Smaller and Specialist Units Advisory Group

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Chair
Smaller and Specialist Units Advisory Group

The more observant of you will notice the name has changed and the group now includes representatives from two of the specialist units, specifically the cardiac and neurosurgical intensive care units. How do these unusual bedfellows come together?

The structure of the FICM has recently changed, and there are three standing committees - the Training, Assessment and Quality Committee (TAQ); the Joint Standards Committee (JSC) and the Workforce, Recruitment and Careers Committee (WRC). Preliminary work for the majority of FICM business goes through these groups and is developed into a working proposal before being presented to the Board for discussion and approval. Of necessity, arguments and detail on these issues are thoroughly worked through by the standing Committees prior to going to the Board and in the vast majority of cases approval is straightforward.

The specialist units have an interest in all of these areas, and therefore need access to the standing Committees in a variety of areas such as recruitment, workforce and GPICS. There is no guarantee that a relevant specialist Intensivist will be voted onto the Board and so it is vital that we have a mechanism for these specialties to provide expertise and input into the future of ICM.

The only group that spans all of the standing groups is the SSUAG, with the ability to sit on the different groups as required, allowing access to all areas of interest. This has proved helpful to both the SSUAG and the wider Faculty and has allowed exploration of various areas in which smaller units have a role to play. This wider remit seems the best fit for the specialist units. For example there is to be a new curriculum that will be developed by a working party from the TAQ, Chaired by Tom Gallacher. This will clearly need a lot of work and input from specialist units will be essential. GPICS V1 contains areas that are difficult to be fulfilled by cardiac units and the development of GPICS V2 will need input from specialist units to find the right balance. This will take place under the auspices of the JSC, Co-Chaired by Pete McNaughton. Careers, recruitment and workforce also are an issue for specialist units. Simon Gardner has already begun working on strategies to address these issues on behalf of ACTACC (Association for Cardiothoracic Anaesthesia and Critical Care). This work will feed into CRW, Chaired by Danny Bryden.

SSUAG can work on issues and develop strategies that can then be taken to the various committees for further discussion; specifically the aim would be to come with potential solutions, or at least ideas on how to take things forward rather than just identifying difficulties. The structure has worked well for the SUAG. In addition to chairing the SSUAG I also am the deputy chair of TAQ and am a co-opted member of the JSC, which helps to ensure that the group is integrated into the system.

Input into the SSUAG is through the relevant specialist societies; Roger Lightfoot is representing the Neuroanaesthetic and Critical Care Society of Great Britain and Ireland (NACCSGBI) and Simon Gardner is representing ACTACC, joining the original SUAG members of Catriona Barr and Mike Fried from Scotland; Jon Sturmann, Jeremy Groves, Andy Ball and Ash Molokhia from England; Ronan O'Hare from Northern Ireland and me from Wales.