

Minutes of the SICS Council Meeting, Friday 16th May 2014, 13:30,
The Royal Hotel, Bridge of Allan

In attendance: Graham Nimmo (GN), Martin Hughes (MH), Andy Mackay (AM), Brian Cook (BC), Steve Cole (SC), Ian Mellor (IM), Ruth Forrest (RF), Mike Fried (MF), Shelagh Winship (SW), Richard Appleton (RA), Nigel Webster (NW), Rosie MacFadyen (RM), Alistair Gibson (AG), Charles Wallis (CW), Kallirroï Kefala (KK), Liz Wilson (LW), & Sarah Ramsay (SR)

1.) Apologies & Introductions: Apologies were received from David Cameron, John Colvin, Fiona McIlveney, Phil Korsah, Jim Ruddy & Malcolm Sim. New members of Council were introduced.

2.) Previous minutes: Accepted as an accurate representation of the meeting held on 22.01.14

3.) Matters arising not covered elsewhere in the minutes

- Anna Batchelor has stated that the FICM Away Day due to coincide with the SICS Council meeting on Wednesday 21st January 2015 in St Andrews is likely to go ahead.
- Mark Bellamy (ICS President) has stated that the ICS will not go ahead with the 'British Lions Meeting' proposal.

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

- **FICM involvement** - There are currently no elected members of the FICM Board from Scotland, and there was only one Scottish delegate at the FICM Annual meeting in March. This was an excellent meeting although the advert might not have appealed to some. There are upcoming elections for eleven FFICM examinerships. Currently there are three examiners from Scotland, and others are interested. NW noted that there would probably be many good quality candidates for these posts. GN urged Council and the wider membership to engage with FICM.
AP 4.1: SR to ensure relevant FICM opportunities are highlighted to members
- **Derogation of Core Standards for Critical Care** – GN asked how this might be seen in a more positive light for smaller units unable to fulfil the standards, and so valuing their general talents. SW had mixed feelings as small hospitals cannot afford two on call rotas but 'dual' on call could be onerous and such standards are a way of getting extra resources. BC cautioned that derogation would not be a permanent state. Hospitals will need to tailor services to local needs in the meanwhile but be mindful that this may need to change with service reconfiguration. No such changes, such as centralisation of services, are likely until after the referendum.
The Shape of Medical Training might also impact on future skill levels. There has been resistance to this from Anaesthesia and ICM, fearing that four years will not provide enough training for multi-skilled clinicians in smaller hospitals, although the proponents say it is achievable in other countries so why not the UK.
- **Critical incident reporting** – This had been a common theme at numerous UK meetings.
- **Scottish Transplant Group** – GN, CW and SC are due to meet with John Forsythe, Chair of the STG to introduce the new SICS team while ensuring historical continuity.
- **Learning from Deaths in Scotland** - GN was asked to attend this recent meeting at short notice. This is an initiative to replace the now defunct SASM, expanded to include all specialties and all hospital deaths as well as near misses. SC said it would involve more local audit and there was currently a Tayside pilot in progress. GN felt that SICS should be positively engaged in the project. A discussion ensued wherein Council, while supportive, expressed concern that this would only be useful if it offered opportunities for real learning and it was therefore important

to be involved and influence the process from the start. The NHS in Scotland remained cohesive and that should be built upon. It was decided that GN would write informally to the organiser, Andy Longmate, expressing the Society's interest in the project but seeking more information on what is actually involved.

AP 4.2: GN to write to Andy Longmate expressing interest and seeking more information on the Learning from Deaths in Scotland Project

- **UK Critical Care Research Forum** – Tim Walsh had asked the SICS to consider supporting the UKCCRF. GN would contact Malcolm Sim as Chair of the SCCTG in the first instance.

AP 4.3: GN to contact Malcolm Sim about joining the UKCCRF

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

- **Upcoming appointments** – There was already one expression of interest for the post of Meetings Secretary and SR sought nominations for any others by the end of the following week. SR also sought nominations for the next President Elect with expressions of interest by the September Council meeting.

AP 5.1: SR to circulate name of new Meetings Secretary

AP 5.2: Nominations for next President Elect to SR in time for September Council Meeting

- **Awards** - It was agreed that the highest scoring applicant would be awarded the 2014 Travel Grant; this was Alex Arthur who had proposed a trip to visit a trauma unit in Baltimore. The Postgraduate Bursary was awarded to Annemarie Docherty. Regarding the Medical and Nursing/AHP awards it was unclear if the prizes (paid attendance including accommodation at the ASM) were paid for by the SICS or ISD. Without a guarantee of a profit from the combined SCCTG & SICSAG meeting SC did not believe that ISD would continue to fund these awards.

AP 5.3: SR will contact the Travel Grant and PGS Bursary winners

AP 5.4: SR will check source of funding with DC & SC and advertise awards if going ahead

- **Travel Insurance** – This is a popular benefit with members and adequate cover is crucial.

AP 5.5: SR to liaise with the AAGBI to ensure members' details are up to date

- **Website** - RA updated Council on the new site, including security issues and the new policy covering the Society's use of social media. RA sought clarification on SICS 'endorsed' meetings and it was agreed that an endorsement policy would be useful. The amount of work required to maintain the site going forward would be significant and good succession planning would be essential.

AP 5.6: SR to draft endorsement policy

AP 5.7: SR & RA to quantify the ongoing workload for upkeep of the website

- **AGM** - SR noted the poor attendance at this year's AGM and asked for ideas on how best to improve this. Various suggestions were made including a pay bar, a move to nearer the main reception and a shortened, more useful format.

AP 5.8: CW to investigate options and costs with the Old Course Hotel, St Andrews

AP 5.9: Office Bearers to agree a new format in time for the 2015 AGM

- **Charitable donations to the SICS** - RA asked about the mechanism for this. The issue had not been raised before. NW cautioned that this would constitute 'fund-raising' and might require different regulation.

AP 5.10: NW to investigate this as incoming Treasurer

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

- The written report from DC was noted. As incoming Treasurer NW was keen to investigate investment options for the SICS funds.

AP 6.1: NW to investigate investment options

7.) SICSAG report – report tabled and copy on file

- **Annual report** - The next report is due for publication in August. From next year there will be more robust QI reporting to help units struggling to meet standards.
- **Obstetric units** - Some obstetric units had shown an interest in joining SICSAG, in light of recent criticism of obstetric critical care, but financial constraints on ISD meant that this could not currently be accommodated unless Boards paid the costs, which included a PC, a Wardwatcher licence and training time for staff by ISD.
- **Wardwatcher app for EMRS** - this was deemed a good idea by the Steering Group and was back in the EMRS's court to arrange funding.
- **Wardwatcher upgrade** – Data protection has been improved, and some new questions added.

8.) SCCTG report – report tabled and copy on file

- No issues raised about the written report.

9.) ASM report – report tabled and copy on file

- **Planning** - The 2014 ASM received very good feedback, although there were complaints about the audio-visuals and food queues; these issues would be rectified for the 2015 ASM, the final programme for which was almost complete. It was agreed that a business class fare would be paid for an overseas speaker. NW noted the potential clash of dates with the SCCM Annual Congress when considering such speakers. Extensive publicity of the 2015 ASM is desirable.

AP 9.1: SR to contact Anna Wong at ICS, as well as AAGBI and ESICM

AP 9.2: GN to contact new Editor of FICM's Critical Eye and place an advert for the 2015 ASM

- **Student rates** – these were agreed at £25 per day. KK and GN both felt it was important to encourage future intensivists. The exact number of places available will depend on the number of full rate delegates registering.

10.) Scottish transplant Group report – report tabled and copy on file

- CW presented a new version of the brainstem death testing form, the need for which had arisen due to concerns about pre-test CO₂ levels and retrieval surgeons rejecting some forms. It was agreed that the new form was acceptable and an improvement. CW will incorporate any further CLOD comments, send to Council for ratification, and then present the form to NHSBT.

AP 10.1: CW to finalise form and distribute to SICS Council for ratification

11.) CMO's Adviser in ICM – no report tabled

12.) ICM Recruitment & Training report

- **2014 recruitment** – LW ran through the 2014 Scottish ICM recruitment process. There was a 75% fill rate of the 12 badged posts, and 100% fill of the two, newly funded, unbadged posts which had attracted some good candidates. This compared with a UK fill rate of over 90%. Particular problems in Scotland include poorer quality candidates, unhappiness from Anaesthesia that good candidates were forced into LAT posts as badged, but lower quality for anaesthesia, candidates got substantive posts, and a reduced number of unbadged posts available for high quality non-anaesthetic trainees. Most applicants were from anaesthesia backgrounds thus allaying concerns about workforce planning.

It was ever more obvious that Scotland must join national recruitment but this message was not being received by the SGHD and the Deaneries; NES was more supportive but not proactive.

To this end LW is arranging a meeting between the SGHD and members of FICMTAC. Eddie Wilson (STB Chair) is also involved. BC noted that the SCCDG was working hard to raise awareness via the service route, and he was keen to join the proposed meeting. MF urged all interested parties, including the SICS President and John Colvin as CMO's Advisor in ICM to promote the specialty and make clear the implications of an inadequate workforce to the relevant authorities, including the CMO (when appointed). BC noted that the upcoming referendum would delay any financial decisions. LW was aware of this but needed to know if Scotland would join national recruitment by November.

East of England Deanery required candidates to have an NTN before getting an ICM post, but this raised difficulties for single CCT and academic posts. Council recognised that the new training programme was complicated, likely to produce fewer trainees at a time of service expansion, and, by lengthening training, was at odds with the Shape of Medical Training programme which sought to train generalists in a shorter time

MF and AG both asked about the poor quality of candidates. LW felt this was a combination of many factors. All acute specialities were becoming less popular as trainees saw their consultants' working patterns and trainees were drifting away from Scottish jobs for other reasons. ICM was seen as a complex training programme. Applicants were asked to apply early and often performed less well at interview and had poorer portfolios at this stage in training. LW intends to investigate the career plans of ACCS ST3 trainees. She felt that even after joining national recruitment it would take time for the quality of trainees to increase.

- **Training & supervision** – It will be a struggle to get enough educational supervisors for the new dual trainees. The GMC now require trainers to be registered on an approved trainer list, and from 2016 they will be required to do online training modules for appraisal and revalidation.
- **E-portfolio** – This has gone live and will be mandatory for all new starts from August 2014, and all current dual trainees on progression to the next stage of training.
- **Future consultant posts** – LW sought Council's views on appointment of trainees without full ICM training to ICM/Anaesthesia consultant posts. IM felt that a good candidate without full training should not be overlooked, and BC felt that market forces will dictate requirements. MH voiced concern that trainees might not train if it was not required, hence downgrading the specialty.

13.) SCCDG report – report tabled and copy on file

- **Review of Critical Care Services in Scotland** – It is increasingly clear that it will be difficult to deliver the current service, and also new developments, in the coming years due to lack of a trained workforce. At the behest of the SCCDG BC had presented a paper to the National Planning Forum, which was unanimously supported and taken to the Board Chief Executives Group. This Group has now asked for a 'stocktake' of critical care services. This will need to include the 'Core Standards for Intensive Care Units'. Although not yet underway BC is keen that the SCCDG Chairs take part fully in this process. In addition BC urged good Scottish participation in the FICM Workforce Advisory Group census to ensure adequate data to inform workforce planning. This will be an annual exercise, with a more detailed form for Clinical Directors. Participation rates for the 2014 census were low so far.

AP 13.1: SR to email membership to urge eligible members to complete the FICMWAG 2014 Census

- **Transport** – There are major changes occurring which will hopefully improve services in due course. Andrew McIntyre, ScotSTAR AMD, has joined the SCCDG and he has also been invited to the SICS Council meeting in September.

14.) Paediatric ICM report – no report tabled

15.) Education Group report – report tabled and copy on file

- MH reported that the new modules were progressing well, and the education days remained popular.

16.) Trainees Committee report - report tabled and copy on file

- AG thanked the outgoing committee members for their help with the handover, and outlined the work ahead for the new committee. The replacement linkmen positions will be advertised soon, with the hope that more non-anaesthetic trainees will become involved. The committee are also looking at ways to increase engagement with the new dual trainees.

AP 16.1: GN & SR to write letters of thanks to the outgoing Trainee Committee members

17.) Associate Members' report – report tabled and copy on file

- RF outlined her aims as the new associate representative, including further investigation into why people don't join. GG&C pharmacy departments only paid for attendance at meetings with reduced rates for members if the delegate themselves joined. RF wondered if other health boards could be encouraged to do likewise; potential savings could be used to pay for more places. RF also intended to investigate the use of video-conferencing and webinars.

AP 17.1: RF to report back on potential for SICS to make greater use of video-conferencing

18.) AOCB

- **ACCPs** – The new syllabus will be launched at the ACCP annual meeting in June.
- **Annual Report** – One submission was awaited and the report would then be designed and published by the same company as last year. Members would receive a PDF version, and a paper copy would be sent to each unit in Scotland. The anticipated cost was around £550.

AP 18.1: RM to finalise, publish and distribute the 2014 Report

Date of Next Meeting: Friday 19th September 2014, 13:30 for 14:00

The Royal Hotel, Bridge of Allan