

## Minutes of the 23rd SICS Annual General Meeting, Thursday 23rd January 2014, 17:30-18:30

### The Old Course Hotel, St. Andrews

**Present:** David Cameron (DC), Charles Wallis (CW), Nigel Webster (NW), David Rowney (DR), Sandy Binning (SB), Ruth Forrest (RF), Iain Macleod (IMc), John Colvin (JC), John McDonald (JM), Mo Al-Haddad (MA), Robert Docking (RD), David Griffith (DG), Neil Spenceley (NS), Malcolm Sim (MS), David Scott (DS), Andy MacKay (AM), Liz Wilson (LW), Marcia McDougall (MM), Jim Ruddy (JR), Ian Mellor (IMe), Iain Taylor (IT), Phil Korsah (PK), John Kinsella (JK), Graham Nimmo (GN), Mike Fried (MF), Sarah Ramsay (SR)

The meeting was quorate (>20 members)

**1.) Apologies:** Fiona McIntyre (FM), Steve Cole (SC), Martin Hughes (MH), Brian Cook (BC), Dewi Williams (DW)

### **2.) Minutes of previous meeting on Thursday 24th January 2013**

Accepted as a true record. It was assumed that reports had been read in advance of the meeting.

### **3.) Matters arising**

**British & Irish Lions Meeting** – MF reported that the 2013 World Federation Congress had been a financial flop, and the SICS had done well not to bid for the 2019 event. The ICSI had, however, approached the ICS to consider hosting a 'British & Irish Lions Meeting' as the 2021 Congress in Dublin. This will have a major impact on the ICS SOA meeting; if they decide to go ahead SICS will be involved.

### **4.) President's report** - Mike Fried. Report tabled and copy on file

- MF acknowledged the death of Ian Armstrong from Edinburgh, a founding member of the SICS and past honorary secretary.
- **Core Standards for Intensive Care Units** – this will affect all units, with the potential for some to close and others to grow in size. The SCCDG have asked the National Planning Forum (NPF) to conduct a review into critical care services in Scotland that will inform developments.
- **ICM training** – there are significant problems ahead for the specialty requiring action (see item 13).
- **Donation** – poor communication from NHSBT regarding total referral had been badly received by members, which MF had fed back to the organisation. SC had resigned his roles as SICS representative on the STG and as regional CLOD, being unable to support opposing positions. CW will take over as the SICS STG rep, remaining independent of the CLOD/NHSBT role.
- **Transport** – ScotSTAR had a strong new leadership and Council will stay in touch with Andrew McIntyre (AMD) on transport related matters. The demise of the Shock Team in February 2014 had resulted from removal of educational approval for the medical posts. Solutions were being considered at Board and Government level.
- **ECMO** – recent SGHD enthusiasm for a Scottish ECMO/ advanced respiratory care centre has waned and so referrals will continue to be made through Leicester.
- **Thanks** – MF thanked CW and his team for another excellent ASM, SR for her support during his presidency and wished GN well for his time in office.

### **5.) Honorary Secretary's report** -Sarah Ramsay. Report tabled and copy on file

- SR welcomed the newly elected members of Council – Richard Appleton as GG&C rep, Kallirro Kefala as East rep and Ruth Forrest as Associate rep – all starting as of the AGM on 23.01.14.
- The transfer insurance, travel and other grants will again be available in 2014. The postgraduate bursary will be introduced.
- AAGBI Specialist Society running costs will increase this year, and this will be kept under review.
- The Website will go live soon, all input will be welcome.

**6.) Treasurer's report** - David Cameron. Report tabled and copy on file

- The full Trustee Report was available to view, as required by the Society's charitable status.
- DC offered a warm welcome to 61 new members, across all three membership categories. There are currently over 500 members in the Society.
- The current account balance remains at twice the meeting costs, and the low risk reserve account continues to offer the best option. CW was commended for providing an excellent meeting, offering value for money and containing costs.
- Ongoing costs: as mentioned in item 5 the AAGBI Specialist Societies offered a good and necessary infrastructure but costs would need to be kept under review. Other costs included the website, accountant, and prizes.
- John Kinsella was congratulated on the level of the undergraduate work presented and it is worth encouraging their input in the future.
- DC will hand over to NW in April 2014. He thanked Council for their support, and wished NW well. MF in turn thanked DC for his efforts.

**7.) SICS meetings/ASM Report** - Charles Wallis

- Volunteers were sought for the 2015 ASM with a planning meeting to be held on 14.03.14. The provisional dates were 22<sup>nd</sup> & 23<sup>rd</sup> January 2015 at the same venue. CW welcomed any comments or suggestions. MF proposed a paediatric session, DR agreed stating the ASM was a well thought of meeting and should be more widely promoted.
- MF noted that Anna Batchelor, FICM Dean, had attended Council on 22.01.14 and the first day of the ASM. Having enjoyed the visit she was considering a FICM away day to coincide with future meetings.

**8.) Associate Members Report** - Fiona McIntyre. Report tabled and copy on file

- No matters arising from the submitted report.

**9.) Trainees' Report** - David Griffith. Report tabled and copy on file

- Trainee membership has now reached approximately 150. Numbers voting in recent elections was low and more engagement with the group was perhaps required.
- The education meeting and senior education days had been a success with particular thanks due to Laura Strachan and Martin Hughes of the Education Group.
- Euan Black had presented the 2012 audit twice and was writing up the 2013 fluid balance audit which was completed in December.
- DG thanked his Trainees Committee and Council for their support, and then introduced the new Committee – Alistair Gibson (who will be Chair), Lia Paton, Lisa Gemmell and Thalia Monro-Somerville. All will hopefully serve two years. MA asked that the education meeting be a matter of priority for the new group.

**10.) Education Group Report** - Martin Hughes. Report tabled and copy on file

- No matters arising from the submitted report.

**11.) Paediatric Intensive Care Report** - David Rowney. Report tabled and copy on file

- DR thanked MF for forging links between paediatric intensive care and the SICS, and after two enjoyable years he is handing over to Neil Spenceley from Glasgow.
- DR drew Council's attention to the PICAnet report which demonstrated that Scottish PICUs were performing well.
- National Services Division are finalising a review of services which will show a requirement for nine more beds in Scotland.

- ScotSTAR will cover paediatric services, the current well regarded retrieval service remains hard to staff.

**12.) Critical Care Delivery Group** - John Colvin. Report tabled and copy on file

- JC described further the review of critical care services that SCCDG had asked the NPF to consider. BC had prepared the proposal, considering areas such as workload, service provision, workforce, geography and new developments. The NPF was supportive and had put it to NHS Board Chief Executives' Group. They in turn were aware of the pressures on critical care but had concerns on cost and service reconfiguration implications and had asked more information. If the review goes ahead it will be supported by the NPF, led by the SCCDG with input from many sources including the SICS.
- The surge capacity ventilators remain available for use.
- JC thanked the SCCDG and Council for their support over the years. The fact that three people had come forward to take over the role was testament to the vibrancy of the Group, and he was pleased to hand over to Brian Cook as his successor. MF thanked JC for all his contributions over the years.

**13.) ICM Recruitment and Training Report** - Liz Wilson. Report tabled and copy on file

- **Update on 2013 recruitment:** ICM recruitment remains very problematic. There is no new funding for Scottish posts, and so no stand-alone posts. Workforce pressures have dictated that most posts are badged with anaesthesia and so cannot be advertised through national recruitment, where plurality of access is required. LW thanked all those who had helped with the 2013 recruitment and ran through the outcomes. For the first time Scottish ICM posts were left unfilled, and lessons were to be learnt from this. All this was put to the SGHD in July, urging new funding, but with no reply so far.
- **2014 recruitment:** The deadline for UK recruitment adverts had passed and that for SMT was on 22.01.14 so it had been decided to advertise 11 badged (requiring separate applications and interviews for both anaesthesia and ICM) and two unbadged posts (for those with an NTN in a partner speciality). If reassurance of government funding for the two unbadged posts came through in time LW would endeavour to get these posts into UK recruitment. Interviews will be held in late April with the same format as last year. Anyone interested in taking part should contact their local RA.
- **Other matters:** LW ran through some other training matters including the need for trainees to have appropriate educational supervision, the e-portfolio which is still awaited, the replacement of 'intermediate training' outside a CCT programme with 'ICM affiliate trainee membership' which would require one year of medicine, greater quality assurance of the case studies and the fact that the FFICM exam will be required to progress into the final year of training.
- MA asked if the situation was the same down south, LW noted that there was full recruitment of quite high quality candidates, usually applying in ST4 already with their anaesthesia NTN. JK asked for the best source of information – LW advised to contact one's local RA who would pass queries to LW if required. JK also enquired on stand-alone posts, but LW felt that the current system had run well before this next step could be taken. Currently if a trainee has two NTNs they are not allowed to 'drop' one but this has not been tested and Deans might be lenient – e.g. if a trainee cannot progress due to exam failure in one speciality. JC felt that deans in other specialties should be forced to support ICM training; LW is arranging a meeting with NES and the deaneries to address this further. IMc felt, as a physician intensivist, that this was a depressing situation, which needs to be improved. LW reiterated the lack of engagement from TPDs of other specialities and if trainees have no luck with their TPD she currently advises them to apply in England.

**14.) CMO's Advisor in ICM Report** - John Colvin

- Consultant recruitment and retention remains a problem in Scotland, with increased SGHD recognition of this. MA asked if this was related to limited SPA time in new contracts. JC replied that 40-50% of advisors had made mention of 9&1 contracts in their reports and that the workforce group was aware of this concern. The Academy of Medical Royal Colleges and Faculties in Scotland were working on a joint statement to reject them, and some Board Chief Executives were revisiting them

(but not NHS GG&C as yet), aware that new consultants were not getting involved in other important duties, and that they were not getting much more clinical work performed. MF hoped that the message was now getting through to the SGHD.

- Work continues on workforce pressures and training post numbers (see item 13 above).
- SMASAC HDU report conducted by Sandy Binning will be repeated as this continues to be a cross-specialty problem.
- It was noted that the current CMO is stepping down, with his successor yet to be appointed.

**15.) Scottish Transplant Group Report** - Steve Cole. Report tabled and copy on file

- Referral issues had been covered in item 4. It was noted that the transplant services were already severely stretched with the current increase in activity.
- MF thanked SC in his absence for his talent and diplomatic abilities representing the SICS in the field of donation.

**16.) Scottish Critical Care Trials Group (SCCTG) Report** - Malcolm Sim. Report tabled and copy on file

- The annual joint meeting had been a success with a similar meeting planned for 2014.
- Encouragingly more units are getting involved in studies, both commercial and non-commercial. Tim Walsh was keen to do Scottish studies and the results of Prof Peter Andrew's 2012 Delphi study into research priorities will inform this. These matters would be discussed at the SCCTG Executive Group meeting the following day.
- There would be restructuring of funding with clinical champions in high activity areas.
- The Group intends to improve its website, linking in with the new SICS site.

**17.) SICSAG Report** - Steve Cole. Report tabled and copy on file

- CW has been appointed Vice Chair of SICSAG. No matters arising from the submitted report.

**18.) AOCB**

- **ACCPs (GN)** – ACCPs will be offered affiliate membership with FICM. An exam run by the Faculty is in development. The 2<sup>nd</sup> National ACCP meeting will be held in Edinburgh on 26.06.14 at the RCPE.
- **Annual Report** (Rosie MacFadyen) – MF thanked RM for her first Annual Report in 2013, all present seemed happy with an electronic version.
- **Shock Team & Transfers** – JM asked if the SICS would be prepared to seek a judicial review of the decision to remove the Shock Team, while appreciating that other areas in Scotland never had such a service. SB noted that the removal of education approval had been the key reason for this, and current events had prompted wider discussions that might result in a service for all critically ill patients in Scotland. A third EMRS was one such possibility, ACCPs providing manpower another. MF concluded that judicial review was therefore not the right way forward in this matter.
- **Meeting content and rates** - MM expressed concerns that the current ASM had a lot of medical content but not so much for nursing delegates, although SB and others disagreed. CW would take account of the feedback evaluations in regard to this. MA asked if the registration fee for medical students and foundation year doctors could be waived to encourage their interest in ICM.

**Mike Fried closed the meeting by introducing Graham Nimmo as the incoming President, and in turn Graham offered a huge thank you to Mike for all his hard work during his two years as President.**

**Date of Next Meeting: Thursday 22<sup>nd</sup> January 2015 (time & venue tbc)**

**Sarah Ramsay 12<sup>th</sup> February 2014**