

BOARD MEETING

Wednesday 17th January 2024
Churchill House

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 Chandrashekaraiiah	(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 Carole Boulanger	(Co-optee: ACCP Representative)
Ms Pauline Elliott	(Co-optee: Lay Representative)
Wg Cdr Ian Ewington	(Co-optee: Defence Medical Services)
Dr Andrew Sharman	(Co-optee: Lead RA)

Apologies:

Ms Sharon Drake	(RCoA Deputy CEO & Director of CQ & Research)
Prof Julia Wendon	(Board member)
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)
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.

CEREMONIAL PROCEEDINGS

C1 Induction of new Board member

Dr Bryden formally inducted Dr Rosie Worrall as a member of the Faculty Board.

MINUTES

1 Welcome and apologies

1.1 Minutes of the previous meeting

The minutes were accepted subject to the following changes:

ACCP update: Salford received accreditation, not Sheffield.

Member list: Dr Clarke is now full chair of TAQ, Dr Williams is chair of CRW.

Dr Bryden reviewed the actions from the previous meeting.

Dr Bryden informed that she shared the CMO letter regarding voluntary roles with examiners.

Dr Bryden asked the Academy what other colleges do to support volunteers, and all acknowledged that it is an ongoing problem, especially if roles do not have a clear SPA allocation: the Royal College of Psychiatrists are working on a document to support their volunteers and Dr Bryden has asked the President if it can be shared when finalised

2 DEAN'S STATEMENT

- Dr Bryden reported that industrial action in England and Wales continues, FICM will do all we can to support our members where we can.
- Results of the trainee survey were released to trainers and trainees just before Christmas. It has landed as well as could have been anticipated, and generally recipients have acknowledged that there are potential issues in some regions.
- Dr Bryden has attended several helpful meetings with the previous and current Health Secretary where she raised the lack of rehabilitation pathways for many ICM patients and the importance of ensuring time for teaching and training as important for staff welfare.
- The GMC and AoMRC have an understanding that a lot of medical professionals are concerned about the role of doctors, therefore the AoMRC is undertaking work to clarify what doctors do uniquely compared to other health care professionals. FICM has contributed to this.

3 BOARD PROJECTS AND SUB-GROUPS

3.1 Smaller and Specialist Units

Dr Parry-Jones reported that the Association for Cardiothoracic Anaesthesia & Critical Care and the Neurocritical Care Society are considering the offer to become corresponding members of the FICM Board.

The NHSE digitalisation work is moving into phase 2, which will be looking at where digital infrastructure might go and should include what small units might need.

Dr Parry-Jones met with the Shadow healthcare team at Portcullis House and presented a report relating to small and remote units via the Academy. Dr Parry-Jones further reported that most general enquiries into Faculties relate to issues around transfer and staffing, and how to consolidate sites.

4 CAREERS, RECRUITMENT & WORKFORCE

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

Dr Matt Williams reported that the 2024 recruitment round is underway: Dr Thomas reported that there were 420 applicants and 390 are going forward to self-assessment. Dr Bob Docking has joined as the deputy recruitment lead.

Dr Thomas attended a meeting with MDRS to discuss the Oriel system; there may be an opportunity to request some changes as the Oriel contract is up for renewal. Simultaneous recruitment is being looked at again with the intention that this could possibly be implemented for the August 2025 start. The aim is to address this longstanding issue of successful applicants not being able to accept 2 offers for different CCT programmes in the same recruitment round. This will have to be undertaken manually as the Oriel system itself cannot do this process.

In regards to workforce, Dr Williams reported that the 2022 census has been summarised and a 10 key point summary is ready to go up on the website. The 2023 CD census information is currently being reviewed. Dr Porter is looking at questions for the 2024 census which will go to the whole CC workforce.

Dr Williams informed that Dr Andy Martin is the new lead for Careers work. CRW are looking to get more example job plans, which are useful for both applicants and potential employers. The careers section of the website also will be refreshed.

Dr Williams reported that Dr Manish Pandey is the FICM representative on an Academy workforce group, Dr Pandey is also drafting some new documents for associate specialist doctors, including potential job plans.

Dr Williams reported that following on from the success of the 2023 Clinical leads day, CRW intend to do another in Autumn/Winter 2024. The Board discussed whether the meeting should be offered more widely but it was agreed that this meeting should be kept just for CDs. Dr Williams will ask CRW if the CD meeting could be offered to those who may move into the role in the future. Other projects, such as WICM EL, need to be considered to better meet the needs of our members or potential members: a paper will be written on this.

Dr Williams reported that the Workforce Plan was discussed at a recent Academy meeting, it lacks details on NTN and where the money will come from, but NHSE plan to work with colleges/faculties to define where the need lies.

4.2 Advanced Critical Care Practitioners – General update

Ms Boulanger reported that Salford has become the second higher education institute which has been awarded FICM accreditation; Plymouth has been through the first review.

Ms Boulanger highlighted that ACCPs fall under the Centre for Advanced Practice, and are not MAPs, which gives the opportunity to consider master level courses which the Centre for Advanced Practice can provide funding support for and provide a digital accreditation 'badge'. Employers are interested in this in terms of transfer of skills; they are considering a digital badge for critical care.

The ACCP sub committee are reviewing the appraisal and revalidation documents as well as producing a full range of job descriptions, which should help with consistency across the UK. The ICS has confirmed that a member of the ACCPSC can sit on their Advanced Practice PAG, this should help with collaboration.

Ms Boulanger reported that there are some persistent negative comments on social media, the ACCPSC are keeping an eye on the wellbeing of ACCPs.

4.3 Critical Care Pharmacists – General update

Mr Barton reported that the curriculum and toolkit are being developed alongside NHSE. The curriculum is going out for consultation at the end of February. Mr Barton wanted to formally thank Mr Goodwin for all of his input.

Mr Barton reported that money was made available from NHSE for education and training of different levels of CC pharmacists. The FICM PSC has worked with NHSE to produce a toolkit which directs to relevant training and resources; this will be hosted on the new Pharmacy pages on the FICM website. Once the curriculum is published, PSC intend to focus on other

workstreams including mentoring and will work to attract people in and start to grow the CC pharmacy workforce.

5 TRAINING, ASSESSMENT & QUALITY

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

The minutes were circulated prior to the meeting. Dr Clarke formally thanked Dr Liza Keating and Ms Bell for their work on submitting the Fair Training Culture report to the GMC. Dr Clarke requested for Dr Keating to continue to work with the GMC on a collaborative project looking at differential attainment; the GMC are keen to work with us and help with data collection. The Board agreed to this and noted that differential attainment should be added to the risk register.

ACTION: Mr Goodwin to add differential attainment to the risk register

Dr Clarke reported that the trainee survey results will be discussed further at the next TAQ, and an action plan will follow. The results of the FICM trainee survey have also gone to the RAs.

Dr Clarke is continuing to attempt to work with Dr Mike Jones on issues with the Triple CCT; the Board agreed that we need to support the RCP with dissemination of information, the links on the RCP website are important.

Dr Clarke is meeting with Dr Richard Browne tomorrow to discuss the NHSE educational package on adult CC transfer service – which they have asked if we will lead on.

5.2 Regional Advisors Update

Dr Sharman reported that the trainee survey results were shared with the RAs and it is important to allow trainers in the regions a chance to read, assimilate then report back to TAQ. Dr Sharman suggested that we should look for positive areas of training and highlight these too.

5.3 Trainee Representatives Update

The Board welcomed Dr Worrall as the new deputy trainee representative.

Dr Akhtar reported that the survey results and letter were well received by trainees. The StR sub-committee are looking into assuring minimum standards of training, the scale of the problem and if a teaching programme can help to address this.

Dr Akhtar and Dr Worrall met with the regional trainee representatives, which was very helpful, the aim is for this meeting to happen twice a year, Dr Akhtar asked if the FICM could support one of these meetings being in person.

ACTION: FICM Board to consider FICM hosting a regional trainee representatives meeting

Dr Bryden confirmed that the RCoA received the feedback from the trainee survey positively and are going to provide a guidance document for their trainers on airway and intubation. Dr Clarke reported that she spoke at the new College Tutors meeting the previous week and they also responded positively. The Board discussed capabilities vs numbers for airway skills and confirmed that the issue is around maintenance of capabilities and it is down to how each region delivers the curriculum; so the way we communicate with our trainers and anaesthesia trainers is important.

6 PROFESSIONAL AFFAIRS AND SAFETY COMMITTEE

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

Dr Gardiner reported that the professional affairs work is widening. Authors for GPICS v3 have been instructed; the section editors are on place to support the authors, and the initial deadline is the end of January.

Dr Gardiner reported that the safety work is getting more notice: the network lead from Bath has approached about an ambitious project, with the co-involvement of the ICS, regarding

putting safety on a bigger agenda. From that discussion, a potential safety meeting might come about, more information will follow.

Dr Hersey reported that there is potentially more work on the radar in relation to prevention of future deaths; there have been two recent requests from the RCoA and SALG asking for a CC opinion on Section 28 queries; the response comes from the RCoA but we can help guide. Dr Hersey further reported that the relationship with SALG is strengthening; they are starting to filter out anything that might sit better with our safety report, there is now a two-way dialogue to make sure we are working collaboratively. The LocSSIPs are currently being re-written, this is a joint piece of work with the ICS. The safety strategy has been launched on the website and there is also going to be an article in the next Critical Eye.

Dr Beatty reported that there is a new member of LEPU, who is a Barrister from NI, so the group is now representative of all four nations. Dr Beatty further reported that there been a few eating disorder cases recently, so work has been going on to provide guidance on this; it will be out for consultation in February to other stakeholders. Some of the LEPU committee members will be presenting at the Annual Meeting in April.

7 CO-OPTEE REPORTS

7.1 Lay Representative

Ms Elliott reported that her term as chair of patient voices has ended, Jenny Westway is the new chair. Ms Elliott will continue working with Patient Voices, on patient information and ACSA. In terms of working with FICM, Ms Elliott is doing a lot with PAS working with the editorial Board of GPICS and also reviewing the Academy code of practice on diagnosis of death.

7.2 Defence Medical Services

7.3 Intensive Care Society

Dr Steve Matthieu gave apologies.

7.4 NHS England Update

Prof Ramani Moonesinghe gave apologies.

Dr Bryden reported that she spoke with Prof Moonesinghe earlier this week, who has been reappointed to the National Clinical director role. The understanding and expectation is that there will continue to be a NCD for CC in England who will continue to chair the CRG meetings, although the role holder will still have a large portfolio covering aspects of perioperative care and planning as well as CC.

7.5 Paediatric Critical Care Society

Dr Carli Whittaker gave apologies.

8 ANY OTHER BUSINESS

Dr Parry-Jones reported that the RCoA have signed up to UK Health Alliance for Climate Change, this includes considering your carbon footprint, travel, the building, where and how you invest your money. FICM need to bear this in mind as we move to a College, as it will be easier to do things sustainably as we go along.

9 DATES OF FUTURE BOARD MEETINGS

Wednesday 24 April 2024 (virtual)

Wednesday 10 July 2024 (virtual)

Wednesday 23 October (in person) *tbc*