Advanced critical care practitioners – Practical experience of implementing the Advanced Critical Care Practitioner Faculty of Intensive Care Medicine Curriculum in a London Critical Care Unit: Response letter

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Dear Editor,

We read with interest the article by Lee et al.¹ and thought it would be useful to present the feedback from our survey after implementing an advanced critical care practitioner (ACCP) programme in a UK tertiary critical care centre. Our training programme appears to mirror that of Lee et al.¹ and began in 2012; currently there are two qualified FICM registered and one trainee ACCP.

Many audits and evaluations of advanced practice roles concentrate on patient experience² or specific procedures^{3,4}; little has been done locally or nationally to evaluate the impact of the ACCP role. The impact of ACCPs on our unit was evaluated through a questionnaire distributed to the MDT to gain their experiences and perceptions. In total, 50 responses were collected and we inadvertently obtained a realistic cross section of the MDT (20 doctors, 20 nurses, 9 physiotherapists and an HCSW) with a mixture of grades across specialities.

Lee et al.¹ were correctly concerned that ACCPs may threaten medical trainees' opportunities and this is a concern that has been shared by others.⁵ In our survey, 14% of respondents believed ACCPs have taken away opportunities to carry out procedures from trainees. However, 84% of respondents found ACCPs willing to supervise practical procedures and 80% reported ACCPs providing teaching in the clinical setting. It may be necessary to share the exposure to practical procedures between medical and ACCP trainees but as ACCPs become more experienced, they are able to supervise and thus create learning opportunities.

Lee et al.¹ fear that senior nursing staff may be lost to ACCP roles but in reality two of our ACCPs were recruited back into the clinical setting and it could be argued that ACCPs remain on the ward rather than leaving to pursue senior roles in management or education. ACCPs do not rotate like medical trainees and thus provide continuity of care.⁵ This continuity

probably influences our positive responses on communication and information sharing (98%) and improving compliance with bundles (94%).

One hundred per cent of respondents felt ACCPs were an asset to the MDT and 98% were positive about the relationship between ACCPs and other staff. We believe these results show we have obtained the 'buy in' required from both medical and nursing staff discussed by Lee et al.¹ In keeping with other studies,^{3,4,6} our ACCPs were reported as being skilled at practical procedures (98%).

Overall, the audit gained a positive response to all questions but we recognise that this only evaluated a very small group of ACCPs in one health board. Therefore, it is probably greatly influenced by the personalities and practices of the few ACCPs. The small convenience sample resulted in a relatively small number of responses; however, the positivity is encouraging. We recommended that further audits of the impact of ACCPs are carried out nationally to establish how ACCPs are impacting Critical Care nationally.

References

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