

The Faculty of Intensive Care Medicine

#CriticalFutures

At the end of October ([News 31st October 2017](#)) we launched [Critical Futures: A report on the First Wave Survey](#). The Faculty is delighted to have received such a positive reception from both individuals and partner organisations.

Please find as below an update on initial progress on the 12 recommendations. We look forward to bringing you more detailed updates in future editions of [Critical Eye](#).

RECOMMENDATION 1: RECONFIGURATION AND COMMISSIONING OF SERVICES

- The Board will discuss a **Critical Care Commissioning Pack** for use by commissioners at their January Away Day.
- With the Intensive Care Society and the many other endorsing partners, we have begun the review process to produce ***Guidelines for the Provision of Services Version 2***

RECOMMENDATION 2: DESIGNING SERVICES FOR ALL TYPES OF CRITICAL CARE UNITS

- We have structured the Faculty so that the Smaller & Specialist Units Advisory Group (SSUAG) has a **cross-cutting role** across all the Faculty's work streams and ensured GPICS V2 has a broader and more representative selection of authors and a longer period of consultation.

RECOMMENDATION 3: PROVISION OF LEVEL 2 (HIGHER DEPENDENCY) UNITS

- We will continue to run **Workforce Engagements** to understand the growth in patient need for critical care services at a local as well as national level.
- Through the National Adult Critical Care Data Group (NACCDG), which we took a key role in developing with NHS England, we will ensure we are **collecting the right data** to evidence to the Departments of Health about the changes in the specialty.
- We will continue to engage on this issue with the Critical Care Getting It Right First Time (GIRFT) Lead as they begin their data review and series of visits.

RECOMMENDATION 4: PROVISION OF ENHANCED RECOVERY SERVICES

- We have developed a project proposal for a cross-specialty Working Party to begin **an investigation into enhanced recovery services in the post-operative setting** and we are currently liaising with core stakeholders.

RECOMMENDATION 5: WIDER TRAINING AND EDUCATION FOR DOCTORS

- We have remained **steadfastly behind the Acute Care Common Stem programme** and will continue to support it as an important entry route to the specialty.
- The Faculty liaised with the Joint Royal College of Physicians Training Board to ensure all doctors in medical training going through the new Internal Medicine curriculum (currently being reviewed by the GMC) will have **exposure to critical care training**.
- The Faculty undertook work with the Royal College of Anaesthetists to create a combined [curriculum document for undergraduate teaching](#) which has just been launched.



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RECOMMENDATION 6: TRAINEE DOCTORS – RECRUITMENT AND RETENTION

- The Faculty and its Regional Advisors continue to work tirelessly to **promote growth in training numbers** (which have risen 130% in the last five years). We are now working closely with regions which have an historical undersupply of posts.
- The Faculty will be using the recent GMC curriculum recommendations to undertake **a major review of the curriculum to reduce assessment burden and increase flexibility**.
- The Faculty have produced new and improved existing [career promotion materials](#) for doctors in training.

RECOMMENDATION 7: CREATING SUSTAINABLE CAREERS

- The Faculty is in the process of developing **lifelong career materials** to aid our members.
- The Faculty is working with the ICS on a **research project on well-being in critical care**.
- The Faculty is engaged with colleagues in anaesthesia on a series of work streams on **the risks of fatigue**.
- The **Women in Intensive Care Medicine** group have now formed and will take forward a series of work streams on supporting the current and next generation of critical care clinicians.

RECOMMENDATION 8: ADVANCED CRITICAL CARE PRACTITIONERS

- The Faculty continues to engage with HEE on their piece on **defining an identity and regulation of Medical Associate Professionals** and [responded](#) in definitive terms to the recent Department of Health recommendation on regulation. We urge everyone to do the same.
- The **ACCP Sub-Committee is taking forward a suite of work** for the benefit of ACCP members and the doctors and clinicians who work with them.

RECOMMENDATION 9: NURSE TO PATIENT STAFFING

- The UK Critical Care Nursing Alliance (UKCCNA) has embarked on a large project to develop a robust nationally validated patient safe staffing tool to determine appropriate nurse to patient ratios.
- A systematic review has been conducted which concluded that there were no tools currently available that met the necessary requirements to identify safe critical care staffing in the UK.
- The Alliance is now working in conjunction with senior academics to write a research development bid to facilitate taking this piece of work going forward. The bid is being written with the aim that there will be several stages and outputs that the profession can utilise before a fully tested and validated tool is produced and implemented.

RECOMMENDATION 10: MANAGING TREATMENT OPTIONS AND END OF LIFE CARE

- The Faculty has **brought together a working party** to undertake a thorough review of this key area, with stakeholders representing patients, anaesthesia, ethical matters, emergency medicine, medicine, nursing, outreach, palliative care and surgery as well as the National Clinical Director for End of Life. They will meet for the first time this December.

RECOMMENDATION 11: COMPREHENSIVE CRITICAL CARE – THE GAPS

- This work will be discussed in detail at the January Board meeting.

RECOMMENDATION 12: LIFE AFTER CRITICAL CARE

- Early investigation is underway through the Faculty on **follow up**.
- The relevant chapter in **GPICS V2 will be enhanced and improved**.
- The FICM will engage with GIRFT on this key area.

