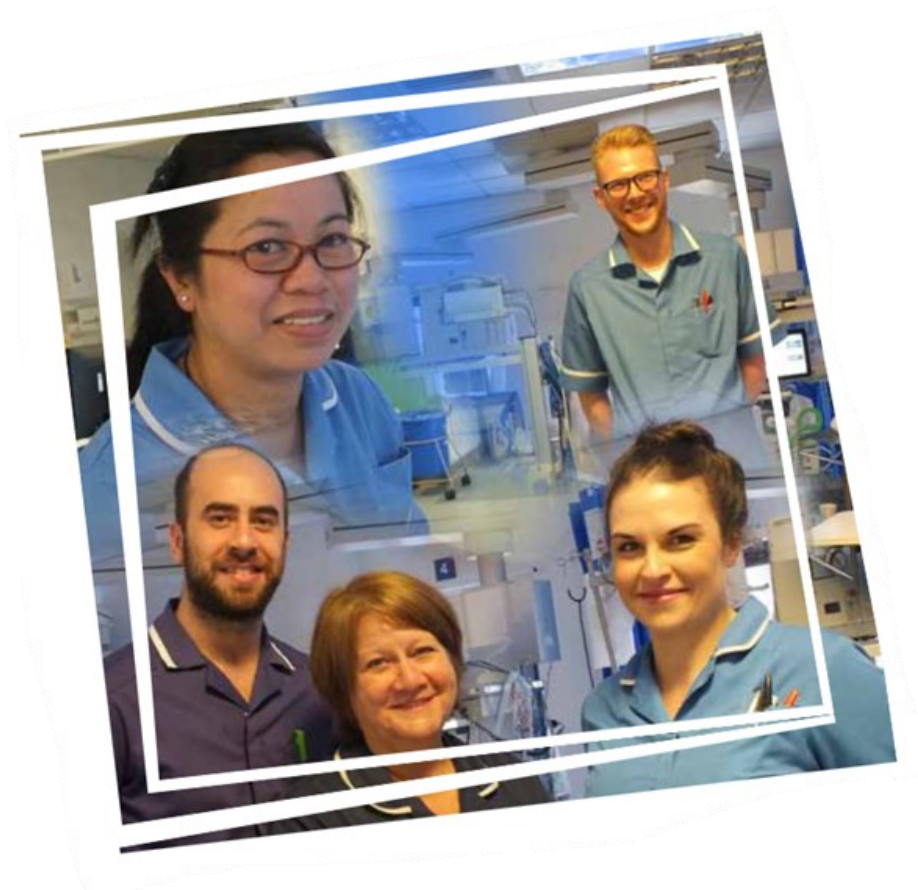


National Standards for  
Adult Critical Care  
**Nurse**  
Education

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



**Version 3**

**Date: May 2023**

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## Preface

The First Edition of the National Standards for Critical Care Nurse Education came out in 2012, with a revised edition in 2016. This updated edition has been delayed by the Covid-19 Pandemic. It was written by a working group convened by the Critical Care Nurse Education Review Forum, at the request of the Critical Care Network National Nurse (CC3N) leads. This edition is focussed on the National Adult Nursing Critical Care Award utilising the CC3N Steps 2 & 3 competency assessments, but maintains the general title for continuity.

## The standard

This standard defines an educational programme leading to a Critical Care award:

1. For first level registered nurses working in adult Critical Care – it was produced by a group of senior nurses and academics who specialise in adult Critical Care nursing and education, as such it produces recommendations around nurse education. Other professional groups may find it useful to draw on the Steps competency documents (CC3N, 2015) and this standard.
2. That will prepare a first level registered nurse to work autonomously to provide total holistic care to both level 2 and level 3 patients (levels as defined by the Intensive Care Society (2021)).
3. That is designed to enable learners to achieve a minimum of 60 credits, at Bachelor's or Master's level
4. That incorporates successful completion of the CC3N Steps 2 & 3 competencies

## Background of the national competency framework

Preceding the publication of National Standards for Adult Critical Care Nurse Education in 2012 by the Critical Care Network National Nurse Leads (CC3N) (CC3N, 2012) post registration nurse education had endured some significant changes:

- Demise of the English National Board
- Emergence of various critical care programmes
- Different standards in relation to access, content, outcomes and accreditation

This resulted in concerns, including:

- Issues associated with workforce transferability
- Programmes not fit for purpose
- Value for money

Following national audit CC3N formed a sub-group – The Critical Care Nurse Education Review Forum (CCNERF) – to address these concerns. This group of Critical Care Network nurse leads, interested nurses, academics and educators first developed standards for Critical Care nurse education, closely followed by the national Critical Care nurse competency framework. The first edition of these documents were launched in 2012 and are now embedded in Critical Care nurse education across the UK.

The Critical Care Nurse Education Review Forum believes:

**“Critical Care nurses should have access to high quality post registration education which develops staff to be competent practitioners and is fully transferable between units across the UK”**

## The National Competency Framework for Adult Critical Care Nurses (CC3N, 2016)

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** – CC3N recommend a 12 week supernumerary period when a nurse begins in critical care and they have no previous experience of the speciality. Step 1 specifies competencies that should be completed before finishing the supernumerary period.

It would be expected that nurses will have completed Step 1 competencies before accessing a Critical Care award. It is recommended that all Step 1 competencies should be completed within 12 months of starting work in Critical Care. However, this may be extended with the support of unit managers depending on individual circumstances.

**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.

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

### Standard

“Critical care is needed if a patient needs specialised monitoring, treatment and attention, for example, after routine complex surgery, a life-threatening illness or an injury” (NICE, 2009). Critical Care can be classified into levels of care as defined by the Intensive Care Society (2021). Many professions work together to provide care for critically ill patients.

All healthcare staff need appropriate education to care for patients (HEE, 2016). This standard is for Adult Critical Care Nurse Education, so does not cover education for the care of children or babies. Furthermore 'Critical Care' is a term that encompasses 'intensive care', 'intensive therapy' and 'high dependency' units. (NICE, 2009) and 'Critical Care education' could cover a broad range of possibilities.

Specifically, this standard is for an educational programme leading to a Critical Care award:

1. For first level registered nurses working in adult Critical Care – it was produced by a group whose expertise lies in nursing, as such it produces recommendations around nurse education. Other professions may find it useful to draw on the Steps competency documents (CC3N, 2016) and this standard.
2. That will prepare a first level registered nurse to work autonomously to provide total holistic care to both level 2 and level 3 patients (levels as defined by the UK Intensive Care Society (ICS, 2021)).

In this document we will refer to a course leading to the Critical Care award as ‘the Critical Care award course’, or ‘the course’.

A prerequisite for starting the course is completion of the CC3N Step 1 competency assessment document. Following the course nurses could undertake further CC3N competency assessments such as the Step 4 management and leadership competency; clinical specialist CC3N competency assessments (see appendix), or further academic awards.

In order to achieve a standardised Critical Care award, all courses that have the same aim as the Critical Care award course should meet this standard and Critical Care units should only use those courses that have adopted this standard.

The UK healthcare workforce is changing with new roles appearing and Critical Care education is developing, for example with Critical Care Enhanced Clinical Practitioner apprenticeships. New courses that aim to prepare a first level registered nurse to provide total holistic care to level 2 and 3 patients should, as a minimum, meet this standard.

This standard will be regularly reviewed to ensure it reflects workforce developments.

### Overall course specification

- The Critical Care award course must be accessible to Nursing and Midwifery Council (NMC) first level registered nurses.
- The course must be designed to enable learners to achieve a minimum of 60 credits, at Bachelor’s or Master’s level (academic level 6 and 7 respectively). It should usually be completed within 1-2 years.
- The learner must successfully complete the CC3N Steps 2 & 3 competency assessments, and the course should support these in theory and clinical practice.
- The course should enhance skills and theoretical knowledge to underpin clinical practice. It should assist the learner to develop the skills to review pertinent literature, research and evidence to inform and challenge critical care practice and should disseminate current research to enhance practice development. It should encourage the development of learner potential in both academic and clinical practice.
- The course should be innovative, inclusive and flexible in design. The course curriculum should be developed by relevant stakeholders including practice representatives, ideally

involving patient representatives, and should follow the guidance in this document. It should be developed and delivered by individuals who are academically and clinically credible within critical care and should encourage collaboration, sharing examples of practice through flexible learning.

- The course should be aligned to service requirements including the Guidelines for the Provision of Intensive Care Services (GPICS) Version 2.1 (2022). Delivery of the course should be responsive to the needs of the service, including facilitation of attendance with flexible delivery.

### Learners

Learners must be first level adult registered nurses and should have completed appropriate preceptorship including the CC3N Step 1 competency assessment.

### Education providers

Higher Education Institutions or others running a Critical Care award course must:

- Work with all stakeholders to plan, deliver and evaluate the course
- Embrace the concepts of quality and progressive innovation in learning, teaching and assessment.
- Develop programmes using a flexible learning approach, utilising virtual learning environments where appropriate.
- Provide an inclusive learning environment for all learners.
- Support and encourage student potential in academic and clinical development.

### The Curriculum

The areas below are suggested as key topics that should be considered when developing the curriculum. If any of these are not covered on the course there should be a clear rationale as to why.

The curriculum should support assessment in practice using the CC3N Steps 2 and 3 competency assessments and must refer to appropriate research and evidence.



Consideration of physiological systems (respiratory, cardiovascular, renal, gastrointestinal, liver, neurological, integumentary) should be considered in each topic as appropriate.

Although registered nurses may have had exposure to these topics listed during preregistration training, they should be addressed with specific reference to the critical care environment.

- Promotion of a positive holistic patient experience and awareness of the holistic nature of nursing care including patient choice
- Relevant anatomy, physiology and pathophysiology
- Recognition of health abnormalities
- Investigations and interpretation of results
- Assessment, planning, implementation and evaluation of care for a critically ill adult
- Relevant specialist situations, such as acute oncology and care of the pregnant or recently pregnant lady
- Pharmacology, pharmacokinetics, medicines management and the challenges of these within critical care
- Psychosocial care of the patient and their family, including during admission to Critical Care and discharge to the ward
- Pain, delirium sedation and sleep
- Treatment modalities and interventions used in Critical Care
- Emergency situations
- Inter & Intra hospital transfer
- Ability to plan and contribute to recovery pathways alongside the wider MDT
- End of Life Care
- Organ donation and care of the donor
- Infection Prevention & Control
- The vulnerability of critically ill patients (including consent, mental capacity and deprivation of liberty (dols))
- Legal requirements of role, acts of parliament that influence care delivery and ethical dilemmas that could arise in practice
- Communication, leadership, management and team skills
- Human factors, including: knowledge of fixation, red flags and situational awareness
- Health and wellbeing for the learner and their colleagues

## Assessment

- Appropriate assessment strategies should be used relative to the academic credits provided and should be aimed at 'authentic assessment' (Villarroel et al, 2017).
- Practice must be assessed using the CC3N Steps 2 & 3 competency assessments.
- 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" (CC3N, 2016).
- For the framework to remain valid and transferable between organisations and geographical areas the CC3N Steps 2 & 3 competency assessments need 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, with the only exception being renal replacement therapy (RRT) where learners are expected to achieve the knowledge elements; however, the practical RRT assessment will only apply to registered nurses working in units that deliver the therapy.
- The course provider and sponsoring organisation should work together to ensure there are robust strategies and a clearly defined confidential process in the case of failure to progress or professional concerns.

## Quality monitoring

- There must be robust evaluation of the course and outcomes considering the views of all stakeholders. This must include feedback from students.
- The education provider should work with sponsoring organisations and lead educators to evaluate the course to ensure an effective working relationship.
- The evaluation should be made available to all stakeholders, along with details of plans to address any concerns identified.

## Sponsoring organisations

- These are the healthcare organisations that employ the learner and provide the practice learning environment, with a Lead Educator, possibly a larger education team and

assessors.

- The Lead Educator has responsibility for the coordination, promotion and delivery of education and training programmes, monitoring of the course and partaking learners and the matching of learners to educational supervisors. The Lead Educator must ensure the sponsoring organisation meets the standards described in this document.
- There should be a fair and equitable process of selection of learners to undertake the course. Access to the course should be at no cost to the learner, with paid time off for attendance, whether this is face-to-face or online.
- Sponsoring organisations should ensure that learners are facilitated to complete the course; in particular, the requirement to complete the CC3N Steps 2 & 3 competency assessments demands that learners are guaranteed employment in a Critical Care Unit where level 3 patients are cared for and contracted for sufficient hours to achieve this task; this is likely to be in the region of 18 hours per week minimum.

### The Learning environment

The practice area(s) must provide a safe and supportive environment for learners, attending to both educational and wellbeing needs. It is essential to create a learning environment where staff/students are supported to maximise personal achievements. It should be able to provide students with learning opportunities to meet their competency framework and critical care award programme learning outcomes. Where this is not possible, arrangements should be made for students to visit other Critical Care units to gain the required learning opportunities.

The Critical Care environment and workforce should reflect the Nursing and Midwifery Standards for Student Supervision and Assessment (NMC, 2019) and should comply with the Guidelines for the Provision of Intensive Care Services (GPICS) (ICS/FICM, 2022); CC3N workforce recommendations (CC3N, 2016) and the D05 Adult Critical Care service specification (NHSE, 2022). GPICS requires that at least 50% of registered nursing staff must be in possession of a post-registration academic programme in Critical Care Nursing and that there is a minimum of one WTE clinical nurse educator per 75 staff. The Adult Critical Care service specification and CC3N note that 1:75 is a minimum and ideally the ratio should be 1:50.

## Critical Care Clinical Educators

Members of the education team where learners are employed should have completed the Steps 1, 2 and 3 competencies or have equivalent Critical Care experience and be in possession of a post registration qualification in Critical Care nursing. They should have appropriate planned continuing professional development to support the development of other registered professionals in critical care.

In addition, the lead clinical nurse educator should be in possession of, or be studying towards, an appropriate postgraduate certificate in education (ICS/FICM, 2022). This would usually be an accredited award, for example: Postgraduate Certificate in Learning and Teaching or Academic Practice, or equivalent Higher Educational Institute programme.

## Assessors

Assessors who are signing the CC3N Steps 2 & 3 competency assessments must have a post-registration qualification in Critical Care Nursing, and be approved as assessors by the unit's lead educator. It is recommended that they have completed local preparation as NMC defined practice assessors and must receive the necessary support for their role.

Assessors should be able to demonstrate their on-going professional development and competency within critical care and have knowledge of the current evidence base.

Assessors should have appropriate knowledge and information about the programme of study and the National Competency Framework for Adult Critical Care Nurses (CC3N, 2016).

Assessors should:

- Promote a positive learning environment
- Support the learner to expand their knowledge and understanding
- Highlight learning opportunities
- Work with the learner to set realistic and achievable goals / action plans
- Bring to the attention of the education provider, Lead Educator, and/or Manager concerns related to the individual nurse's learning and development

## References

CC3N (2012) National Standards for Critical Care Nurse Education

CC3N (2016) National Standards for Adult Critical Care Nurse Education

CC3N (2015) Steps competency documents. Available at: <https://www.cc3n.org.uk/step-competency-framework.html>

ICS/FICM (2022) Guidelines for the Provision of Intensive Care Services: Version 2.1. Available at: <https://www.ficm.ac.uk/standardssafetyguidelinesstandards/guidelines-for-the-provision-of-intensive-care-services>

ICS (2021) Levels of Adult Critical Care Second Edition Consensus Statement. Available at: <https://ics.ac.uk/resource/levels-of-care.html>

HEE (2016) Delivering Patient Safety Through Education, Training and Development. Available at: <https://www.hee.nhs.uk/sites/default/files/documents/Improving%20safety%20through%20education%20and%20training.pdf>

NHSE (2022) D05 Adult Critical Care Service Specification. Available at: <https://www.england.nhs.uk/wp-content/uploads/2019/05/220502S-adult-critical-care-service-specification.pdf>

NICE (2009) Rehabilitation after critical illness in adults (Nice Clinical Guideline 83). Available at <https://www.nice.org.uk/guidance/cg83>

NMC (2019) Nursing and Midwifery Standards for Student Supervision and Assessment. Available at: <https://www.nmc.org.uk/globalassets/sitedocuments/standards-of-proficiency/standards-for-student-supervision-and-assessment/student-supervision-assessment.pdf>

Villarroel, V., Bloxham, S., Bruna, D., Bruna, C., & Herrera-Seda, C. (2018). Authentic assessment: creating a blueprint for course design. *Assessment & Evaluation in Higher Education*, 43(5), 840-854.

## Appendix

Clinical specialist competency assessments that can be undertaken following completion of a Critical Care award (see <https://www.cc3n.org.uk/step-competency-framework.html>):

National Competency Framework for Registered Nurses in Adult Critical Care - Trauma Specialty Competencies

National Competency Framework Neurological Competencies

National Competency Framework Specialist Burns Competencies

National Competency Framework Advanced Specialist Competencies to be used in Burns Units

National Competency Framework for Registered Nurses in Adult Critical Care Maternal Competencies

National Competency Framework for Registered Nurses in Adult Critical Care Liver Competencies

National Competency Framework - Intermittent Haemodialysis Competencies

National Competency Framework - Cardiac Speciality Competencies

## About CC3N

The Critical Care National Network Nurse Leads Forum (CC3N) was established in 2003 as part of the NHS Modernisation programme. They are one of three forums that represent the Critical Care Operational Delivery Networks, alongside the Network Medical Leads and the Network Directors/ Managers.

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## Critical Care Networks-National Nurse Leads (CC3N) 2023

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This document has been produced with support from these organisations and is available through the CC3N website: HYPER-LINK "<http://www.cc3n.org.uk>" [www.cc3n.org.uk](http://www.cc3n.org.uk). It has received interest internationally and may be available in the future in alternative languages, it has also be used to inform registered nurse competency development in specialities outside of critical care.