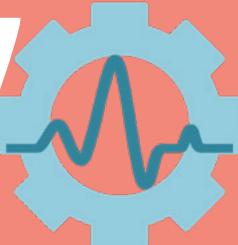


# CRITICAL WORKS



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**A summary of all the projects in the works from  
your membership organisation**





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# VITAL STATISTICS

Information correct as of 18 November 2019



**3618** Fellows, Members & Trainees



**14** Board Members, **10** Co-opted Board Members



**3** Committees, **7** Sub-Committees  
**1** Advisory Group, **4** Working Parties, **2** Hosted Committees



**26** Regional Advisors, **218** Faculty Tutors



**161** Trainees recruited  
**150** Examinees passed  
**74** Trainees CCT'd



**172** ACCP Members, **136** Registered ACCP Trainees (approx)



**5.1** WTEs in the secretariat and based in the office



**6990** Twitter followers



# Welcome to Critical Works 2018

**Dr Alison Pittard**  
**Dean**

As we are fast approaching FICM10, our 10th anniversary, I thought it useful to consider our work with reference to our 10 key strategic objectives detailed on the next page here and online in the About the Faculty section of our [website](#).

The ultimate aim of our work is to deliver personalised care for patients and we do this by engaging relevant professional bodies and stakeholders for each of the strategic objectives. Working with the Academy has highlighted the fact that, although we may have issues specific to critical care, many are shared with other Colleges and Faculties. Collaborating and speaking with one voice makes us much more likely to be heard.

Over the last 10 years we have established ICM as a specialty in its own right and we continue to develop service delivery to a high standard. One of the ways we do this is by supporting the workforce, ensuring we appropriately recruit, train and retain doctors of the future as well as embracing new ways of working. Our 10th year is an opportunity to reflect on all that we have achieved and consider our direction of travel for the next 10.

We do so with a solid foundation within the Faculty as we undertook a full governance review of the Board this year, considering committee function, establishing up to date roles and responsibilities terms for our Board members and updating our membership criteria.

Please review the pages below to understand what the Faculty has done and is doing for our services. And, most importantly, less us know if you have something to contribute or if you have ideas about what we should do next.

*Alison*

Alison Pittard  
Dean

# Our Ten Key Objectives

- 1. Our primary focus.** To ensure that patients and their relatives are at the core of everything we do.
- 2. Promoting the specialty and engaging with healthcare policy.** We act as the voice of the specialty to governmental and other senior healthcare stake-holders through direct engagement, research initiatives and the media. We work with our stakeholders across the four UK nations, across all the professions that make up the critical care team and with our colleagues at the Academy of Medical Royal Colleges to take these aims forward.
- 3. Progressing the future of services.** We take forward the specialty by undertaking national projects to improve, develop and expand our work.
- 4. Recruiting and training the next generation of doctors.** We work with the General Medical Council to set the standards for and quality assure the training and assessment of ICM doctors and provide a network of Regional Advisors and Tutors to manage training locally. We support the specialty by recruiting doctors in training, providing direct guidance to consultant appointment panels, and providing frameworks for undergraduate and foundation education.
- 5. Improving critical care services.** We improve critical care services for patients and their relatives by working with our partner organisations and government healthcare stakeholders to set standards of care.
- 6. Developing the role of Advanced Critical Care Practitioners.** We provide a professional home and set standards for training and education for Advanced Critical Care Practitioners. We work with regulators and government to promote this new role.
- 7. Supporting our members throughout their careers.** We support our members with guidance and support on areas as varied as revalidation and wellbeing. We uphold the values of inclusivity, fairness and equality in all of our activities, including directly addressing inequalities through the work of initiatives such as Women in ICM and wider inclusivity and diversity issues through our Careers, Recruitment & Workforce Committee.
- 8. Supporting the specialty.** We run regular information gathering exercises to ensure we have the most up to date information on workforce and are able to engage with stakeholders effectively. We guarantee that all the areas of our specialty have a voice that we can learn from, including by open consultation and via groups like our Smaller and Specialist Units Advisory Group. Our Legal & Ethical Policy Unit ensure the Faculty and our specialty stay abreast of all key issues in these important areas.
- 9. Protecting patients.** We contribute to patient safety by encouraging the learning of lessons and developing and endorsing guidance to promote effective and safe care.
- 10. Providing education and communication.** We help our members and the specialty by providing opportunities for continuing professional development and education, through events, conferences and e-learning. We keep them informed about the latest healthcare developments through our bulletins and e-newsletters.



# THE STORY SO FAR

## COMMUNICATION & ENGAGEMENT

**External affairs:** We have been representing the specialty to national decision makers and stakeholders. This has included Matt Hancock, Vaughan Gething and the Wales national critical care review, NHS leads for the People Plan, other College Presidents, the GMC and the UK Medical Education Reference Group, the BMA, and the Health Services Investigation Branch. The Faculty worked with NHS Improvement and the Getting It Right First Time programme, including co-leading a cross-specialty stakeholder meeting on its early findings. We have also contributed to various media stories, including articles in the Guardian on workforce and pensions, and working with Richard Bacon for his appearances discussing pressures on critical care services on This Morning and Victoria Derbyshire.

**Academy work:** Throughout the year, we have continued to work closely with an ever more effective Academy of Medical Royal Colleges (AoMRC). This has included engagement with Professor Steve Powis (National Medical Director for NHS England), Baroness Harding (Chair of NHS Improvement) and NHS senior leaders on regular Brexit briefing calls. We have contributed to a number of AoMRC activities, including discussions on the impact of patient rules on capacity with government and guidance (including guidance on reflection and Acting as an expert or professional witness). We continue to sit on various Academy working parties and standing committees, including the Council to ensure the voice of critical care is heard.

**e-Communications:** We have now had the monthly member e-newsletter, Dean's Digest, running for a full year. Feedback has been very positive to date and we hope the mixture of an article from the Dean and boxes of key information has proved helpful. Our main magazine, Critical Eye, continues to provide Faculty and wider critical care updates, and runs alongside our trainee e-newsletter, Trainee Eye, and our Trainers e-newsletter, the Training Leadership Digest. On Twitter we are up to 6990 followers on @FICMNews and 1209 on @womenICM. We have continued adding resources to our website.

**Smaller & Specialist Units Advisory Group:** This group has worked closely with the GPICS editors to develop standards for remote and rural units and to review existing standards based on feedback from the wider smaller unit stakeholder group. The group continues to act as conduit of information to our colleagues in cardiac, neuro, smaller urban, rural and remote units. Check out the [website](#) for more information.

**Membership:** Feedback from last year's Critical Works was fed into our January Strategic Away Morning to inform the 2018/19 strategy of the Faculty. New routes of membership have been launched over the last 12 months, including membership for Medical Students and Foundation and Core trainees, and an Affiliate route for the whole multiprofessional team.

**ACCEA:** The ACCEA Advisory Group was convened for the first time and ran a full ACCEA process, nominating members for Gold, Silver and Bronze Awards. We received 22 applications and, through the final ranking process, nominated 11 people for bronze, 3 for silver and 2 for gold. Additionally, through our seat on the AoMRC, we nominated a Platinum Award, which was approved.

**Representatives:** The Faculty represents the specialty at many external meetings and work streams from NHS Organ Donation and Transplantation to Capnography

**Clinical Leadership Conference:** We ran the first FICM Clinical Leadership Conference this month, with workshops on workforce, the new ICM curriculum and job planning. Bringing together so many Clinical Leads and Network Directors for the first time was an extremely beneficial experience and one that will continue. A number of actions from the day will be considered at the annual strategy away morning in January 2020.

“ Well-targeted at critical care medical leadership

*Delegate, Clinical Leadership Conference 2019*

**Support for the community:** We are delighted to be able to support the wider critical care community in multiple ways, including hosting the committee and website for the Critical Care Leadership Forum, and the websites of the UK Critical Care Nursing Alliance, the National Association of ACCPs and the Infection in Critical Care Quality Improvement Programme.



# THE STORY SO FAR

## EDUCATION & EVENTS

**End of Life Matters!**: Our annual meeting this year was held around the theme of end-of-life care, to help launch the consultation for our Care at the End of Life guidance (see below for more information). The talks included frailty assessment, understanding the relative's perspective, going home to die and public engagement. Feedback from the event was extremely positive.

**“** Important area of practice, with broad range of relevant topics covered

*Delegate, 'End of Life Matters' 2019*

**Training Leadership:** The Training Leadership Annual Meeting was attended by almost 150 Regional Advisors, Training Programme Directors and Faculty Tutors from across the UK to consider the latest updates and issues for leaders of ICM training. In addition to networking, the topics and workshops covered areas such as the curriculum review, Doctors in Difficulty, coaching resilience and making Less Than Full Time training work most effectively.

**ACCP Conference:** We held another sell out Conference, this time held in London, and brought together by Jo Gilroy. This is the main networking day for ACCPs in the UK annually and includes the Annual General Meeting of the National Association. Workshops, labs and talks included discussions on topics as varied as bedside ultrasound, burns, antimicrobial stewardship and changing therapies. The Chairs of the Faculty ACCP Sub-Committee also discussed developments with the Advanced Care Practitioner and Medical Associate Professional routes and took a temperature check of views in the room.

**e-Learning:** Phase 1 of e-ICM ([www.e-icm.org.uk](http://www.e-icm.org.uk)), which included some new sessions and a restructuring of pre-existing e-Learning for Healthcare (eLfH) sessions into critical care learning pathways, was completed successfully. The Faculty completed another successful bid to eLearning for Healthcare to fund continuing work on e-ICM. Several new learning pathways, which build relevant e-ICM sessions into a logical educational order, were developed, including for critical care nurses and for harder to reach areas of the CCT in ICM. Phase 2 will begin following a review of the statistical data the eLfH platform has given us on usage and completion rates.

**Education review & Sub-Committee:** On the back of Phase 1 of e-ICM ([www.e-icm.org.uk](http://www.e-icm.org.uk)), we ran a full review survey out to members and non-members about the coverage of the e-learning resource and about preferred methods of learning. This work led up to the formation of the Education Sub-Committee, chaired by Pete Hersey and Sarah Marsh who have begun a plan for future e-learning and other educational resources.

**Foundation Education:** [Critical Foundation: A framework for foundation doctors to gain exposure in Critical Care](#) was published in September 2019. This document provides a repository of ideas and information to support Foundation doctors working in or gaining exposure to critical care. In addition, it can provide information for making a business case or application for new posts to managers, Heads of School or Directors of Medical Education.

**Exam Course:** The FFICM Prep Course is now running twice a year – in 2018/2019, it ran in London and in Leeds. Both courses sold out and received exceptionally good feedback. The London course has allowed us to expand the faculty running the event, which has been brought under the new

**“** Excellent and Insightful

*Delegate, 'End of Life Matters' 2019*

**WICM Emerging Leadership:** The Faculty's Women in ICM group launched the first Emerging Leadership scheme for ICM in 2019. The yearlong course comprises academic learning, networking opportunities, on the role learning and mentorship. Four WICM Emerging Leaders were appointed and they began their course in October 2019 with an induction morning and an opportunity to experience a full Board meeting.

**Striking the Balance:** The first educational event convened by the Women in ICM group, Striking the Balance, was held in September 2019, covering areas as varied and thought-provoking as dealing with failure, leading with authenticity, being an effective ally and a workshop on mentorship training. The diverse audience was effervescent throughout, including our two honorary delegates for the day, Jack and Sandy, happily playing with their mums in the parent/child room, which we trialled to great success for the first time.



# THE STORY SO FAR

## TRAINING, ASSESSMENT & QUALITY

**Curriculum rewrite:** For our own curriculum, the new Higher Level Learning Outcomes (HiLLOs) have been prepared following months of assessment and syllabus review and will be shortly out for wider consultation. The assessment strategy has been produced in draft – this will include the changes that Workplace Based Assessments and the Examination will need to undergo.



**Exam:** 72 candidates sat the MCQs and 97 candidates sat the OSCEs/SOEs, with a final pass rate across both exams of 51.6 %. The Court of Examiners undertook a review of standard setting processes across the exam to ensure they are still fair and fit for purpose. The Faculty worked with the GMC to do a full review of European Diploma in Intensive Care examination (post 2015) to ensure it is eligible for automatic approval for overseas doctors coming to the UK. Additionally, our Dean, Dr Alison Pittard, met with the CICM-ANZ Council as part of a visit to observe their examination.

**UK Medical Education Reference Group (UKMERG):** The UKMERG constitutes the Curriculum Oversight Group of the GMC which has individually considered the specialty status of all current specialties. As a relatively new specialty, the Faculty successfully defended the specialty status of ICM and put forward a strong case to demonstrate that having specialty status has helped ICM flourish in the last 10 years.

**Quality Nexus:** The work of the Quality Nexus continues with the review of the annual trainee survey, GMC data, the RA reports and longitudinal analysis. The work this year has broadened to include the review of patterns of attrition (reasons, geographies) to help inform the RA network. [The Quality Report 2018](#) was published in January 2019 with a full summary of the outcomes from the nexus and was shared (and well received) by the GMC.

**e-Portfolio:** The Faculty has signed a further contract with NHS Education for Scotland to secure the current e-portfolio whilst we undertake a provision review. We have worked extensively with two potential future providers, including the system that runs the Royal College of Anaesthetist's Lifelong Learning Platform. Both providers can develop a system to our specifications so we are entering a secondary stage considering future interconnectivity and risk.

**Engagement with partner specialty curricula:** We have contributed to the ACCS curriculum rewrite alongside our partners. The curriculum is now ready for GMC submission. During this process, we met individually with the Royal College of Anaesthetists, the Royal College of Emergency Medicine and the Joint Royal College of Physicians Training Board (JRCPTB) to discuss shared learning outcomes between our future curricula. With the JRCPTB, we have been preparing a submission for the Curriculum Oversight Group regarding the need to continuing physician/ICM training. We have also contributed to high level meetings between the JRCPTB, the GMC and the Deans regarding the roll out of the new Internal Medicine curriculum.

**Support and advice:** Through direct emails, the FICM inbox, phone and ePortfolio helpdesks, the team are dealing with over a 100 calls/emails a week, and our regional network of Regional Advisors and Faculty Tutors, even more. The Faculty continues to help support this network through the annual conference and through newsletters to RAs, FTs, TPDs and Heads of School. This year we received and approved more CESR (Certificate for Eligibility of Specialist Registration) applications than ever before.



# THE STORY SO FAR

## CAREERS, RECRUITMENT & WORKFORCE

**Workforce census:** The census was run completely in-house for the first time and had an impressive response rate of 47%. Thank you to all those who gave their time to complete it. The data is currently being reviewed by members of CRW recently recruited for their data skills. Data for the wellbeing component of the 2018 census was developed into an article which was accepted by JICS and published in September this year. A summary of the outcomes will also be provided through the Faculty.

**Workforce engagements:** A workforce engagement was held for the South West Peninsula region in November 2018. The Faculty representatives were welcomed warmly to a rainy Taunton for the event which was summarised into a report released and available on the FICM website. An engagement for the Thames Valley followed in May 2019 in the beautiful Thames lido. The report is being signed off by the region at present.

**Advanced Critical Care Practitioners:** V1.1 of the curriculum was produced, making some minor amendments to the curriculum handbook and syllabus. A number of pieces of guidance were produced by the ACCP Sub-Committee, including: guidance on ACCPs and the Mental Health Act, guidelines for employing ACCPs as part of a critical care team and an ACCP Code of Conduct. These are all available on the ACCP webpages of the FICM site.

**Women in ICM:** In addition to the launch of the WICM Emerging Leadership programme and Striking the Balance (see 'Education & Conferences' section above for more info), the WICM group launched a [blog](#) on the FICM website. Blogs include 'Being Male in Medicine – Changing Social Gender-Based Expectations', 'Maternity Leave and Me', 'The Power of Social Media', and 'This Is What A Scientist Looks Like'.

**#DiscoverICM:** We launched the #DiscoverICM initiative on Twitter, which we hoped helped to give us our largest ever number of applicants for national recruitment. The [#DiscoverICM](#) vignettes cover short career messages from intensivists across the UK in all kinds of careers and geographies. Topics covered include work-life balance, the importance of supportive teams, intellectual stimulation, working with patients, and being the linchpin specialty of the acute hospital. An introductory careers and recruitment document themed around [Discover ICM](#) has been produced in the run up to the next recruitment round with short useful career information, FAQs, vignettes and more.

 This meeting was exactly what I was needing to help re-motivate me after a slump, it really re-energised the way I think about my training and how I approach things.

*Delegate, Striking the Balance, 2019*

**Wellbeing centre e-resource:** This [web resource](#) is now live, including information on resilience and a resource from our work with the AAGBI and RCoA on fighting fatigue.

**National recruitment:** This year was the largest application rate ever for national recruitment, with 305 applications received and 281 interviewed. During the interviews, 263 candidates were felt to be appointable to the ICM training programme and 161 of the available 169 posts nationally were filled, resulting in a 95% fill rate.



**#DiscoverICM**

*"Working in critical care allows me to remain a generalist, and the time to care for my patients and their families. I also have the pleasure of working with a highly skilled and dedicated team from the whole hospital. We're privileged to be able to support a patient and their family through a stressful and difficult time."*

Dr Pete Hersey  
Chair, FICM Education Subcommittee



# THE STORY SO FAR

## STANDARDS & CLINICAL QUALITY

**Critical Futures – Care at the End of Life:** The Care at the End of Life Working Party had a busy year, running a stakeholder day with workshops, a multi-phase consultation, and lots of writing and revision. The final document came out in three versions: (1) The full guidance for the healthcare professional with a deeper interest in the area. (2) The executive summary for professionals wanting to understand the recommendations of the group and flowchart pathways for managements. (3) A lay summary for patients and their families.

**Critical Futures – Enhanced Care:** The Enhanced Care Working Party was convened and undertook initial workshops with units that already had some form of post-operative enhanced care at their sites. Through liaison with the Royal Colleges of Physicians and the Society for Acute Medicine, we were able to broaden the work to include post-ward enhanced care. A stakeholder meeting was held at the Critical Care Leadership Forum and feedback was received from partner organisations, the Clinical Reference Group for Adult Critical Care and NHS Improvement.

**Work with Emergency Medicine:** The Faculty worked with the Royal College of Emergency Medicine to develop a joint winter statement in December 2018. On the back of this initial collaboration, we set up a joint working party, with input from other specialties and nursing, to develop a cross-specialty best practice framework. The document is currently being prepared for consultation.

**Revalidation:** We ran a survey for members on their experiences with revalidation since the formation of our first guidance, especially around patient feedback. We have used this data in inform an upcoming revision of the guidance and to submit to a GMC consultation.

**Audit:** NHS England's National Adult Critical Care Data Group, which is hosted and chaired by the Faculty, has met during the year to consider data dashboards and interdigititation of data sources. The Faculty will work with NHSE in the next stage of the project.

**AACs:** The Faculty continues to provide active support, advice and guidelines for consultant Advisory Appointment Committees, balancing the difficult negotiations between workforce and standards on over 150 appointments in the last year.

**Legal and Ethical:** The Legal and Ethical Policy Unit (LEPU) of the Faculty have developed the Midnight Law series, a collection of one-page summaries of legal issues that you may come across at midnight on a busy unit. The first two editions from the series cover managing a disagreement on best interests, and police access to a unit. LEPU worked with the Academy of Medical Royal Colleges in their development of the guidance for healthcare professionals, Acting as an expert or professional witness. LEPU also contributed to the legal and ethical sections of the GPICS revision and continued to review ongoing legal cases.

**Guidance:** We have worked with a number of partners this year either co-owning or contributing to important documents. This includes Care of the critically ill woman in childbirth (led by the Obstetrics Anaesthetists' Association), The Reflective Practitioner: Guidance for doctors and medical students (led by the AoMRC) and Guidelines on the Management of Acute Respiratory Distress Syndrome. Jointly with the ICS, we were pleased to release the AHP Professional Development Framework, which we co-funded and hosted the administration for. We have also worked with the ICS on guidance on the Transfer of the Critically Ill Adult.

**GPICS V2:** This year saw the completion of the first full revision of [Guidelines for the Provision of Intensive Care Services](#). Following an extensive period of commissioning authors, editing and final review, GPICS V2 went out for a series of stages of consultation and subsequent revision – this included reviewing over 600 comments from the critical care community. V2 was published in June this year and includes new chapters on remote and rural units, capacity management, focused ultrasound and serious infection outbreaks. Thank you to the FICM secretariat for co-ordinating this complex project.

**Consultations:** The Faculty regularly participates in consultations for external organisations, to ensure the voice of critical care is heard everywhere. Examples of consultations the Faculty responded to include: NHS - Stroke Thrombectomy Service for Acute Ischaemic Stroke; NICE - End of Life Service Delivery and GMC consent guidance

# IN THE PIPELINE

*Here is what the Faculty is planning to concentrate on in the remainder of 2019 and into 2020.*

## TRAINING, ASSESSMENT & QUALITY

**Curriculum – revision:** The curriculum working party will take forward the full refresh of the curriculum under the new HiLLOs (see section above for more detail) and will develop the new assessment strategy. Following successful resubmission to the Curriculum Oversight Group, we will then submit the new curriculum to the GMC for educational approval and manage any recommendations that come from this process.

**Curriculum – engagement:** As the major work on rehauling the curriculum has now been undertaken, the consultation phases of the project will begin, with engagement with trainees, trainers, employers, lay and patient groups, stakeholder organisations, the devolved nations and deaneries. An engagement process will be defined, including webinars, cascade learning and new documentation. We look forward to your contributions to this fast approaching consultation work.

**“**We will be investigating new mechanisms to allow our trainer network to remain in contact, share good practice and ask for help

**e-Portfolio:** Following a necessary pause whilst the curriculum was being reviewed, we will be finalising the future e-portfolio provider and beginning development.

**Quality:** The Guidance for Training Units document will be reviewed, updated and released next month. The trainee survey and RA report process will continue as with previous years, ensuring that we continue our longitudinal analysis for posts and programmes.



**Training with physicians:** The Faculty and the JRCPTB will make our case to the GMC Curriculum Oversight Group (COG) for future training options between ICM and physician specialties. We will then work between the three organisations to develop outcomes that derive from the COG's decision. We will continue to work with the JRCPTB on the introduction of the Internal Medicine curriculum and the added exposure it now gives physicians to ICM.

**Support and advice:** We will be investigating new mechanisms to allow our trainer network to remain in contact, share good practice and ask for help with the aim of launching these by our next Training Leadership Conference. We have also worked with the GMC to provide clearer guidance on Certificate of Eligibility for Specialist Regulation for both doctors using this route and trainers advising them. We will continue to support trainers and trainees through our various communication channels.

**Exams:** The Court of Examiners will work to update the exam in accordance with the latest GMC guidance, including domain marking for the Structured Oral Examination and moving away from Multiple True/False questions for the written component of the exam. Stephanie Strachan from the Court will also be working with the GMC to assess the standard of the Australia and New Zealand ICM exam so that it can be automatically considered by the GMC for international doctors in the future.

# IN THE PIPELINE

## COMMUNICATION & ENGAGEMENT

**FICM10:** 2020 will see the 10th anniversary since the foundation of the Faculty. We hope to use the time to review our achievements, consider what our immediate priorities should be for the next decade, and celebrate the successes of the specialty and our sister organisations at home and abroad. Read future Dean's Digests for more information on what will happen.

**Upcoming engagement:** Our position on the Academy of Medical Royal Colleges council will continue to be a key engagement point, allowing us to work cross-specialty and reach senior stakeholders across the NHS. We will directly with other organisations, including the Royal College of Anaesthetists, the three Royal College of Physicians and the Society for Acute Medicine (Enhanced Care); Royal College of Emergency Medicine (Best Practice Framework); ICUSteps and the UK Critical Care Nursing Alliance (Enhanced Care, Life After Critical Illness); NHS Improvement (Safety Bulletins), General Medical Council (the new curricula); Health Education England (Medical Associate Professions); e-Learning for Healthcare (e-ICM); and a number of healthcare colleagues across psychology, physiotherapy, occupational therapy and primary care (Life After Critical Illness). Further media and stakeholder engagements are planned – continue to read the monthly Digest for updates.

**Clinical Leadership Conference:** Following the success of the Conference held last month, we plan to run these Conferences annually, giving a place for leaders of the critical care service to meet, share ideas and feed into the Faculty.

**Smaller & Specialist Units Advisory Group:** The Group will continue to play an active role in reviewing key documents from the Faculty, including the curriculum. They will also work with RA colleagues to consider how training rotations can reach out to smaller hospitals.

**New logo and communications:** We reached out to our members for ideas for a new logo for the Faculty. Thank you to all the many people who came back. We were able to use this for a product briefing for a design company we partnered with and will release the new logo shortly. We plan to review our various communication channels in the coming months – we will turn to our members again to guide us in understanding what you want.

**Academy collaboration:** We will continue to undertake cross-specialty collaboration with the Academy and have proposed a project on sepsis.

## EDUCATION, E-LEARNING & CONFERENCES

**e-ICM expansion:** The e-ICM resource will continue to expand, revisiting current sessions, creating new sessions and considering more learning pathways. New sessions will be informed from the e-ICM review survey to which members kindly contributed. The first new sessions, on decision making, are already in production. We will also work with e-Learning for Healthcare to ensure we broaden communications to all members of the healthcare team, both in or connected to critical care.

**FICMLearning – Web resource:** A new web resource, FICMLearning, will go live in early 2020 as a companion project to e-ICM. It aims to bring together a simple resource to allow thematic learning and centralise all educational materials into an easy to access portal. This will include other forms of e-learning, including an educational blog and a podcast channel.

**Annual Meeting 2020:** The Annual Meeting for 2020 will be the first led by our new Education Sub-Committee and will be themed around Leadership and the future of ICM for our 10th anniversary. Current topic areas include: 'To lead or not to lead – that is the question: a perspective on leadership' and 'Implicit bias'

**Conferences & events:** For our wider suite of conferences and courses, the Education Sub-committee will continue to develop these and, where possible, connect them into other types of education and learning.

**WICM Emerging Leaders:** We will run the first full year of the programme, supporting our four appointed Emerging Leaders through their opportunities for networking, academic and in-person learning. Following the completion of the year, we will undertake a review to better understand the successes, challenges and learning points of the year with the aim of developing the programme for another opportunity for members towards the end of next year.

**Franchised events:** The Education Sub-Committee will review the work already undertaken on the event packages developed for career evenings and the Consultant in Transition course to help support local running of events.

# IN THE PIPELINE

## CAREERS, RECRUITMENT & WORKFORCE

**Careers support:** The CRW Committee will be both reviewing its existing web resources for career support and considering a resource for international doctors practicing in the UK.

**Critical Staffing:** The CRW Committee has commissioned a suite of three documents under the banner of Critical Staffing. These documents will develop a best practice framework around supporting workforce, wellbeing and returning to work in critical care

**Women in ICM:** Following the outcomes of the mentoring workshop at Striking the Balance, WICM will be investigate mentoring in the specialty. WICM will work with TAQ to produce guidance for doctors in training returning to work. WICM will also oversee the new Emerging Leaders and continuing the work of the blog and @WomenICM on Twitter.

**Census:** The 2020 census will be launched in February 2020 and will be a smaller set of questions focused on data from Clinical Leads. Production of the Census 2019 report is underway and will be released in the coming months.

**Workforce Engagements:** The report from Thames Valley will be published later in the year. We are liaising with Wessex for a future workforce engagement and have had two other regions approach us to consider the possibility of a workforce engagement in their areas. Once we complete another sequence of five engagements, we will revisit our Critical Engagements summary document to consider the messages from the trends and outcomes uncovered.



**Recruitment:** Working with our partner Colleges, we have got agreement from Health Education England (which acts as the UK-wide recruitment centre) to run a pilot considering if the changes to national recruitment could allow simultaneous interview and appointment to a dual CCT. The pilot will review if it is possible and what any potential risks might be. There will also be a full data review of differential attainment and station performance to ensure the recruitment assessment process remains as robust and fair as possible.

**ACCPs:** We will work in partnership with Northumbria University on a national evaluation of the ACCP role and its impact. We will work with the NU and lead researcher Sadie Diamond-Fox to produce a final report. All existing guidance is currently under review, to update and consider synthesis. The ACCP Sub-Committee will be working with NHS Blood & Transport to consider a national training package for ACCPs on the diagnosis of cardiac death. There will be continuing engagement with both the Medical Associate Professional and Advanced Care Practitioners initiatives to understand coming developments around regulation. The Sub-Committee will also start to explore course accreditation.

**Discover ICM:** More #DiscoverICM tweets will be produced – you can help us by contributing and/or retweeting if you are active on Twitter. We will also have reviewed the Health Careers website and its ICM content to ensure it is fresh and relevant.



# IN THE PIPELINE

## STANDARDS & CLINICAL QUALITY



### CRITICAL FUTURES

**Critical Futures – Enhanced Care:** The Enhanced Care Working Party Chair, Alison Pittard, will work with Physician colleagues to bring the newer, broader document into a version ready for final publication following the open consultation. We will ensure senior stakeholder buy-in through organisations such as the Academy and the Getting It Right First Time team. Publication is expected in February 2020.

**Critical Futures – Life After Critical Illness:** The Working Party will have their first meeting with all stakeholder groups and review their project plan and timeline. The year will see the development of the first drafts of the various components of the document and consideration of related research.

**Critical Futures – Considering next steps:** Our 10th anniversary gives the Faculty Board an opportunity to review the 12 recommendations of the Critical Futures initiative and consider which can be closed, which are in progress via other Faculty mechanisms, and which are still in need of review. It can then consider the aims of Phase 2 of the initiative.

**Safety updates:** Following completion of a data sharing agreement, the Faculty will work with NHS Improvement to develop quarterly safety updates for the specialty, synthesising any safety incidents that have come via the NHS Improvement database. The updates will review trends for members for an easy to use report.

**Legal & Ethical:** The Legal & Ethical Policy Unit will continue production of releases for the Midnight Law series, with future topics currently under consideration. Do let the Faculty know if you have any ideas for future entries in the series. In addition, LEPU will consider guidance on the legal and ethical ramifications of the use of Social Media on the unit.

**Guidelines for the Provision of Intensive Care Services:** We will work with the Intensive Care Society to establish a gap analysis tool for networks and Health Boards to use to undertake a peer review against the GPICS Version 2 standards. Early considerations for a future review will also take place during the next academic year.

**Best Practice & Guidance:** Following initial approval, we aim to develop guidance around airway support in critical care with our anaesthetic colleagues. The FICM-RCEM Best Practice Framework will reach the open consultation phase, with aim for publication early in 2020. Our revalidation guidance will also be reviewed. Further areas for future guidance are under consideration and a call for topics will go out to members shortly.

**Quality Improvement:** Irfan Chaudhry from our PAS Committee has led ICM contributions to a revision of the RCoA Quality Improvement Book. Following on from the learning experiences of undertaking this work, the Faculty will commission work on FICM Quality Improvement Book. QI will also be a central part of the new curriculum.



**Supporting research and audit:** The Faculty will launch the 2020 joint awards with NIHR for Established and Early Career Clinician award next month. These are awards for doctors undertaking research alongside their day jobs. The new curriculum in its current draft retains a strong research component. We will also continue to support the National Adult Critical Care Data Group and the ongoing discussions with NHS England on defining the future data set for the specialty.

**GET IN TOUCH:**  
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