

## Minutes of the SICS Council Meeting, Friday 25<sup>th</sup> September 2015

### The Royal Hotel, Bridge of Allan

**Present:** Liz Wilson (LW), John Colvin (JC), Steve Cole (SC), Charles Wallis (CW), Fiona McIlveney (FM), Phil Korsah (PK), Andrew Mackay (AM), Martin Hughes (MH), Ruth Forrest (RF), Jim Ruddy (JR), Brian Cook (BC), Barbara Miles (BM), Judith Joss (JJ), Gavin Simpson (GS), Lisa Gemmell (LG) from the Trainees Committee, Graham Nimmo (GN) and Sarah Ramsay (SR)

**1.) Apologies & introductions:** Apologies were received from Neil Spenceley, Kallirroi Kefala, Alistair Gibson, Malcolm Sim, Richard Appleton, Nigel Webster, Mike Gillies, Ian Mellor and Iain Macleod

### **2.) Minutes of previous meeting on Friday 15<sup>th</sup> May 2015**

The minutes were accepted as an accurate record.

### **3.) Matters arising not covered elsewhere in the minutes**

There were no matters arising not covered elsewhere in the agenda.

It was assumed that all reports had been read in advance.

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

#### **• Patient and Families Group**

GN asked regional reps to nominate two patient/family pairs from each region with the intention to hold a first meeting in Feb/March 2016. Tara Quasim and Joanne McPeake will also join the group. GN had recently written a letter of support for their application for a grant to continue and spread the InSPIRE project. LW noted that Tim Walsh and Pam Ramsay would be useful contacts after the recent launch of their critical care recovery website.

***AP 4.1: Regional reps to nominate two patient family pairs per region by the end of November. GN to contact Tara, Joanne, Pam and Tim.***

#### **• Associate membership**

There are currently 122 Associate members. RF had made contact with a critical care physiotherapy group. GN is attending an upcoming meeting of this group.

#### **• Revisit levels of care**

GN questioned how helpful the distinction between levels one and two, and two and ~~three care~~ three care was *clinically*. BC stated that it is very useful for planning. LW hoped that results from the FICM Critical Futures survey will provide some local information.

#### **• Unit visits**

These continue and a group of hospitals (Orkney, Shetland, Stornoway, Fort William, Caithness) which care for occasional critically ill patients, and have no local access to

intensive care, were forming a group to teleconference together, and with larger centres. GN felt the SICS should support this. In another form of professional networking smaller units had joined the Lothian journal club via video-conferencing and similar events were planned elsewhere in the country.

- **RCPE Past, Present and Future Meeting 12<sup>th</sup> & 13<sup>th</sup> September 2016**

The SICS have an all-day session, offering a good opportunity to promote both the Society and critical care in Scotland. GN presented a draft programme and welcomed further suggestions.

***AP 4.2: Suggestions for topics for the RCPE PPF Meeting to GN***

- **Committees**

GN reported on the various activities of FICM Board, CCLF and ICS.

- **AAGBI Working Party on Safe Transfer of Brain Injured Patients**

It was agreed that GN would work with Andy Eynon of the ICS to represent the Scottish critical care perspective in the rewrite of the AAGBI Safe Transfer of Brain Injured Patients guidance.

***AP 4.3: SR to inform AAGBI***

## **5.) Honorary Secretary's & Website reports** - report tabled and copy on file

- **Council changes**

SR informed Council that Kallirroï Kefala, Richard Appleton and Ruth Forrest had all agreed to serve further two year terms and introduced her successor, Fiona McIlveney, who would take over at the 2016 AGM.

- **Insurance**

The Society has taken out public liability insurance for the ASM and the Trainees Meeting in November.

- **AGM**

There was agreement that the 2015 AGM had not run very well, and the office bearers would ensure a more effective, but still not overly long, AGM in 2016.

- **Acute care evening sponsorship**

It was agreed that this was an opportunity to reach non-anaesthetic trainees and that the Society would offer a small amount of sponsorship to this event, as a one off in the first instance. The proviso would be that the Trainee Committee would be given a brief slot to promote the SICS.

***AP 5.1: SR to contact Eoghan Colgan***

- **Website**

The current work is around enabling on-line payment for meetings via the site. SR noted her intention to step down from the project next year. Richard would continue with her successor.

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

- No questions raised about the received report.

## **7.) SICSAG Report** - report tabled and copy on file

- **Annual Report 2015**

SC recapped the highlights of the 2015 report. This year there had been no SMR outliers and HAI data had been included in the main report. Letters of variance for units not meeting quality indicators had been sent late and this would be improved in the future.

- **Revision of Quality Indicators**

There was a short life working group performing a rewrite of the 2012 Quality Indicators, which would now be aligned with GPICS. The intention was for these to be ready for the 2016 ASM.

- **Annual meeting**

The joint SICSAG/SCCTG in early September had been a success. There was some debate on future venues that offered a good location at a reasonable price. The 2016 meeting is scheduled for 1<sup>st</sup> & 2<sup>nd</sup> September.

## **8.) Scottish Critical Care Trials Group (SCCTG) Report** – report tabled and copy on file

- **SCCRN**

SR noted the group is to be renamed the Scottish Critical Care Research Network.

- **UKCCRF**

It was decided that the SICS should contribute a pro-rata amount based on income.

***AP 8.1: SR to discuss with Nigel Webster and Malcolm Sim***

## **9.) ASM / Meetings report** – report tabled and copy on file

- **Written report noted**

It was decided to film the presentations for future publication on the website. Presenter consent would be required. Council were happy for the EURO-ELSO team to offer a free place to an ASM delegate, provided they arranged this.

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

- **NHSBT activity**

There is currently no Scottish regional CLOD. CW was keen to remain in a separate role as the SICS rep on the SDTG and SC agreed. Donor numbers are down.

- **Transplantation (Authorisation of Removal of Organs etc.) (Scotland) Bill**

CW gave some background to the Bill which had now passed to the Financial Committee, and queried the best method of giving SICS feedback. After some discussion it was agreed that, despite varied opinions on opt-out issues, there was consensus on significant concerns about the potential negative impact of the Bill on donation in the ICU. CW agreed to write a letter explaining this. He was unsure if the SICS would be asked to give evidence, and indeed if the Bill would ever be passed.

***AP 10.1: CW to write letter to the relevant Parliamentary Committee***

- **BSD form**

GS asked about the Scottish BSD testing form. FM noted that FVRH used the UK form. CW explained the reasons behind the Scottish form, and that he had been invited to a small UK project group looking at training and unifying the documentation.

### **11.) CMO's Advisor in ICM Report** – verbal report

- **CMO**

The CMO was keen for clinical input via the specialty advisors into major strategy work such as acute care and the seven Day Services review. The SICS Council was an important link.

- **National critical care review**

Although there had been a lack of enthusiasm for this from the National Planning Forum, Ian Finlay (IF), Scottish Government Lead for Sustainability and 7 Day Services thought this was necessary to inform planning. Following a letter to the CMO from BC, SC and GN also pushing for a review, a meeting had been arranged with JC, IF and other Scottish Government representatives in late September to take this forward.

- **Workforce** –covered in ICM recruitment

- **Physician assistants/ACCPs**

There was increasing support for these roles from the SG. BC noted that PA-As, unlike ACCPs, had no registration, and that support for ACCPs was an opportunity to promote the needs of the critical care workforce.

### **12.) ICM Recruitment and Training Report** - report tabled and copy on file

- **Push for more training numbers/funding**

LW described the current problems with training delay and attrition and the resultant need for more training posts, and the benefits to both ICM and anaesthesia if these posts were unbadged. JC hoped that compensatory NTN for LTFTT and OOPE might offset some of the problems. The intention was for all jobs to be appointed via national recruitment. The effect of proposed changes to the junior doctors' contract in England and Wales might encourage recruitment to Scotland. A decision on training numbers was expected in 3-4 weeks.

- **Trainee Day**

This had been organised by LW and Carol Murdoch from GRI and widely advertised. 22 trainees attended of whom only 12 were eligible for an application to ICM in 2016. Coaching was given on the application and interview processes.

- **Future workforce**

GS asked about the ~~ten-year~~ten-year outlook. LW expected there to be non FICM-accredited consultants which GS felt would mean some units being unable to meet the FICM standards. BC noted that as patient demographics changed and demands rose current recruitment would not be able to meet the provisions required by GPICS standards. FICMWAG are currently conducting a gap analysis in Wales of existing and required workforce.

### **13.) Critical Care Delivery Group** – verbal report

- **Critical care services review**

BC hoped that this would also be a gap analysis of what exists versus the costs of raising standards to certain levels. The results could help units struggling to get resource, particularly for level 2 care, but is unlikely to help training numbers for a while.

- **Long term ventilation**

A case was being made for a national service, rather than a national centre.

### **14.) Paediatric Intensive Care Report**

- No issues raised in Neil Spenceley's absence.

### **15.) Education Group Report** - report tabled and copy on file

- **Modules**

Work on the modules continues with no date set for filming as yet.

- **Simulation**

A second simulation faculty development day will be held on 4<sup>th</sup> & 5<sup>th</sup> November.

### **16.) Trainees' Report** - report tabled and copy on file

- **SICS Education Meeting 26<sup>th</sup> & 27<sup>th</sup> November 2015**

An excellent programme has been arranged with 30 registrants already signed up. LW asked if junior trainees attended. LG stated yes and that the Committee were advertising widely to attract acute and emergency medicine trainees. LW asked that they be pointed in the direction of local RAs.

- **Education days**

These are very popular with up to 40 attending, including some who just turned up on the day. This made catering difficult. It was agreed that meetings should be free for members, otherwise the cost for attending would be £30 (£5 extra if not pre-booked).

***AP 16.1: SR to work with LG and the Trainee Committee on implementing this***

- **Audit**

The 2014 audit on tracheostomies, led by Lia Paton, is being written up. The 2015 audit on post cardiac arrest temperature management will hopefully go ahead in October, pending Caldicott guardian approval.

- **Elections**

The Committee will hold elections for their replacements later in 2015.

### **17.) Associate Members Report** - report tabled and copy on file

- **Master of Pharmacy Course**

The Critical Care Pharmacy Group have again been invited to contribute to the MPharm course.

- **Widening membership**

New connections include the InSPIRE clinic and a national physiotherapy group. GN suggested Marcia McDougall and LW suggested Judith Merriweather at RIE as contacts for dietetics.

***AP 17.1: RF to take this forward***

- **National workforce planning for pharmacy services**

Some benchmarking work based on GPICS has been carried out.

***AP 17.2: RF will circulate results***

**18.) AOCB**

- **GMC Approved Trainer Recognition**

LW expressed concern that Approved Trainer Recognition as required by the GMC might reduce the number of supervisors, with more work falling on those who were recognised. Most felt that the recognition process was not too onerous in their experience. JR noted approved recognition could be useful evidence in the job planning process.

- **ACCPs**

The 3<sup>rd</sup> Annual ACCP Meeting held in July was a major success. The syllabus and curriculum are available on the FICM website. A FICM-ACCP advisory group has been established and will perform a census of numbers, and work on supporting CPD, retention and development of trained ACCPs.

- **Annual Report**

Consensus was reached that the 2014-5 Annual Report would be published in an electronic version only and distributed to members as a PDF.

- **Mike Fried**

Mike Fried's retiral from ICM would be recognised at the 2016 ASM.

- **Newsletter**

SR suggested that an e-newsletter for members about the various activities of Council would improve communication and engagement. GN agreed.

***AP 18.1: SR & GN to discuss authorship and distribution***

**Date of Next Meeting: Wednesday 20<sup>th</sup> January 2016, 13:00 for 14:00**

**The Old Course Hotel, St Andrews**