

The Faculty of
Intensive Care Medicine

CRITICAL WORKS

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





WHAT'S INSIDE?

VITAL STATISTICS

Find out some interesting facts about where your Faculty is at in 2017

THE STORY SO FAR

A summary of work completed from the summer of 2015 to the 24th October 2017

IN THE PIPELINE

A summary of the new work streams planned for the coming months

WHERE TO NEXT?

Tell us what interests you and what you would like to see the Faculty do next

VITAL STATISTICS



3293 Fellows, Members & Trainees



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



3 Committees, **6** Sub-Committees
1 Advisory Group, **3** Working Parties, **2** Hosted Committees



25 Regional Advisors, **206** Faculty Tutors



396 Trainees recruited
287 Examinees passed
202 Trainees CCT'd (in 2015 & 2016)



100 ACCP Associate Members, **90** Registered ACCP Trainees



4.25 WTEs in the secretariat and based in the office



3287 Twitter followers

THE STORY SO FAR



Between the summer of 2015 and summer of 2017 our Committees have been busy with various projects and work streams aimed at benefitting both you as our members and the wider specialty. These include representing and reporting back to the Faculty on key external bodies, responding to national consultations, speaking at conferences, and replying to queries on anything from training concerns to revalidation questions from our members, other organisations, the media and the public.

COMMUNICATION & ENGAGEMENT

Academy work: In wider Academy work, we have taken part in ongoing discussions with HEE, NHS Improvement, CQC and NHSE, to ensure the critical care voice is heard.

New website: We have restructured, redesigned and remade our website to make information easier for you to find. This includes a 'Popular Pages' section at the foot of homepage to take you directly where you need to go.

Smaller & Specialist Units Advisory Group launched: Responding to feedback from our members, we set up this group to represent the voice of these units across the work of the Faculty.

The home of ACCPs: Our members asked for ACCPs to be a priority. We gave them a home, developed and reviewed the first national ACCP curriculum and began welcoming trained ACCPs into the Faculty as Associate Members. We also developed a programme specification checklist to help Trusts and HEIs make sure they meet the curriculum requirements.

Junior doctors: We hope our trainee doctor colleagues felt supported by the FICM in its responses to the junior doctor contract dispute. We felt strongly that we needed to take a definitive position on the issue and continue to engage with the BMA.

Critical Eye: Our bi-annual newsletter continues to attract positive feedback and we hope gives a helpful overview of the work streams of the Faculty.

Twitter: We are now more active on Twitter, to suit our technophile members, and have seen our followers grow to 3297 (as of 24th October 2017).

Media Engagement: Seen most recently in the Guardian and the Daily Mail following the discussions about ICU capacity, we have been working with the RCoA Communications Directorate to get media coverage on important ICM issues.

TRAINING, ASSESSMENT & QUALITY

Quality Nexus: Our trainee survey and data collection has expanded and continues to help improve local training. A formal quality report was published for members in February 2017.

RA/FT Newsletters: Our training leads receive regular newsletters to ensure they are aware of the latest developments in assessment and the wider interlinking areas of Faculty work.

Shape: We continue to engage with the Shape Panel directly and via the Academy. We met with the Panel in February 2017 to discuss next steps and received very positive feedback on our curriculum.

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

Trainee Eye: We have established a bi-annual trainee newsletter to keep trainee doctors informed about key Faculty and specialty business.

First CCTs: Working with the GMC we established the process to welcome the first doctors to CCT on the new curriculum in 2016.

e-Portfolio: We have undertaken a pilot review and made major changes based on feedback from trainers and trainees. User guides were also produced.

Curriculum: The curriculum continues to be tightened and improved, with further Special Skills Years added, a number of which have come directly from suggestions from our members. Our dual training document has led the way in the development of guidelines for other dual programmes.

THE STORY SO FAR

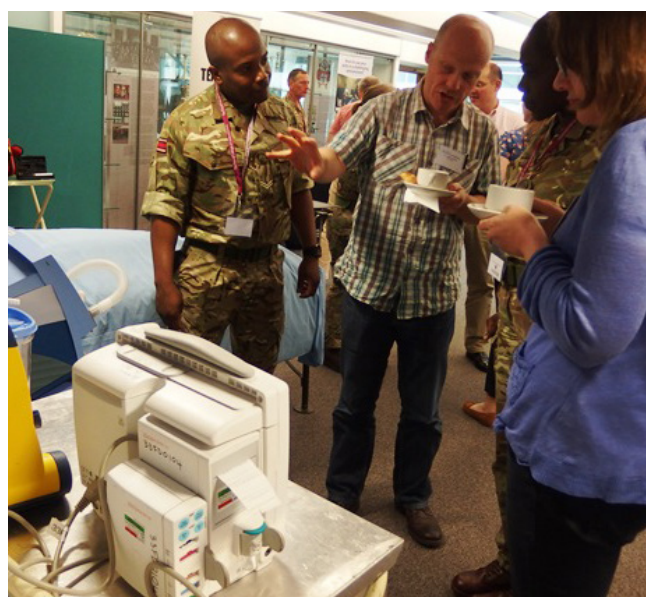
EDUCATION & EVENTS

Launch of e-ICM: Following a successful bid for funding to eLfh, we have developed a dedicated ICM e-learning resource. We started by reordering existing content from other programmes and have now begun to develop brand new sessions. In early 2017 e-ICM was linked to the ICM e-Portfolio to help our trainees work towards competency sign off.

ACCP Conference: The conference has sold out three times in a row and provides our ACCP members with a regular educational and networking event.

Annual meetings: We based our annual meeting in 2016 and 2017 on areas members expressed an interest in: the defence medical services and the world of the medicolegal.

RA/FT/TPD Conference: Successful conferences were held in 2016 and 2017 to bring our regional leads together to discuss improvements and changes in intensive care training.



THE STORY SO FAR

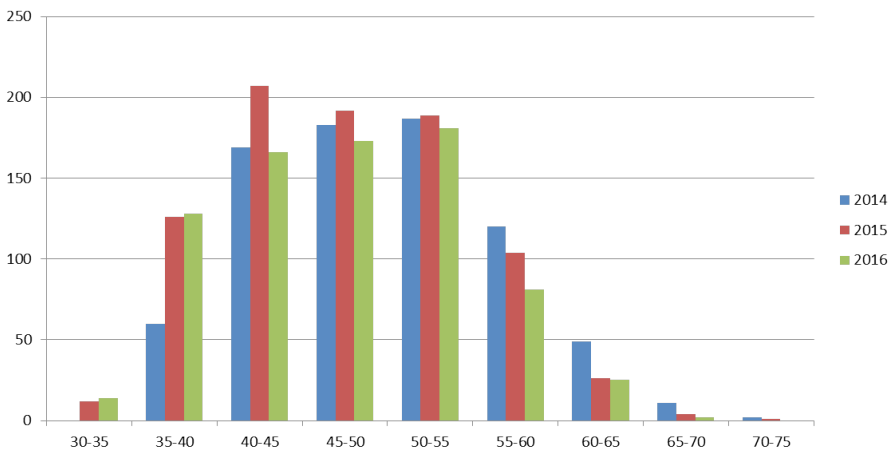


CAREERS, RECRUITMENT & WORKFORCE

Workforce census and report: We have run an annual census every year since 2014 and will continue to do so in order to aid workforce planning. However, following feedback from our members we have implemented a new process whereby we run a much shorter census for 2 to 4 years followed by a more detailed census in the 3rd or 5th year. We also published a report on how the census data from members has informed FICM work streams in 2017.

Workforce engagements: Engagements have now been held in Wales, West Midlands, Scotland, Yorkshire and the combined Northwest/Mersey region. As well as helping to bring a voice to local workforce discussions (which have already led to an increase in posts for recruitment), it allowed the Faculty to engage directly with members and seek feedback on a range of issues.

2014-2016 Census: Age of Respondents



Interview and assessment process:

The 2017 national recruitment saw a major review of the assessment process to accommodate lessons learned from research conducted over the first 5 years.

Hospital information:

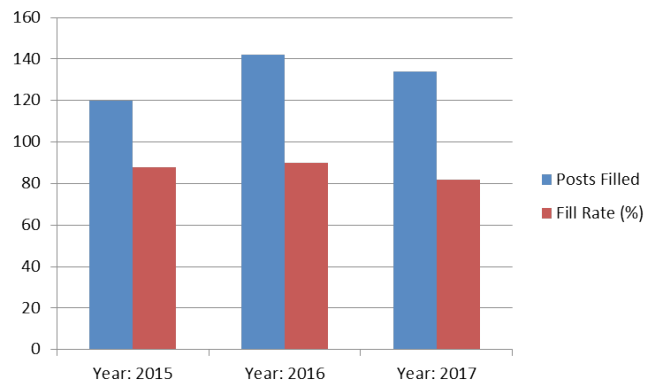
As part of our project to both open up choices for trainees and make hospital training information as transparent as possible, the recruitment section of the website now contains full information on almost all training units, with the remaining units to follow.

Careers leaflet and fairs: As the first step for our careers work, we have updated a training leaflet for the specialty and piloted stands at recruitment fairs.

Contract interpretation: We have worked with contacts at the BMA to provide as much information as we can (and within our limitations as a chartered body and not an employer or union) to aid their conversations on ICM with the Department of Health.

National recruitment: The 2016 and 2017 recruitment rounds continued our run of success with an increase in new training posts. This growth has been aided by our regular workforce data packs for Regional Advisors containing information from the census, AAC data and messages from our work with the Centre for Workforce Intelligence.

2015-2017 National Recruitment: Number of posts filled

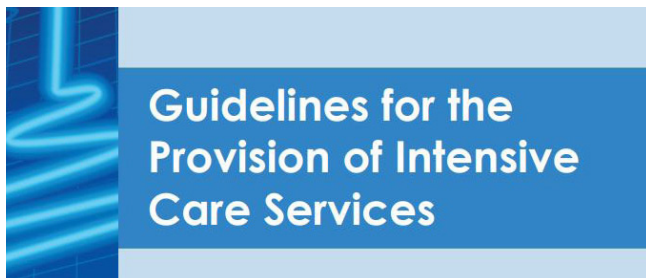


THE STORY SO FAR



STANDARDS & GUIDELINES

GPICS: The Faculty and ICS published the first version of GPICS in July 2015. This is the definitive reference for planning and delivering intensive care services in the UK.



Legal and Ethical: The Faculty, in partnership with the ICS, established the Legal and Ethical Policy Unit in 2015. The group looks at medicolegal issues which could affect the wider specialty. They have commented on the Law Commission's new proposals for DoLS and MCA and provided assistance to both the FICM Board and JSC regarding legal issues.

Ferreira case: In 2016 the Faculty and ICS submitted a written intervention as part of a legal case regarding DoLS in the ICU which resulted in a judgement pronouncing that it was not generally applicable (barring exceptional circumstances). We consider this to be a positive step and makes things more straightforward for staff working in the ICU. The Judge was grateful for the information we provided.

Brain Death: We received information from our members that prognostication of brain stem death in the emergency department was causing issues in some hospitals. In response, the Joint Standards Committee convened a consensus group to create some guidance in this area.

ARDS Guideline: We have completed the majority of the work on this document and, although it will no longer be accredited by NICE due to changes in their procedures, we will still be publishing a robust guideline in the coming months.

Learning from Patient Safety Incidents

The Faculty set up a forum where our Fellows, Members and the wider Critical Care Community can share patient safety incidents from their Trusts. The aim is to ensure the lessons learned from these incidents will spread as widely as possible and hopefully avoid any repetition.

More information can be found here:

www.ficm.ac.uk/safety-and-clinical-quality/learning-patient-safety-incidents

If you would like to submit anything of interest, please complete the form on the webpage and return it to us at the Faculty.

The screenshot shows the website interface for 'The Faculty of Intensive Care Medicine'. The page title is 'Learning from Patient Safety Incidents'. The main content area includes a paragraph stating that 1.10 patients in health care sustain harm that is potentially avoidable, and that investigation results in the identification of system errors and the generation of solutions to prevent future incidents. It also mentions 'National Patient Safety Alerts relevant to intensive care', 'Regulation 28 Reports to Prevent Future Deaths', and 'Lessons from adverse incidents'. A sidebar on the left lists navigation options such as 'Standards, Research & Revalidation', 'Guidelines', 'Consultations', 'Research', 'Revalidation and CPD', 'Safety and Clinical Quality', 'Learning from Patient Safety Incidents', 'Legal & Ethical Policy Unit', and 'Resources'. At the bottom, there is a section for 'SAFETY MATTERS: Local Incident Lessons' with a link to 'Stroke following central venous line'.

IN THE PIPELINE



And so to the future.

Below is a summary of all of the new areas of work we have commissioning beginning in 2017 and continuing in 2018.

COMMUNICATION & ENGAGEMENT

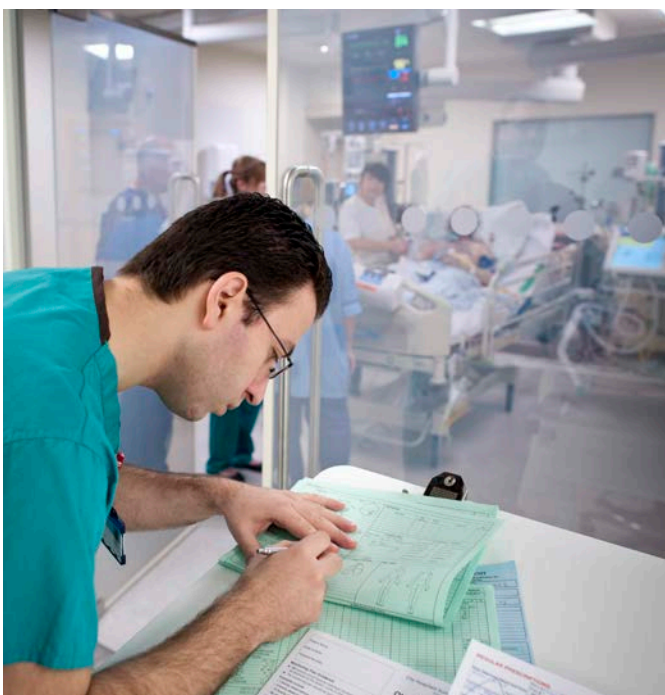
Smaller Units going forward: In 2017 the Smaller Unit Advisory Group welcomed representatives from the neuro and cardiac critical care communities. Our aim is to give these specialties a voice within the Faculty in a group which is able to cover a wide variety of areas. The group is now known as the Smaller and Specialist Unit Advisory Group (SSUAG).

Patient Care: In May 2017 we hosted the first meeting of the National Adult Critical Care Data Group (NACCDG). This involved reps from NHS England, ICNARC, PHE, NIHR, UKCCNA, ODN, ACCCRG and the ICS sitting around a table to discuss how best to develop and use future national critical care data to improve the quality of patient care. We're expecting regular meetings in the next year. We will also continue to host the Critical Care Leadership Forum (CCLF) bringing together organisations with an interest in Critical Care to promote UK-wide high quality care for patients with, at risk of, or recovering from critical illness.

Critical Futures: In 2014 we initiated a project to gain an overview of our specialty (in the same vein as Comprehensive Critical Care published way back in 2000). We sent out a survey and 450 of you responded (thank you to everyone who took the time to complete it! You provided so much useful information). We've now collated the findings and are making some recommendations in a report to be published on 31st October 2017. To accompany this, we will also be producing an engagement pamphlet which we hope will be useful way to ensure our national stakeholders are up to date on critical care issues.

Media engagement: We hope to continue to engage with the medical and national media on important topics related to our specialty and are currently undertaking a research project with one journal.

Governance review: Now that the Faculty is firmly established, we are undertaking a full governance review (including membership routes). We'll be able to provide more information over the coming year so watch this space!



Photographs courtesy of ICCU City Hospitals Sunderland NHSFT

IN THE PIPELINE



CAREERS, RECRUITMENT & WORKFORCE

Women in Intensive Care Medicine (WICM): We recently held the first meeting of the WICM Sub-Committee. This group was created to provide representation of women in all areas of ICM and highlight any key areas of Faculty consideration and discussion.



Workforce Engagements: We have a few more Regional Workforce Engagements in the pipeline and we'll be publishing a trends report to highlight the national issues we've found across the country. If you're interested in holding a meeting in your region, please do get in touch.

Careers Strategy: The CRW have created a careers strategy aimed at supporting ICM trainees and consultants throughout their career. The strategy lists 4 key areas of focus (Choosing a career in ICM, Training in ICM, Managing a career in ICM and ICM Consultants and Professionals) which we hope you will find useful.

Wellbeing and Fatigue: We continue to focus on these areas in the coming year and will be producing more definitive work streams later in the year, in conjunction with the AAGBI and RCoA (on fatigue) and the ICS (on wellbeing).

New ACCP work: From November 2017, ACCPs must have trained to the FICM ACCP curriculum in order to obtain Associate Membership. This is so we can ensure that ACCPs across the country are trained to the same high level which is better for both ICUs and their patients. The ACCP Sub-Committee are working with the HEE on regulation and career frameworks.

TRAINING, ASSESSMENT & QUALITY

Flexibility review: The FICM welcomed the GMC's flexibility in training report, Adapting for the Future, to which we contributed our time and materials in research meetings with the GMC team. Through our other work streams here we plan to consider tools and outcomes that improve work life balance and diversity and move towards outcome-based curricula. We have led on transferable competencies and bespoke training through creation and development of the dual CCTs programmes.

TSP engagement: We are engaged with the RCoA Technology Strategy Programme in an effort to update our joint systems.

Standards for Curriculum Assessment and Review (SCAR): The Faculty is using the GMC postgraduate medical curricula review to update the current ICM curriculum and ease the burden of assessment which we know is a big issue for both trainees and trainers.

Competencies Guide: Trainees, FTs and RAs alike have told us there is variation around the UK as to how competencies are achieved, and more importantly how they are 'signed off'. We're aware that some competencies are easier than others to obtain but also that some trainees have struggled to complete some competencies. In response, our trainee reps have created this document with the aim of not only bringing some standardisation to the sign off process but also providing some helpful suggestions for other ways of obtaining sign off (such as e-ICM). We're also trying to reduce some of the burden of assessment for our trainers and trainees; this doesn't necessarily reduce the number of assessments but will hopefully ensure they're more valuable as an exercise.

Shape meetings: We'll continue to engage with the Shape Panel to ensure the needs of our speciality are considered.

IN THE PIPELINE



EDUCATION & EVENTS

RA/FT/TPD: We will continue to run an annual RA/FT/TPD event in order to bring together our regional leads. Invites for the 2018 day will be sent out later this year.

Annual Meeting: Next year's Annual Meeting will be themed around work/life balance, wellbeing and avoiding burnout. Our Vice Dean, Alison Pittard, has lined up some exciting speakers, the final programme is now available on our website and online booking is open.



e-ICM: We will continue to develop new sessions and review existing e-ICM sessions to ensure we provide the best learning resource possible. We'll post any updates on our website and our twitter feed.

ACCP Conference: The ACCP Conference will be back again in June 2018. We're hoping to hold next year's event outside of London and will be confirming the date and venue later in the year. Keep an eye on our website and twitter for updates.

Expansion of FFICM Prep Course: Following successful courses in 2015, 2016 and 2017 the FFICM prep course will be run twice a year from 2019.

STANDARDS & GUIDELINES

Mediation: The FICM will be holding a database of medical mediators, if you're qualified in medical mediation and would like to be included please get in touch.

GPICS V2: We've started work on GPICS V2 (and would like to thank those of you who took the time to provide feedback on V1 and suggestions for V2). This feedback will help inform updates to the structure and content. Our aim is for publication in the autumn of 2018 following extensive stakeholder and public consultation.

Audit Project: The FICM has taken forward some discussions, in the first instance, with the National Institute for Health Research in order to help develop a Joint Standards Committee plan for a form of national audit project in critical care. We hope this work will come to fruition in the next financial year and will keep you informed of any updates.

AHP Framework: We're working with the ICS AHP Committee to create a framework for Allied Health Professionals who work on critical care units. The writing group (made up of physiotherapists, dieticians, occupational therapists and speech and language therapists) are aiming to provide common generic competencies which can then be tailored to each individual therapy.

Guidance and Guidelines: We are undertaking a review of existing guidelines as well as being in the process of creating new guidance.

End of Life Care: We are in the early stages of establishing a group to look at End of Life Care in the ICU. This group will work with our specialty partners and external organisations to develop a series of work streams which we hope will benefit the specialty and perhaps the wider medical community.

WHERE TO NEXT?



Dr Carl Waldmann, Dean

I am coming to the end of my first year as Dean and it has been fantastic to see the work that has been done; much of what we do is from listening to and responding to the needs of our members, so please tell us more.

We want your opinions and want you to tell the Faculty what you think we should be doing on your behalf. Please read all the work we are participating in and tell us if you feel we should be involved in other projects. You can contact us at contact@ficm.ac.uk.



Dr Alison Pittard, Vice Dean

Our achievements so far are a result of us working together; you telling us what works, us listening to what you say doesn't work and collaborating to make it better. Please continue to help us develop a specialty to be proud of by contacting us with your ideas. If there are any work streams you would like to be a part of get in touch.

*"Alone we can do so little; together we can do so much."
Helen Keller*



GET IN TOUCH:

contact@ficm.ac.uk

