masters level study and is working towards doctoral level study. Demonstrates high-level complex decision-making skills Engages in research or supports HEIs to share knowledge Applies for funding opportunities to further their own knowledge and that of others Evidences collaborative working and networking with other national / international CCO or equivalent environments to share best practice, engages in research studies
Developing Others	Describes how MDT education is implemented in a manner that facilitates holistic knowledge and supports the retention of the information provided Demonstrates and is involved in the use of simulation, case-based learning, and problem-based learning to help teach risk management, teamwork, situational awareness and clinical decision making Describes knowledge of different adult learning styles Demonstrates evidence of mentoring and coaching others, both within the CCO team and other professionals responsible for early recognition and response to acutely ill/deteriorating patients	Delivers and leads education that is tailored for undergraduate and post-graduate level Uses different theoretical teaching models according to their applicability and learners needs Identifies gaps in knowledge, understanding and clinical decision making across all staff caring for patients who are deteriorating or at risk of deteriorating and develops a plan to address these gaps with a training programme and clear learning outcomes at the appropriate level Demonstrates evidence of mentoring and coaching individuals from all professions responsible for early recognition and response to acutely ill/deteriorating patients	Designs, delivers and leads education programmes that can be tailored for all staff including up to masters/doctoral level Works with local and national healthcare providers and HEIs to identify and facilitate educational programmes and learning outcomes to ensure the quality of knowledge and skills of personnel providing service provision in CCO Utilises complex or innovative multi-model opportunities for education Provides education that facilitates standardised local and national streamlined competence across CCO teams, and other acute teams as required

Creating the Learning Environment

Table 9

Domain	Enhanced	Advanced	Consultant
Learning Resources	Demonstrates educational support and produces teaching materials to enhance the facilitation of learning for CCOP and ward staff responsible for early recognition and response to acutely ill/deteriorating patients Facilitates the development of a local comprehensive educational programme to develop knowledge, skills and competence of junior staff within CCO team Represents and teaches locally to inform and educate all staff about their role in CCO	Leads and designs educational programmes locally and/or regionally to produce teaching materials to enhance the facilitation of learning for CCOP and ward staff responsible for early recognition and response to acutely ill/deteriorating patients Interacts with the use of blended learning and multimedia formats and is able to design resources that meet the learning outcomes and differing needs of learners Provides support and education to peers across professional boundaries and at times across organisational boundaries Contributes to the development of advanced practice seminars and post-graduate modules Works with local HEIs and healthcare providers to ensure curricula and learning outcomes are relevant and appropriate for both CCOP and the wider workforce team	Provides regional, national and international consultation on designing critical care outreach programmes / curricula for other health providers Identifies and develops resources that will add to the CCO national and international agenda Engages in research studies, and disseminates findings and evidence-based practice widely in publications and conferences Publishes widely, and is identified as a resource for supporting others to take part in research and education programmes and to publish their work Tailors learning and educational resources that will be easily accessed for all staff involved in CCO and other acute services as needed Works with national HEIs, key stakeholders and healthcare providers to ensure curricula is relevant and appropriate for both CCOP and the wider workforce team
Culture of Learning and Development	Mentors staff across the MDT that includes knowledge, skills and competence relating to CCO and also the broader MDT evidence base Provides mentorship for graduates in managing CCO caseloads and prioritisation of tasks Supports the MDT with decision making when assessing, planning and treating acutely ill/deteriorating patients Delivers clear and constructive feedback to more junior staff and peers Selects suitable critical care outreach patients for case review with peers Manages the CCO team caseload to allow time for teaching, supervision and support	Mentors individuals at post-graduate level Demonstrates expert skills knowledge and competence to be a local and regional educational resource. Leads the CCO team in managing priorities required for meeting educational needs of staff to manage CCO caseloads Supports the CCO staff in integrating the decisions of direct patient care with caseload and project prioritisation Aligns team and individual learning objectives to the wider Trust educational and CCO Strategy and describes how competence of the MDT is maintained and monitored	Demonstrates expertise in knowledge skills and competence and is seen as a role model. Regularly mentors peers in other organisations and CCO teams that need support Develops business cases to enable CCO teams and ward MDT teams to achieve their learning outcomes and personal development goals Facilitates and demonstrates leadership to ensure a nurturing environment enabling high quality CCO education across the MDT and in different trusts Reviews and leads identification of the knowledge and skills gap within CCO and wider healthcare community and explores innovative education and training and advanced practice opportunities

Facilitation of learning suggested evidence and resources:

- Annual appraisal with objectives clearly linked to service objectives
- Appraising and facilitating placements for learners
- Demonstrates evidence of writing reflective reports and giving feedback
- Evidence of developing educational programmes e.g. for CCO teams and staff caring for acutely ill/deteriorating patients.
- Demonstrates understanding of adult learning theory and how they are integrated into educational materials
- Evidence of coaching and mentoring staff
- Participation in peer review
- Post-graduate qualification in education
- Coaching/mentoring qualification
- Participation in post-graduate lecturing in CCO / acute care
- Participation in developing under-graduate and/or post-graduate modules in critical /acute care with an emphasis on the role of CCO and caring for the acutely ill / deteriorating ward patient

D. Research, Evidence and Improvement Pillar

Research

Table 10

Domain	Enhanced	Advanced	Consultant
Research Knowledge	Can discuss the role of Health Research Authority and National Institute for Health Research Demonstrates a basic understanding of regulations, principles and standards of good practice when planning and conducting research Demonstrates a broad knowledge and understanding of qualitative and quantitative research methods Demonstrates a basic knowledge and understanding of statistical analysis Undertakes post-graduate accreditation at Masters level (or is working towards this) Demonstrates knowledge and understanding of local/regional funding opportunities to undertake research applied to CCO service/delivery	Demonstrates an in-depth knowledge and understanding of national legislation and research governance policy and legal requirements pertaining to healthcare research Demonstrates knowledge and understanding of a variety of funding sources and grant application procedures Champions research and identifies priority areas for research within CCO services/ delivery Completion of post- graduate accreditation at Masters level	Completed study at PhD or equivalent level Provides research supervision and leadership within organisation and/ or profession Effectively manages a portfolio of research studies and research team(s) applied to CCO service/ delivery Contributes to/influences research policy and/or strategy regionally and/ or nationally relevant to CCO service/ delivery

Domain	Enhanced	Advanced	Consultant
Research Delivery	Develops research questions and proposals independently or as part of team Supports others to develop research questions and proposals Assists others in research activity Working towards the development of a portfolio of research studies related to CCO service/delivery Disseminates research findings through publication and/or professional presentation	Participates in multi-centre or large-scale research related to CCO service/ delivery Contributes to/influences research policy and/or strategy within local organisation or HEI Demonstrates a portfolio of research applied to CCO activity, utilising a range of research methods, which includes an array of publications Co-ordinates research activity of others within the CCO team Assists with peer reviews/appraisal of research proposals Shadows or Is supervised as an independent reviewer	Effectively manages a portfolio of research studies and research team(s) applied to CCO service/ delivery Contributes to/influences research policy and/or strategy regionally and / or nationally relevant to CCO service/delivery

Evidence into practice

Table 11

Domain	Enhanced	Advanced	Consultant
Evidence-based Practice	Demonstrates knowledge and understanding of the evidence-base which informs CCO practice and operational service delivery Applies evidence to support complex decisions in practice Is able to critically appraise and synthesise relevant research, service evaluation and audit, to inform and underpin their own practice Uses national policy and relevant research to inform their contribution to the development and implementation of local guidelines and policy, educational delivery and resources Engages and supervises junior staff to undertake critical appraisal and / or translate evidence into practice Engages and supervises junior staff to utilise a range of quality/outcome measures to evaluate practice: for example, appropriate clinical outcomes, patient reported outcomes and experience in CCO practice	Demonstrates an extensive knowledge and understanding of the evidence-base which informs CCO practice and operational service delivery Applies evidence to support high level complex decision making in practice, including management of complete episodes of care Is able to critically appraise and synthesise relevant research, evaluation and audit using the recommendations to underpin own practice and inform that of others Is able to identify gaps in the evidence base and its application to practice demonstrating an understanding of how these might be addressed Uses national policy and relevant research findings to coordinate and inform the application of evidence into CCO practice for example, local and regional guidelines, policy, education delivery and resources	Disseminates best practice research findings and quality improvement projects through appropriate media/forums Represents CCO through local, regional or national peer review of publications or consultations Represents CCO informing the direction of and standards of practice Applies evidence to support high level complex decision making, including independent management of complete episodes of care, and critically appraises and evaluates its impact on practice

Domain	Enhanced	Advanced	Consultant
Service Evaluation and Improvement	Selects valid, reliable methods to audit and evaluate own and others' Critical Care Outreach practice and recognition and response to patient deterioration acting on or escalating findings appropriately Takes steps to address improvements in care or service delivery through service evaluation and audit gaps within the delivery of Critical Care Outreach Contributes, where relevant, from a local, regional or national perspective, audit programs related to CCO. Undertakes benchmarking activity locally, regionally or nationally to inform CCO practice Coordinates junior staff to complete CCO evaluation and audit projects and translate findings into practice	Utilises a range of outcome measures in clinical practice including: Patient experience, Clinical, Health-Economic, and Patient-reported outcomes, to critically analyse and evaluate the effectiveness of CCO services and delivery Disseminates local, regional or national CCO service evaluation and audit findings through appropriate media/forums Designs and undertakes CCO service evaluation and audit projects across professional and/ or organisational boundaries, addressing local and regional practice Appraises and guides CCO service evaluation and audit activity of others Utilises CCO service evaluation and audit activity to generate research questions and/ or translate into local quality improvement initiatives Positively influences the local agenda of CCO evaluation and audit activity programs or strategies	Coordinates regional or national audit programs specific to CCO Utilises CCO service evaluation and audit results to generate research questions and/or translates into large-scale local, regional or national quality improvement initiatives Influences the regional or national agenda for CCO service evaluation and audit activity programs or strategies Coordinates staff across professional and organisational boundaries to measure and analyse data evaluating the effectiveness of CCO interventions and service delivery, to determine need for change or improvement

Research, evidence and improvement suggested evidence and resources:

- Annual appraisal with professional objectives clearly linked to service objectives
- Membership of CCO special interest group/professional society
- Evidence of critical appraisal
- Case presentations
- Course attendance/evidence of CPD (e.g. Critical appraisal training, conferences/study days)
- Clinical Governance related activity (e.g. guidelines; protocols; appraisal of critical care outreach delivery)
- Relevant post-graduate education (e.g. PgCert, PgDip, MSc, MRes, PhD proposal, PhD Thesis)
- CPD Portfolio
- Consultations
- NHS/HEE Multi-professional framework for advanced clinical practice in England
- Health Research Authority
- National Institute for Health Research (NIHR) Clinical Research Network
- NIHR Internship/Fellowship
- Integrated Research Application System
- Critical Care Outreach Practice
- Evidence of research completion
- Evidence of publication
- Vitae Researcher Development Framework
- Involvement with local NIHR ARCs (Applied Research Collaboration)
- Evidence of academic study in research, change management and/or quality improvement

5. CCOP Framework Self-Assessment Grading Tool

This self-assessment grading tool has been provided to allow individuals to mark the grid with a simple "x" for each pillar and subsection when undertaking an appraisal.

Name of Professional: _____

Date of Assessment: _____

	Enhanced	Advanced	Consultant
Clinical Practice			
Safe, effective, patient centred care			
Knowledge of critical care and critical illness			
Coordination of care			
Communication			
Patient safety			
Judgement and decision making			
Critical thinking and clinical reasoning			
Leadership			
Teamwork and team development			
Working with others			
Connecting people and services			
Professional and organisation leadership			
Managing people and services			
Improving services			
Strategy and vision			
Facilitation of Learning			
Learning and developing			
Learning opportunities			
Developing others			
Creating the Learning Environment			
Learning resources			
Culture of learning and development			
Research, Evidence and Improvement			
Evidence into practice			
Evidence based practice			
Service improvement and evaluation			
Research			
Research knowledge			
Research delivery			

Glossary

ACCP – Advanced Critical Care Practitioners

ACP – Advanced Clinical Practitioner

AHP – Allied Health Professional

ARC – Advanced Research Centre

BACCN – British Association of Critical Care Nurses

CC3N – Critical Care National Network Nurse Leads Forum

CCO – Critical Care Outreach

CCOP – Critical Care Outreach Practitioner

CCOPF – Critical Care Outreach Practitioner Framework

CCOT – Critical Care Outreach Team

CNS – Central Nervous System

CPD – Continuing Professional Development

CQC – Care Quality Commission

CSP – Chartered Society of Physiotherapy

DOH – Department of Health

FICM – Faculty of Intensive Care Medicine

GIRFT – Getting It Right First Time

GPICS – Guidelines for the Provision of Intensive Care Services

HCPC – Health and Care Professions Council

HEE – Health Education England

HEI – Higher Educational

The Intensive Care Society

IRMER – Ionising Radiation Medical Exposure Regulations

KPIs – Key Performance Indicators

MDT – Multidisciplinary Team

MET – Medical Emergency Team

MSc – Masters of Science

MRes – Masters of Research

NHSI – NHS Improvement

NIHR – National Institute for Health Research

NOrF – National Outreach Forum

PgCert – Post Graduate Certificate

PgDip – Post Graduate Diploma

PICC – Peripherally Inserted Central Catheter

RaCI - Rehabilitation After Critical illness

RRS – Rapid Response System

SAM – The Society for Acute Medicine

SSSA – Standards for Student Supervision and Assessment

RRT – Registered Respiratory Therapist

Professional frameworks linked to this work

This critical care outreach practitioner framework was developed through the distillation of expert frameworks already in use across the UK. These included:

Multi-professional generic frameworks

- Multi-professional framework for Advanced Clinical Practice in England, NHS HEE (2017)
- Health Education England's Multi-professional consultant-level practice capability and impact framework (2020)
- NHS Knowledge and Skills Framework. NHS Education for Scotland (2017)
- The Macmillan Allied Health Professions Competence Framework (2017)
- Post Registration Career Development Framework for Nurses, Midwives and Allied Health (2016)
- Modernising Allied Health Profession' Careers in Wales – a post registration framework (2016)
- Employability Skills Matrix for the Health Sector (2013)
- NHS Leadership Academy Healthcare Leadership Model (2013)

Profession specific frameworks

- RCOT Career Development Framework (2017)
- RPS Advanced Pharmacy Framework (2013)
- CSP Physiotherapy Framework (2013)
- RCSLT Newly Qualified Practitioner and Tracheostomy Competency Frameworks (2007)

Critical Care specific frameworks

- Allied Health Professionals: Critical Care Professional Development Framework. ICS, FICM (2018)
- CC3N National Competency Framework for Registered Nurses in Adult Critical Care (2018)
- Department of Health Advanced Critical Care Practitioner Framework (2008)
- FICM Curriculum for Training for Advanced Critical Care Practitioners (2015)
- FICM Curriculum for a Certificate of Completion of Training in Intensive Care Medicine (2015)
- RPS Critical Care Expert Professional Practice Curriculum (2014)

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Notes