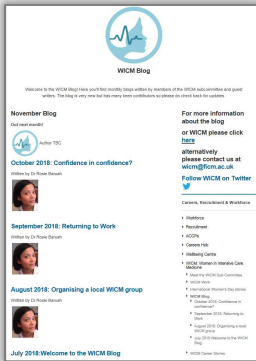
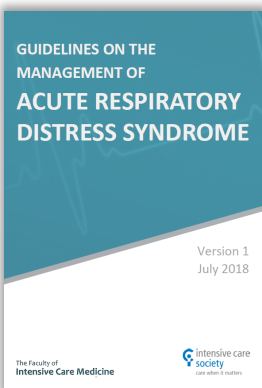


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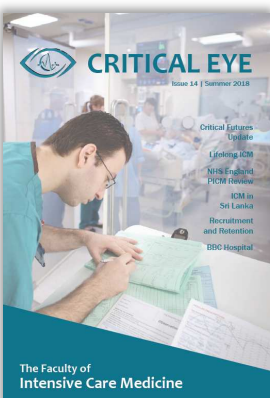
WICM Blog launched

The Women in ICM (WICM) initiative have now established themselves on Twitter @womeninicmp and in the blogosphere. **Click the image** here for the first six blogs, covering issues from returning to work to setting up a local network.



Guidelines on the Management of Acute Respiratory Distress Syndrome

The purpose of this guideline is to provide an evidence-based framework for the management of adult patients with ARDS which will inform both key decisions in the care of individual patients and broader policy. The development process was based on the previous NICE approval process and has used GRADE methodology to review an extensive evidence base.

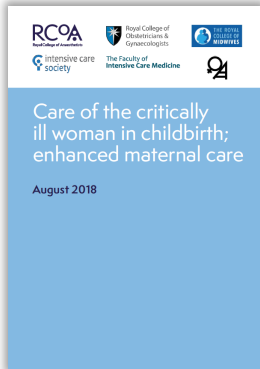


Critical Eye: Summer 2018

Our bi-annual newsletter includes the following topics in its collection of articles:

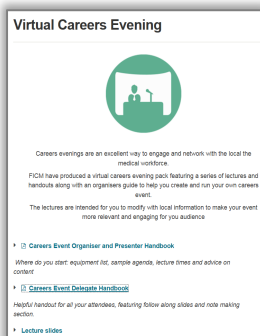
- Updates on the Critical Futures work streams.
- Insights from the team that were part of this year's BBC Hospital programme.
- Updates on training and education areas such as e-ICM, the exam and the curriculum review.

AUG - SEP 2018



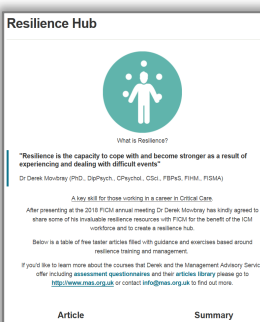
Care of the critical ill woman in childbirth; enhanced maternal care

This guideline covers recommendations relevant to the care of pregnant or recently pregnant, acutely or chronically unwell women, who require acute hospital maternity and critical care specialist services. Development was led by the Obstetric Anaesthetists' Association (OAA) and contributed to by a number of professional organisations, including the Faculty.



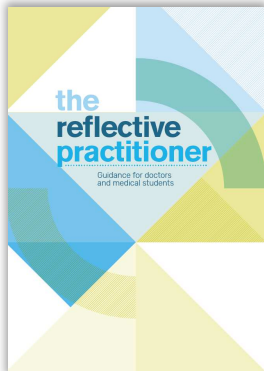
Careers event pack

The Faculty's Careers, Recruitment and Workforce Committee has produced a full pack for all those who want to run careers events in their regions or localities. The pack includes a full slide set plus instructions for speakers and presenters. The aim is to provide a uniform resource, which will hopefully allow for local and affordable/free events to be run.



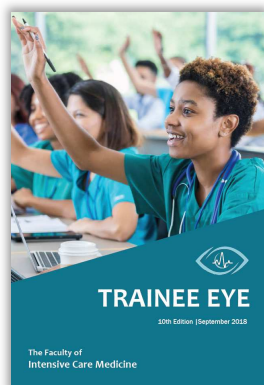
Resilience hub

Following the positive response to the presentation on resilience by a speaker from the Management Advisory Service (MAS) at our annual meeting, we partnered with them to provide an online education hub on resilience as it applies to the individual and to the team. This will form the first hub within our overall Wellbeing Centre.



The Reflective Practitioner: Guidance for doctors and medical students

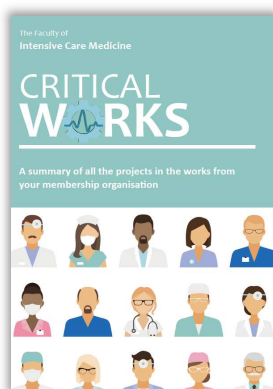
The Faculty actively contributed to this guidance which was produced by the Academy of Medical Royal Colleges (of which the Faculty is a member) and the Conference of Postgraduate Medical Education Deans (CoPMED). It covers a large range of issues with regards to reflection, informed partly by the issues that arose around the Dr Bawa-Garba case.



Trainee Eye: Autumn 2018

The newsletter for and contributed to by members who are doctors in training. This edition includes articles on:

- ICU logbooks: A brief overview
- Less Than Full Time training
- Updates on the curriculum and the e-portfolio
- Gross negligence manslaughter



Critical Works 2018

Your annual summary as members of the activities of the FICM in the last year and the planned activities in the year ahead.

Please do read and answer the call from the Dean and Vice Dean to make any further suggestions to the Faculty's forward work plan.

NOV-DEC 2018



The Faculty of Intensive Care Medicine

EMPLOYING ADVANCED CRITICAL CARE PRACTITIONERS (ACCPs) AS PART OF A CRITICAL CARE TEAM

1. Identify the role of the ACCP. The Faculty of Intensive Care Medicine (FICM) will ensure patient safety and autonomy, and also ensure patient experience through better service. Employing ACCPs has the potential to improve patient care through better service, better training, better safety and efficiency.
2. Employment of ACCPs. The FICM will ensure that the ACCP role is established. The ACCP role should fully integrate the governance structure. Clear guidelines and standard operating procedures should be developed to ensure the operational support.
3. Operational support. The FICM will ensure that the ACCP role is established. The FICM will ensure that the ACCP role is established. The FICM will ensure that the ACCP role is established.
4. Governance and compliance. The FICM will ensure that the ACCP role is established. The FICM will ensure that the ACCP role is established. The FICM will ensure that the ACCP role is established.
5. Accountability and performance assessment. There needs to be a clear commitment from the organization to ensure that the ACCP role is established. The FICM will ensure that the ACCP role is established.
6. Supporting learning and development. The organization should support the ACCP role through a range of learning and development opportunities. The FICM will ensure that the ACCP role is established.
7. Support for the ACCP role. The organization should support the ACCP role through a range of learning and development opportunities. The FICM will ensure that the ACCP role is established.
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Employing ACCPs as part of a critical care team

A 13 point guide compiled by the Advanced Critical Care Practitioner (ACCP) Sub-Committee for those looking to employ ACCPs in their units. It covers such areas as appointment processes, supporting CPD and management roles.

The Faculty of Intensive Care Medicine

ADVANCED CRITICAL CARE PRACTITIONERS (ACCP) CODE OF CONDUCT 2018

- Having formed together, the Advanced Critical Care Practitioners (ACCP) are expected to adhere to the code of conduct of their respective bodies. It is expected that:
1. Function as an advanced critical care practitioner as part of the multidisciplinary team and adhere to the standards of their respective bodies.
 2. Apply the principles of evidence-based practice in the management of the critically ill patient.
 3. Be accountable for the quality of care you deliver to critically ill patients and their families in all respects.
 4. Act as patient advocates, ensuring patients' dignity and patients' rights are at the centre of care planning and delivery.
 5. Work in collaboration with your colleagues to ensure the delivery of high quality, safe and compassionate healthcare and support.
 6. Communicate effectively across occupational and organizational boundaries in the interests of the patient.
 7. Be role model within the multi-disciplinary team.
 8. Maintain the knowledge and skills for safe and effective practice by continuing professional development as specified by your professional body.
 9. Work in association with, and under the supervision of, the consultant as an integral part of the critical care team.
 10. Work in association with, and adhere to, the supervision requirements of the FICM.
 11. Take the patient and quality of care as the focus for all decisions made.
 12. Support and support the learning requirements of others as defined.
 13. Speak for help from a suitable qualified and experienced healthcare professional to care for you or your patients that exceeds the level of your competence. Also consult immediately if you are being asked to practice beyond your role, experience and training.
 14. Adhere to the statutory requirements of the medical profession.
 15. Understand the professional responsibilities and legal framework for advanced practice and raise any concerns through your organisational senior leadership from the Faculty as required.

ACCP Code of Conduct

The Code of Conduct for ACCPs was produced by the ACCP Sub-Committee as part of its ongoing work on Medical Associate Professionals. A requirement for a Code of Conduct unique to the role was regularly discussed and so the 15 point code here was developed to be read in conjunction with the requirements from an ACCP's current regulator.

intensive care society

care when it matters

Allied Health Professionals:

Critical Care Professional Development Framework

The Faculty of Intensive Care Medicine

AHP Critical Care Professional Development Framework

This development framework for four AHP therapies (Dietetics, Occupational Therapy, Physiotherapy, and Speech and Language Therapy) was developed jointly by the Faculty and the ICS with significant input from the specialist bodies representing the four AHP groups. We are also grateful to input from pharmacy and the ACCP group, feeding in experience from their frameworks.