

trainee eye

- [Welcome!](#)
- [FICM website](#)
- [FICM Trainee Representatives](#)
- [FFICM examination information](#)
- [ICM ePortfolio](#)
- [e-ICM](#)
- [Meeting the Vice Dean and Head of Faculties](#)
- [Quality Report](#)
- [Women in Intensive Care Medicine](#)
- [Faculty News](#)
- [Critical Eye](#)
- [Standing update for new trainees](#)
- [Contacting the Faculty](#)
- [The future](#)

WELCOME!

Welcome to the Seventh edition of Trainee Eye, the newsletter for ICM trainees sent by the Faculty of Intensive Care Medicine.

The aim of this newsletter is to open up channels of communication, and also highlight information that is directly relevant to trainees, and also to the wider ICM community.

FICM WEBSITE

We hope you are finding the new FICM Website (<https://www.ficm.ac.uk>) easy to navigate and informative for training and exams. We would welcome your thoughts on the content for trainees, and topics you feel we should add in the future. Get in touch by emailing us [here](#)

FICM TRAINEE REPRESENTATIVES

Introduction from Dr Richard Gould (FICM Trainee Rep Elect)

"I'd like to take this opportunity to introduce myself. I'm Richard, a dual ICM / Anaesthesia Trainee in Yorkshire. I live in Bradford with my wife and young family, and am currently working in Mid Yorkshire NHS Trust completing my Stage 2 training.

Thanks to all who voted for me in last year's election. I'm a strong advocate for trainees and have experience bringing about change whilst working on my local STC. I plan to bring this passion and ability to deliver to this national role.

I understand the problems that face us all, including the feeling of assessment overload, burn-out and constant uncertainty. My first impressions of the Faculty Board has shown me that these concerns are acknowledged, and with your help I hope to find solutions to at least some of them during my tenure.

I'd be very keen to hear about any local problems (or solutions!) that you feel need to be discussed nationally, so please email me – richardgould@nhs.net - with anything that you think I can be of help with."

Updates from Dr Jamie Plumb (FICM Trainee Rep)

Direction of travel for the FICM- 'Burden of Assessment'

I sent out some correspondence last year and again this year to briefly reassure trainees on a couple of things regarding the development/evolution of the ICM curriculum and especially around the overall burden of assessment. There is a drive from the Academy of Medical Royal Colleges (AoMRC) and the GMC to move towards a more 'outcomes based' way of assessing trainees and move away from what has perhaps sometimes become a 'tick box' exercise for some. The FICM are supportive of this.

The training and assessment committee (TAC) have had some changes approved by the board that will hopefully come into affect later this year to do exactly this- to reduce the burden of assessment. The TAC along with the trainee reps and the board are working hard to listen to feedback from regional advisors and trainees on problems with delivery of the curriculum. **We are listening! Please do contact us!**

We have looked closely at the curriculum and have tried to make some changes to reduce some repetition of competencies at different stages of training. This is an evolving work and we would welcome further input from trainees and trainers alike. The GMC are currently undertaking a large project to "*clarify and simplify the standards used to approve postgraduate medical curricula and assessment frameworks. We will use this opportunity to improve curricula and reduce the regulatory burden on the service, colleges and faculties.*" This is called: Initiating the Standards of curricula including assessment review (SCAR). We are currently awaiting the detail of this to see how we can implement this into the current ICM curriculum.

The e-portfolio is under review and will be moving to a new system whilst we can't say this will rectify all ills; it will be a chance to address some matters.

From the inside I can honestly say that the TAC and the FICM board are really receptive to hearing the voices of the trainees. They want to know what is working well but also what is not working well.

Flexible Career paths

“Have you worked flexibly? Taken OOPE/OOPT, done an unusual fellowship, taken parental leave, a sabbatical, worked for a national body or a local LETB or done something else that you think constitutes 'working flexibly!?’

The faculty are engaged in a piece of work looking at flexible career paths. This is not just looking for people who may work part time (although we do want to hear from them as well) basically anything that is slightly off the well-trodden path.

We would love to hear either an anecdote, but preferably a short video or audio clip perhaps just 1-2 minutes in length, telling your story. Part of this process is to engage the wider medical body to see what is possible whilst combining a career in intensive care medicine.

If interested please send to videos/audio clips to ficm@rcoa.ac.uk

If we like them they may (with your permission) be posted on the FICM website”

FFICM EXAMINATION INFORMATION

Please note the next FFICM MCQ will take place at the RCoA on Tuesday 11th July 2017. The application window for this sitting opens on the 10th April 2017 and closes on the 1st June 2017.

Next date is 9th January 2018 – App window 16th October 2017- 23rd November 2017.

ICM E-PORTFOLIO

If your Educational supervisor needs access to the ICM e-portfolio they can e-mail us at ficm@rcoa.ac.uk. We will then assign them the role of ICM Educational Supervisor. You will then be able to link your ES to your admin post.

If you wish to get in touch with the ePortfolio trainee representatives, Hywel Garrard and Dafydd Williams you can do via email [here](#)

Although the Faculty has editing-admin control over information added to the portfolio, we do not have any control over the back-end software that runs the system; this is entirely controlled by NES. If you contact the NES helpdesk please be aware that they refer ***all*** queries to the colleges/faculties as a matter of routine, even if the issue is a back-end one. Faculty staff will do our best to help you with any problem you are experiencing, but please be aware that if the issue is software related we will be unable to fix them and will have to raise a central helpdesk problem with the NES programmers to resolve the issue.

E-ICM (E-LEARNING FOR INTENSIVE CARE MEDICINE)

There is new a website resource containing all the key information (registration, module content, release dates) about this resource: <https://www.ficm.ac.uk/news-events-education/e-icm>

e-ICM is a joint venture between e-Learning for Healthcare (e-LfH) and FICM. The programme provides 10 modules of resources covering the FICM syllabus including e-learning sessions, links to open access review articles and guidelines. Whilst the resources will be particularly useful for trainees undertaking Stage 1, they will also be of interest and use to anyone caring for the critically ill or preparing for the FFICM examination. To access e-ICM you must first register with e-LfH. You will then be able to complete the modules and link them to your ICM curriculum in your e-portfolio.

MEETING WITH VICE DEAN AND HEAD OF FACULTIES

Your Trainee Representatives, Jamie Plumb (**JP**) and Richard Gould (**RG**), met with Alison Pittard (**AP**, Vice Dean) and Daniel Waeland (**DW**, Head of FICM and FPM) for a chat about the Faculty, training and workforce.

Introduction to the Faculty

JP: *So; firstly what exactly is the Faculty of Intensive Care Medicine?*

AP: The Faculty is an organisation/group/"go-to" (or a family as I like to think of it) for anything ICM. Listening to trainees and trainers helps us to understand the best way to care for our patients. The various committees use this information to create, monitor and develop training curricula, standards and guidelines, and to ensure there is a suitable workforce to deliver care of the highest quality. The Faculty works closely with other specialty colleges/faculties, especially when dealing with guidance published by other organisations such as the GMC, DH etc. These external bodies stipulate certain rules by which we have to abide and this can put constraints on what we can and cannot do.

JP: *How and when did the Faculty form? Who was responsible for it coming about?*

DW: The Faculty formed in 2010, from the Intercollegiate Board for Training in ICM (IBTICM). The original Steering Group included our first Dean and Vice Dean, Julian and Tim, but as the FICM is one important step on a journey, there would be too many people involved from the birth of ICM, through the earliest training programmes, Chairs of IBTICM, supportive College Presidents and beyond to be able to credit just one or two people.

JP: *What is the difference between the Faculty and a Royal College?*

DW: You can think of a Faculty as a College in a microcosm. Both the RCoA and RCEM began their lives as Faculties of the Royal College of Surgeons. Most Faculties have progressed over (often+++++ many) years to becoming Colleges and then Royal Colleges. Colleges are much bigger than Faculties and have more resources (people, influence, finances) to call upon. Sitting within the RCoA (and having 7 other parents) means we can access the channels of a bigger ecosystem which we could never manage on our own.

JP: What would you say are the 3 main aims of the Faculty?

AP: I see its role primarily as promoting and developing the specialty in order to deliver the highest quality care for patients. Our aims, therefore, reflect this and, in no particular order I would say:

- To attract, train and retain a workforce that is fit for purpose, i.e. recruit high quality individuals who are motivated, have a good work-life balance and can remain in ICM until retirement by having appropriate numbers and skill mix
- To strive for excellence through quality improvement and innovation
- To promote our specialty so that people know exactly what we do

JP: Alison, what are Deans and Vice Deans?

AP: I think these roles are similar to the captain and commander of a ship, steering it safely through muddy waters and iceberg fields to its destination. The difference is that our waters only clear temporarily and the landscape/destination is forever changing! We take a strategic view of our specialty informed by the various committees and guidance from external stakeholders. I think Carl and I have complementary skills which means the Faculty won't become another Titanic!

JP: Daniel, what exactly is your role?

DW: A bit of everything! I Head up the FICM and also the Faculty of Pain Medicine and look after the two Faculty teams. I advise the Dean, Vice Dean and other clinical leads on strategy and policy, try to make our finances go as far as possible and keep projects on track. I can't miss out mentioning my fantastic team. Anna acts as my deputy and leads for the team on the curriculum and e-Portfolio. Dawn looks after everything to do with JSC and runs our annual meeting, Susan looks after the CRW, ACCPs, quality and web, and Rohini is TAQ and the first port of call for trainees and trainers. It works out as 4.25 WTEs, so we are a very small (though perfectly formed!) secretariat compared to Colleges. The FPM team consists of Laura and Jyoti who you may see helping out at FICM events.

JP: What is the Intensive Care Society? What is the difference between the ICS and the Faculty?

AP: The ICS is a well-established organisation pre-dating the Faculty. We are completely separate and it would be inappropriate for us to answer for them but we do believe that our roles are complementary. The ICS has a good record in the delivery of education through its regular meetings including the hugely successful State of the Art annual meeting in London. When the Faculty formed, the ICS had produced numerous standards documents and, as we felt this was an area we should also be involved in, we developed a Joint Standards Committee (JSC).

DW: Through the JSC (and other channels) we engage with their Trainee Committee too.

JP: What role does the FICM have with the GMC?

DW: We interact with the GMC regularly, on issues from certification and equivalence, to curriculum and examination approval, to national strategies. The Faculty has power not by statutory regulation (like HEE or NES) but by professional willpower. I think, for our size, we have been very successful at getting the ICM argument across where it counts.

JP: What is the AoMRC? How do we link with them?

AP: The Academy is a group of representatives from all the colleges and faculties who meet regularly to discuss common goals and issues. The problems that we as a small Faculty encounter are quite often the same as the bigger, more established colleges and this forum gives us a voice and the opportunity to share some of our work but also learn from others. For example the GMC may produce a document about the delivery of training. Before it is published the Academy would review it to make sure one particular specialty would not be disadvantaged. If this was the case it could be discussed and fed back to the GMC stating that all the colleges were supportive with any necessary amendments.

The work of the Faculty

JP: *Can you explain the different committees and how they feed into the board?*

DW: The Board itself looks after the overall direction of the Faculty. Underneath are three committees:

- Training, Assessment & Quality (TAQ), chaired by Tom Gallacher. This looks after everything to do with training quality, the curriculum, the e-Portfolio, e-ICM and exams. The e-Portfolio Sub-Committee, the RA Forum and the FFICM Exams Sub-Committee report in here.
- Careers, Recruitment & Workforce (CRW), chaired by Danny Bryden. This looks after the careers strategy, national recruitment and the workforce engagements and census. It will be taking forward work on welfare and stress. The ACCP Sub-Committee reports here.
- Joint (with the ICS) Standards Committee (JSC), co-chaired by Pete Macnaughton for FICM. This looks after everything to do with standards, guidelines, safety and audit. The various Guideline Development Groups and the Legal & Ethical Policy Unit reports here.

In addition, the Smaller Units Advisory Group (SUAG, chaired by Chris Thorpe), which represents smaller urban as well as rural and remote units, reports into the Board and works across the Faculty. We host some national committees as well.

JP: *What piece of work are you most proud of within the last few years?*

DW: It's very hard to pick, but with the current audience in mind, it has to be getting national training programme off the ground. From the moment the GMC asked us to write a Single/Dual curriculum to replace the Joint curriculum, we had to design the new curriculum, five dual programmes, an examination and a national recruitment assessment system in a little under a year. It's the kind of thing that more established Colleges have had the freedom of years to generate.

AP: I think Daniel has stolen my thunder and identified everything I am proud of!

DW: Sorry!

AP: It's fair though – the training programme has to be the biggest achievement ever. So many people worked on it, so many people didn't like it, said it would never work (many still do!) and yet here we are with people being trained. Of course it is a work in progress and, thanks to feedback, we continually modify it to make it better. Stage 2 is our current focus.

JP: What things are the FICM currently really focused on?

AP: We have the potential to develop a fantastic workforce. The groundwork in terms of recruitment and the curriculum are in place but it is the future that we are focussing on. The new contract highlighted issues such as trainee welfare and our census gave us more intel on things like burnout. We have an opportunity to create a career structure that has flexibility at all levels to suits everyone at all stages of their career. These are issues that HEE and the GMC are keen to support and I think the Faculty is ideally placed to take a lead on this so we are making sure our voice is heard. It is great to have trainee reps that are proactive in getting information to us. Unless we know what the problems are, we cannot begin to address them so please keep up the good work.

RG: Does the Faculty have plans for any national audit or research projects?

DW: We are exploring options through the JSC. Our limitation in the past has always been funding. Audit and research are important but expensive enterprises if you want to do them well and ICM does not have the critical mass of members to easily fund it. We remain hopeful.

QUALITY REPORT

Thank you to all of you that completed the FICM trainee survey in 2016. We know you are inundated with paperwork nowadays and we really appreciate your time and your thoughtful assessments.

The survey provides extremely valuable information and is unusual in that it drills right down to individual placements. Comments on the strengths and weaknesses of placements have led to changes, an example of which is seen in the improved ratings of medicine attachments in stage 1. The FICM survey differs greatly from the GMC survey and is one of our main tools for developing ICM training of the highest quality, so please complete both in 2017.

We have attached a summary of both the 2016 FICM survey and the GMC survey for your information.

We anticipate we will send the survey out in July 2017 and this year there will be the facility to obtain a proof of completion which can be taken to your ARCP should you wish.

Thanks once again

Chris Thorpe
QA lead FICM

WOMEN IN INTENSIVE CARE MEDICINE (WICM)

The Faculty are pleased to advise that we are creating a new virtual working group for Women in Intensive Care Medicine (WICM).

The group will focus on providing advice, guidance and support for women already working in Critical Care and those considering it for their future.

If this sounds of interest to you please see the [WICM](#) page for further details on this new opportunity and how to apply.

Applications are required by **Wednesday the 5th April 2017**.

FACULTY NEWS

Consultations

The FICM keep abreast of relevant consultations from various organisations. Recent consultations to which the FICM have commented include:

- NICE: End of Life Care in Adults
- NHSBT: Guidance on Microbiological Safety of Human Organs, Tissues and Cells used in Transplantation
- NHSI: Never Events Policy Framework
- NICE: Care of the dying adult
- NHS England & NICE: Changes to Technology Appraisals & Highly Specialised Commissioning

Workforce

The 2017 Census will be sent out to all Consultant Fellows on 24th February 2017. If you are aware of any colleagues who are not affiliated with the Faculty, please ask them to contact us so we can provide them with a link to complete the questions. The Workforce Advisory Group has significantly reduced the number of questions this year; for those who are not clinical leads, the census should take around 5 minutes to complete and for clinical leads around 10 minutes. It can also be completed on a mobile device or tablet.

Thank you to those of you who completed the 2016 Consultant Workforce Census. The data has been collated and is being used to create a report encompassing the last three years of census data. This will be published in the next few months.

The Faculty has now undertaken four workforce engagement meetings in Wales, the West Midlands, Scotland and Yorkshire. The reports for the Wales and the West Midlands can be found by following the link below. The report for Scotland will be published at the beginning of March and the report for Yorkshire should be published in April/May. The workforce engagements are proving beneficial locally: the Wales report helped to secure four additional training posts. We will be running our next workshop in the North West in March 2017. If you would like the Faculty to undertake an engagement meeting in your region or you would like further information, please do get in touch with Susan Hall, Faculty Co-ordinator (shall@rcoa.ac.uk).

The reports can be found here: [FICM Regional Workforce Engagements](#)

The Faculty recently restructured its Committees and Advisory Groups; the Workforce Advisory Group and its members will now form part of the newly created Careers, Recruitment and Workforce Committee. For more information on the restructure, please read the full article in Critical Eye.

Guidelines for the Provision of Intensive Care Services (GPICS)

The Joint Standards Committee have been undertaking an annual review of GPICS as part of their maintenance programme. Version 1.2 will be available before the end of 2016 and will include minor amendments. A full review is scheduled to begin in 2017 for publication in 2018.

[Guidelines for the Provision of Intensive Care Services \(GPICS\)](#)

CRITICAL EYE

The latest edition of Critical Eye is now online and can be viewed here: Critical Eye: Issue 11- January 2017 [here](#).

STANDING UPDATE FOR NEW TRAINEES

FFICM examination information

The Faculty has decided that it will, on a case-by-case basis, listen to requests from trainees who wish to sit the MCQ component of the FFICM in the very late phase of their Stage 1 training. This is on the proviso that the MCQ sitting in question falls in the **last few weeks** of the trainee's Stage 1 training and that the trainee's Regional Advisor confirms that the trainee is on course to complete all of their required Stage 1 competencies.

Details about the FFICM examination, including the regulations, dates and fees can be found [here](#).

Training

Please be advised that once you have finished a training stage you will need to inform your ICM Regional Advisor or Training Programme Director. They will then go into your e-portfolio and complete the relevant Training stage certificate. The RA and TPD will then inform the Faculty whereby we will then open up your next training stage on your e-portfolio.

ICM Regional Advisors

The ICM Regional Advisors are instrumental to the delivery of your ICM training, liaising with your TPDs and negotiating with other specialties on your behalf to ensure that you obtain the training that you require to get your CCT. As you have registered with the Faculty, and you needed to liaise with your Regional Advisor, to do this you will most likely know who they are already, however if you don't, these are all [listed here](#). If you do not already have their contact details then please do let the Faculty know and we can provide them – it's always good to have these to hand in case you have any urgent enquiries.

CONTACTING THE FACULTY

The Faculty would recommend that if you have any queries regarding your training, you contact your ICM Faculty Tutor and Regional Advisor in the first instance. This is because they will have a greater understanding of local issues which may be affecting you, and they are more likely to be able to advise on a solution as a consequence. However, the Faculty are very happy to advise where possible and we would encourage trainees to get in touch via the FICM inbox: ficm@rcoa.ac.uk

THE FUTURE

We hope that you have found this Faculty update useful. Please do let us know your thoughts on this. If you have any ideas of what might be useful to include in the future then please do get in touch – we would welcome your suggestions!

Best wishes,

FICM

