

All Fellows at the Faculty of Intensive Care Medicine

2<sup>nd</sup> February 2015

Dear Colleague

**RE: Faculty Position Paper, Workforce Advisory Group (approved by the FICM Board October 2014)**

Please find appended a link to this important Faculty position paper. Briefly, it describes the current physical and human resources available for the delivery of intensive care to patients in England and Wales, attempts to predict future demand for the clinical service, and records the best estimates that can be made of the current and future composition (up to 2035) of the medical workforce, based upon our Faculty survey and recent work performed by the Centre for Workforce Intelligence. Finally, the paper makes recommendations as to how these data should be employed.

You will note that the WAG proposes to organize Faculty pilot study days in two regions of the UK (one likely to be a devolved nation) with the aim of predicting as accurately as possible demand for intensive care medicine (ICM) within the two areas selected, based upon our Fellows' estimations of the likely configuration of clinical structures and services supplied, and their evaluation of local demographics and current and predicted financial constraints. Secondly, we will try and develop an idealized 'supply side' model of ICM using the recently released GPICS standards, and our knowledge of the specific demographics of the workforce for each hospital. We will also try and accommodate other relevant workforce characteristics (full time vs part-time workers, the impact of care practitioners, physicians assistants etc.) and estimates of the numbers of trainees available locally currently and in the future. Finally, we will attempt to produce "gap solutions" as to how any discrepancy that may arise between supply and demand for ICM within that region could be managed. If the pilot exercise is considered to be effective, we will be able to modify and use the model in other or all regions as requested.

In undertaking this work we are acting in accordance with the NHS Five Year Forward View (October 2014), the recommendations of the Dalton Report (December 2014) and the draft strategy of Higher Education, England (out to consultation January 2015) which all reinforce the need to provide robust workforce forecasts, to create appointments in the right settings, to share data concerning the demand for clinical services, to retain and invest in the current workforce, and to reshape that of the future.

I hope you find the report to be of interest, and will support the Workforce Advisory Group in its attempts to carry out this work. The proposal will be outlined in more detail to Regional Advisors at their Faculty meeting early in February 2015.

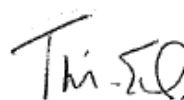
Yours sincerely



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