

FICM/ICS Joint Standards Committee comments

- 2 *What constitutes the satisfactory provision of comfort breaks and refreshments conducive to a safe and well-supported working environment for consultants?*

ICM/FICM Core Standards 2013 states that consultants in critical care medicine should not cover other services (such as anaesthesia) when on duty for Critical Care. Data suggests that approximately 30% of UK units do not comply. Attempting to cover other services in addition to Critical Care is not consistent with a safe and high quality working environment for consultants.

- 2.1 *Does this change or vary when working a seven day work pattern and if so, how?*

This problem is even greater at weekends

- 4 How does support staff feature in a safe and well-supported working environment for consultants?

In Critical Care Medicine a wide range of allied healthcare professionals are vital to the functioning of a quality service. Now that rehabilitation is accepted as an essential component of critical care from the point of admission, the need for AHP support described in the accompanying Core Standards 2013 document is even more evident. Currently most units have some provision (and in a number of cases the recommended levels of staffing as described in Core Standards 2013) for Physiotherapy, Pharmacy, Dietetics and Speech and Language therapy, whereas few units have adequate provision for Occupational Therapy and Clinical Psychology.

- 4.1 *Does this change or vary when working a seven day work pattern and if so, how?*

At the weekends there is currently a massive down scaling of all AHP services

- 6 *How does the access and provision of Step up and Step Down services contribute to a safe and well-supported working environment for consultants?*

Stepping patients down from Critical Care to a ward environment is frequently delayed. This results in poor patient experience as well as delayed admissions of other patients.

- 6.1 *Does this change or vary when working a seven day work pattern and if so, how?*

Currently because of the reduction in major elective surgery at the weekends this allows a catch up period of improved patient flow. However, when 7 day working is implemented, this loss of weekend improved patient flow will lead to an even greater clogging up of the system.