

Hospital Review for the Purpose of Assessing Training in Intensive Care Medicine

Hospital:

Region:

HEE / Deanery:

Date HRF Completed

*Please complete and return to the Regional Advisor in Intensive Care Medicine by:*

**1. Hospital Details**

Hospital Name

Address

(including postcode)

Telephone Number

Telephone Number

(ICM Secretary)

Regional Advisor

ICM (name & email)

TPD ICM

(name& email)

Faculty Tutor

(name& email)

**2. Unit Demographics**

2.1 Size of Unit

Level 2 beds:

Level 3 beds:

2.2Specialist Services

General Yes  No

Neuro Yes  No

Cardiac Yes  No

Paediatrics Yes  No

Burns and Plastics Yes  No

Liver Yes  No

Obstetric Critical Care Yes  No

If available at other sites as part of your training programme, please provide details :

2.3 ICM services available in your hospital?

Follow Up Clinic Yes  No

Outreach Yes  No

Other (specify below) Yes  No

**3. ICM Medical Staffing:**

3.1 Consultants in ICM

Total Consultant PAs to ICM:

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Qualifications | Other Specialty | PAs to ICM/Week |
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| Name | Qualifications | Other Specialty | PAs to ICM/Week |
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3.2 SAS Doctors

Total SAS PAs to ICM:

3.3 Trainee Medical Staff

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Grade | Stage | Single/Dual |
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3.4 CurrentTrainee Rotas:

Tier 1: Number on Rota

Banding

Tier 2: Number on Rota

Banding

Additional information:

*Please append a copy of the current trainee rota*

**4.Statistical Information Relating to ICM Service**

4.1 Clinical Activity:

Number of admissions: Level 2 Level 3

Most Recent ICNARC Data Report Available:

C-Quins Achieved (where applicable):

QA Dashboard Reviewed and up to date?

4.2 Does the ICM Service have the following facilities?

|  |  |
| --- | --- |
| Facilities | Y/N |
| Separate office accommodation |  |
| Access to library with up-to-date ICM therapy texts and journals |  |
| Trainee’s office with dedicated facilities for IT and internet access |  |
| Consultant and SAS doctor office(s) |  |
| Administration staff (state whole time equivalents) |  |
| Clerical staff (state whole time equivalents) |  |
| Secretarial support (state whole time equivalents) |  |
| Audit assistant/clerk (state whole time equivalents) |  |

**5. Facilities for ICM Education and Training**

|  |  |  |
| --- | --- | --- |
| Facilities | Y/N | Details |
| Twice daily ward rounds with consultant |  |  |
| ACCPs |  |  |
| Induction |  |  |
| Formal teaching sessions(duration and number each week) |  |  |
| Clinical Governance Meetings |  |  |
| Audit meetings (state frequency) |  |  |
| Regular case discussion/MDT and/or journal review meetings(state frequency & type) |  |  |
| Library facilities |  |  |
| Internet Access |  |  |
| A role in training of medical students |  |  |
| A role in the training of nursing students & other healthcare professionals |  |  |
| A role in the training of other healthcare professionals |  |  |
| Active research programme |  |  |
| Follow up clinics (provide details) |  |  |

**6.Management of ICM Services**

6.1 Clinical Director for ICM (name & email):

6.2 Clinical Governance Lead (ICM):

6.3 QI/Audit Lead (ICM)

7. Declaration

7.1 Name of Faculty Tutor

7.2 Signature:

7.3 Date

7.4 Email address