

Minutes of the SICS Council Meeting, Friday 17th May 2013, 13:30,
The Royal Hotel, Bridge of Allan

Present: Mike Fried (MF), Charles Wallis (CW), Phil Korsah (PK), Fiona McIntyre (FBM), Shelagh Winship (SW), David Rowney (DR), Andy MacKay (AM), Jim Ruddy (JM), Fiona McIlveney (FKM), David Griffith (DG), Rosie McFadyean (RM), Ian Mellor (IM), Liz Wilson (LW), Martin Hughes (MH), Brian Cook (BC), Nigel Webster (NW), Graham Nimmo (GN), Sarah Ramsay (SR)

1.) Apologies & introductions: Apologies were received from David Cameron, Steve Cole, Tim Walsh, John Colvin, Malcolm Sim & Richard Appleton. MF welcomed the new members of Council, and Graham Nimmo as President Elect.

2.) Minutes of previous meeting on Wednesday 23rd January 2013

Accepted as a true record.

3.) Matters arising not covered elsewhere in the minutes

MF ran through the action points from the previous meeting:

AP 4.1: The World Federation of Societies of Intensive and Critical Care Medicine – MF recapped on this matter for the benefit of new Council members, and stated that the complete lack of communication by the WFSICCM vindicates the decision not to go forward with a bid.

AP 4.5: MF still to contact Marcia MacDougall regarding the fluid prescription guidelines.

AP 5.1: SR will investigate additional insurance for associate members when numbers are greater.

AP 6.1: MF will contact Pam Ramsay to get a research grant update.

AP 12.1: DR will contact Neil Spenceley for an update about social media use on PICU.

It was assumed that all reports had been read; the standard template was acceptable to Council.

4.) President's report – reports tabled and copies on file

- **Collaborating for Quality** -MF recommended the forthcoming RCoA Bulletin (July 2013) for providing a clear overview of the current situation in ICM, and the plans for the new Critical Care Leadership Forum, the first meeting of which will be held on 16th July, with BC representing SICSAG and DC deputising for MF. MF also recommended the Annual FICM meeting.
- **ICS – The 'Draft Minimum Standards for ICUs'** document released by the ICS will not be progressed, rather the joint ICS/FICM Standards Strategy Group, of which BC is a member, will produce minimum standards, mindful of the implications of the word 'minimum'. The group are recruiting trainees to perform literature searches, and Bob Docking of the SICS Trainees Committee will co-ordinate SICS trainees' involvement.
- **ICM Recruitment** – Liz Wilson reported in her role as Lead RA in ICM for Scotland. She explained why Scotland had been unable to take part in national recruitment and the difficulties of arranging local ICM interviews for posts badged to UK-wide anaesthesia recruitment. 80% of badged posts were filled, and concerns remain about the attrition rate of these junior trainees, due to change of mind, exam failure etc. The eight badged posts only existed as they were 'donated' by anaesthesia, applicants for the non-badged posts needing funded approval from their base speciality TPD & Dean for out of programme work. With all specialities facing their own difficulties with rotas, they are not supporting joint training with ICM, although this is being discussed at Specialty Training Boards. LW and Eddie Wilson have met with Paul Padfield at SGHD and indicated that there will need to be changes for next year, ICM had previously never struggled to fill posts and might get some acute care money to fund posts from other specialities. This would show willingness to offer plurality of access to

ICM training and enable some degree of integration into UK national ICM recruitment, which in turn might improve the quality of trainees applying, with some currently wary of the Scottish system. A discussion ensued about the lack of access for non-anaesthetists to ICM training in Scotland, the main reason for which is funding. England took money from trust posts to make ICM posts, Scotland does not have this option, and advanced ICM training was previously funded by anaesthesia (even if the trainee was not an anaesthetist, so their base specialty did not pay for their ICM training). With anaesthesia struggling to fill their own programme they are not willing to pay for non-anaesthetists, and other specialities do not want to pay for ICM and lose trainees from their own programme.

LW advised Council that the recruitment situation was constantly changing, and to direct trainees interested in ICM to their local RA for up to date advice.

- **European Centre for Disease Prevention and Control (ECDC) Meeting:** BC recapped SC's report, and that Scotland already has a strong HAI reporting mechanism in place. Ongoing engagement will be via a SICSAG representative.
- **Funding of post-graduate studies** - MF described a recent request for funding for post-graduate studies (PGS), and that a few such requests were received throughout the year, in addition to the bursary in clinical trials research offered in previous years. MF asked if Council supported allocation of money to sponsor PGS, via a fair and transparent system, which was met with general agreement. SW felt without such a system the floodgates would open. DG and BC felt the recent request was for a worthwhile course, but MH and NW felt that other just as worthy candidates were disadvantaged by being unaware of this possible source of funding. FBM felt the Society would struggle to defend giving money to one candidate and not others. NW suggested that having one grant application process which encompassed everything. SW liked the immediate benefit of the travel grant and SR felt that multiple awards would encourage more people to apply, and reflected well on the Society.

The value of the grant was discussed and MH felt that the amount should be adequate to help nurses doing PGS on their own time and money. DR cautioned against prejudicing against medics in the allocation process. It was agreed that the sum of £3000 (the previous bursary award) would be made available. MF ran through the proposal that he and DC had drafted, it was agreed that the grant would be paid up front with a caveat that the money be returned if the work did not go ahead. FBM offered to find out how NES Pharmacy fund PGS, and LW asked that funding from other sources be added to the proposal. MF will write to the recent applicant, informing them of the new process to be introduced.

AP 4.1: MF to contact recent applicant and inform them of the introduction of a new award process

AP 4.2: SR to produce advert and assessment scheme

- **Support for professional society work** - MF asked Council views on writing a letter of support on behalf of the Society for a Council member struggling to help with SICS business due to a lack of supporting professional activity time in their job plan. While it was agreed that this was an admirable aim, it was unlikely to achieve much. MF felt that it was worthwhile and asked SR to draft a letter, taking note of the various generic publications of professional support already available.

AP4.3: SR to draft letter of support for SPA time covering Society business

5.) Honorary Secretary's report - report tabled and copy on file

- **Travel Grant** - SR thanked the regional reps for using the new marking scheme which will be improved for next year. There was one clear winner for the grant, a trip to Lusaka. SR will write to applicants advising them of the result.

- **Foundation Year/Nurse & AHP Essay Prize:** the FY prize is relatively easy to organise, the Nurse/AHP prize less so, and therefore FBM and SR are going to do more work on this. MH is happy to offer three places at the Educational meeting.

AP 5.1: SR & FBM to collaborate on the Nurse & AHP Essay Prize

- **Increasing membership** - SR noted the change in the ICS constitution to promote associate involvement. The SICS constitution would allow associate members to take up office bearer roles but not the presidency. FBM recapped on the breakdown of SICS associate membership, she is keen to avoid a pharmacy bias, and finds clinical nurses hard to reach. The idea of a meeting for associate members was suggested and met with some enthusiasm. BC suggested parallel sessions at the ASM, although IM and CW felt these would fragment the meeting. The Edinburgh Critical Care meeting was thought to offer a useful template and David Hope a good contact. Late summer/early autumn was proposed as a good time, although there were other meetings taking place then. This would be an increased workload for the associate rep and a small committee akin to the trainee one might be in order.

AP 5.2: SR, FBM & CW to work on meeting options

- **Website** - RA and SR continue to redevelop the website. Council agreed that it was best to engage professional website designers with ongoing maintenance services, with the resultant capital cost.

6.) Treasurer's report - report tabled and copy on file

- MF ran though DC's report in his absence. RBS has improved its business account service, without resort to complaint.
- MF sought Council's views on fixed or projected advertising in the main hall of the ASM. CW noted from ASM 2013 feedback that some people liked the non-commercial feel, although the general view of Council was that it would depend on how much revenue it generated.

AP 6.1: CW to discuss main hall advertising with trade companies

7.) SICSAG Report

- The 2013 SICSAG Annual Report will be published in late August.
- The Joint SICSAG / SCCTG / EBMG will be held on 4th & 5th September 2013.
- Nominations for BC's replacement as SICSAG Chairman close in 2/52 with handover in September.

8.) Scottish Critical Care Trials Group (SCCTG) Report

TW has only just returned from Canada and there has been no recent meeting of the SCCTG Executive Group to report upon. NW had nil to report on academic training.

9.) SICS meetings/ASM Report - report tabled and copy on file

- The ASM will return to St Andrews in 2014, further years will depend on hotel refurbishment but they are offering a good three year deal.
- **Abstracts** - Selected abstracts from the ASM will no longer be published in *Anaesthesia*. This might discourage trainees from attending. DR felt that presenting a poster was worthwhile in itself but LW pointed out that these publications attracted marks on anaesthesia recruitment self-scoring. CW will approach editors to discuss publication of the ten best abstracts in JICS, and investigate a company sponsored USB stick containing all the meeting abstracts (and so avoid printing costs).

AP 9.1: CW to contact Chris Cairns & Carl Waldman re abstract publication in JICS

AP 9.2: CW to investigate company sponsorship of a USB stick containing meeting abstracts

- **Case presentations** - this will now be a 'lesson of the year', with an advert in good time to allow a short, consultant sponsored, abstract to be considered at the September Council meeting. JR will co-ordinate this. CW will investigate electronic voting, with a cup remaining the prize.

AP 9.3: JR to provide advert for 'lesson of the year' to SR for distribution soon

- FBM noted that a 2013 speaker did not declare an interest prior to their presentation. CW will produce a policy that requires ASM speakers to declare any interests; GN suggested the RCPE documentation would provide a useful template.

AP 9.4: CW to produce a declaration of interest policy for ASM speakers

10.) Scottish Transplant Group Report - report tabled and copy on file

SR ran through SC's report and letter from John Forsythe to the Organ Donation Committees. The programme continues but with a change in emphasis to increasing the numbers of good organs for transplant, although scrutiny of ICUs will continue. LW asked how long the CLOD funding would continue, BC believed it was indefinitely.

11.) Critical Care Delivery Group - minutes tabled and copy on file

MF reviewed the minutes of the recent SCCDG meeting which he and several others present had attended

- **National Review of Critical Care Provision in Scotland**- the SCCDG favour a pre-emptive approach, and John Colvin will contact the National Planning Forum.

AP 11.1: John Colvin to report back on developments

- **ECMO/Advanced Respiratory Care Centre** - Mike Winter at NSD was keen to revisit this, establishing a working party in a short time frame to consider specification, location and likely demand. MF offered the Trainee Committee the audit of likely demand, commissioned by the SICS Council. Transport will need to be considered as part of the centre, SAS are keen to be involved but EMRS are unable to reliably provide the intensivists skills required. DR noted those involved in paediatric ECMO transfer will have much to offer, and that the likely closure of paediatric cardiac surgery at Leicester will significantly threaten the adult ECMO service.

AP 11.2: MF to report back on developments

- **Workforce** - BC felt that the SGHD gets a lot of information on workforce needs from the training perspective but not from the service perspective. BC urged CDs to keep Paul Padfield informed of new service developments. FICM has established a Workforce Advisory Group, which is planning a census in England with the intention of widening this out to the rest of the UK, and repeating it annually to capture consultants and trainees.
- **SMASAC reports** - MF asked all to consider completing the CMO Specialty Adviser Annual Reports for Anaesthesia and ICM, and return this to SR who will collate these on behalf of the Society.

AP 11.3: All to return SMASAC Reports to SR to collate on behalf of the SICS

12.) Paediatric Intensive Care Report

- The combined annual report of the Glasgow and Edinburgh units will be available in time for the September Council meeting.
- A shortage of trainees is being overcome by use of advanced nurse practitioners.
- New style adult ICM trainees will need to spend 3/12 in PICU, DR is talking with LW to make sure that this will be a meaningful educational experience.

13.) Education Group Report - report tabled and copy on file

- The first advanced training meeting was a success and the second is organised.
- The modules are rewritten and awaiting incorporation into the new website.

14.) Trainees' Report - report tabled and copy on file

- The Trainee Committee will be sticking with their own audits, not hosting individual's audits, and these will go through the SICSAG Steering Group.

- See item 11 above - the Committee has been commissioned to carry out an audit of the requirements for advanced respiratory support in Scotland, and there was some discussion of the mechanics of this. David Noble at ARI and Neil Spenceley at Yorkhill would both offer useful input.

AP 14.1: DG to contact David Noble and Neil Spenceley, and get back to MF with ideas for the demand for advanced respiratory care audit by June

- SR asked that the Committee ensured the trainee database received from the AAGBI was up to date in time for upcoming elections.

AP 14.2: DG to ask Bob Docking to ensure database is accurate in time for elections later this year

15.) Associate Members Report - report tabled and copy on file

- A letter about standardised drug concentrations was sent to all audit leads on May 16th, to assess any progress in the two years since the original work. Non-responders will be followed up.

AP 15.1: FBM & CW to collate audit lead responses

- FBM intends to survey associate groups to see what they want from the Society and to investigate why some keen, involved people are not members. LW asked if it was cost but at £15 FBM felt not, more what was offered for the money. GN offered to share a similar survey of the Scottish Clinical Skills Network. DR noted that nurses were very involved with PICS, but not on PICS Council.

AP 15.2: GN to forward SCCN survey to SR/FBM

AP 15.3: FBM to construct an SICS survey of members and potential members

16.) AOCB

ACCPs

- The new handbook and curriculum will launch at the first national ACCP meeting in June, which will hopefully be a stimulus for more leadership from within. A national exam will be ready in 18-24/12.
- FICM fully back ACCPs' affiliation, FBM noted that this was leading to other AHPs being sidelined, and having more of a voice at ICS.

AP 16.1: MF and GN will mention FBM's concerns at the next FICM Board meeting (May 2013)

Annual Report

- The 2013 draft is with the graphic designer, planning for an electronic version and some hard copies (one per unit and a few spare), at a cost of ~ £600.
- CW asked that a hard copy was sent to Mike Bell, the 2012 ASM official photographer.
- The next report will have the subtitle 'Covering the financial year 2012-2013' to be clearer than in the past, RM intends to ask for reports at the time of reports for the AGM.

AP 16.2: All preparing AGM report to produce a version for the Annual Report at the same time

AP 16.3: All - if anyone has a paper or electronic format of the report 2010-2011 (the ASM were Pat Crosskerry et al spoke), could they please forward it to SR as it will be needed for the new website

Martin Hughes was concerned about gaps in the NHS GG&C rotas approaching in August, and sought Council's advice. He could see three options: rearrange rotas and shut beds, employ locums or consultants acting down in junior roles. None were attractive. Ideas from around the regions included working shifts (NW), consultant first on (PK), ACCPs under direct supervision (JR), and hybrid cover with variable trainee cover at night and consultant resident (FKM).

Date of Next Meeting: Friday 27th September 2013, 13:30 for 14:00

The Royal Hotel, Bridge of Allan.