

Workforce in Intensive Care Medicine

RECRUITMENT TO RETIREMENT Census Update for Fellows and Members

“Is there anyone out there? We are listening.”

The current provision of critical care is characterised by considerable variation in organisation and delivery, quality, funding and effectiveness ... it is compounded by difficulties in the recruitment and retention of necessary trained staff and in professional training and development that do not match the needs of the individual or the service.

You would be forgiven for thinking this is a recent quote but in fact it comes from Comprehensive Critical Care published in 2000! The Faculty established its Workforce Advisory Group (WAG) in 2012, launching an annual census in 2014 to address the lack of information about current and future workforce. This year WAG was incorporated into the newly formed Careers, Recruitment and Workforce Committee (CRW). What we hope to do is utilise the data you submit to inform development of our standards (via the Joint Standards Committee), to promote quality in both service and curriculum delivery (via the Training, Assessment and Quality Committee) and to influence the number of doctors training and working in our specialty via CRW as *“No amount of equipment can compensate for the lack of appropriately trained staff”¹*. These are the 3 committees of the Faculty and it is easy to see that without your help we cannot function effectively so a big thank you to all of you who have completed the survey over the last 4 years. You have been voting with your feet and although we don't have the data for the 2017 census yet the number of respondents has fallen.

So we are going to tell you what you told us and it will come as no surprise to hear that you keep saying the same things. We are also going to tell you what we plan to do in response. We need both the objective data from the census and the subjective impressions from additional comments so that we can harness as much support for the right solutions to improve the situation over the medium to long term. We also need to ask the right questions so, as always, we are open to suggestions. Just contact us to let us know your thoughts via the website www.ficm.ac.uk or email ficm@rcoa.ac.uk.

We need responses from as many regions of the country as possible because although the problems are likely to be similar it is highly unlikely that the solutions will be. We know there are significant differences in the ability to staff units at resident and consultant level across the country and we need the data and your feedback to identify successful solutions and work with the areas that are struggling.

We need your data over a period of time to support solutions for all regions, so please continue to contribute, so that we can facilitate additional change and help you to provide the highest quality of care for our patients, support you through a lifelong career in ICM and develop our specialty. Tell us what you think, we are listening.

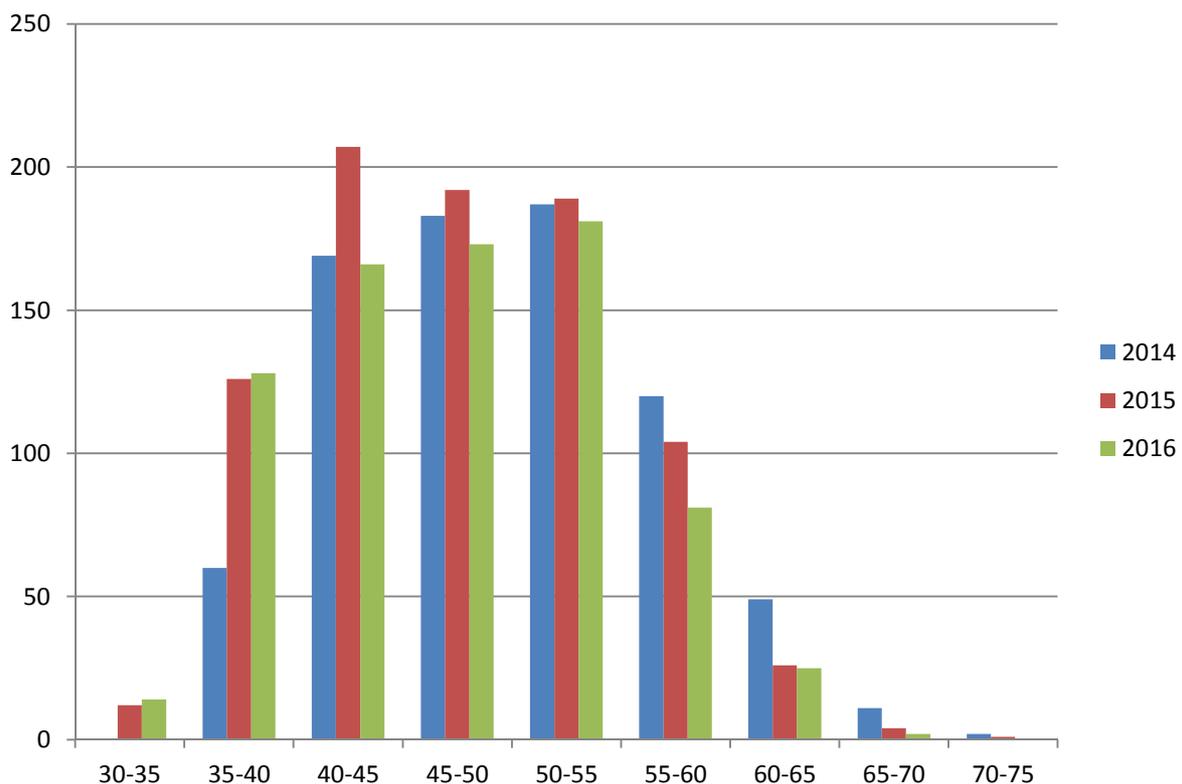
Thank you,

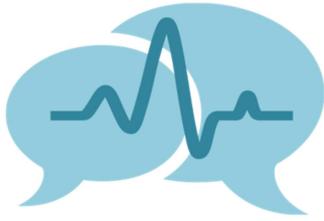
DR ALISON PITTARD, *Vice Dean*

DR DANIELE BRYDEN, *CRW Committee Chair*

DR JACK PARRY JONES, *CRW Committee Workforce Lead*

Figure: Age of Respondents to Workforce Survey





YOU TOLD US ...

What a UK intensive care doctor looks like.

The mean age of consultants practising intensive care medicine in the UK is 48 years with an increase in consultants under 40 years of age since 2014. The proportion of consultants with recognised ICM training has increased. Over half of all Fellows have either IBTICM sign off at advanced or intermediate level, or have the ICM joint CCT.

WE ARE GOING TO ...

- 1** Promote expansion in training numbers. We use census data to inform the recruitment process.
- 2** Provide support for new consultants. We are exploring a buddying/mentorship scheme.
- 3** Attract more women into the specialty to align with medical school outputs. We have established a virtual working party, Women in Intensive Care Medicine (WICM), to facilitate this.

Intensive care medicine in the UK is still a young speciality with much intensive care being managed by consultants trained in other specialities in the past. Recent years has seen both Intensive Care Medicine being recognised by the GMC as a separate and distinct speciality and the establishment of the Faculty of Intensive Care Medicine with a single speciality training program and assessment. The apparent growth in numbers of consultants identifying themselves as intensive care physicians will reflect both a real growth in numbers with expansion of facilities, but also a changing recognition of intensive care medicine as a separate speciality and the professional identity of those working in the area.



YOU TOLD US ...

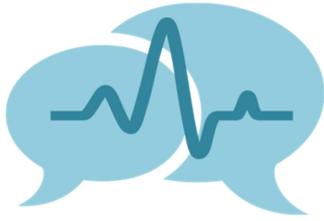
What an ICM job plan looks like.

“[I] think instead we should be planning to sustain careers in ICM to retirement, as with every other speciality.”

Most of you work in at least two clinical specialities. Most commonly this is between 2 and 8 Programmed Activities (PAs) of ICM with other PAs in the second speciality, usually Anaesthetics. A significant number of you have external and additional duties in your job plan that may represent a relatively high contribution or involvement in managerial roles that intensive care physicians are drawn to.

WE ARE GOING TO ...

- 1 Provide advice and resources for individuals embarking on a career in ICM. This will be done through the careers workstream, as we develop support, via the website, for current and future intensivists.
- 2 Ensure that version 2 of Guidelines for the Provision of Intensive Care Services (GPICS) reflects this variability and recognises that a degree of flexibility is required.



YOU TOLD US ...

What your working patterns are.

“Different hospitals need different models to maximise their resource.”

“Resident on call ... should be doable as part of one’s career as long as it is rewarded appropriately and you are doing Consultant level things.”

Most of you are not required to be resident out of hours but if you are it is normally until 20:00 or 22:00. 3.5% are required to be resident after midnight and these are accounted for predominantly by two large university hospitals (University of Wales in Cardiff and Queens Medical Centre in Nottingham). In many of the other cases there seemed little consistency within the department, with isolated consultants indicating after hours residency, but other colleagues in the same department indicating not.

WE ARE GOING TO ...

- 1 Develop and collate templates for ways of working that accommodate resident and non-resident work patterns that are sustainable and healthy.
- 2 We will focus future workforce surveys on the impact of resident working.



YOU TOLD US ...

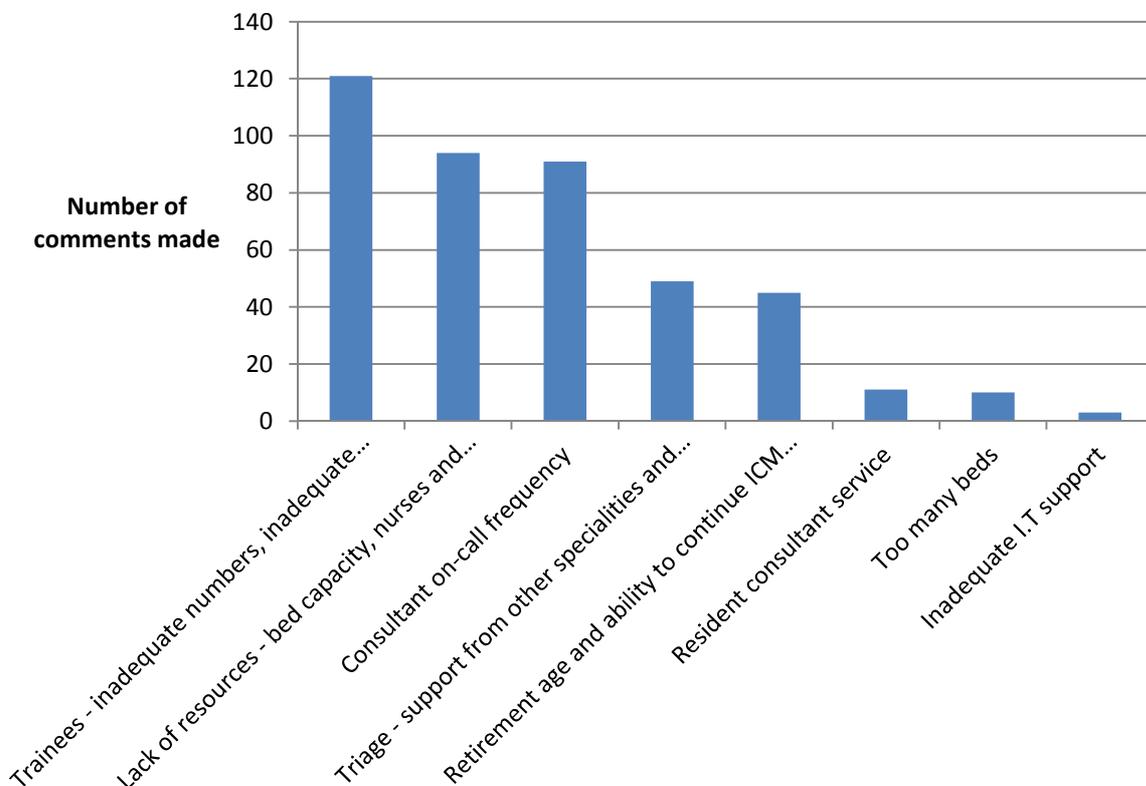
What is affecting the consultant workforce.

"I find ICM the most enjoyable and the most stressful part of my work and I can't give it up. It brings out the best and the worst in me."

"I don't find ICM over stressful but I do find it very tiring, with long days and nights and it is for this reason that I would consider giving it up before the end of working life."

ICU is perceived to be a stressful career. Stressors include lack of unit resident middle grade cover, resource demands, on call working and demands from the rest of the hospital. Despite this, many respondents enjoy ICM and would like to continue in the specialty in the later part of their careers if the stresses can be mitigated.

Do you find Intensive Care Medicine stressful enough to influence your future career plans?



WE ARE GOING TO ...

- 1 Acknowledge this and examine issues around work-life balance
- 2 Our 2018 Annual Meeting (Thursday 24th May, London) will be an exploration into successfully managing a lifelong career in ICM.
- 3 Use the opportunity presented by GMC changes to curricula to address our curriculum to reduce assessment burden.
- 4 Explore different ways of working. We are actively promoting the ACCP workforce within Health Education England and through our Workforce engagements with the home nation governments.
- 5 Encourage more of you to participate in the census so we continue to be able to both find out this key information and use it to enact change.