HAVE YOUR SAY

Membership Survey Report 2024

The Faculty of Intensive Care Medicine

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Introduction

The Faculty of Intensive Care Medicine is a membership organisation, and we need your support for our activities. On 24 October 2022, the Faculty Board and RCoA made a joint statement that work was starting to scope independence for the Faculty. This move represents a de-coupling – in terms of governance and finances – from the Royal College of Anaesthetists (RCoA) and independence from our current parent Royal Colleges to form a UK College of Intensive Care Medicine.

As part of this initial scoping work, we conducted a survey of our membership over a four-week period that concluded on 10 January 2024. The survey posed twelve questions to members on the proposal to move to College status. Overall, the survey results are very encouraging in supporting the Faculty Board in this work and your support for this is very welcome.

Whilst the answers in the main are positive there are of course alternative views expressed which the survey actively encouraged: some express caution, some express indifference, some express the desire to remain part of the RCoA and to maintain the status quo. All views are very useful, and the Faculty Board needs to understand better all the positions different members have taken. Change is not going to be universally accepted but there is a lot of value in the negative comments as well as the positive ones, which is why we specifically sought those out.

As a specialty we have to look to the future. We particularly need the support of our future intensivists, some of whom will in time become the leaders of any College and who already represent a greater diversity, including training background, than many existing consultants may have experience of. There are also lessons we can learn from the past. The view that we, the specialties of Intensive Care Medicine and anaesthesia, are stronger together resonates powerfully with some of you. It is undoubtedly true in some matters that specialties are stronger when they work together, but an independent College of Intensive Care Medicine would continue to work very closely with the RCoA and its parent Colleges, as it would with all Medical colleges and faculties within the Academy of Medical Royal Colleges. Maintaining the status quo of keeping the Faculty of Anaesthetists within the Royal College of Surgeons in 1992 would have meant of course that the RCoA never existed.

We thank all of you who took the time to complete the survey, particularly those who provided additional comments and opinions. As part of a series of increased engagement with members, we will be conducting virtual listening events to explore some of the themes highlighted here. We would wish to encourage all our members to engage in these events, especially if you have views and questions which you would like us to answer. Alternatively do feel free to contact us at contact@ficm.ac.uk.

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Summary Findings from the Have Your Say Membership Survey

A survey of FICM members was conducted over a four-week period commencing December 2023. Responses were received from 979 members, representing just over 20% of members at the time of distribution.

Q1: What is your current professional role in the NHS?	
Role	n (%)
Consultant	589 (60%)
SAS Doctor	16 (2%)
Intensivist in Training	259 (26%)
ACCP	55 (6%)
Critical Care Pharmacist	9 (1%)
Other	51 (5%)
Total	**979 (100%)**

What we heard

Whilst a large majority of respondents see ICM as a standalone medical specialty and a majority are satisfied with the work of the Faculty, the Faculty needs to do more to:

1. **Advocate for workforce numbers and development**
2. **Support and recognise intensivists in training**
3. **Explain the role and outputs of the Faculty**
4. **Articulate the benefits that an independent college of Intensive Care Medicine might bring**
5. **Mitigate against the risks of an independent college regarding staffing, relationship with RCoA and any financial impact on members.**

Three key survey findings

1. **81% of respondents see ICM as a standalone medical specialty**
2. **71% of respondents consider that membership of FICM gives them a sense of identity as an intensivist**
3. **62% of respondents consider that FICM currently fulfils its professional leadership responsibilities well.**

This feedback will provide important future benchmarking for the Faculty as an organisation and in our journey toward a College of Intensive Care Medicine.

Exploring members' qualitative feedback

A priority of the survey was to hear not only the views from the membership, but to provide an opportunity to hear from those who have concerns regarding FICM as an organisation and a future independent college of Intensive Care Medicine but would not ordinarily express these views by another medium.

For this reason the survey was intentionally structured to allow the capture of qualitative negative feedback – e.g. "If 'No', please provide further explanation". Most questions did not ask for positive or supportive commentary.

A summary of associated negative feedback is given below with respect to the three key findings.

Q2: Do you see ICM as a standalone medical specialty? (Yes/No) (n=979)	
Yes	81% (n=793)
No	19% (n=186)
We asked those who answered No (19%) to provide further explanation. Topics raised were varied but included:	
• Staffing of intensive care, particularly in smaller hospitals, is dependent on anaesthesia.	
• The skills required in ICM cannot be separated from anaesthesia.	
• The importance of cross and multi-disciplinary skills in ICM which are provided by dual-training and maintaining a second specialty.	
• Complexity that separation might bring to joint training pathways and job plans.	
• Concern that a split in the specialism could be mishandled to the detriment of one or both specialisms (ICM and anaesthesia).	

Q3: Membership of FICM gives me a sense of identity as an intensivist. (n=979)	
Strongly agree	37% (n=367)
Agree	34% (n=334)
Neither agree nor disagree	17% (n=165)
Disagree	7% (n=71)
Strongly disagree	4% (n=42)
We asked those who answered Disagree or Strongly Disagree (11%) to provide further explanation. Topics raised were varied but included:	
• The identity of a doctor is above any College or Faculty.	
• Perceived inefficiencies in the running of medical Colleges or Faculties.	
• Perception of poor value from membership of FICM.	
• The extension of medical roles to ACCPs.	
• Perception of lack of voice / advocacy in the wider context of Intensive Care Medicine.	
• Perception that FICM is dominated by anaesthesia and the RCoA.	

Q4: FICM currently fulfils its professional leadership responsibilities well. (n=979)	
Strongly agree	15% (n=144)
Agree	47% (n=461)
Neither agree nor disagree	26% (n=253)
Disagree	8% (n=80)
Strongly disagree	4% (n=41)
We asked those who answered Disagree or Strongly Disagree (12%) to provide further explanation. Topics raised were varied but included:	
• Examinations and recruitment issues	
• The emergence of ACCPs and their impact on intensivists in training	
• Room for improvement in support to intensivists in training more generally	
• Insufficient advocacy on matters such as future workforce	
• Lack of guidance / guidelines which are ICM-specific	
• London-centrism or elitist / tertiary hospital mentality	
• A focus on independence, distracts from other issues	
• Lack of independence means FICM lacks advocacy and influence	

Other summary findings from the survey

The work of the Faculty

Q5: The Faculty is responsive to questions and issues when I contact them as a member (n=979)	
Strongly agree / Agree	45%
Neither agree nor disagree	49%
Disagree / Strongly disagree	6%

Q6: How important is each activity to you for the work of a College? (n=979)
Ranked survey results (highest importance to lowest):
1. Training of future ICM medical workforce
2. Standard setting – e.g. GPICS, and contributing to national standards work
3. Contributing to national workforce intelligence and planning
4. Defining the roles and scope of practice of those working in ICM
5. Advocacy and representing ICM
6. Examinations

7. CPD – meetings, online education content e.g. FICMLearning
8. Supporting career development & sustainability, including wellbeing
9. Mentoring and leadership development
10. Research and quality improvement
11. Promoting EDI issues
12. Environmental sustainability
Additional Suggestions • AI and technology • Global Intensive Care Medicine • Patient safety • Partnership working • CPD matrix for appraisal and revalidation

Q8: By what methods does FICM communicate with you most usefully? (n=979)	
Ranked survey results (highest rank to lowest):	
1. *Critical Eye*	5. Newsletters
2. Online and in person meetings	6. Responses to direct emails
3. Dean's Digest	7. Trainee Eye
4. *Safety Bulletin*	8. Social media

An independent College of Intensive Care Medicine

Q7: Are the advantages of College over Faculty status clear to you? (n=979)	
Very clear / clear	46%
Neither clear nor unclear	18%
Unclear / wholly unclear	36%

Q9 and Q10: Are you a member of a partner College as well as FICM? (n=979)*	
Yes	82%; of respondents, of which: o 77% RCoA o 11% Physician College o 6% RCEM o 6% Other
No	18%

***Note:** to give some idea of how the demographics of survey respondents correlate to overall FICM membership, these figures (at time of publication) are 26% FICM only members; 55% dual RCoA; 8% dual Physician; 5% dual RCEM; 6% other or undeclared.

Q11: In the event of an independent UK College of ICM, I would: (n=806)	
Maintain membership of both Colleges	58%
Don't know at present	25%
Hold College of ICM membership only	10%
Hold partner College membership only	7%
Frequent comments	
• Desire for reduced fees if member of two colleges	
• Concern regarding future additional cost of an independent college	

Q12: An open final question providing an opportunity to comment on the topic of an independent UK College of ICM (n=410)	
Positive comments	37%
Negative comments	34%
Other (neither positive nor negative)	29%
Positive comments included:	
• To just get on with it, as a natural progression for the specialty.	
• Highlighting how the new and independent College will improve advocacy and recognition for intensivists.	
• For those who identified as intensivists from a physician rather than anaesthetic background, a strong preference for an independent college of Intensive Care Medicine.	
Negative comments included:	
• A strong concern about a risk of losing the anaesthetic workforce and its support of Intensive Care Medicine, especially in smaller units.	
• The need to clearly articulate the case for independence from the perspective of member benefits	
• Protesting any increase in membership costs.	
• An accusation that this was empire building.	
Other (neither positive nor negative)	
• Finding ways, in spite of independence, that RCoA and an independent college of Intensive Care Medicine might work collaboratively for the benefit of patients and both professional groups.	
• A desire for paediatric intensive care to be included in any development.	
• Comments about the role of ACCPs (both positive and negative).	
• An opinion to base any future college outside of London.	
• Comments about training.	

Sample feedback

As noted above, the survey was intentionally structured to allow the capture of qualitative negative feedback – e.g. "If 'No', please provide further explanation". Most questions did not ask for positive or supportive commentary. Whilst it is not possible to reproduce the entirety of the responses here, a representative sample of commentary is included below for the information of members.

Positively themed comments

"I believe Intensive Care Medicine has become its own specialty with its own needs. I do not believe any one other college would help identify with what we do in our role. Intensive care has a lot of specific needs in terms of training. Having our own college helps deliver this."

"I feel needs to be a standalone specialty and not distracted by working in other specialties as this dilutes research, training and clinical standards."

"As a faculty of another college it does not have enough of a standalone voice."

"FICM remains constrained in its ability to grow the profession of Intensive Care Medicine so long as it is tethered as a faculty of ICM under the RCoA."

"I think it's a fantastic and long overdue idea. I think ICM for a number of reasons has been a slightly neglected specialty in the UK, often seen as a subspecialty of anaesthesia, whilst in other countries it has for many years stood on its own two feet. I think the development of an independent College will strengthen the specialty within the UK and such a College will be able to better represent the views of UK intensivists."

"I fully support formation of a College but would advocate for making proactive efforts to maintain close relationships with emergency and anaesthesia colleges."

"As a non anaesthetic background intensivist this is a welcome step in the evolution of our specialty."

"As a non-anaesthetic ICM trainee, establishment of ICM as a distinct college appears an obvious and natural progression."

"Long overdue. FICM need to push this forward and lead this change at a much faster rate than it is currently proposing."

"It's about time for Intensive Care Medicine (ICM) to be acknowledged as an independent specialty, allowing it to progress further for the utmost benefit of our patients."

Negatively themed or concerned comments

"I think ICM can be done as a standalone specialty but in many smaller hospitals it ties in with other specialties, often anaesthesia. I'm not sure we have enough trainees to deliver ICM without our links to anaesthesia."

"The staffing situation within large teaching hospitals is completely different, but we need to remember that a large proportion of ICM is successfully delivered in DGH hospitals and avoid destabilising their rotas at all costs."

"At present I cannot feasibly see how the transition to staffing a consultant rota with standalone ICM practitioners would go. From what I have observed locally, trusts are not willing to employ consultants with a single ICM CCT due to the challenges it presents in terms of job planning with the current structure of ICM rota/services."

"Cardiology is a 'standalone specialty'; it doesn't have a separate College and people can be full-time or part-time Cardiologists."

"Seems more insistent upon replacing doctors with ACCPs."

"We go through incidence where there is strong feeling of lack of identity for Intensivists especially being from a medical specialty. It's a shame that many trainers think that Intensive Care Medicine do not need a specific training programme and single specialty is useless."

"As an emergency medicine trainee dual training with ICM I feel FICM is very anaesthetist-orientated and other specialties are made to feel irrelevant."

"I don't think it is necessary to separate and have another college with fees and bureaucracy."

"I would not want to see an unhappy divorce from RCoA as so much of our training and skills come through learning anaesthetic skills."

"I worry that the continued move to 'independence' is just further alienating our anaesthetic colleagues, who we continue to be enormously dependent on, especially in DGHs."

Other comments

"PICM should be included as part of a new College of ICM as there are many areas that cross over."

"Honestly, I feel that we are behind all other countries in creating an independent body for our specialty."

"Please stay as a College without seeking royal affiliation. Not everyone believes that public or charitable

institutions should support a monarchy."

"Should be a 'Royal' College in line with the other Royal Colleges."

"Needs to represent the whole workforce and engage the whole workforce."

"More online e-learning questions for exams."

"I have seen the development of EM into a College. It has given EM a much stronger voice to advocate for its patients and staff."

"Timing should be considered carefully. It is a difficult time for medicine in general in the UK with lots of dissatisfaction and professional and financial concerns."

"The COVID pandemic has demonstrated the importance of ICM across the healthcare landscape."

"We should develop own training pathway (including core training) and own primary examinations."

"Examinations need to be opened up to consultant anaesthetists in the UK too who wish to move into intensive care."

Discussion points

Given the number of open text responses submitted in the survey, it is not possible to respond to all the feedback received. However, we wish to reassure members that all feedback is taken seriously and so have produced a short Q&A below to provide an initial response to some recurring themes.

Q: What are the benefits of independence?

A: The issue of independence, as we see it, is one of self-determination for our specialty. The RCoA have been fantastic in driving the foundation and development of the Faculty and are rightly proud of the history and current role of many anaesthetists in Intensive Care Medicine. However, being functionally a department of the RCoA means that FICM has limited resources with which to grow and expand in ways that do not align with the RCoA. This includes increasing our own staffing and resources; the current FICM secretariat are a small team who also spend some time delivering the work of the Faculty of Pain Medicine. Independence would permit us to grow the work we do and increase understanding of ICM and intensivists more widely within all four UK nations. An independent College of Intensive Care Medicine would allow us to more freely and strongly advocate for our own specialty with the potential for fewer conflicting interests arising with our parent Colleges. This is especially, but not exclusively important for growing National Training Numbers in ICM.

Q: Is this "empire building"?

A: No. We are building for the future as well as current ICM workforce. All members of the Faculty Board and committees are volunteers and give their time to try and develop and support the specialty, not in expectation of awards or "gongs". Deans and Vice Deans serve terms office of no more than 3 years; it is highly likely that the current office holders will have moved on by the time this work bears fruition. Board members do not recommend this course of action out of personal ego, but because they believe it is the best course to keep developing our specialty, supporting our members and serving our patients.

Q: Would a standalone College mean no more dual CCTs, and does the Faculty prefer single specialty ICM over dual or triple options?

A: Absolutely not. It has always been the position of the Faculty that the variety of backgrounds from which doctors come to ICM has been and remains a boon for the specialty. Intensivists in Training become 'dual' or 'triple' by virtue of being recruited to both ICM and partner specialty training programmes. FICM is only involved in one side of this equation, and has always welcomed applicants from these specialties, as we encourage and support those who wish to train and work exclusively in ICM through the standalone CCT programme. The choice is and should remain an individual career aspiration, but an independent College of ICM allows all intensivists to be united by a common identity and aspiration for their work in ICM, irrespective of any other specialty they may work in. We have never promoted single CCT ICM as the only way forward. We continue to work with partner colleges to try and improve the working lives of dual and triple CCT doctors, such as our recent Best Practice Guideline with the RCoA, and would, in the event of independence, continue to do this.

Q: How will DGHs cope if anaesthetists do not work in ICM?

A: The Board do not consider achieving financial and governance independence to be a complete severing of all ties with the RCoA, any more than being under the governance of the RCoA since our inception has prevented us working with our other 'parent' colleges such as the RCP or RCEM. A future College of ICM would, as all Colleges do, consider staffing to be a factor in training, patient safety and professional standards and ensure these are factored into any recommendations made e.g. within GPICS. We believe the number of ICM CCT training posts does need to grow and will continue to lobby for further growth.

Q: Does the Faculty want to "replace" doctors with ACCPs?

A: Absolutely not. Intensivists in training, either with a National Training Number (NTN) or undertaking a portfolio pathway (CESR), are fundamental to the care of critically ill patients, are the future leaders of our specialty and remain absolutely central to the purpose and future of the Faculty. We believe that ACCPs do also have a

valuable role within the ICM multidisciplinary team, and that they have been a benefit to those units who train and employ them. ACCPs should help with maintaining safe critical care services and with enabling training opportunities for doctors. We intend to continue to include ACCPs as a distinct membership category within the future College along with our pharmacist members. See our recently updated ACCP FAQs for more.

Q: Will a new College mean subscription fees increase?

A: We are not at the stage where we are able to offer details of future membership fees. It is important to recognise however that being part of the RCoA does afford some economies of scale that may not exist as an independent entity. However, the corollary would be that the future College would have more direct control over the income it generates and determine more directly how this is spent.

Q: Is FICM "London-centric" and would a future College be based there?

A: Of the 13 elected FICM board members (including two Intensivists in Training), a total of two work in London. The fact that our examinations and many events are held in London, because we are based in London (as are the majority of other medical Colleges and Faculties), is unavoidable at present. We have run events remotely around the UK such as conferences and exam preparation courses and are looking to expand on this. We are not yet at the stage of considering a future College's location, or the amount of physical footprint that would be required. As members your views would help guide any decision.

What next?

By actively engaging with you in this initial survey we hope to learn lessons from all the views expressed and by doing so, promote a greater understanding of the rationale for the move to independence. Reading through and reflecting on the survey results is only the first step in this.

The Faculty Board will be initiating a programme of work to further engage with you, hear your questions as members and seek to answer them. We have planned some listening events to do just that – please look out for the details of these events, which will be circulated via email and flagged online. The events will be free for members of the Faculty to attend and be held in the evening to facilitate attendance.

Scoping work conducted by an independent business planner and internally within the RCoA has shown that an independent FICM would be a 'going concern'. At the time of writing, recruitment is underway for a Strategic Programme Lead, to further develop the independence work-stream.

As we have said before, this will not be a quick process. The Royal College of Anaesthetists, our home for so many years, continue to be excellent partners and are working with us behind the scenes to move things forward. However, nothing is set in stone – when the process has moved to the point where more details can be made available, including financial, then we will return to the membership to seek input and decisions around the plans.

Once again, we thank everyone who participated in this survey, whatever your individual views. Our firm hope is to work together will all our members and fellows to help build and develop the specialty we all love.

The Faculty of
Intensive
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