

# BOARD MEETING

Wednesday 10 July 2024

## Members:

Dr Daniele Bryden	(Dean)
Dr Jack Parry-Jones	(Vice Dean)
Dr Waqas Akhtar	(Board member, Lead Trainee Representative)
Dr Shashikumar Chandrashekaraiyah	(Board member)
Dr Sarah Clarke	(Board member, Chair FICMTAQ)
Dr Dale Gardiner	(Board member, Chair FICMPAS)
Dr Peter Hersey	(Board member)
Dr Dhruv Parekh	(Board member)
Dr Elizabeth Thomas	(Board member)
Dr Rosie Worrall	(Board member, Deputy Trainee Representative)
Dr Matt Williams	(Board member, Chair FICMCRW)
Mr Greg Barton	(Co-optee: Critical Care Pharmacist Representative)
Ms Pauline Elliott	(Co-optee: Lay Representative)
Dr Sarah Marsh	(Co-optee: FICM Education Lead)
Dr Andrew Sharman	(Co-optee: Lead RA)

## Corresponding members:

Dr Christopher Walker	(Corresponding member: ACTACC)
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## Apologies:

Dr Monika Beatty	(Board member, Chair LEPU)
Prof Julia Wendon	(Board member)
Ms Carole Boulanger	(Co-optee: ACCP Representative)
Wg Cder Ian Ewington	(Co-optee: Defence Medical Services)
Dr Steve Mathieu	(Co-optee: President, Intensive Care Society)
Prof Ramani Moonesinghe	(Co-optee: National Clinical Director for Critical and Perioperative Care, NHS England)
Dr Carli Whittaker	(Co-optee: Paediatric Critical Care Society)

## In attendance:

Ms Natalie Bell	(Faculties Training Manager)
Mr James Goodwin	(Associate Director of Faculties)
Ms Sharon Drake	(RCoA Deputy CEO & Director of CQ & Research)
Mrs Emmy Kato-Clarke	(Faculties Standards Manager)
Ms Anna Ripley	(Faculties Education & Engagement Manager)

**Disclosure of interest:** All members of the Board should disclose to the Chairman any relevant conflicting interest (financial or otherwise) arising in relation to any item on the agenda. This duty applies to every member. Where a relevant interest has been disclosed, the member may, subject to the Chairman's agreement, remain during and participate in any debate on the item concerned, but must not vote.

# MINUTES

## 1 Welcome and apologies

### 1.1 Minutes of the previous meeting

The minutes of the last meeting were approved.

Dr Bryden confirmed that there are now corresponding members from ACTACC and NACCS.

### 1.2 Matters arising

Dr Bryden reminded Board members to be mindful of any conflict of interests.

## 2 DEAN'S STATEMENT

FICM held a successful face to face TLAM meeting in May; thank you to Dr Sharman and Dr Irving for organising a very positive meeting.

The COVID inquiry is ongoing; a lot of documents are related to module 3. The Association have reviewed a number and flagged points for FICM to consider. Although being a core participant involves a significant amount of work, it will be beneficial for ICM for FICM to be involved; Core participant status will also allow us to respond better to questions we may get at the enquiry. Thank you to Jenny Gowan from the Association for reviewing all of the documents.

Dr Bryden was due to meet with the Secretary of State for Health and Social Care since when the election has happened and there is a new SoS, Wes Streeting. A number of meetings have taken place with those in health politics and leadership where it was highlighted that there is no new money for the NHS. The messages relate to reforming the NHS agenda, and being honest about the difficulties faced. Moving forward there will be further conversations surrounding the agenda on prevention in primary care and how it can relieve the burden on secondary care.

Dr Bryden reported that Dr Sarah Clarke has resigned as the President of the Royal College of Physicians; she noted that Dr Clarke in her role as PRCP had a positive relationship with the Faculty and she was supportive of FICM's move to independence.

## 3 BOARD PROJECTS AND SUB-GROUPS

### 3.1 Smaller and Specialist Units

Dr Parry-Jones confirmed corresponding membership of ACTACC and NACCS to the Board. Dr Parry-Jones reported that SSUAG members have started to attend other committees; it will be beneficial to hear the views of those who work in smaller units on these committees. Dr Williams reported that Dr Sturman's attendance at CRW was welcome and helpful; it is clear that smaller units face challenges to get the workforce they need.

The Board discussed that trainees should be encouraged to rotate to smaller units as they have a lot to offer. As long as trainers are recognised trainers within a unit, they do not necessarily have to be an intensivist, then trainees should be able to go there. Dr Clarke confirmed that the curriculum and associated guidance is intentionally flexible to allow rotations to smaller units. Decisions on training are devolved down to the RAs who should know the training opportunities within their region.

**ACTION: TAQ to revisit guidance on unit approval and supervision to make sure they are flexible to allow for smaller unit rotation.**

## 4 CAREERS, RECRUITMENT & WORKFORCE

### 4.1 Key updates for discussion and information from CRW and its sub-committees

Dr Williams reported that the 2024 census questions have been finalised and this will go out in September to the whole medical membership. The aim is to gather as much intelligence as

possible, and to try and get granular data on clinical time. Dr Bryden suggested that for future census' we need to think strategically about what data may be needed for future planning.

Dr Williams informed the Board that the Post CCT survey is going to be reinstated, to try to get an indication of what happens to members after they finish training and what specialties they end up working in. CRW are also going to be looking at wellbeing and aim to get some objective markers on stress.

The 2024 recruitment round has now ended; Dr Thomas led on this. The process ran smoothly and offers have gone out. The fill rate is lower than it has been in recent years; it is not fully understood why. There appears to be a degree of regional difference relating to where the larger gaps are. A report has been run on the background of applicants; results mirror what has been seen recently with numbers from an anaesthetic background decreasing and those from an EM and medical background increasing.

Careers work is ongoing, Dr Martin and Dr Worrall are leading on this; there is going to be a workshop on careers at the trainee conference in October.

Dr Som Sarkar has been appointed as the new EDI lead; Dr Sarkar will sit on CRW but work across the Faculty.

Dr Williams further reported that the Academy have written retention principles for senior doctors, this will be finalised soon. The Academy are also working on a principles document for workforce modelling.

Dr Williams and Dr Clarke met with Adrian Brooke, NHSE Medical Director for Workforce Alignment. It was highlighted to Dr Brooke that ICM is an increasingly distinct specialty to anaesthetics, so we would welcome direct dialogue with them around workforce modelling and intended distribution of NTN.

Dr Parry-Jones and Dr Williams met again with Adrian Brooke, and also Barny Leavers, Director of The NHS Workforce Plan, to discuss workforce modelling for ICM and to express the desire to continue this dialogue and exchange of information.

Dr Thomas reported that she is in discussions with the MDRS regarding simultaneous recruitment. We are waiting for formal approval from MDRS but all indications are positive.

#### **4.2 Advanced Critical Care Practitioners – General update**

Ms Boulanger gave her apologies for the meeting. Dr Williams reported that ACCP documentation is being revised to provide clarity around the curriculum, scope of practice and how ACCPs fit into the workforce. The group are looking to ensure that the language ties in with the recently published FAQs.

The Board discussed some of the concerns being directed at ACCPs, and confirmed that it is important to support and appreciate our ACCP colleagues. The ACCPSC are drafting a scope of practice document which can be used locally and nationally. The Board agreed that it is also important to have a separate scope of practice document for doctors as well, to reassure our trainees that they are the future leaders of the specialty, this will be discussed at a future Exec meeting.

**ACTION: Exec to discuss creation of scope of practice document for IITs**

#### **4.3 Critical Care Pharmacists – General update**

Mr Barton reported that himself, Richard Brown and Dr Parekh met to discuss research and awards. Richard Browne is also continuing work on simulation resources; these are being reworked to become a tabletop exercise and will be trialled in Sheffield. Emma Traylor from the group has been appointed as the pharmacy rep for the FICMESC.

Mr Barton reported that the curriculum will be out for consultation at the end of this month, it contains a preface from Dr Parry-Jones and Mr Barton on behalf of the FICM.

## 5 TRAINING, ASSESSMENT & QUALITY

### 5.1 Key updates for discussion and information from TAQ and its sub-committees

Dr Clarke reported that feedback from TLAM on 21<sup>st</sup> May was very positive and thanked Dr Sharman and Dr Irving.

Dr Clarke reported that TAQ had been working on a maximising gaps document but have been asked by COPMeD not to publish as they are producing some similar guidance. COPMeD are also producing a paper on CCT dates being brought forward.

Dr Parekh notified TAQ that FICM are an outlier for academic trainee recruitment, the research guidance is going to be reviewed and will be brought back to a future Board.

The RA and trainee survey are now out, TAQ will produce a report and bring back to the Board once reviewed. Thank you to Dr Akhtar and Dr Worrall for their invaluable input. The quality report from last year has not been published yet but should be soon.

Dr Clarke reported that 15 new examiners have been recruited; the Board approved the appointments.

There has been a big upturn in portfolio pathway applications, a lot need to be evaluated, and this creates a heavy workload, but it is positive that more applicants are applying. Dr Chandrashekaraiyah reported that three new Portfolio pathway assessors have been appointed and this should help with the increased workload. Dr Chandrashekaraiyah informed the Board that is also a new group of advisors, who will be able to step in and help with the increased applications. However, we may need to recruit more assessors. Ms Bell reported that she has been informed by the GMC that FICM could expect a batch 12 – 15 applications in September and October, this is going to increase pressure on the secretariat. Dr Bryden suggested that workload prioritisation should occur at a future exec meeting.

**ACTION: Exec to discuss secretariate workload**

### 5.2 Regional Advisors Update

Dr Sharman reported that the RA survey results are being reviewed and will be presented to TAQ in September.

Dr Sharman informed the Board that he has been notified that there is a lack of ICM representation on AAC interview panels. Dr Clarke reported that she has been in discussion with the RCoA team and they are planning a training day for new assessors which would include new ICM assessors. There is a database that has been shared with Dr Clarke and she and Dr Sharman will review. Ms Drake reported that there has been a change in structure in the RCoA relating to the AAC team, so this may cause some delay. Ms Drake offered to contact the team to find out more information on the number of current ICM assessors. Ms Drake further reported that there is also some online training that the assessors could attend, she would also investigate this.

**ACTION: Ms Drake to seek further information on ICM assessors from the RCoA AAC team.**

**ACTION: Dr Clarke and Dr Sharman to review existing AAC panel assessor database.**

### 5.3 Trainee Representatives Update

Dr Worrall reported that the StR sub-committee are undertaking numerous workstreams. There was a meeting with the regional reps in June, there was a huge amount of discussion and it highlighted the need to keep the regional reps informed, and the importance of two way information sharing. The next edition of Trainee Eye will showcase some regional bespoke training. The StR group also wish to produce a newsletter to trainees, to keep them informed on the work of the subcommittee. Bookings are opening for the October Trainee conference this week.

Dr Worrall queried when the national reporting system will be back online. Dr Clarke reported that she first needs to look into an algorithm sent to her by the lead Scottish RA, which could be used to improve the system.

Dr Worrall queried whether FICM need to engage more with SAS colleagues, Dr Williams reported that the census should help gather some of this information and that CRW now have a SAS member so they will look to increase our documentation of SAS members and awareness of their needs.

**ACTION: Ms Ripley to add StR subcommittee minutes to future board papers.**

## **6 PROFESSIONAL AFFAIRS AND SAFETY COMMITTEE**

### **6.1 Key updates for discussion and information from PAS and its sub-committees**

Dr Gardiner reported that work on GPICS is going well and there was a recent GPICS editorial board meeting; it has been decided that minimum standards are going to be included, with examples and that 'recommendations' will be changed to 'recommendations to provide quality service'.

Discussions need to be had with the secretariat about the potential safety conference. Dr Hersey reported that the review of the LOCCSIPS with ICS has been completed and will be out soon; a survey will also be coming out soon from SALG regarding pre filled syringes.

**ACTION: Ms Ripley to meet with Dr Gardner and Dr Hersey to discuss safety conference plans.**

## **7 CO-OPTEE REPORTS**

### **7.1 Lay Representative**

Ms Elliott reported that she will be the FICM and RCoA representative on the AoMRC APLC. Ms Elliott has been working with Dr Akhtar on an ECMO emergency algorithm; she has also taken a seat on the strategic oversight group for the National Laparotomy audit group. Ms Elliott is also undertaking some work with Dr Parry-Jones on bringing forwards patent views on critical care.

### **7.2 Education Lead**

Dr Bryden formally welcomed Dr Sarah Marsh to the Board as the new FICM Education Lead. Dr Marsh thanked the Board for having her and reported that she will be working on providing an educational strategy for the Faculty.

### **7.3 Defence Medical Services**

Wg Cder Ian Ewington gave apologies for the meeting.

### **7.4 Intensive Care Society**

Dr Steve Matthieu gave apologies for the meeting.

### **7.5 NHS England Update**

Prof Ramani Moonesinghe gave apologies for the meeting.

### **7.6 Paediatric Critical Care Society**

Dr Carli Whittaker gave apologies for the meeting.

## **8 ANY OTHER BUSINESS**

Dr Bryden reported that there are four consultant vacancies on the Board. Two are due to first terms coming to an end and two are due to a regulation change allowing for more Board Members.

Dr Parry-Jones highlighted the need to think sustainably as FICM move towards an independent college and queried whether the new college should become plant based. The Board discussed and decided that this can be considered at a later date.

**9 DATES OF FUTURE BOARD MEETINGS**

Wednesday 10 July 2024 (virtual)  
Wednesday 23 October 2024 (in person)  
Wednesday 15 January 2025 (in person)  
Wednesday 2 April 2025 (online)  
Wednesday 2 July 2025 (online)  
Wednesday 29 October 2025 (in person)