

Election to the Board of the Faculty of Intensive Care Medicine

Trainee Representative Election 2022

Candidate Election Statements

Please read carefully before casting your vote

Candidates are listed in order of the date their nomination was received.

AKHTAR, Waqas – Harefield Hospital, London

Nominated by Dr Alex Rosenberg

I am a dual trainee in intensive care and cardiology working in London at ST11 level looking to break a record of years spent as a registrar. Intensive care is a fantastic speciality but there is a lot of about training in the UK that needs to change.

I hope to address several issues with the faculty including:

- Continuing down the reduction in quantity but improvement in quality of work placed assessments
- More career planning rather than tick box annual reviews
- Examinations that reflect everyday practice and clearer curriculum content
- Reduction in hurdles and more flexibility for trainees to take out of programme opportunities and pursue clinical areas of interest
- Easier cross mapping of curriculum for dual trainees
- Ensuring sufficient airway experience for non-anaesthetic trainees for consultant posts
- Enforced zero tolerance of bullying and harassment
- Transparency in allocation location of placements with longer-term notice periods.

Much of this is about respecting trainees as the professionals they are and their right to stability and life outside of work.

I have a good track record in pursuing changes with organisations in my previous role as chief registrar and hope I can achieve change for the benefit of all trainees.

CRICHTON, Robert – Birmingham City Hospital

Nominated by Dr John Bleasdale

I have frequently found myself in coffee rooms, handover offices and at nursing stations discussing the challenges, concerns and stresses facing doctors in ICM training. I have admittedly thrown my palms out and shrugged my shoulders, feeling too busy, too small or too inexperienced to tackle the vast swathes of issues raised. These conversations inevitably remain silent if not presented to the faculty.

I am a strong believer in the mass of experience and knowledge of the trainee population. You are evolving experts in the intricacies of hospitals, training and ICM. It is essential that your views, issues and solutions are compiled and understood by the Faculty in order to evolve and improve ICM training in the UK.

The past few years have shown that no group, expert or institute is infallible. We all suffer missteps, errors in judgement and inadequacies in communication. The key strategy to reduce these and to mitigate the fallout is ensuring accessible, clear, two-way communication between trainees and the Faculty. This is the core role of your trainee representatives.

Let's work together to move those discussions from the coffee room to the board room and mould ICM training into the pathway that you deserve.

THORELL, Sofia – Royal Manchester Children's Hospital
Nominated by Dr Sarah Clarke

Being a doctor in the NHS is affected by a multitude of societal factors we cannot control. It is therefore important that we influence the circumstances we can control, which is why I would love to be your deputy trainee representative.

Having grown up outside the UK, I moved to St Andrews for Medical School. Clinical years led me to Manchester where I did an academic foundation post followed by ACCS whilst doing a Masters in law. Now, I'm a Stage 2 Dual Trainee in ICM/Anaesthesia in the North West. I am committed to using these experiences to fairly represent different views, whichever path we may have taken through training; LTFT, full-time or academic, CCT or CESR.

Currently, I am a regional representative for the North West Speciality Trainee Committee. I have always taken on roles of representing the opinions of my colleagues since university and throughout Foundation training. I would draw on these previous responsibilities to foster the best possible training programme, including navigating exams, portfolios and ARCPs. In addition, promote support for everyone balancing family responsibilities and interests out-side of medicine - mine include cooking (eating!) a good meal, hiking, gardening and pre-tending to master yoga.

REDMOND, Matt – Royal Bolton Hospital
Nominated by Dr Carl Oakden

My name is Matt – I'm an ST8 ICM trainee working in a busy DGH in the North West of England. My professional interests include communication, inclusiveness and psychological wellbeing of patients and staff.

As well as working towards a dual CCT (and well aware of the professional and home stresses associated with two sets of examinations!), I have also been LTFT and taken shared parental leave following the birth of my daughter. I have comprehensive experience dealing with pay issues caused by being LTFT and would be very happy to help others navigate this. As a current FT trainee I am also able to understand the pressures associated with FT training too.

Academically, I have been awarded a research prize for my work on optimising user interface design in critical care which I would love to take forward as a Faculty project. In addition, I'd like to contribute to the FFICM exam resources – as a founding member of a national FFICM revision trainee network I'm ideally placed to help with this.

I would be honoured to represent the trainee body and promise to support and empower each person to the very best of my ability.

REYNOLDS, Emily – John Radcliffe Hospital

Nominated by Dr Laura Vincent

Hello, my name is Emily. I am an ST5 single speciality trainee in Thames Valley Deanery.

I haven't taken the most direct route through medicine and for four years I was an ICM trainee in Australia. As a result I have experience of different ICM training programmes. The UK and Australian training programmes are often compared and I am in a position to have an understanding of both systems (the good bits, and those that could be improved!).

One of the strengths of the FICM training programme is the range of experience that trainees bring through single, dual or triple accreditation. I am on a new pathway to CCT (introduced in 2021) whereby previous experience outside of a training programme is acknowledged. I'm a strong advocate for flexible training to suit the individual circumstances of each trainee.

I have previous experience of trainee representation. Locally I have represented my hospital at the Deanery Quality Panel meeting and nationally I am a junior doctor representative for a sub-committee of the UK Resuscitation Council.

Outside of medicine I enjoy hiking, kayaking and rock climbing.

I would love the opportunity to be your trainee representative and I would work hard on your behalf.

ELGARF, Sarah – University Hospital Wales

Nominated by Dr Teresa Evans

Hi, I'm Sarah Elgarf, ST6 Dual ICM and Anaesthesia trainee in South Wales.

It would be a fantastic privilege to represent our trainee group.

I am currently chair of the Welsh Intensivists in Training Society, contributing to Specialist Training Committee meetings and Regional educational activities. I am also Associate Clinical Teacher for Cardiff University.

I would use the experience gained from these roles to do the best I can to make positive contributions and changes towards:

- Ensuring your views are voiced;
 - Facilitating timely and transparent two-way communication between our group and the Faculty;
 - Improvements to our training experience;
 - Equality & diversity;
 - Educational resources for exam preparation & CPD;
 - Engagement in Academic & Research activities.
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TAHIR, Sharjeel – St Mary's Hospital, London

Nominated by Dr Manprit Waraich

I am a dual ICM and Anaesthetic Stage 2 trainee currently working in London. I took the long route into medicine having first done a bachelors and masters in basic science before seeing the light and going into medicine. My passion for ICU also developed later after being on an amazing ICU placement as an F2. Having now worked in London in ICM and anaesthetics for more than 6 years I feel I have developed a far greater knowledge of all the intricacies of working in this exciting, and at times challenging specialty. I have taken on various leadership roles including F2 rep, organised and taught on various educational courses including being one of the current co-ordinators of the Imperial

Final FRCA Viva course. If elected to the role I plan to improve the education and training we receive particularly with regards to procedures, simulation and exam teaching. Having been through my fair share of the many struggles we face as trainees particularly during the last 2 years of the pandemic I feel experienced enough to undertake this role and relay your views and concerns to the faculty in a constructive manner to ensure meaningful change is enacted.

WOODWARD, Tom – Derriford Hospital
Nominated by Dr Paul Margetts

Recent years have been so challenging for trainees: on top of the pandemic we have had curriculum changes, new portfolios, pay node troubles and exam worries, to name a few. Often the needs of our demanding specialty's complex work can mean that these training concerns are hard to address, never more so than during the pandemic. However, I believe that supporting each other in the face of our challenges and advocating for us at all levels is imperative because it not only supports trainees in the here and now but by extension it protects the resilience and strength of our specialty going forward.

I was the regional ACCS representative in Peninsula Deanery, I am dual anaesthetic training and I have worked both full time and LTFT so understand the challenges of both. I've worked in Australian ICM and seen how training can be done differently plus how ICM fits in to their healthcare system. I know well the personal life stresses of juggling childcare, long commutes and a partner with a busy career. Many of the challenges that affect us all have affected me too and I will bring this experience to being your advocate and representative at FICM.

WILLIAMS, Kate – St Bartholomew's Hospital, London
Nominated by Dr Oliver Rose

Hello, I'm Kate- a single speciality ICM trainee based in London. I'm a physician by background and had some time out of UK training working in intensive care in Australia.

I believe one of the reasons intensive care medicine is such a fantastic speciality is because of the people we work with. A big part of that is us, as trainees; partly because of the wide range of experience we bring due to our varied backgrounds and journeys. The support we gain from one another is invaluable, not just through talking to each other, but on a wider level through feedback and engagement with the Faculty so we can continue to improve ICM training and help create a safe and supportive workplace for everyone.

I have represented ICM trainees at a local level, and have experience of raising trainee concerns to senior leaders. Where I have raised concerns I have worked to successfully resolve issues.

Collaboration between the faculty and trainees is essential in ensuring our speciality continues to thrive and grow, and I would be honoured to represent you in this. Thank you for your consideration.

YARDLEY, Richard – Salford Royal Hospital
Nominated by Dr Laura Coleman

I care passionately about delivery of high quality training and education to all trainees. If elected, I will strive to ensure that world-class educational resources are made available to all trainees, so that we are best-equipped to overcome the significant healthcare challenges that we will face as consultants.

I also wish to help build on the culture of improving health and wellness of staff working in Intensive Care Medicine. The last two years has revealed to the wider public the value of our work, but also exposed many of us to burn-out. If elected I will raise the profile of the wellbeing of Intensive Care Staff, enabling our specialty to grow and develop positively to meet the challenges ahead.