

The Faculty of  
Intensive Care Medicine

# CRITICAL WORKS

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A summary of all the projects in the works from  
your membership organisation





# WHAT'S INSIDE?

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# VITAL STATISTICS

Information correct as of 24th October 2018



**3460** Fellows, Members & Trainees



**14** Board Members, **10** Co-opted Board Members



**3** Committees, **5** Sub-Committees  
**1** Advisory Group, **3** Working Parties, **2** Hosted Committees



**26** Regional Advisors, **216** Faculty Tutors



**147** Trainees recruited  
**123** Examinees passed  
**37** Trainees CCT'd



**127** ACCP Members, **94** Registered ACCP Trainees (approx)



**4.7** WTEs in the secretariat and based in the office



**5119** Twitter followers



# Welcome to Critical Works 2018

Dr Carl Waldmann  
Dean

“We need to hear  
your voices!”

Between November 2017 and September 2018 the Faculty have taken forward a significant volume of projects and work streams aimed at benefitting both you as our members, the wider specialty and our patients. It is helpful to take this opportunity once a year to distil our work into a series of short paragraphs so we can take an overview of all that has been done and all that is still to come.

We mention a selection of the notable projects below, but would like, as ever, to extend our thanks to all the members of the Faculty who have represented the specialty on external groups and helped us in responding to an increasing amount of important national consultations. Including all those who contribute to committees, working parties, as Examiners and Question Writers, as Regional Advisors and Faculty Tutors, as consultation leads, guideline authors, event speakers, project contributors and beyond, we must engage with at least a fifth of our members on a regular basis. Counting those who give their time to completing the census and other surveys, brings this up even higher. The Faculty, like critical care, works as a team. Look out for role opportunities in future to join this growing team!

Our thanks also go to the excellent Faculty managerial and administration team who have made all this new work reported below possible, whilst ensuring that business as usual runs to its usual high standard.

The Board has undertaken a full governance and regulation review. This has left us, I hope, more open and much better prepared for the future, with new membership routes and clearer responsibility lines. We have also undertaken the first of a now annual cycle of away mornings (making the most cost effective use of our time at Churchill House) and prioritisation days to consider the work for the months ahead.

Do read the great sign-off piece from my esteemed Vice Dean and colleague Alison Pittard and her call for your input. We need to hear your voices!



# THE STORY SO FAR

## COMMUNICATION & ENGAGEMENT

### **Critical Futures – A Report on the First Wave Survey:**

Published in the Autumn of 2017, this quickly led to engagement with a number of other bodies including the Royal College of Emergency Medicine and the Royal College of Paediatrics and Child Health, where it helped develop important similar discussions in the world of Paediatric ICM. Work streams have been commissioned based on its recommendations (more in Standards & Clinical Quality below) and it now has a permanent home on the Faculty website.

**Policy & influence:** We have been representing the specialty to national decision makers and stakeholders either directly or through our work with the AoMRC. This includes the new Secretary of State, the Department of Health and Social Care's Workforce Team, the Director of Acute Strategy at NHS England, the Shadow Home Secretary, the Downing Street chief advisors, the CMO for Scotland, the Shape of Training Panel, Health Education England, NHS Improvement and the BMA.

**Critical Condition:** We produced this engagement pamphlet to give a short summary of what critical care is, how it is central to acute hospitals, the issues that our specialty is facing and what is being undertaken to help address this. Critical Condition was sent to all national stakeholders from the GMC to the Patients' Association, and from the Welsh Government to NHS Education for Scotland. It can also be used by members when engaging in local discussions with commissioners and hospital management.

**Academy work:** Academy work falls into two main camps. The first are clear external activities, which this year have included activism in the press and with government on NHS funding and relaxation of Tier 2 Visa regulations. Both aims met with success. We have also worked with the AoMRC on their work on reflective practice following the Dr Bawa-Garba case and in raising the issue of winter pressures across hospital services. The second camp is the less obvious world of sharing ideas, solutions and supporting each other through the AoMRC Council and its various committees, on which the Faculty actively represents the specialty.

**Smaller & Specialist Units Advisory Group:** This group produced Interim Guidance to give smaller and rural units that are some way from meeting GPICS requirements a structure to aim for service improvements.



**Media:** The last few months have seen the Faculty bringing critical care to the headlines in newspapers from the Times to the Lancet. This culminated in our work with the Guardian that produced the Critical Capacity report, which has already paid dividends in opening up further doors of influence to the specialty.

**Newsletters:** We redesigned and restructured Critical Eye to make it an even better tool to let you as our members know what the Faculty is doing in detail. We have developed our monthly members' email into the e-newsletter Dean's Digest. The Women in ICM (WICM) Sub-Committee also now produce an e-newsletter on their growing activities (more on that below).

**Guidance for Training Units:** This helpful guide has been updated and improved and is available on the website.

**Membership engagement:** We have now opened routes to welcome all members of the critical care team and all doctors aiming towards ICM. We also produced the first Critical Works last year as a quick and easy summary of key projects and key aims.



# THE STORY SO FAR

## EDUCATION & EVENTS

**Mind the Gap:** This event was an enormous success, coming at the complex issue of wellbeing and resilience from a variety of unorthodox angles, including talks from airline pilots managing life-threatening situations to cave rescuers. We heard from professional resilience trainers and from military clinicians on the frontline. Debates included whether ICM could be a truly career-long speciality.

“As new “Welfare lead” for our department I hoped this meeting would yield some ideas I could utilise at a local level. Instead, it delivered on so much more and I left motivated, reinvigorated and keen to try to make a difference.

*Delegate, 'Mind the Gap' 2018*

**e-Learning:** e-ICM has now completed its first phase. This programme brings together newly written sessions on topics as important as post-operative care of cardiac and neuro patients with a raft of existing sessions from across the e-Learning for Healthcare platforms (across anaesthesia, surgery, emergency care and beyond) into a logical learning order for critical care. We are thankful for our close relationship with eLfh and their subsequent funding, which meant we could produce all of this work at little to no cost to members. We are also thankful to our fantastic clinical leads, Pete Hersey and Sarah Marsh.

“A fantastic event for CPD and networking with fellow ACCPs and their leads - it is ALWAYS VERY inspiring!

*Delegate, ACCP Conference 2018*

**Events 2017 online resource:** We produced a detailed events digest from our events held in 2017, so attendees could have a useful record of some of the talks and so those who couldn't make it could get a flavour of what they missed.

“Fantastic day - truly inspirational (and I have never in 20 years said that after a day of ICU CPD). *Delegate, 'Mind the Gap' 2018*

**Undergraduate Education:** Alongside the Royal College of Anaesthetists and the Faculty of Pain Medicine, we produced a framework for undergraduate education in critical care, pain and perioperative medicine. This has been cascaded to medical school leads.

**Leaders in training:** Another two successful conferences were held over the last year. The first conference saw the annual coming together of leaders in training: Regional Advisors, Faculty Tutors and Training Programme Directors. This year, in addition to the usual updates, there was greater use of workshops of engagement and a TPD Forum.

**ACCPs:** The annual ACCP Conference was held in Stoke. Thanks go to Ram Matsa and his fantastic team for sourcing us the venue and being friendly and fiercely efficient helpers for the delegates throughout. Another sell out and another great day of important updates, discussion workshops and training labs.



**Exam Course:** The FFICM Preparation Course, run in Leeds and with direct engagement with those responsible for the exam, sold out again this year. We look forward to running this bi-annually to keep up with demand, with the second event taking place in London.



# THE STORY SO FAR

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## TRAINING, ASSESSMENT & QUALITY

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**Curriculum rewrite:** The enormous process of reviewing the CCT in ICM has begun. We have engaged with the GMC and the pan-organisational Curriculum Oversight Group to have the best foundation for our future work, constituted a core reviewing sub-group of the Training, Assessment & Quality Committee (TAQ), and are working with our partner Colleges on the Acute Care Common Stem curriculum rewrite and planning for dual programmes.

**Internal Medicine curriculum:** We have worked with the Royal College of Physicians as they have developed their new IM curriculum and collaborated to include a block in ICM as part of the mandatory training. TAQ will continue to work with the Physicians, the GMC and the Deans about how to appropriately introduce this training. The aim of the ICM placement is to give medical trainees the opportunity to gain out of hours experience in ICM and fully integrate them into the ICM team; adequately preparing them for when they have to act as the lead for the 'unselected' take in their IM 3 year.

**PICM subspecialty:** Paediatric ICM has just been approved as a subspecialty of ICM, streamlining the way that our trainees can access PICM training. Thanks to our colleagues at the Royal College of Paediatrics and Child Health for accompanying us through the GMC approval process. More details will follow soon.

**Curriculum feedback and focus groups:** Consultation with all stakeholders will be a key part of the curriculum review and this is already underway with initial feedback surveys and small focus groups. Engagement of this kind will continue throughout the entire project.



**Exam:** 197 candidates sat the MCQ and 196 candidates sat the OSCE/SOE, with a final pass rate across both exams of 62%. We submitted and the GMC approved a change to the MCQ format which will move from to greater use of Single Best Answer (SBA) questions from 8 January 2019. The Court of Examiners, in line with the GMC recommendation, will work to move entirely to SBAs in the coming years. With the FRCA, e-Learning sessions on equality and diversity were developed for examiners.

**e-Portfolio:** The e-Portfolio Sub-Committee, aside from the usual patches and fixes (i.e. for GDPR) have spent most of the last year discussing and working with potential new providers for the e-Portfolio. We have this down to a shortlist of three providers and expect to make a final decision soon, following costings.

**Trainee Eye:** In line with the changes to Critical Eye, we have expanded and redeveloped Trainee Eye and therefore made it an easier information stream for doctors in training. Our wider virtual group of Faculty trainee representatives (across the Board, WICM and eP-portfolio) all helped make this edition better than ever.

**Support and advice:** The unsung work of the Faculty is the support given to doctors in training and trainers throughout the year. Through direct emails, the FICM inbox, phone and eP-portfolio helpdesks, the team are dealing with 100 calls/emails a week, and our regional network of Regional Advisors and Faculty Tutors, even more. The Faculty continues to help support this network through the annual conference and through newsletters to RAs, FTs, TPDs and Heads of School.

**Quality Nexus:** The work of the Quality Nexus continues with the review of the annual trainee survey, GMC data and the RA reports. In addition to the longitudinal assessment, we are doing a review of posts to ensure we have no long-term quality issues, we are longitudinally reviewing recruitment outcomes to see how the highest and lowest scoring candidates progress through their training. With the GMC, we have also undertaken an independent review of ARCPs to test if they are being managed consistently.



# THE STORY SO FAR

## CAREERS, RECRUITMENT & WORKFORCE

**Workforce census:** The 2018 Census was run in the first half of this year in a modified format and included questions on wellbeing. We are now in the process of reviewing all the important data that came in. Thank you to everyone who took part.

“ We have helped regions that have historically been underrepresented, towards a growth in posts

**National recruitment:** The national recruitment process has been improved with the introduction of a new format with more in-person stations and digital marking. We have helped regions that have historically been underrepresented, towards a growth in posts. The unit briefs, giving transparent information to applicants on training posts, were reviewed and updated. Unexpectedly, we also managed the fallout from the RCP offer issues, working with those impacted and trainers throughout the reoffering process.

**Women in ICM:** Now established, the WICM Sub-Committee have redeveloped our role job descriptions to make them more open and appropriate, and contributed to our careers strategy. They have established a presence on Twitter @WomenICM. They have also set a number of new work streams in motion, which will be updated in the section on work in the pipeline below.

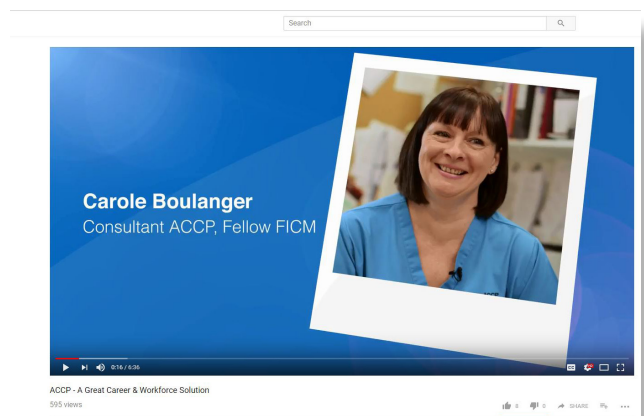


**Fatigue:** Working with the AAGBI and the RCoA, we have released resources for hospitals to use in terms of supporting staff with better sleep facilities and mechanisms. The launch of the resources was accompanied by a communications campaign on social media, which in turn led to a summary letter the AAGBI cascaded to politicians and hospital leadership on behalf of all three organisations.

**Careers website resource:** A series of career stories, introductions to the specialty and other resources are now available on the FICM website. This includes a pack for local career days and resilience resources.

**Data Bank:** Working from one of the recommendations from Critical Engagements, we transformed our RA Data Pack into a full Workforce Data Bank for Adult Critical Care, bringing together all the key findings from workforce resources across the NHS, including our own, NHS Digital, ICNARC and more. Thank you to ACTACC, the UKCCNA and CC3N for their contributions. This was cascaded to key workforce stakeholders in the four nations and can also be used by members in local discussions.

**ACCPs:** A video, advertising the importance of the role from multiple perspectives, was completed and is available on the FICM's YouTube channel. The Sub-Ccommittee also developed a series of supporting documents for those providing and taking on ACCP programmes, including a Programme Specification, a Code of Conduct and 13 point advice guide for extending the critical care team with ACCPs.



<https://bit.ly/2P4G3K2>

**Workforce engagements:** We undertook the last visit of Phase 1 of our Regional Workforce Engagements in the East Midlands and used our findings from this and the previous five engagements to produce a theme report, Critical Engagements, which recommended a series of work streams to take forward in the area of workforce.





# THE STORY SO FAR

## STANDARDS & CLINICAL QUALITY

**Critical Futures – End of Life Care:** The Working Party, with representation from Palliative Medicine, patient organisations and emergency medicine has now met several times, undertaken research on the existing work in this important area, and have developed a first draft of their final report.

**Critical Futures – Enhanced Care:** The Working Party, including representation from surgery, perioperative medicine and nursing has now met for the first time. Following the meeting, they instigated a research survey to get a better understanding of the various enhanced care systems that have been developed across the UK. This will be compared with data from the SNAP-2 study to inform future work.

**NACCDG:** The Faculty hosts and chairs the National Adult Critical Care Data Group, which has brought together stakeholders from across NHS and critical care data management. The year has been spent developing a better understanding of the existing systems, technical limitations and liaison opportunities in the sector and a group has been instigated to consider an optimum critical care data set.

**Legal and Ethical:** The Policy Unit have advised on a number of legal issues. Their main success over the last few months has been a legal intervention into the case of Re Y.

**AHP Framework:** The Faculty have been working with the ICS to create a career development framework for Allied Health Professionals specific to working in critical care. The writing group is made up of representatives from the Dietetics, Occupational Therapy, Physiotherapy and Speech and Language Therapy.

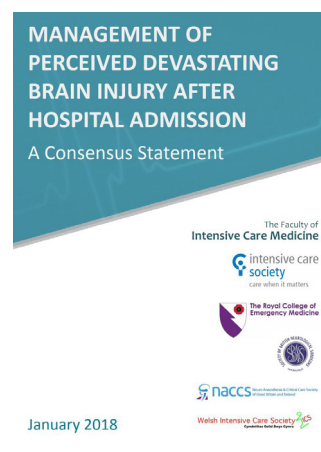
**Guidelines and consensus statements:** This year we have published two major pieces of guidance; a consensus statement, along with partner organisations, on the Management of Perceived Devastating Brain Injury, and a guideline, in conjunction with the ICS, on the Management of Acute Respiratory Distress Syndrome (ARDS) in Adults.

**AACs:** The Faculty continues to provide active support, advice and guidelines for consultant Advisory Appointment Committees, balancing the difficult negotiations between workforce and standards on over 150 appointments in the last year.

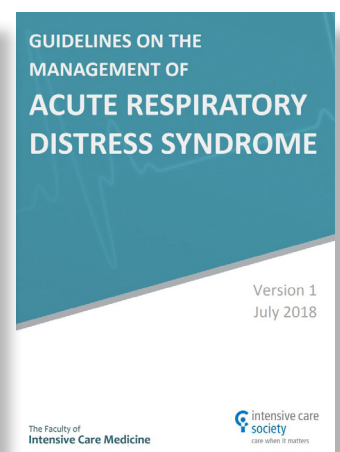
**GPICS V2:** In 2017 we sent out a survey to all of our Fellows and Members asking for their feedback on GPICS V1; we asked for their opinions on what worked and what didn't, what they felt should be included in the future and what should be removed. We have listened to your feedback and begun working out GPICS V2. This is now due for open consultation.

“The Faculty has provided active support ... on over 150 appointments in the last year.

**Consultations:** We have taken part in a number of important consultations over the last year, ensuring that the views of ICM are considered for everything from government initiatives to NICE guidelines. These have included HEE's Workforce Strategy, BMA's CANH and adults who lack the capacity to consent and DoH's Introducing opt-out consent for organ and tissue donation in England.



**Management of Perceived Devastating Brain Injury after Hospital Admission: A Consensus Statement**  
<https://bit.ly/2CDFnED>



**Guidelines on the Management of Acute Respiratory Distress Syndrome**  
<https://bit.ly/2PTAUS3>

# IN THE PIPELINE

*So what do we have planned for the future?*

*Here are the projects and areas the Faculty is planning to concentrate on for the remainder of 2018 and into 2019.*

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## COMMUNICATION & ENGAGEMENT

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**Policy, media & influence:** The Faculty will continue to engage with key stakeholders in healthcare in all four nations. We will be working to help advise the Welsh Government during their critical care capacity review and will meet with the Cabinet Secretary soon.

“ On Thursday 10th October 2019, the Faculty will hold its first conference for clinical leads, clinical directors and network leads across the four nations.

**Representation:** We will continue to represent the specialty and its needs and aims on groups ranging from various AoMRC groups to the UK Critical Care Research Group to the RCP Medical Specialties Board.

**Membership engagement:** As with Dr Pittard's final page in this Critical Works, we hope to hear directly from you about our future work. We also intend to engage with our new members as they join, considering prizes and support that will benefit them.

**Critical Futures:** With the major work streams of Critical Futures now in action, we expect to be able to come back to the Initiative in a second phase survey in 2019.

**Hosted Groups:** We will continue to support the important work of the Critical Care Leadership Forum (CCLF) which brings together organisations from the entire critical care community. We also provide a home for the National Adult Critical Care Data Group (NACCDG); the group is working towards creating a standardised dataset for critical care as well as holding an engagement meeting for all critical care dashboard owners.

**Smaller & Specialist Units Advisory Group:** The group will produce an online resource of solutions to service pressures that smaller, specialist and rural units have undertaken to promote quality enhancement.

**AoMRC & Engagement:** Engagement will continue with the AoMRC on areas of mutual benefit, include the upcoming GMC Clare Marx Review. We have intercollegiate work arranged with the Anaesthetists (End of Life), Surgeons (Enhanced Care), Emergency Medicine (work on ED to critical care interface), Paediatrics (PICM training) and the Physicians (Internal Medicine curriculum roll out) already planned.

**Clinical Leadership Conference:** On Thursday 10th October 2019, the Faculty will hold its first conference for clinical leads, clinical directors and network leads across the four nations. We will be sending invites early next year. We are aiming to use this meeting to help share solutions, to better factor service needs into Faculty work, to recommend future Faculty work streams and to explore questions around workforce.

“ As the Faculty has now been accepted as an ACCEA ranking body, we can support our members in their ACCEA application.

**ACCEA:** As the Faculty has now been accepted as an ACCEA ranking body, we can support our members in their ACCEA applications, including recommending platinum awards through the AoMRC.

**International:** The Faculty will build on the sharing of expertise with our international colleagues, including Iceland (on acute care common stem training), Australia & New Zealand (on dual recognition of training) and Ireland (on regulation). We are also exploring with RCoA Global Partnerships the development of Fellowships in lower income countries.

# IN THE PIPELINE

## CAREERS, RECRUITMENT & WORKFORCE

**Women in ICM:** WICM will launch an Emerging Leadership Scheme for female members to help address the imbalance in leadership roles in both the Faculty and the wider critical care medical community. More information will follow in 2019. Using the first WICM meeting as a launch point, WICM will aim to bring together mentoring networks. The Faculty hopes these pilots will produce a system that can be expanded to all members.

**Census 2019:** The next Census will be developed in the remainder of 2018 and launched in 2019. This year will see coverage of areas relating to fatigue, the intensivists near the end of their career and data on roles not currently being routinely collected.

**Fatigue:** We will continue to work with our colleagues at the AAGBI and the RCoA on the #FightFatigue campaign raising the profile of the work with hospital and political stakeholders.

**Workforce Engagements:** Phase 2 of the regional Workforce Engagements will begin in the Peninsula region in November, with several other region expressing interest to have engagements during 2019. If you are interested, drop us a line.

**Recruitment:** We will continue to work to improve the quality assurance process, including by improving the lay contribution to the interview days. We will also work with our partner colleges and HEE to re-investigate the opportunities to alter the central recruitment management system to allow simultaneous appointment in dual programmes.

**ACCPs:** V1.1 of the curriculum will be produced during the year ahead, making key updates learned from its first few years of application. The group will also be engaged with the overall CCT in ICM project to ensure that we learn the necessary lessons to ensure that V2 of the ACCP curriculum moves towards this new format. The group will also continue to engage with HEE and NHSI on opportunities to promote and protect the role.

**Careers resources:** Further work will continue on the web resources including more on career support.

**Critical Staffing:** Following the publication of GPICS V2, we will be developing resources for hospital leads in how to optimise and retain staff.

## EDUCATION, E-LEARNING & CONFERENCES

**Annual Meeting 2019:** The Annual Meeting for 2019 will cover the important area of end of life care, building on the outcomes from the End of Life Working Party and interrelated projects. We hope to see you there so you can join in with this important discussion.

**Foundation education:** Training guidelines and opportunities in ICM have now been realised in undergraduate (the new framework), core (ICM including in Core Anaesthetics, ACCS and Internal Medicine training) and higher (the CCT in ICM). We will be taking forward a framework for encouraging the growth of and making the best use of ICM placements during foundation.

**Existing meetings:** We intend to continue running our existing meetings and further improving them based on your feedback and input.

“ We expect to use this work to identify where we can further develop e-learning resources for the specialty, using a full range of technical options for learning.

**e-ICM review and wider e-learning:** Following the completion of the full build of Phase 1 of e-ICM, we will be undertaking a review of the resource. This will include (1) interrogating usage figures and ratings to address where we need to raise the profile of the resource and revisit existing sessions; (2) surveying members to find out where future development would be most useful; (3) working with the e-Learning for Healthcare team to further establish the resource across the NHS. We expect to use this work to identify where we can further develop e-Learning resources for the specialty, using the full range of technical options for learning.

**New meetings:** As part of an overall review of our educational provision, we will consider where new meetings may benefit the specialty, including options for remote access. The WICM Sub-Committee will launch their first annual meeting, Critical Care Without Ceilings, in 2019.

# IN THE PIPELINE

## TRAINING, ASSESSMENT & QUALITY

**Shape:** The Faculty will continue to fight for the specialty to retain the flexibility and the status that it has rightfully earned over the last 8 years. We will be extensively liaising with the national Curriculum Oversight Group and the GMC to provide the data and the intelligence to make informed decisions about the need for critical care services in the future.

**Curriculum – revision:** The curriculum review process will enter into the next stages of the major revision of syllabus content and the reapplication of the assessment process. We will meet and learn from those who have already undertaken the move to the new Excellence by Design GMC format.

**Curriculum – engagement:** As part of the above rewrite, we will be engaging extensively with stakeholders from our own trainees and trainers, to all members and key stakeholder organisations (like our paediatric, cardiac and neuro colleagues), to NHS Employers and Deans, to patients and the public.

**Engagement with partner specialty curricula:** The Faculty will continue to engage with our partners at RCoA, RCEM and the Physicians to ensure that our curricula remain harmonious and that we learn lessons from the first years of running the dual programmes to improve and develop them.

**e-Portfolio:** We expect to have selected our new provider soon and to therefore spend the next year working with the provider to ensure (1) that there is a smooth transition between portfolios, (2) that we keep and ideally improve the functionality on the current system, and (3) that we have a sustainable contract. In the meantime, we will also be updating our guides for trainees using the current system.

**Guidance for Training Units:** This document will be reviewed in conjunction with the review of the curriculum.

**Examination Management System (EMS):** As part of the RCoA's Technology Strategy Programme, we will be a member of the EMS Board, which will be reviewing a new and improved system to manage question writing, review and quality assurance, and potentially allow the written examinations to be taken remotely in the longer term.

**Exams:** A full review of the exam will commence in October 2018 looking at all areas of the structure, marking systems and standard setting processes as part of the overall curriculum and assessment review discussed above. A new SOE marking system will be trialled which should further improve its validity.

## STANDARDS & CLINICAL QUALITY

**Critical Futures – End of Life Care:** A core stakeholder workshop will be held in November to seek initial detailed view on the first draft. We will then undertake the second drafting with the aim for open consultations in 2019. We hope the annual meeting on this theme will accompany this with some key learning opportunities.

**Critical Futures – Enhanced Care:** Following the research phase, the group will map out the rest of the project and work towards producing initial specifications and reviews. Keep an eye on the Critical Futures webpages for updates.

**GPICS V2:** Version 2, following an extensive rewrite and review, will now enter its final stages of open consultation, editing and design. It will be launched on 31st January 2019.

**AHP Framework:** The AHP Framework has been renamed the Critical Care Professional Development Framework and will be published and launched at the beginning of December.

**Review of professional affairs:** The Faculty will be undertaking a strategic review of its work in the area of standards, revalidation and patient safety and considering new areas of focus. This will include engagement with our colleagues in other specialties, including a work stream on the interface between critical care and emergency medicine.

**Legal & Ethical Policy Unit:** As well as continuing work on mediation, LEPU will also be publishing guidance on Police Access to Patients and Information Disclosure and Consent. LEPU will continue to monitor, and where appropriate comment on, wider legal and ethical issues as they arise.

**Safety Incidents Growth:** We will work with the Safer Anaesthesia Liaison Group and our the network of Clinical Leads we are forming for the Clinical Leadership Conference to expand and improve this resource.

**Supporting research and audit:** We will continue to support the UK Critical Care Research Group, alongside our partners in the field. Two FICM-NIHR awards will be launched in October, with the winners receiving funding towards future research engagement. We will continue to chair the National Adult Critical Care Data Group and work with stakeholders to move forward developments in an agreed critical care dataset. We will look to explore other methods of supporting fellowships and audit.



# What is a Faculty?

Dr Alison Pittard  
Vice Dean

“ I hope this explains ... how, by getting involved with us, you can influence the provision of, and your experience of working in, critical care.

A faculty is a subsection of a college, or university, usually encompassing a large area of interest or a single specialty. If you are a doctor or ACCP, the FICM is your professional and statutory body, responsible for ensuring the highest quality of Intensive Care Medicine practice in the UK.

What does that mean? The Faculty was established in 2010 by a law, or statute, from government. Initially we had an appointed, intercollegiate Board membership which, as of this month, is now a fully elected one. In terms of our governance and finances we are bound by the Charter and Ordinances of the Royal College of Anaesthetists; these are the rules which we have to abide by in terms of our function and how we manage our activities.

What do we do? Our statutory responsibility is to act in the public's best interest and therefore we must ensure the highest standards of safety and quality in all aspects of Intensive Care Medicine. We are responsible for developing the curriculum for training and setting the standard of attainment. We have the power to conduct examinations and award certificates. We do this through the Training, Assessment and Quality committee (TAQ).

Our professional responsibility is to the specialty and individual members, including providing guidance on the safe delivery of care. The Careers, Recruitment and Workforce Committee (CRW) established and manages the recruitment process and is developing resources for enhancing a career in ICM and advising government on workforce. We also provide educational resources in a number of different ways.

What does this mean for me? There is inevitably some overlap between these two roles but we take them very seriously. I hope that this explains what we do, what we offer, why we do some of the things we do in a certain way and how, by getting involved with us, you can influence the provision of, and your experience of working in, critical care. We would love to hear from you if you think we could do things better or provide something new, bearing in mind we are constrained to some extent by our own regulators. It's also nice to hear if we are doing things well!

**GET IN TOUCH:**

[contact@ficm.ac.uk](mailto:contact@ficm.ac.uk)

