

# BOARD MEETING

Wednesday 24 April 2024

## Members:

Dr Daniele Bryden	(Dean)
Dr Jack Parry-Jones	(Vice Dean)
Dr Waqas Akhtar	(Board member, Lead Trainee Representative)
Dr Monika Beatty	(Board member, Chair LEPU)
Dr Shashikumar Chandrashekaraiah	(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)
Prof Julia Wendon	(Board member)
Dr Matt Williams	(Board member, Chair FICMCRW)
Mr Greg Barton	(Co-optee: Critical Care Pharmacist Representative)
Ms Carole Boulanger	(Co-optee: ACCP Representative)
Ms Pauline Elliott	(Co-optee: Lay 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 Andrew Sharman	(Co-optee: Lead RA)
Dr Carli Whittaker	(Co-optee: Paediatric Critical Care Society)
Dr Christopher Walker	(Corresponding member: ACTACC)

## Apologies:

Ms Sharon Drake	(RCoA Deputy CEO & Director of CQ & Research)
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## In attendance:

Ms Natalie Bell	(Faculties Training Manager)
Mr James Goodwin	(Associate Director of Faculties)
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.

# BOARD MINUTES

## 1 Welcome and apologies

### 1.1 Minutes of the previous meeting

Dr Bryden drew the Board's attention to the disclosure of interest statement on the agenda and reminded members to declare any potential conflicts before an agenda item is discussed.

### 1.2 Matters arising

There were no matters arising.

## 2 DEAN'S STATEMENT

Dr Bryden recently had a positive meeting with the Secretary of State where they discussed educators' capacity in light of the Long Term Workforce plan. Discussion were also had on the need to look at NTN's but also those employed in other workforce roles, such as SAS doctors, and how we can help those develop and progress. Dr Bryden reported that NHSE appear to have taken on board that mandatory training is a barrier to wellbeing when trainees have to move around frequently.

Dr Bryden informed the Board that FICM recently co-signed a letter from RCPsych to the Secretary of State expressing concern at the decision to stop the Practitioner Health Service. Since this letter was sent, NHSE have responded to say that the service will remain for a further 12 months as the necessary engagement on the proposed changes did not happen: they will review how to make the service sustainable for the wider workforce for the future.

Dr Bryden reported that the Covid Inquiry work is still ongoing; FICM have appeared at another core participant preliminary hearing, and are reviewing some of the other submissions. There is going to be a considerable amount of work over the summer to get ready for the Autumn hearings.

Dr Bryden congratulated Dr Marsh and Dr Melia for the Annual Meeting on 19 April, thanks also go to the Board members who took part; the day was informative and enjoyable.

## 3 BOARD PROJECTS AND SUB-GROUPS

### 3.1 Smaller and Specialist Units

Dr Parry-Jones reported that SSUAG now have a date for their next meeting; it has been difficult for some members to commit the time to SSUAG recently. ACCTAC have confirmed they will be happy to have a corresponding Board member role, and NACCS are being chased for an answer to a similar proposal.

Dr Parry-Jones reported that following on from the last Exec meeting, SSUAG members are being asked if they would like to feed into other Faculty committees; Dr Parry-Jones will follow up with the relevant committee chairs.

## 4 CAREERS, RECRUITMENT & WORKFORCE

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

The minutes from the last meeting were circulated to the Board.

Dr Williams reported that the offers in the latest recruitment round were sent out on 18 April; there are 183 posts being offered and the fill rate is currently 83%, this is expected to increase. Initial numbers suggest an increase in applications from those not coming from anaesthesia training backgrounds. Dr Williams reported that CRW are working on maximising the number of posts being offered each year: encouraging TPDs to identify ways of slot sharing LTFT posts etc, as well as predicting and utilising gaps. Dr Tridente is working on differential attainment data, which includes recruitment and workforce. Dr Williams informed the Board that CRW

are looking into how to encourage activities to be properly job planned, this will feed into the careers workstream and CRW hope the Academy will look into this.

Dr Williams informed the Board that the WICM Sub-Committee have asked for the WICM Emerging Leadership programme to remain for women only, and do not wish to expand it to cover other groups as previously requested by the Board: they have asked for CRW and the Board to reconsider. The Board discussed this request and some members suggested that as there is still a need for women to be encouraged into ICM, the programme should remain only for women. Some thought that it should be opened up to everyone, as there is a wider need for leadership development. The Board agreed that there is a risk that the programme could end up excluding some groups in an attempt to open it up further. There was also the suggestion that the programme could be run for women one year then the alternate year for another group/all others. The Board felt that as WICM have run the programme they could lead on the roll out for other groups as well. There is a concern about the cost of the programme however as it has only run every other year previously, and if it is run every year (for alternate groups), this would be more expensive. CRW were asked to re consider and Dr Williams can bring back the final proposal to a future Exec.

**ACTION: Dr Williams to discuss future direction of WICMEL at the next CRW and feedback to the Exec.**

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

The minutes from the last meeting were circulated to the Board.

Ms Boulanger reported that the ACCP infographic will be published soon; this will aim to make the ACCP role very clear and include information on education, supervision, and career pathways. The ACCPSC have amended their terms of reference and there is now representation on the group from all four home nations. The ACCPSC are also working on updating CPD and appraisal documents. The next HEI accreditation visit is in May at Warwick. The HEI programme appears to be encouraging units to contact the ACCPSC for advice when finalising programmes and completing quality assurance documentation for units. Ms Boulanger reported that the NMC are consulting on what regulation could look like for advanced practitioners; FICM have expressed interest in being involved in the next stages. Not all ACCPs fall under the NMC, some would fall under the HCPC, so we need to ensure parity across the organisations.

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

Mr Barton reported that the group had a meeting last week. The curriculum has been out for consultation, there was some negative feedback, mostly around terminology, which will be looked at. The Royal Pharmaceutical Society and the UKCPA are jointly responsible for the IPR and they have set up a joint body to work on curriculum; it will need to go back to these two organisations for final sign off. A Pharmacist rep has been co-opted onto the FICM ESC. The PSC have produced a simulation scenario on MDT working, they are going to discuss with the ESC simulation leads. Mr Barton informed the Board that the group surveyed the membership about leadership training, and most were keen to be a mentee or mentor; the committee is going to look into a coaching programme.

The Board discussed integrated care and whether pharmacists from bigger units could support smaller units. Mr Barton reported that in the NHSE transformation plan, the potential for pharmacists to be funded by multiple sites/units was mentioned, so this could be an option for the future.

## **5 TRAINING, ASSESSMENT & QUALITY**

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

The minutes from the last meeting were circulated to the Board.

Dr Clarke further updated that TAQ have reinstated the training updates newsletter, this has just been sent out to RA/TPD/FTs. Dr Clarke and Ms Bell met with Dr Mike Jones from the JRCPTB regarding the triple CCT. This was a positive meeting, and actions have been undertaken: their website has been updated with guidance and they have pledged to guide TPDs to be supportive and understanding of triple CCTs.

Dr Clarke reported that TAQ are reviewing ICM AAC panel membership. Although the RCoA will still run the AAC process, FICM will have a bank of ICM assessors that they can use; there will also be some AAC training for the intensivist panel members in October.

The sustainable curriculum project is up and running; there will not be any major changes that will require GMC approval, but the group are rewording to have sensitivity around environmental sustainability. The Training Leadership Annual Meeting (TLAM) is on 21 May at the RCoA, engagement has been good and there are 100 signed up to attend.

The Annual Faculty training surveys are being worked on and the 2023 quality report will be released soon. Dr Clarke further reported that TAQ have been working on maximising posts and opportunities by considering allocation of LTFT trainees; Dr Clarke met with the LTFT lead for NHSE and he was very supportive of the guidance and made some useful suggestions. There is information in existence, but it is not very well advertised, so FICM producing some guidance will be useful; however, we need to ensure it is relevant to all 4 home nations.

Dr Clarke updated on the national teaching programme proposal; having a national teaching programme was not possible due to available resources within FICM as well as concerns around the impact on existing external successful teaching programmes. The ESC, with the help of the StR subcommittee will recruit a lead to identify existing resources, and to try and get these accessible to all and utilised more.

## **5.2 Regional Advisors Update**

Dr Sharman reported that this is a busy time of year for RAs: they are onboarding new trainees and there are a lot of ARCPs occurring. The ARCP quality assurance process is working well: where RAs check the process for ARCPs of other regions and feedback. The questions for the next RA survey are being discussed, and they will look at the survey of StRs as well to create parallel questions. Dr Sharman reported that there has been a lot of discussion on the WhatsApp group on shortening of training. Dr Sharman thanked Ms Bell for organising a GMC run equality and diversity course on how to give feedback to those of minority groups; this will happen in October.

## **5.3 Trainee Representatives Update**

Dr Worrall reported that a new EDI rep has joined the StR Sub Committee and they are currently advertising for a LTFT member. Liaison with the regional rep network continues via WhatsApp, and these conversations are very helpful. Dr Worrall reported that a date has been set for the first Trainee conference on 10 October; some great speakers have been lined up and the wish would be to rotate this event around the country in the future.

Dr Worrall reported that trainees in later stages of training are asking about accelerating their CCT date by three months, as it has been discovered this is possible. The StR reps are in discussion with Dr Clarke and Dr Sharman about this.

Dr Clarke suggested that it needs to be communicated this is an ARCP and gold guide issue; there is the process to bring forward a CCT date but there appears to be some confusion with trainees thinking it is something to strive for, however it is only meant for exceptional circumstances. Trainees can request to have their CCT date brought forward, however it is the local trainers' decision, not a FICM one. Dr Akhtar highlighted that the key is sharing that there is some flexibility, as there is a lack of information on the process, whereas other colleges appear to be more transparent.

Dr Akhtar reported that the Academy work on enhancing working lives is going to be published tomorrow. Dr Akhtar informed the Board that the regional reps are meeting with the StR SC in June, this will also involve a joint lunch with TAQ.

Dr Akhtar informed the Board that the StR SC are concerned about the proposed cost of the trainee conference in October, however it has been agreed that we have to abide to the fee structure set by the RCoA.

Dr Akhtar informed the Board that the National reporting system is currently down as there is a need to work out some governance processes, but the aim is for this to be back up soon to help drive positive change.

## 6 PROFESSIONAL AFFAIRS AND SAFETY COMMITTEE

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

The minutes from the last meeting were circulated to the Board.

Dr Gardiner reported that there will be a safety conference in December, this will be an online event. FICMPAS has a new digital technology representative, Dr Joe Alderman. FICMPAS are also going to be starting a project looking at the CPD matrix.

Dr Beatty reported that there was recently a case heard at the UK Supreme Court on reporting restriction orders. Dr Beatty will be doing a LEPU summary for Critical Works; Dr Bryden highlighted the need to show members the work that has been undertaken on their behalf.

### 6.2 FICMPAS ToR

Dr Gardiner reported that the FICMPAS ToR have been redrafted, to highlight the dual roles of professional affairs and safety. The Board approved the new ToR.

## 7 CO-OPTEE REPORTS

### 7.1 Lay Representative

Ms Elliott reported that the RCoA have appointed a patient and public engagement Fellow; this role will focus on patient information projects including evaluation tools to measure the impact of the College's patient information. Ms Elliott reported that some of the Patient Voices reps are looking at ways to help patients and the public understand the risks in anaesthesia. Patient Voices are also working with the RCoA simulation fellow to try and help doctors in training think about the patient perspective. Ms Elliott has been working with LEPU on the eating disorders guidance and has assisted in recruitment selection for the StR SC. The Board discussed how to feedback patient voices centrally, this feedback occurs at the local level but we do not receive it via the FICM; this is something we should consider for the future. The Board agreed that a short paper on this should be commissioned; Ms Elliott will work on this with Dr Parry-Jones.

**ACTION: Patient feedback to be added to the agenda of a future Exec meeting, a paper could then be produced with assistance from Ms Elliot for future Board consideration.**

### 7.2 Defence Medical Services

Wg Cder Ewington reported that they are keen for placements on NHS commissioned transfer teams; this would be a good way for the deployable teams to gain experience clinically and logistical problem solving; Wg Cder Ewington will take forward and aim to get more placements.

### 7.3 Intensive Care Society

Dr Mathieu reported that Mr Alex Day, who was the ICS Head of Comms has left, Mr John Sacher is the interim Head of Comms. Dr Mathieu reported that the ICS have had a Rule 9 request for information in the COVID Inquiry, and that in his opinion having both ICS and FICM input (albeit to a very different extent) can only strengthen the contribution for lessons to be learnt. The ICS are in the final draft stages of completing the AHP capability framework and this will go out for consultation soon; this is a joint project with NHS Elect and NHSE. The first FUSIC exam is happening in May and State of the Art is scheduled for 19 – 20 June 2025. Dr Mathieu reported that the ICS is working with the James Lind Alliance; the ICS is contributing 25k for that piece of work. The ICS is also going to launch 'Road to Research', this will be awarding modest amounts of up to 5k each for new researchers; the aim is to help those who might not have the opportunity otherwise.

### 7.4 NHS England Update

Prof Moonesinghe reported that the Transformation programme has now formally closed. The NHSE CRG for critical care has started again. The annual census and stocktake of workforce and capacity will run again in July; this should provide useful information to help with workforce support. NHSE would be happy to collaborate with FICM on any data gathered which may be useful.

Prof Moonesinghe reported that 5 out of 7 NHSE regions have adopted 24/7 critical care transfer services, the other 2 are planning on doing this soon; there is funding from NHSE to support these services.

Work is underway with ICNARC looking at the clinical dataset collected through the case mix programme and arrangements on how ICNARC and NHSE work together moving forward. Preliminary meetings have occurred, and the project will look into how to make the ICNARC contacts more centralised as well as what data is collected and how it is reported back to support clinical improvement. A small working group has been set up via the CRG, where FICM is represented.

Prof Moonesinghe reported that the pilot programme for Martha's rule implementation has officially started; all NHSE providers have been sent an expression of interest form and lots of Trusts have started to engage. Will be piloted across at least 100 sites in England (both adults and children) and the pilot will be formally evaluated internally by NHSE and externally by an academic centre.

#### **7.5 Paediatric Critical Care Society**

Dr Carli Whittaker was unable to attend the meeting.

#### **8 ANY OTHER BUSINESS**

Dr Parry-Jones reported that the sustainability recipe book project is starting tomorrow.

#### **9 DATES OF FUTURE BOARD MEETINGS**

Wednesday 10 July 2024 (virtual)

Wednesday 23 October (in person)