

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

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| --- | --- | --- | --- |
| 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