The Faculty of Intensive Care Medicine

2024

CRITICAL WORKS

A summary of activities recently undertaken, underway and in the works from your Faculty

WELCOME & CONTENTS

Welcome to this 2024 edition of *Critical Works*, our first since 2019. This is a summary of past, current and future work undertaken by FICM. Our committees have been busy with various projects and work streams aimed at benefiting both you as our members and the wider specialty. You can find detail on all this here, along with links to key publications we would direct your attention to. We have not tried to cover everything that's happened since 2019, but focused on the last couple of years of post-COVID work. Our thanks to all the members of the Faculty who have represented the specialty on external groups; contributed to committees, working parties or other projects; been examiners or question writers; Regional Advisors, Faculty Tutors or Educational Supervisors; consultation leads, guideline authors, event speakers, project contributors and beyond. Your contributions are invaluable. There are always more opportunities to get involved with your Faculty — keep an eye on the website or contact us for more.

VITAL STATISTICS

All figures as of publication date.

4,675 Fellows, Members, Intensivists in Training (IiTs), Associates, ACCPs and Pharmacists

From 2022-24 (to date)
499 IiTs onboarded
320 IiTs CCT'd
1,088 Examinees passed

13 Board Members
9 Co-opted Board Members
2 Corresponding Members

27 Regional Advisors
235 Faculty Tutors
81 FFICM Examiners

3 Core committees
10 Subcommittees
2 Advisory Groups
1 Hosted Committee

12,688
Social Media Followers

Our Strategic Aims

1 Continue to improve care for our patients and their relatives

Focusing on what matters to them.

Our patients and their relatives are at the core of everything we do. We will:

- Protect our patients by setting standards and developing guidelines in critical care practice
- Drive quality improvement in critical care services
- Develop Enhanced Care services and pathways
- Drive the development of Rehabilitation standards and services
- Drive the reduction of health inequalities in intensive care service delivery

2 Support and develop the intensive care workforce

Championing the diversity and value of the multi-professional team.

The most precious resource we have in intensive care is our workforce. We will:

- Recruit high quality doctors as the next generation of intensivists
- Delivery of world-class examinations and curricula supported by our regional networks
- Delivery of world-class events and educational content
- Support the physical and mental wellbeing of our members throughout their careers
- Support multidisciplinary team members ACCPs and Critical Care Pharmacists
- Promote diversity and accessibility in the intensive care workforce
- Provide guidance for appraisal and revalidation

3 Leading Intensive care

Championing the specialty and influencing healthcare policy.

We are the statutory body for intensive care across all four nations of the UK. We will:

- Engage with national policy makers and media on behalf of our members and specialty
- Develop strategic partnerships with other national bodies and institutions (e.g. AoMRC, other faculties/ colleges, societies, HEIs)
- Work to increase public understanding of intensive care
- Make the case for growing the intensive care workforce within the broader context of UK healthcare
- Form global partnerships with key stakeholders to develop ICM internationally

4 Securing the future

Investing in our specialty

We must make best use of our resources to achieve our strategic vision and invest in the future of our specialty. We will:

- Value those members who are actively engaged in our activities: our work would be impossible without them
- Support our staff: their hard work and dedication is key to us meeting our members' needs
- Work toward a financially sustainable future UK College of Intensive Care Medicine
- Engage with external funders to support our work
- Engage with external media to promote and advocate for our specialty
- Harness information technology to increase engagement with our members and meet their needs most effectively

HOW DOES THE FACULTY WORK? Advocacy and Representation

Dr Danny Bryden
Dean

A culture of openness, showing the work that goes on behind the scenes is a growing expectation of medical bodies. The Faculty is changing and the rationale for our work to become a College of ICM is a vital part of that transparency.

FICM is the professional and statutory body for the specialty of Intensive Care Medicine: powers given to the GMC through the Medical Act are in part devolved to us. We set the curriculum and standard for entry onto the Specialist Register in ICM on behalf of the GMC, including the assessment standard. We are answerable to the GMC in their legal function as the regulator. The Faculty was formed in 2010 as a result of the GMC recognising the standalone ICM CCT programme, creating the opportunity to train solely in ICM in a way that wasn't possible previously. From that statutory decision follows our current major functions: education and training, professional standards/safety and workforce.

Advocacy

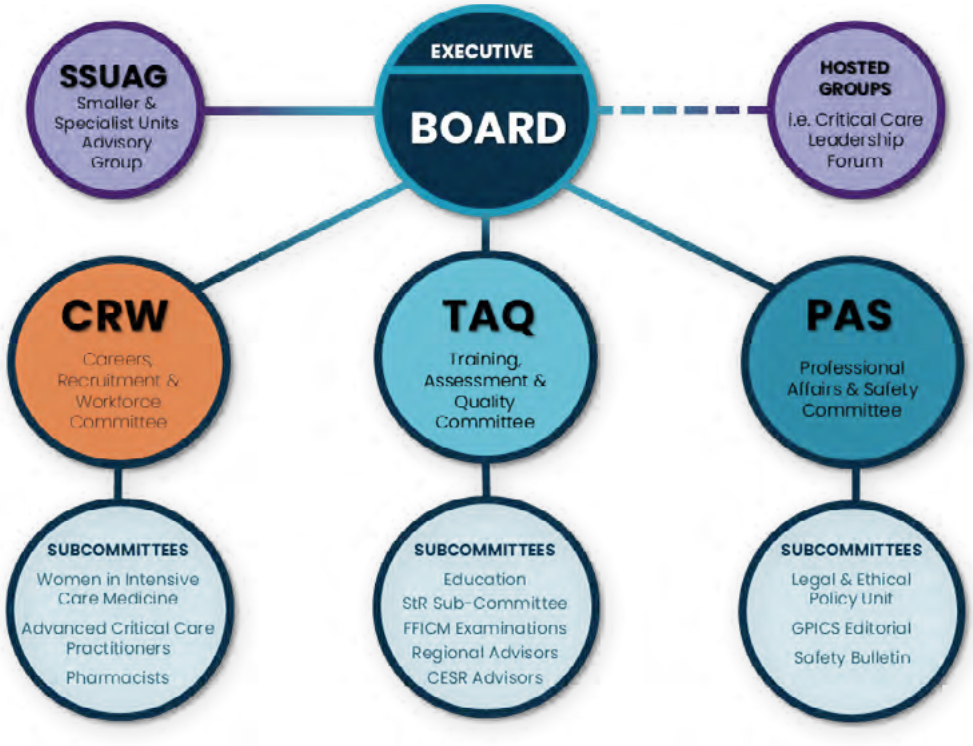
Part of delivering these functions is the expectation that we represent and advocate for ICM at the highest levels. We operate across all four nations, so although we deal most frequently with Westminster and NHS England, our perspective and advocacy is much wider. As an example, our advocacy for the growth in ICM National Training Numbers (from 72 in 2012 our first year of recruitment to ~180 in 2024) has run alongside developing support for the portfolio pathway to specialist registration. This comes about through working constantly and consistently with key stakeholders in all four nations.

The Faculty is a full member of the Academy of Medical Royal Colleges, which consists of 24 UK medical Royal Colleges and Faculties. Politicians, healthcare and thought leaders interact with the AoMRC as they consider it the most effective way to engage with the specialties and the doctors who work within the profession as a one stop shop for advice and opinion. This means that FICM meets regularly with the Secretary of State, Health Ministers, Opposition politicians, NHS and GMC Board level executives as well as leading journalists and policy organisations. We have the ability to engage directly and face to face, but we have to focus our advocacy and push doors that we know are capable of being opened, ensuring we position the specialty and what we can offer to the pressing issues of the day. Our goal may be more critical care provision e.g. staffing but how we make the case needs to fit into current healthcare agendas.

The BMA provides the important trade union function for the medical profession, but hasn't got the scope of the Colleges and Faculties as they don't have the training function so they cannot do what AoMRC members do. Membership organisations and societies by contrast have much more of an individual clinician focus and also don't have the statutory oversight functions that the Colleges and Faculties have. There is a strength in depth and a number of such organisations that have a focus on or interests relevant to the practice of ICM in the UK. They provide a useful role and as the Faculty we are widening our links with these type of organisations with the intention to work with more of them on specific items that are mutually beneficial.

Issues

Many MPs in government or opposition may have very little knowledge of the issues they have in their portfolios and reshuffles may mean that they are moved on relatively frequently. This means that we are often revisiting ICM related topics with the party in power, the opposition parties, special advisors and occasionally relevant select committee chairs. It explains why having one or two meetings or holding occasional events may have little demonstrable impact for organisations. The message needs to be right, presented at the right time and on multiple occasions to multiple key influencers and stakeholders and from a trusted voice.



Through our individual advocacy efforts and through the AoMRC, we can have more of a say in shaping policies that promote the interests of intensivists and our patients.

Leadership

In our first 10 years we set out the professional leadership that would be expected of a future college whilst also growing the ICM training programme and workforce. Tim Evans, the first Faculty Vice Dean, alongside others such as Carl Waldmann, set up and established the concept of GPICS. We also set up and continue to host the Critical Care Leadership Forum which was the first forum bringing together as a single point of reference all the relevant ICM-related stakeholder organisations.

COVID shone a spotlight on the specialty and some of the deficits we knew existed in ICM provision. We have been extremely strong raising awareness about important healthcare issues and engaging with the public to promote understanding of and support for ICM: FICM was seen as the responsible voice of the profession by people like the Chief Medical Officers' offices. Politicians and journalists approach us for advice around critical care related services and provision at local as well as national levels, and think tanks involve us in planning reports and contributing to their reports. Later this year Module 3 of the COVID Inquiry will start its oral hearings. The Inquiry will once again shine a spotlight on ICM.

We are first and foremost an organisation of you our members and so we must care about the issues that you care about. We must provide the visible leadership and advocacy you expect, shaping the delivery of healthcare in the way we have done in the past with GPICS, whilst also supporting you and the rest of our workforce to deliver ICM in a post-COVID world.

However alongside that we have a responsibility to provide the necessary thought leadership and positioning that allows ICM and those working within it to thrive. Sometimes we may not go at the rate or in the exact direction you might wish for, but the overall goal must remain the growth of ICM in a positive direction.

Engagement

The nature of our service is changing because the healthcare landscape and our patients are changing. Our training and our professional focus has to reflect this. As a College and working with other agencies we can further promote public awareness and engagement in matters relevant for the practice of ICM. Public engagement for Colleges is not about fund raising, but rather it is about identifying where and how patient benefit can be provided. It's about positioning the specialty in the places where we need to be even if at first sight they don't look like obvious fits.

Reaching out beyond the walls of the critical care service and embedding ourselves and our expertise into future patient pathways is key for ensuring our workforce has an enhanced intersectional skillset. That means the future College of ICM will be much more engaged with research and mutual learning across conventional professional and specialty boundaries.

We know that being a member of the Faculty is a choice, and we cannot take your choices for granted. The clinicians who work for us are volunteers and clinicians giving up their time to further the specialty and patient care. The Faculty is people like you.

AN INDEPENDENT UK COLLEGE OF ICM

Dr Jack Parry-Jones
Vice Dean

Dr Dale Gardiner
FICM Board Member

Mr James Goodwin
Associate Director of Faculties

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), which has been our home since the inception of the Faculty, and independence from our current parent Royal Colleges to form a UK College of Intensive Care Medicine. However, it is important to note that administrative disaggregation between organisations is not the same thing as ICM and anaesthesia disaggregating within the health service. We envisage both specialties continuing to work together closely, as would an independent college with the RCoA.

Member survey

As part of this work, we conducted a survey of the Faculty 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. Responses were received from 979 members, representing just over 20% of members at the time of distribution. Overall, the survey results were very encouraging in supporting the Faculty Board in this work, and your support is very welcome. Whilst the answers were largely positive there were of course alternative views expressed, which the survey actively encouraged: some expressed caution, some expressed indifference, some the desire to remain part of the RCoA and maintain the status quo.

Presented here are higlighted findings from the survey and key discussion points raised in the feedback. We would encourage all members to read the full *Have Your Say* report to see the full breakdown of each individual question in the survey and more detailed discussion content, which has been edited here in the interests of space.

Three Key Findings

81%

of respondents see ICM as a standalone medical specialty

71%

of respondents consider that membership of FICM gives them a sense of identity as an intensivist

62%

of respondents consider that FICM currently fulfils its professional leadership responsibilities well.

Discussion Points

Excerpted Q&A from the *Have Your Say* report

Of the key messages the Faculty has taken away from the survey, one was to further "Explain the role and outputs of the Faculty" — we hope this edition of *Critical Works* and the detail herein will help to do just that, as well as the efforts we are making on the other key points raised.

Let's Talk

We also held our first ever 'Let's Talk' event in July 2024 to discuss the topic of an independent college and the findings of the survey. The discussion was an engaging one and it was good to hear your views on this issue, among others. We were not able to get to all questions raised on the night within the timeslot but have posted responses on our website. If you were unable to attend but have thoughts on an independent college that you would like to share, please do get in touch. We are aiming to do more of these engagement events in the future, so let us know what you would like to discuss.

What we heard

Whilst a large majority of responses were positive, the Faculty needs to do more to:

- Advocate for workforce numbers and development
- Support and recognise intensivists in training
- Explain the role and outputs of the Faculty
- Articulate the benefits that an independent college might bring
- Mitigate against the risks of independence regarding staffing, relationship with RCoA and financial impact on members.

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 more freely and strongly advocate for our own specialty. 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 recommend this course of action 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 is 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 standalone ICM. 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. 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.

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. A future College of ICM would 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.

Member Survey Report 2024
Read the full Have Your Say *report for more detail on the survey findings and more Q&A content.*

TRAINING, ASSESSMENT & QUALITY

Dr Sarah Clarke
Chair FICMTAQ

The last two years has flown by, as the committee have been hard at work with so many projects and activities, all focused on driving standards and quality for our Intensivists of today and the future. Space will not permit a detailed description of each aspect of TAQ activity, but this by no means undermines the hard graft and dedication of so many committee colleagues, all of whom are volunteers, who make up FICMTAQ.

Curriculum

The implementation of the new curriculum was accompanied by a raft of guidance documents to support trainers and Intensivists in Training (IiT). The timing of the launch of the 2021 curriculum was unfortunate post pandemic, but was however GMC mandated. Since then, annual surveys of IiTs and Regional Advisors continue to gather feedback and evaluation of the training programme around the 4 nations. More recently in response to the StR-led survey, TAQ have produced further guidance to support those in training, and in a collaborative project with the RCoA, joint guidance has been published to support those involved in airway management.

Further collaboration with the JRCPTB led to the Triple CCT in ICM and the Physicianly Specialties to be approved by the GMC. Both guidance on the programmes and an FAQs section are published on the FICM and JRCPTB websites, and in 2023 we ware delighted to welcome the first Triple CCT IiTs onto the programme.

Ongoing projects include, among others, the Multiple Trainer Report, to be submitted to the GMC, enhancing SSY resources including Echo, and improving the LLP functionality. It should be noted that the LLP is currently undergoing re-evaluation, as the number of users and encounters dramatically increase. Although the LLP is hosted by the RCoA and software company CyberDuck, the number of FICM user interactions over the last 12 months has exceeded 1.9 million: a resilient and robust portfolio is mandatory.

FFICM examination

The Court of Examiners were pleased to return to face-to-face oral exams in April 2022, though the online MCQ has remained post-pandemic. As numbers attending the oral exams continues to gradually increase, so does the number of (volunteer) examiners, and the number of examining days increases. Figures for recent examination diets are shown here and updated on the FICM website.

Following an unexpected low pass-rate in the October 2021 OSCE, an independent exams review took place, though no fault or error was determined, and the exam remains 'fit for purpose'. However, this has prompted a review of the exam format, and a new subgroup of examiners has been tasked for this, to work alongside the work of existing exam subgroups who continue to review and revise current materials and resources. Improved support and guidance for candidates has been published, with invaluable contributions from an engaged group of IiTs who joined the working group. More resources continue to be developed.

Any changes to the curriculum and exam require approval by the GMC. One such amendment has been to remove the 10-year limit for the FFICM from the date of primary exam. MCQ eligibility has also been moved into Stage 1, though all IiTs and trainers must be aware: *the standard, level and content of the exam itself have not changed*, that being at the end of Stage 2 training.

TAQ recognises the significant personal time and commitment given by the examiners, without whom there would be no exam to fulfil the CCT in ICM. Feedback from laypersons and observers remains consistently positive and supportive of the whole process and individuals involved.

Exam	No. Pass	No. Fail	Total candidates	% Pass Rate
FFICM MCQ January 2022	147	14	161	91.30%
FFICM MCQ June 2022	84	38	122	68.85%
FFICM MCQ January 2023	139	28	167	83.23%
FFICM MCQ June 2023	141	11	152	92.76%
FFICM MCQ January 2024	135	22	157	85.99%

Exam	No. Pass	No. Fail	Total candidates	% Pass Rate
FFICM OSCE & SOE October 2022	90	57	147	61.22%
FFICM OSCE & SOE March 2023	142	50	192	73.96%
FFICM OSCE & SOE October 2023	99	77	176	56.25%
FFICM OSCE & SOE March 2024	111	85	196	56.63%

The Chair of Examiners publishes a report following each exam diet. This is a welcome resource for anyone involved with the FFICM, as trainer or IiT.

Quality Assurance

This important aspect of TAQ is a continuum, bringing together the annual trainee, RA and GMC surveys, attrition reports and longitudinal analyses. The Quality Reports are available on the website and are important evidence considered by the GMC in maintaining confidence in our programme. In 2023 the RAs introduced ARCP quality audits, a welcome enhancement of the quality assurance strategy.

Academic Training

In recognising the vital importance of academic training and research in ICM, new guidance has been written along with the welcome incorporation of the Trainee Research in Intensive Care (TRIC) group into TAQ.

StR Subcommittee

2022 welcomed elected Trainee Representatives to TAQ, and this has been an exciting addition to the committee as we strive to enhance our working relationships, understanding our IiTs, to improve their experiences and training. They now have a representative sub-committee and work collaboratively on any number of projects and outputs.

Portfolio Pathway

After the GMC's redesign of the CESR process, the ICM Portfolio Pathway has been developed over the last two years, and went live in November 2023. The new Knowledge, Skills and Experience framework ensures that the standard of successful applicants is rigorously maintained by TAQ's sub-committee of Portfolio Pathway assessors.

The extensive guidance and resources developed include a webinar attended by over 150 interested parties, both applicants and trainers.

Education Subcommittee

A large number of resources have been developed pre, during and post pandemic and delivered by the ESC, for the benefit of all Intensivists. Regular blogs, e-learning, case of the month and much more are found on the FICMLearning pages.

Support and advice

Through direct emails to individuals, contact@ficm.ac.uk , llp@ficm.ac.uk and telephone calls, the team deal with over 500 episodes a month, with the regional network of RAs and Faculty Tutors even more. This equates to over 6000 annually, with peaks and troughs throughout the year (such as new ST4s onboarding in August and ARCP seasons)

So what next?

TAQ will never sit on its laurels. For further details of its publications and guidance, visit Training & Examinations. We have achieved so much, but there is more to do. TAQ is the lifeblood and future of the Faculty.

We now have an established curriculum, but continued evaluation is necessary. We have work to do in updating the training and education guidance to remove old or outdated resources. We will work on improving IiT engagement, wellbeing, to improve lives and quality of training, and supporting our dedicated trainers.

Current projects, beyond those already described, include working on rotational guidance, differential attainment (working with the GMC) and much more. We are building a sustainable programme, fit for a College.

INTENSIVISTS IN TRAINING

Dr Rosie Worrall
Deputy IiT Representative

Following a challenging year for trainees undertaking the FFICM in 2021, the first meeting of the StR Subcommittee convened in June 2022, chaired by the Lead Trainee Representative, Dr Catriona Felderhof. The subcommittee comprised six core trainee members representing the different ICM training streams, including academic and Less Than Full-Time trainees, alongside co-opted members from the Intensive Care Society, Scottish Intensive Care Society, Welsh Intensive Care Society, and Northern Ireland.

Expansion

Fast forward to June 2024, a group of 21 members, alongside regional representatives from 14 deaneries, assembled to commemorate the subcommittee's two-year anniversary. During this period, the committee has expanded to mirror the diversity within our Intensive Care Medicine community, incorporating roles such as an International Medical Graduate (IMG), an Equality, Diversity and Inclusion officer, and a Lifelong Learning Platform guru.

These Intensivists in Training (IiTs) convene quarterly. The subcommittee operates under the TAQ Committee, which is attended by the Lead Trainee Representative who fulfils the role of Chair for the StR Subcommittee. In addition, both the Lead and Deputy StR Representatives are full FICM Board members. The Deputy Representative attends the FICM CRW Committee, and in addition, the trainee representatives advocate for IiTs at the Academy of Royal Medical Colleges (AoRMC).

Notably, our current Lead Trainee Representative, Dr. Waqas Akhtar, is the concurrent Chair of the AoRMC Trainee Doctors Committee. Other committee members work very closely with the training groups within our partner colleges, membership societies, and relevant FICM subcommittees, including Education, Examinations, and the Professional Affairs and Safety Committee (PAS).

Accomplishments

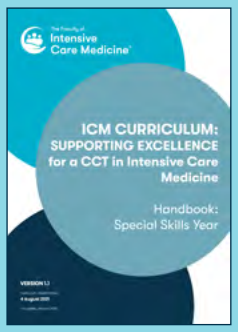
Over the past two years, the committee has not only curated the biannual *Trainee Eye*, but has achieved numerous significant accomplishments. These include the development of the Regional Representative Network, contribution to the annual training surveys, and leadership of the 2023 StR Survey. Recently, substantial efforts have been directed towards a National Reporting System, enabling trainees to escalate unresolved local issues to the StR Subcommittee, TAQ and the Lead RA.

The committee has addressed feedback concerning a lack of exam resources, confusion over Triple CCT programmes, and regional disparities in curriculum delivery. These IiTs have produced guidance/cross-mapping documents, compiled a series of Frequently Asked Questions, developed exam and SSY resources, advocated for exam eligibility to be brought forward to Stage 1 and for the ability for dual trainees to accept two NTNs in a recruitment round.

During his tenure, Dr Matt Rowe (Chair 2022-23) initiated a very insightful reverse mentoring project involving Board members. Additionally, the subcommittee has been consulted on the response to the StR survey results, the statement on working alongside ACCPs, and they are actively participating in discussions on the redesign of the FFICM examinations. Ongoing projects include enhancing resources for IMGs, developing career and job planning information, and forming a working group to address rotational training issues.

Finally, I would like to thank all of the trainees who have volunteered on the StR Subcommittee, and I finish with a quote from the FICM Annual Meeting. "The StR Subcommittee has become the Golden Thread". For those who remain unconvinced about our work, we invite you to attend the inaugural FICM Intensivist in Training conference on 10 October 2024 at Churchill House to see our efforts firsthand.

KEY PUBLICATIONS
TRAINING & EXAMINATIONS



ICM Curriculum: Special Skills
Handbook updated 2023, website resources updated 2024

Academic Training in Intensive Care Medicine
2023

StR Survey 2023
Summary Report of the StR-led survey on ICM training

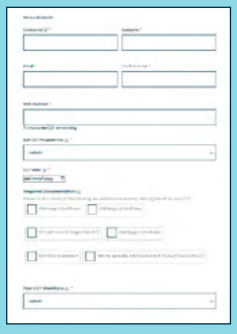
Guidance for ICM StRs and Educational Supervisors on completing ESSRs & preparing for ARCPs
Updated 2024

Guidance for Completing ESSRs in the FICM LLP
2024

ICM Training FAQs
Updated 2024

Guidance on the Combined Programme route to CCT
2022

Portfolio Pathway Specialty Specific Guidance in ICM and further guidance for applicants
Updated 2023

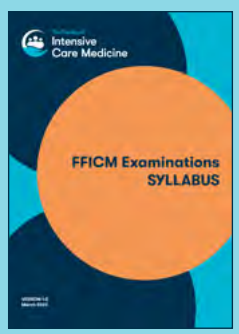


Completion of Training
Guidance and process updated 2024, including new easier to use online Notification of Completion of Training form

Best practice statements and management of Dual/Triple/ Single CCT ICM trainees
2024

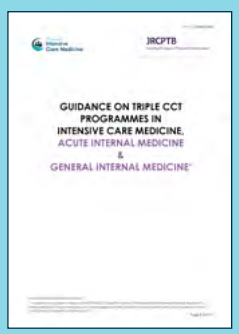
FICM Quality Management of Training Report

Support for Intensivists in Training
2024



FFICM Exam Syllabus

FFICM Resources for Candidates



Guidance on Triple CCT programmes in ICM and approved Physician specialties
Updated 2023

FICMLearning

FICMLearning is a free and open access educational material (#FOAMed) hub for ICM. Updated with new content every week, click the links below for some recent highlights. Our thanks to to the FICM Education Subcommittee, chaired by our Education Lead Dr Sarah Marsh, for driving this fantastic resource, and to all of our FICMLearning contributors.

Blogs

- Being the New Girl
- The rules of email etiquette
- Take chances
- The Special Skills Year
- Collaborative autonomy in organ donation project work
- Fire! FIRE!!

Case of the Month

- #51: Pulmonary Hypertension
- #50: Heatstroke
- #49: HLH
- #48: Nephrogenic DI
- #47: A Sugar High
- #46: Major Burn Injury
- #45: Major Obstetric Haemorrhage

Simulation

- About Simulation
- In-Situ-Simulation, a 'how to' guide#48: Nephrogenic DI
- Getting started in simulation
- Establishing the learning environment
- Scenarios
- Debriefing

Podcasts

- Training, Assessment & Quality
- Perioperative Medicine: The past, the present
- Research in ICM: A trainee's perspective
- Transfer of the critically ill patient
- Point of Care UltraSound training on the ICU

Webinars

- Psychological Safety
- Microagressions in Medicine
- InS:PIRE: Leading and developing a new service
- FICM & CICM: Cross-nation working
- FICM & CICM: Impact of COVID-19

e-ICM

Click here to login or register

Recently updated sessions include:

- Gram-positive cocci
- Gram-negative bacilli
- Induction of anaesthesia in critical care
- Diarrhoea in ICM

Find lots more fantastic educational content at **www.ficm.ac.uk/ficmlearning**

EVENTS & EDUCATION

We continue to run a full programme of events and courses with a range of in person, online and hybrid options. Our huge thanks to every member of the FICM Education Subcommittee, who work so hard to provide a variety of stimulating events throughout the year, and to other subcommittes leading their own events, such such as ACCPs and Women in ICM. Our StR Subcommittee is currently leading on the inaugural UK ICM Trainee Conference in October 2024 — book now! We also continue to support external courses such as Consultant in Transition.

Clockwise from right: *FFICM presentations are made at RCoA Diplomates Day 2023; ICM Regional Advisors, Faculty Tutors and TPDs discuss issues of the day at the Training Leads Annual Meeting 2024; Delegates and speakers at the 2024 ACCP Annual Conference, this year held in Plymouth; and the NEAT-ECHO project is presented at the 2024 Faculty Annual Meeting.*

Find more information and access discount member rates at **www.ficm.ac.uk/events**

PROFESSIONAL AFFAIRS, STANDARDS & GUIDELINES

Dr Dale Gardiner
PAS Chair

Most of FICMPAS's activities and outputs in professional affairs can be found on the Standards, Safety and Guidelines pages of the FICM website.

Professional Affairs

The remit of FICMPAS is to encourage and facilitate the establishment, maintenance and improvement of good practice in all aspects of Intensive Care Medicine (ICM). With regard to professional affairs FICMPAS is concerned with clinical effectiveness, standard setting, guideline development, continuing professional development (CPD) and the integration of any such areas into the revalidation process.

Members of FICMPAS are often asked to lead, review, or support the development of standards and guidelines alongside other multiprofessional groups. Increasingly our focus is on standard setting — helping to work out the 'musts' and the 'strong shoulds'.

GPICS

The concept of *Guidelines for the Provision of Intensive Care Services* (GPICS) emerged in 2012 soon after the founding of FICM. GPICS v1 was published in March 2015. GPICS v1.1, comprising minor updates to the guidance, was published in April 2016. GPICS v2, comprising a thorough review and rewrite of the guidance, was released in June 2019, with updates and an accompanying audit tool in 2022. GPICS 3 is expected toward the end of 2024. GPICS is administered by FICM and co-chaired by a Lead Editor from each of FICM and the Intensive Care Society (ICS). The chair of FICMPAS has the role of being FICM's Lead Editor.

Since its publication, GPICS has become fundamental to the governance of critical care and the professionals delivering the service. It also has national implications for commissioning and for health regulators including for example the Care Quality Commission. Most importantly many intensive care leaders have used the standards and recommendations in previous editions of GPCS to drive forward service improvement for the benefit of patients. Particularly in the areas of medical, nursing, pharmacy and allied health professional staffing, patient flow and in setting expectations of care.

What will be different in GPICS 3?

Greater author diversity — in gender, ethnicity, geography of work, size of ICU. Dr Sekina Bakare was appointed from the very beginning of the project as the diversity and inclusion lead.

Fewer but stronger standards and recommendations. Some of the feedback on GPICS 2 and 2.1 is that there are too many standards, resulting in not all standards being as equally important and some are not enforceable or taken as seriously as others. Similarly, the recommendations may not have enough 'teeth' to drive improvements. In GPICS 3 we want to make the standards and recommendations interpretable to current healthcare inspection ratings across the UK. Standards must be regarded as 'minimum standard expected' for the safe provision of intensive care services and they should be applicable to all relevant units. Recommendations should balance aspirational improvement verse realistic deliverability and, when met, act as powerful indicators that the unit is providing a quality service.

Revalidation

A source of stress during revalidation is gathering patient feedback. The Faculty remains committed to the use of appropriate team-based feedback in lieu of individual doctor feedback for ICM practice. This is particularly important for colleagues who only practice ICM. The Faculty's full position on patient feedback for revalidation can be read here. Dr Mike Spivey (FICMPAS Revalidation Lead) has revamped the revalidation information on the FICM website. Work is in progress for an updated CPD matrix.

Representation

FICMPAS responds to many consultations sent to the Faculty for response. In recent months these include four NICE consultations (meningitis, transition from children to adult services, sepsis, methods & process for including technology appraisal), UK Government smoking legislation, GMC acting as a witness and NHSE future of never events. FICMPAS represents the Faculty in multi-professional working groups such as for transfer, rehabilitation, end of life, care of trans patients in ICU.

Guideline Development

Aside from GPICS, a recent guideline FICMPAS led on with other multi-professional organisations was *The Use of Cerebral CT Angiography as an Ancillary Investigation to support a clinical Diagnosis of Death using Neurological Criteria*.

Quality Improvement

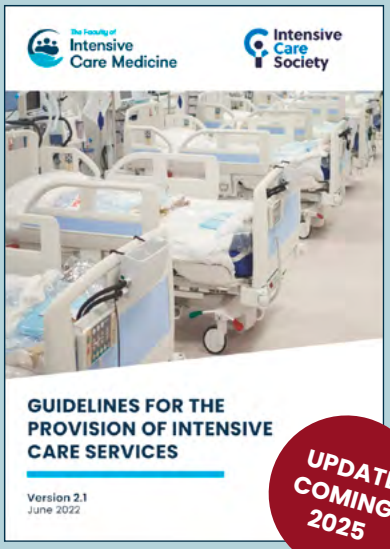
FICM's Quality Improvement page has recently been updated by Dr Irfan Chaudry (FICMPAS QI Lead) and Dr Angela Lim (Intensivist in Training).

Legal & Ethical

Dr Chris Danbury, founder and long-time chair of LEPU, has handed over the leadership to FICM Board Member Dr Monika Beatty. You may be most familiar with LEPU's work through their excellent Midnight Laws. These are one-page summaries of difficult legal areas of critical care, including such topics as assessment of mental capacity and police access to critical care patients. The LEPU Midnight Laws have recently had a number of Scotland-focused publications which will be of interest to Scottish colleagues but are also of wider academic interest. 'Best interests' is a minority concept for medical decision-making in the world!

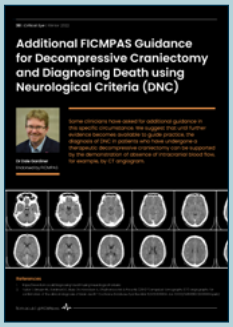
LEPU has recently been involved on behalf of the Faculty in representation to the UK Supreme Court in the case of healthcare professional anonymity during and after high profile legal cases. The judgement is awaited.

KEY PUBLICATIONS
STANDARDS & GUIDELINES

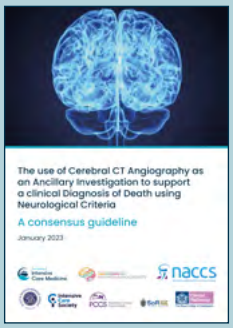


Guidelines for the Provision of Critical Care Services v2.1

The aim of the GPICS v2.1 revision was to attempt where possible to incorporate immediate learning from the impact of the pandemic and spread this across all units. In addition, chapter authors were asked to review their chapters and make any amendments to ensure that the guidance and information contained was up to date. Work continues on v3 for publication in 2025.



Decompressive Craniectomy and Diagnosing Death using Neurological Criteria (DNC)
Excerpted from *Critical Eye*



Cerebral CT Angiography as an Ancillary Investigation to support clinical Diagnosis of Death using Neurological Criteria

Guidance on Revalidation and CPD
Updated 2024

Patient Feedback for Revalidation
Statement reviewed and approved by the GMC

Statement on initial antimicrobial treatment of sepsis
2022 edition development led by FICM on behalf of AoMRC

ICM Quality Improvement Recipes

LEGAL & ETHICAL

Dr Monika Beatty
LEPU Chair

The FICM Legal and Ethical Policy Unit is comprised of five ICM consultants from across the UK, who all hold a postgraduate qualification in medical ethics and law, and four Legal professionals with expertise in legal aspects of medicine, practicing in England & Wales, Scotland and Northern Ireland.

We review and discuss ethical and legal issues relevant to ICM and advise the Board, where necessary. LEPU has developed the FICM law Midnight Law series and intervened on behalf of the Faculty in cases relevant to the practice of ICM.

Court interventions

- England & Wales Court of Appeal: Abbasi and Haastrup [2023] EWCA Civ 331
- UK Supreme Court: Abbasi and another (Respondents) v Newcastle upon Tyne Hospitals NHS Foundation Trust (Appellant) case ID 2023/0052

These cases concerned the subsequent removal of reporting restriction orders (RROs) for health care staff involved in paediatric critical care cases, where the courts have previously been involved in determining whether life-sustaining treatment should be withdrawn. LEPU intervened on behalf of FICM, to support the case for preserving anonymity for the healthcare professionals involved. At the time of writing, the UK Supreme Court judgment is awaited.

Things to look out for

- The management of patients with severe eating disorders referred to critical care for assisted nutrition: a consensus guideline. This has been developed together with representatives from the Intensive Care Society, experts in eating disorders psychiatry and gastroenterology. We are currently working with the Royal College of Pyschiatrists Faculty of Eating Disorders and hope to publish the guideline as soon as possible.
- An SSY in medical ethics and law is currently under development and a proposal has been submitted to the FICMTAQ committee
- An updated section on Legal aspects of capacity and decision making for GPICS 3.

KEY PUBLICATIONS MIDNIGHT LAWS

Managing adult patients who refuse life-saving treatment
England & Wales

Refusal of emergency life saving treatment
Scotland

Pitfalls In the Assessment of Mental Capacity

Pitfalls In the Assessment of Mental Capacity
Scotland

Refusal to accept Diagnosis of Death according to Neurological Criteria

SAFETY

Dr Pete Hersey
Safety Lead

The FICM Safety Strategy describes our continuing and expanding work in this area.

Collaboration and specialist opinion

Our partnerships with NHS England and the Medicines and Healthcare Products Regulatory Agency (MHRA) mean that both organisations have co-opted membership of our Professional Affairs and Safety Committee. We provide specialist ICM opinion to inform NHSE guidance and MRHA safety alerts and work together when an intensive care medicine opinion is required. The review of incidents we undertake to produce the safety bulletin helps inform future NHSE and MHRA workstreams. We provide a stakeholder function for the National Institute for Health and Care Excellence (NICE) and to NCEPOD when guidance is of relevance to intensive care medicine, and provide an overarching opinion to HM Coroner's Service through responses to prevention of future deaths reports.

We also represent the ICM community via SHOT (Serious Hazards of Transfusion) expert working group membership; NELA (National Emergency Laparotomy Audit) steering group membership; and co-opted membership of the Safe Anaesthesia Liaison Group (SALG).

Communicating risk

Our Safety Bulletin highlights patient safety incidents that are rare or important, and those where the risk is perhaps something we accept in our usual practice. Via the bulletin, we also communicate relevant safey news from the wider NHS.

Facilitating and promoting learning

Our curriculum requires doctors to consider safe practice throughout their training. High Level Learning Outcomes (HiLOs) require doctors to address the patient safety and quality improvement domain (domain 6) of the GMC Generic Professional Capabilities Framework. Our Education Sub-Committee provides guidance and resources to facilitate simulation with the aim of improving patient safety. We also encourage engagement with the NHS patient safety syllabus training programme (available via e-learning for healthcare) and highlight free learning opportunities made available by the Healthcare Safety Investigation Branch.

A quality improvement approach

Standards and recommendations exist to improve delivery of care and therefore safety. Guidelines and initiatives endorsed by FICM are an important means of improving patient safety in our intensive care units. Endorsement provides assurance that FICM has had direct involvement or representation throughout the writing process.

KEY PUBLICATIONS SAFETY BULLETIN

Safety Bulletin 11
June 2024

Safety Bulletin 10
February 2024

Safety Bulletin 9
October 2023

Safety Bulletin 8
July 2023

Safety Bulletin 7
April 2023

Find more issues online at **www.ficm.ac.uk/midnightlaws** and **www.ficm.ac.uk/safety-bulletin**

CAREERS, RECRUITMENT & WORKFORCE

Dr Matt Williams
CRW Chair

Workforce

The annual census of consultants was last conducted in 2019, with the following two years interrupted by the pandemic. We elected to conduct the annual census in 2022 and 2023 of Clinical Leads, and we will return to a census of the broader membership later in 2024.

Key points from the analyses of the 2022 census have been published, in *Critical Eye* (see the Winter and Summer 2023 issues) with the 2023 data currently being analysed with the aim to provide key messages to inform the membership and discussions with key stakeholders. Useful triangulating information has come from surveying Regional Advisors for local information. This also feeds well into the SSUAG work.

Key headlines

We have seen over time an increase in respondants working solely in ICM, from 6.3% in 2015 to 17.7% in 2022. It is important to note that the Faculty does not promote single ICM CCT or working only in ICM above any dual specialty; if we discuss only ICM recruitment that is because this is the only part of the process we are involved in. Dual (and now triple) accredited doctors have always and continue to be key to our specialty. Individuals always have and will make their own decisions regarding which training programmes they apply to, in which order, and what work they undertake in their practice, be they consultants, SAS doctors, or any other specialty role. For units reporting consultant vacancies, this was 59% (88/151 respondents) in 2022, 50% (45/90 respondents) in 2023.

Female respondents to the census when it was introduced in 2012 16.9%. This had moved to 24% by 2019. There was notable finding of 32% of Clinical Leads being female in 2022. At the time of writing, we are recruiting an EDI Lead to sit on CRW to help us continue to promote equity, diversity, and inclusion in our work.

Recruitment

Following a bumper, but unfortunately non-recurring, additional 114 posts across the UK's four nations in 2020 during the pandemic, the annual recruitment to specialist training has moved to an online process. On balance the advantages of time efficiency, increased capacity for interviewing, costs and the environmental impact, supported by the mostly favourable feedback from applicants and interviewers means this has become the established format from 2021 onwards.

The process is a year long recurring one, with a symbiotic working relationship between the FICM team, led by Liz Thomas and Bob Docking, and the National Recruitment Office in the West Midlands. Refinements are made by the team, responding to national MDRS and partner specialty changes as well as analysis of our own quality assurance processes.Reassuringly, application numbers to train in ICM remain good, and with good fill rates of the posts available each year. The 2024 interview round has recently completed, with offers about to be sent out at the time of writing. Simultaneous recruitment to dual CCTs is currently being explored with ICMNRO and MDRS.

Careers

As more colleagues are training and practicing in ICM either solely or dual with a specialty other than anaesthesia, we are providing illustrations of possible job plans and vignettes from colleagues who already hold such consultant posts. We continue to develop information to support employers develop such posts, and doctors looking to apply for them.

The *Critical Staffing* series published in June 2021 and Sept 2022 provide really useful information towards sustaining our most precious resource: our staff. With increased interest in the Portfolio Pathway and non-consultant career pathways, we are developing documents to support Specialist and Specialty Doctor careers.

Doctors attaining a CCT in ICM

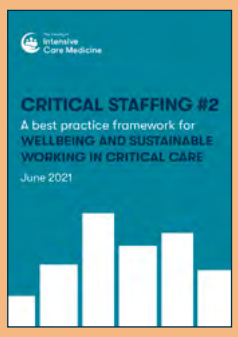
2008	85	**2016***	94
2009	88	**2017**	97
2010	70	**2018****	59
2011	89	**2019**	87
2012	113	**2020**	85
2013	96	**2021**	117
2014	115	**2022**	120
2015	108	**2023**	123

** 2016 was the first year when doctors completed training against the standalone ICM curriculum as Single CCT holders. The figure for this year includes two single CCT holders and one dual trainee with ICM and anaesthesia.*

*** 2018 was the predicted nadir in CCTs caused by the GMC ending the old 7.5 year Joint CCT programme without overlap with the new 8.5 year dual programmes. 2019 represents the curve increasing back up to higher numbers.*

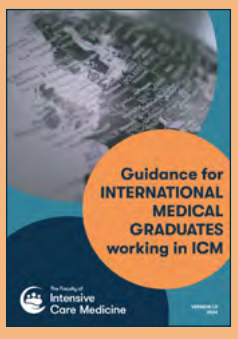
KEY PUBLICATIONS
CAREERS & WORKFORCE

Critical Staffing #1
Best Practice Framework for Critical Care Staffing

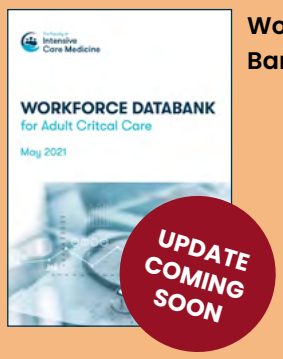


Critical Staffing #2
Best Practice Framework for Wellbeing and Sustainable Working Critical Care

Critical Staffing #3
Best Practice Framework for Returning to Work



Guidance for International Medical Graduates Working in ICM
2024



Workforce Data Bank

Recruitment FAQs
Updated 2024

Regional Post Information & Unit Briefs

Industrial action in the NHS
Advice and FAQs for members

Appointments to substantive consultant ICM posts

SMALLER & SPECIALIST UNITS

Dr Jack Parry-Jones
SSUAG Chair

The Faculty remains committed to supporting small and remote critical care units through out the UK, with the Smaller & Specialist Units Advisory Group (SSUAG) established in 2016 for this express purpose.

Repesentation

A key step made by the Faculty in recent months is to directly embed members of SSUAG in each of our key committees: Training, Assessment & Quality (FICMTAQ), Professional Affairs & Safety (FICMPAS) and Careers, Recruitment & Workforce (FICMCRW). The aim is to ensure that, as well as giving smaller and specialist units a forum with which to interact and share problems and best practice, that their perspective is full represented across all of our major work-streams and functions.

We have also moved to allow greater visibility of sub-specialty views by adding representatives from the Neuro Anaesthesia and Critical Care Society (NACCS) and the Association of Cardiothoracic Anaesthesia and Critical Care (ACTACC) as corresponding members of the Faculty Board.

Defintions

SSUAG also recently surveyed smaller and specialist units to achieve a better understanding of the numbers and issues they face. Small units are defined as those serving a population of <200,000 people, and remote units as being 30km or more from the next nearest ED. We have consulted widely on the working definitions of small and remote units. We now have a much better idea of where these units are across the UK, and their number. Although the definitions are not universally accepted they are generally felt to be the best we have and will remain as we go into GPICS 3

WOMEN IN ICM

Dr Cath Roberts
WICM Chair

The WICM Subcommittee continues to deliver our programme of work for the Faculty, including forthcoming guidance focusing on parental leave.

FICM Thrive

The Thrive scheme provides mentoring for consultants in their first five years in post. We aim to expand the scheme to offer mentoring to SAS/AS colleagues. We are always looking for new mentors — the training is online and only takes an hour! Visit the the FICM website for more. I would also urge all members to read 'Why Do I Mentor?' by former WICM Chair Dr Liz Thomas, which describe the benefits of a productive mentor/mentee relationship, for both parties.

Striking the Balance

Our most recent Striking the Balance event was held in October 2023. We are not planning another event for 2024/25, but will be looking into how WICM-specific content can be incorporated into the broader FICM events programme.

Wider WICM

The WICM Wider Group is a network of people who are not part of the core WICM Subcommittee but want to hear more about our work and support the aims of WICM. If you would like to join the maling list (all genders welcome!) then please email wicm@ficm.ac.uk.

WICM Emerging Leaders

Our Emerging Leaders (WICMEL) Fellows undertake a leadership module, attend two FICM committee meetings and gain experience of chairing a committee, with mentorship from a FICM Board member. The most recent intake included three female junior consultants and one SAS member.

FACULTY MAGAZINES

The Faculty continues to produce our biannual magazines for members. Find these and more issues online at **www.ficm.ac.uk/critical-eye** and **www.ficm.ac.uk/trainee-eye.**

CRITICAL EYE

Critical Eye 25
Winter 2024

Critical Eye 24
Summer 2023

Critical Eye 23
Winter 2023

Critical Eye 22
Summer 2022

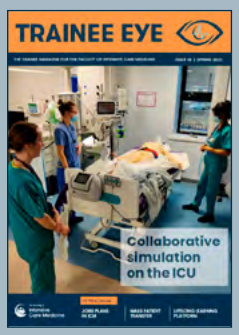
Critical Eye 21
Winter 2022

Critical Eye 20
Summer 2021

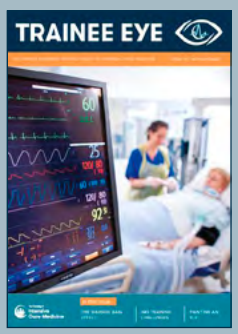
TRAINEE EYE

Trainee Eye 20
Spring 2024

Trainee Eye 19
Autumn 2023



Trainee Eye 18
Spring 2023



Trainee Eye 17
Autumn 2022

Trainee Eye 16
Winter 2022

Trainee Eye 15
Spring 2021

ACCPs

Natalie Gardner
ACCP Sub-Committee
Co-Chair

The ACCP Sub-Committee (ASC) continue to update and refine the over-arching ACCP governance frameworks to keep them relevant and robust. After a considerable consultation process, ACCPs moved away from the Medical Associate Professions (MAPs) and aligned with NHSE's Advanced Practice agenda. This move recognised the extensive critical care experience ACCPs possess.

Training and curriculum

The national ACCP Curriculum has been updated to align to the ICM curriculum 2021, the GMC's *Excellence by Design* standards and Generic professional capabilities framework [GPC], and acknowledge the NHSE Advanced Practice agenda. The ASC has formally accredited two Higher Education Institutions (HEIs) to deliver MScs aligned to the FICM curriculum and expectations of practice. The ASC plan to offer accreditation panels to two HEIs a year, while regularly reviewing those already accredited.

Three ACCP Optional Skills Frameworks (OSFs) have been published for DCD, critical care transfers, and advanced airway skills. These OSFs have been created with the intention of supporting ACCPs to safely provide valuable additional skills to critical care teams where required, in a managed and regulated approach.

The ASC is due to release Version 2.3 of the ACCP CPD and Appraisal Pathway. This version incorporates the updates to all other governance and educational documents to support qualified ACCPs demonstrate how they maintain the relevant skills and knowledge in post.

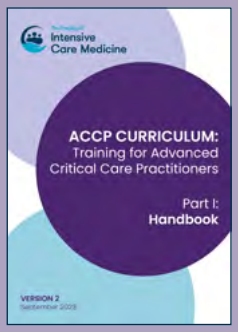
Events and engagement

The annual national conference for ACCPs provides valuable CPD and updates relevant to the profession. There is now a quarterly update communication directly to members offering opportunities to engage in projects, learn about the ASC functions, offer suggestions, ask questions, and keep abreast of developments within FICM.

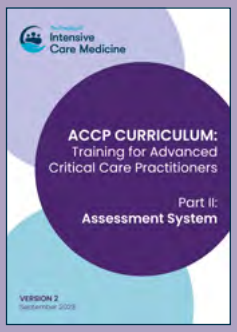
The ASC have sought representation from all devolved nations to ensure FICM can continue influence and support NHS Trusts, HEIs and funding authorities to provide the right standards of education and employment to gain FICM accreditation. We hope to maintain the momentum of progress and development of the workforce, ensuring our ACCPs are well regulated and encouraged to train and work within supportive governance processes that enhance the safety of practice within critical care.

The past few years have underscored the resilience and adaptability of the ACCP workforce. As we continue to navigate the challenges posed by the healthcare landscape, the contributions of ACCPs will remain critical to our success.

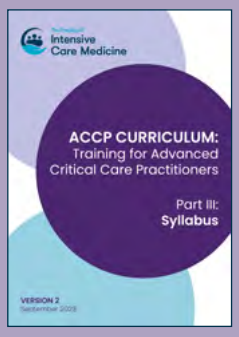
KEY PUBLICATIONS ACCPs



ACCP Curriculum Part I: Handbook
Updated 2023

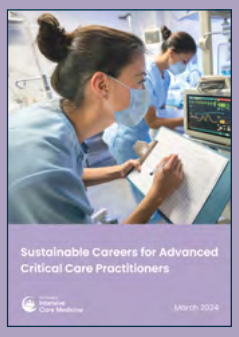


ACCP Curriculum Part II: Assessment System
Updated 2023



ACCP Curriculum Part III: Syllabus
Updated 2023

ACCP Infographic
2024



Sustainable Careers for ACCPs
2024

PHARMACISTS

Greg Barton
Pharmacy Sub-Committee Chair

The Pharmacy Sub-Committee (PSC) started out in 2020 with the aim of developing a strategy for the education, training, credentialing and workforce of Critical Care Pharmacists. The COVID-19 pandemic obviously had a huge impact on the initial work of the PSC; throughout 2020/21 the we worked closely with the FICM Board to provide medicines-related advice and support, through what was a very challenging time, on the availability and appropriate use of medicines for patients critically ill with COVID.

Active contribution

A survey of the Pharmacist membership of FICM highlighted the perceived importance of a close relationship between FICM and critical care pharmacy. PSC members have from the outset sat on CRW (represented by PSC deputy chair Dr Richard Bourne) and been co-opted onto the Board (represented by PSC Chair, Greg Barton MBE). Pharmacy now contributes to the *Safety Bulletin*, development of simulation scenarios and going forward will be members of ESC and WICM. Credentialling, mentorship and workforce development also came out of the survey as areas of great importance to the pharmacist membership. Before we can credential, we need an appropriate curriculum and so the PSC set to work on scoping out how we could bring this about.

Specialist curriculum

At the same time the Royal Pharmaceutical Society (RPS) was looking for volunteers to develop "pioneer" specialist curriculum. This was the perfect opportunity, and in a joint application with the United Kingdom Clinical Pharmacy Association (UKCPA), FICM PSC earned the opportunity to develop something that would be specific to critical care but not standalone, it would dovetail into the other RPS curriculum forming part of a pharmacists career journey from undergraduate to consultant-level practice. Fully and actively supported by the FICM Board throughout, this curriculum will be out later in 2024. PSC are now actively working on supporting the RPS credentialling process by providing subject experts for panels and mentors/coaches to support candidates through their portfolio submissions.

A close relationship with NHSE has also been formed. As well as working closely with the Chief Pharmaceutical Officer throughout the pandemic the PSC has collaborated on projects with NHSE WTE including the production of a toolkit to support the development of pharmacists working in critical care, housed here Pharmacy Resources on the FICM website.

The PSC's is also focused on providing multi-professional coaching and mentorship to support both pharmacists through the specialist advanced or consultant portfolio credentials but also the wider FICM membership where appropriate.

KEY PUBLICATIONS PHARMACISTS

Journey to becoming a Critical Care Pharmacist

Critical Care Pharmacist Career Stories

Critical Care Workforce Development Toolkit
2024

RPS and UKCPA Advanced Pharmacist Critical Care curriculum
The RPS and UKCPA advanced pharmacist critical care curriculum and credential, supported by and with input from FICM PSC.

The Faculty of
Intensive
Care Medicine

Churchill House | 35 Red Lion Square | London | WC1R 4SG
tel 020 7092 1688 | email contact@ficm.ac.uk

www.ficm.ac.uk

@FICMNews