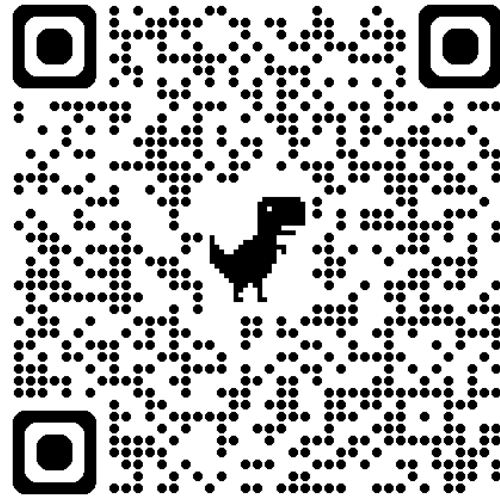
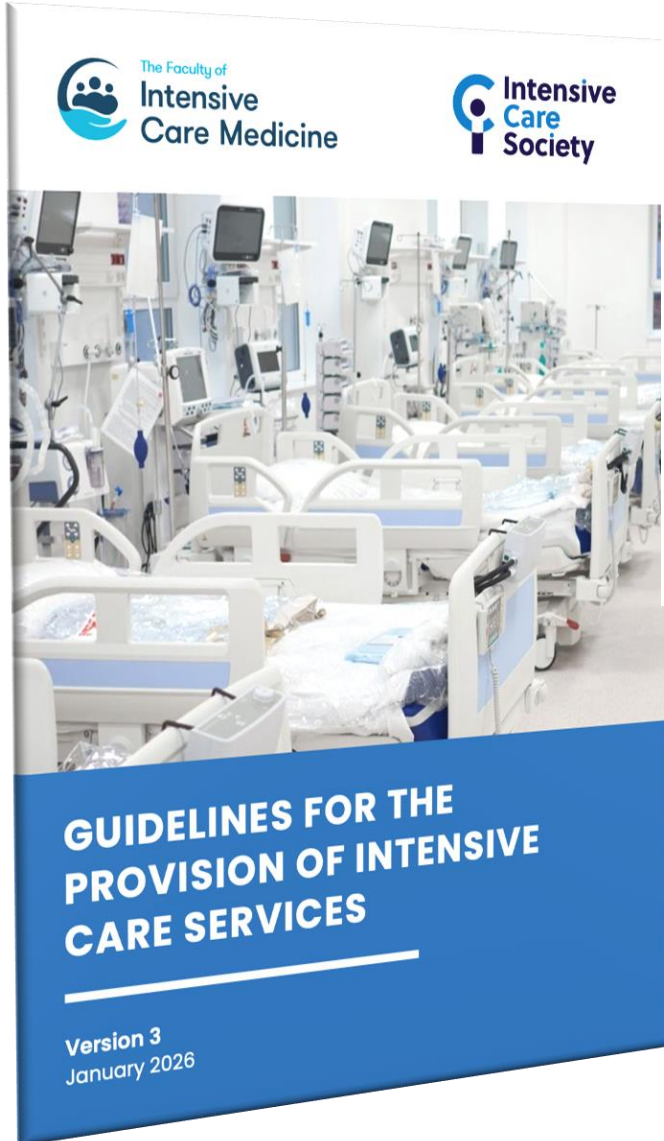




The Faculty of
**Intensive
Care Medicine**



**Intensive
Care
Society**



GPICS 3

Putting the 'i' into Intensive Care

Dr Dale Gardiner
Co-lead editor for GPICS 3

With special thank to my co-lead editor Paul Dean (ICS), the editorial board, all the authors and Dawn Tillbrook-Evans (FICM secretariat)

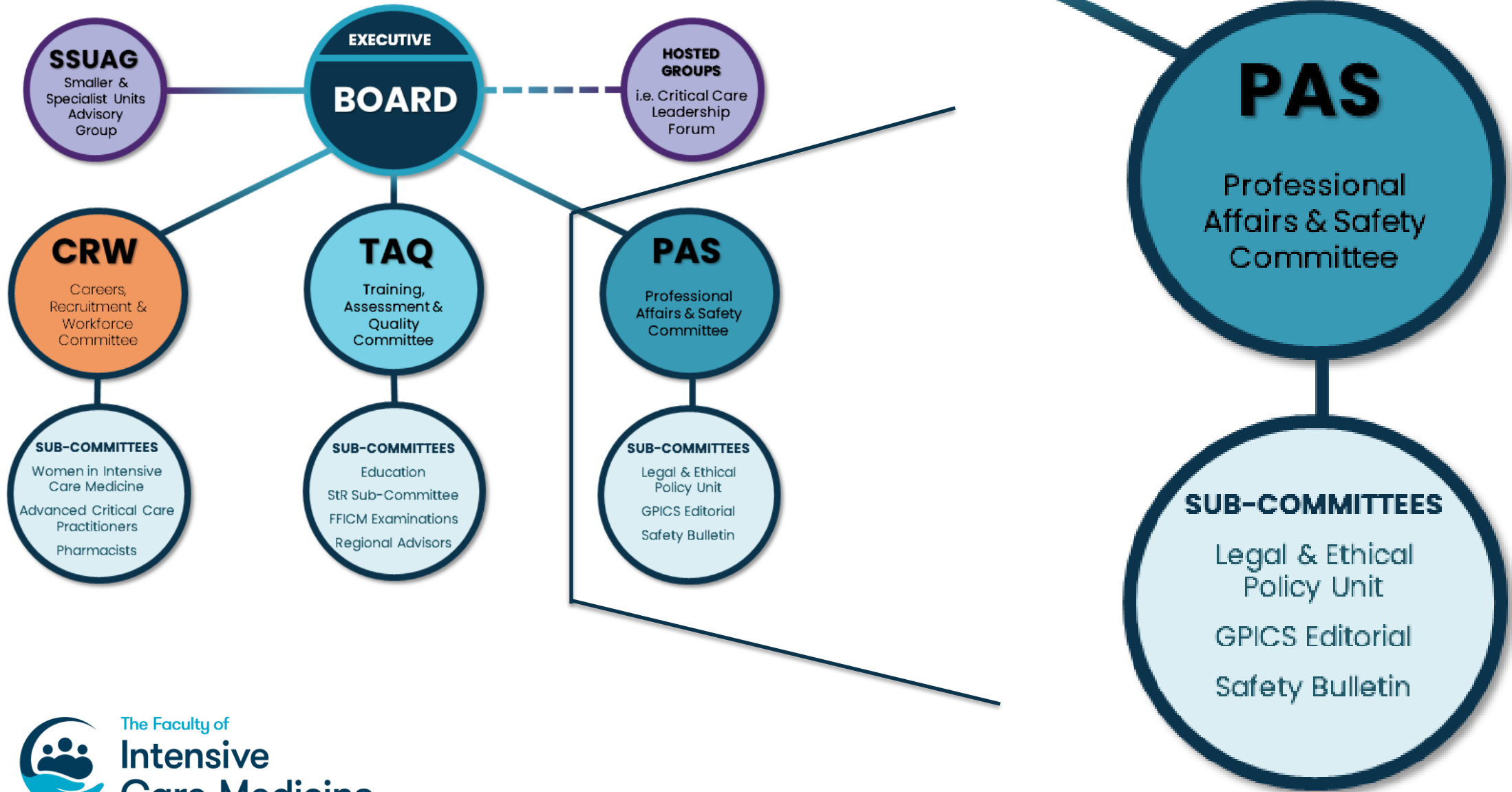
1. i = me



- Consultant ICM, Nottingham University Hospitals NHS Trust
- Originally from Brisbane, Australia, arrived in 2002
- National Clinical Lead for Organ Donation, NHSBT
- Chair, FICM's Professional Affairs and Safety Committee



2. i = FICM PAS



3. i = FICM (soon to be CICM)

Becoming the College of Intensive Care Medicine

We are working towards becoming an independent College of Intensive Care Medicine in July 2026

FICM is a Faculty of eight Royal Medical Colleges. As CICM we will be one united voice for our diverse membership to best represent the specialty of Intensive Care Medicine. Independence will give our specialty the visibility to strengthen the voice of ICM among peer Colleges, benefit members and improve quality of care for our patients and their families.

Becoming CICM means control over our own finances so we can enhance member benefits and campaign for lifelong careers in intensive care.



The Story So Far

Values

(choose a set or mix or match)

- | | | |
|---------------|------------|---------------|
| 1. Excellence | Courageous | Kind |
| 2. Skilled | Pragmatic | Compassionate |
| 3. Excellence | Compassion | Inclusivity |

3. i = FICM (soon to be CICM)

Our roadmap to independence

FICM has made progress since it first announced intentions in 2022 to form a College of Intensive Care Medicine. Day One of the new CICM on 1 July 2026 will be an important step but there are more to take as we establish and grow.

Phase 1: 2025/26 Prepare

Set up new **Charitable Company** – RCoA as sole constitutional member

New governance structure, underpinned by updated regulations

Assets & services - due diligence to support a transitional services agreement

Delegation of authority to support **financial and operational delivery**

Phase 2: 2026/27+ Establish

Part of RCoA but led by a CICM BoT, Council and Executive

Member and stakeholder engagement channelled through **CICM Council**

Assets & services - RCoA delivery, due diligence refreshed for phase three

Financial sustainability strengthened, based on new membership models

Phase 3: 2027/28+ Grow

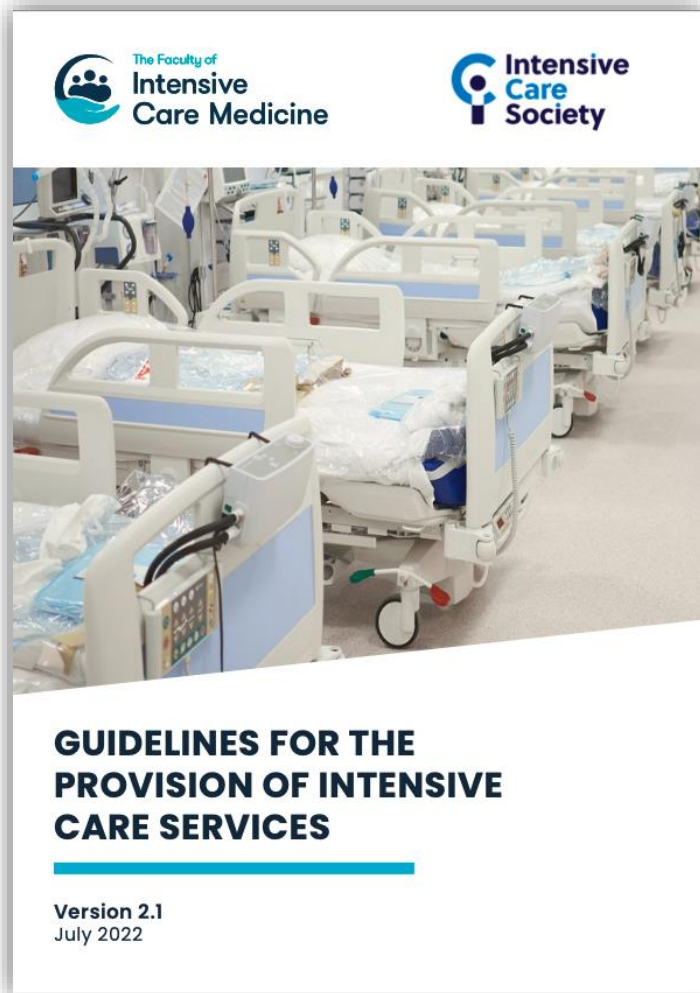
Depart from RCoA by admitting CICM membership as **constitutional members**

Explore options for future location, in line with finances and **member engagement**

Assets & services - independently delivered or under contract with RCoA

Privy Council application to gain Royal Charter, driven by **financial stability**

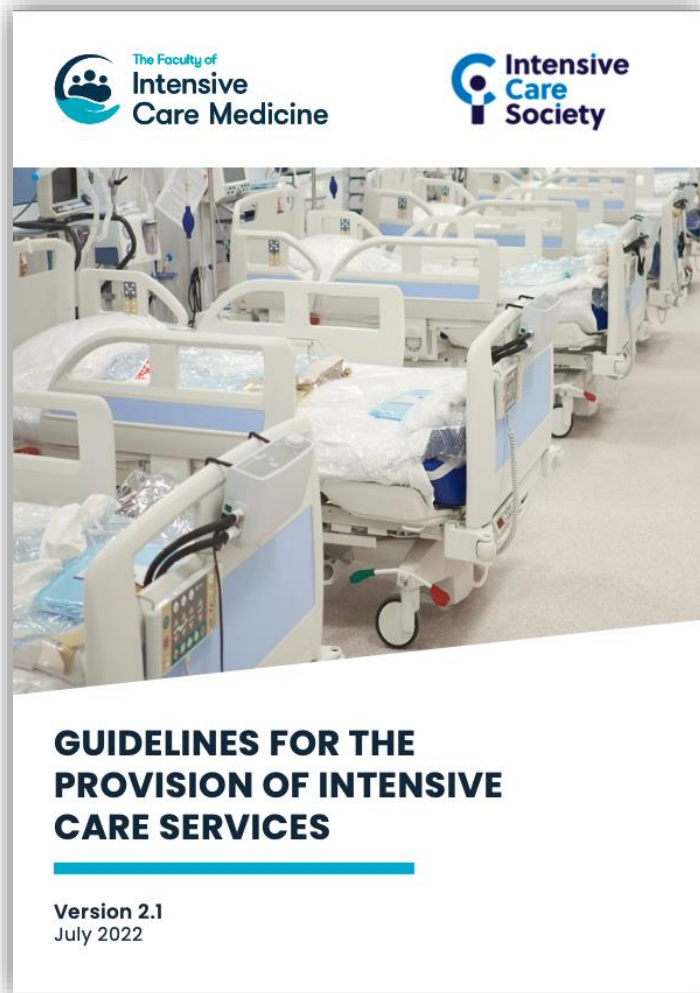
4. i = GPICS



1. **GPICS V1** (2015) was published soon after FICM was founded in 2011. FICM led but joint project with ICS.
2. **GPICS V2** (2019) strengthened this foundation.
3. **GPICS V2.1** (2022) incorporated immediate learning from the SARS-CoV-2 pandemic. Did not review staffing chapters.
4. **Many ICUs have found the standards and recommendations within GPICS invaluable in developing successful business cases to enhance their local services and improve patient care.**
5. GPICS continues to be used as the **benchmark** by which local services are peer reviewed and assessed by healthcare regulators, such as the Care Quality Commission (CQC).

Over the last decade GPICS has become the definitive reference source for the planning, commissioning and delivery of adult intensive care services in the UK.

4. i = GPICS



Feedback on GPICS 2 and 2.1

1. Too many standards.
2. Not all standards are equally important.
3. Failing to meet a standard has no consequence, undermining the other standards.
4. The recommendations too aspirational.
5. Not enough 'teeth' to drive improvements in the recommendations.
6. Difficult to audit.

Link standards and recommendations (or be interpretable with) to current healthcare inspection ratings across the UK.

5. i = GPICS V3 overarching philosophy

Greater author diversity.

Standards are genuinely 'must do' statements.

Standards can be met by everyone.

Standards and recommendations interpretable to current healthcare inspection ratings across the UK.

- Standards and recommendations are based upon a good scientific evidence base or be supported by an appropriate professional or consensus document.
- That recommendations balance aspirational improvement vs realistic deliverability.
- That GPICS 3 does not become a clinical guideline, so the focus is always on what is required for the provision of intensive care SERVICES in the UK (e.g., infrastructure, people, process).

GPICS 3	CQC	SICS	Health Improvement Scotland
Standard	Inadequate	Minimum Standard	Requirements
	Requires Improvement		
Recommendation	Good	Quality Indicator	Good
	Outstanding		

GPICS 3

COC

SICS

Health Improvement
Scotland

Failure to meet standards
might mean the service is
inadequate / requires
improvement.

While different
terminology the ethos
is the same in
Scotland.

Standard

Minimum

Meeting many of the recommendations
should lead to the conclusion that the
service should be considered for a
good/outstanding rating.

Recommendation

Quality Indicator

Good

Outstanding

6. i = editorial board

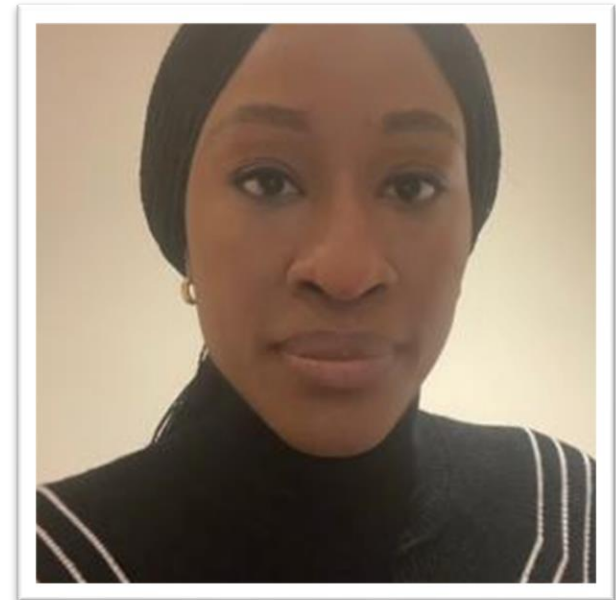
1. Lead Editors (Dale Gardiner - FICM & Paul Dean - ICS)
2. Lay, Intensivists in Training, 4 nations.
3. Section Editors (Andy Breen, Liz Thomas, Michaela Jones, Prad Shanmuga, Ram Matsa, Greg Barton)
4. FICM & ICS Management Support.
5. Dr Sekina Bakare as diversity and inclusion lead.

GPICS V3 Section Editors and Diversity & Inclusivity Lead

Recruitment

Published 23/01/2023

Sekina has kept us focused not only on gender and ethnicity but diversity in large and small units, geography, four nation representation and mixing new and old authors.



7. i = authorship

- **Total authors** – 160
 - New – 102
 - Previous – 58
- **Gender**
 - Male – 84
 - Female – 76
- **Location**
 - England – 132 *expected – 134*
 - Scotland – 12 *expected – 13*
 - Wales – 11 *expected – 8*
 - Northern Ireland – 5 *expected – 5*

7. i = authorship

- **Job Title**

- Consultant – 96
- Nurse – 24 (15%)
- AHP - 13 (as defined by NHS England)
- Trainee – 10
- ACCP – 5
- Healthcare scientist – 3
- Pharmacist – 2
- Psychologist – 2
- Manager – 2
- SAS/Specialty Doctor – 1
- Misc - 3

Distribution of authors from large and small ICUs coming soon...

Strong effort was made to ensure every author was currently working in ICU.

8. i = style guide

- **GPICS V3 Sections**
 - **Structure**
 - **Workforce**
 - **Clinical Care**
 - **Service Development**
 - **Preparedness**

8. i = style guide

- **New headings**

- Standards -> **Minimum Standards**
- Recommendations -> **Recommendations to Provide a Quality Service**
- *Background* -> **Background and Explanation**

8. i = style guide

- Standards -> **Minimum Standards**
 - **A minimum standard is something we expect all ICUs to meet, or to record on a risk register if unmet.**
 - Minimum standards serve as **essential safety markers.**
 - They are '**must do**' statements and a great deal of work has gone into ensuring all minimum standards are **realistic, important and deliverable.**

Lead Editor rules we tried to apply consistently

- **50% rule ?**
- **Is this a major safety concern ?**
- **Past standard ? ?**

8. i = style guide

- Recommendations -> **Recommendations to Provide a Quality Service**
 - Act as **quality markers**.
 - They are **'should do'** statements.
 - **Hallmarks of what a high-quality intensive care service should look like and as such they can be used as a means to drive improvement.**
 - **Quality indicators are often aspirational and sometimes challenging to achieve**, as they may involve action across the whole hospital, healthcare organisation or even wider systems. Nevertheless, it is the intention of the FICM and ICS that these recommendations to provide a quality service should reflect routine practice within UK ICUs.

8. i = style guide

- Background -> **Background and Explanation**

- **Examples, extrapolation and explanation** all belong in the *Background and Explanation*

Lead Editor rules we tried to apply consistently

- **Weed out the extraneous (and sometimes sneaky) musts and shoulds**

8. i = style guide

- **Firm style guide**

- **One auditable sentence per standard or recommendation**
- Order: **Infrastructure, people, high-level processes** (not clinical guidance)
- **Examples, extrapolation and explanation** all belong in the *Background and Explanation*
- **Intensive Care = Level 2 and 3**
- **Intensive care** not critical care (unless a defined name)
- We are healthcare professionals who work as, and within, a **multidisciplinary team**

Words matter

“Each word tastes of the context and contexts in which it has lived its socially charged life; all words and forms are populated by intentions.”

M.M Bakhtin, The Dialogic Imagination, 1981

9. i = GPICS 3 examples

- **New Chapters**
 - **Equity, Diversity, and Inclusion**
 - **Environmental Sustainability**
 - **Managing Acute Severe Behavioural Disturbances**
- **Split Chapters**
 - Medical Staffing -> **Consultant Staffing + Non-consultant medical doctors + On-site medical doctor and ACCP rota**
 - Workforce, Induction & Training of Medical, Advanced Critical Care Practitioners and Nursing Staff -> **Induction, Return to Work and Exit + Professional Development, Education and Training**
 - The Patient and Relative Perspective -> **Involving, Supporting and Respecting Patients + Involving and Caring for Patients' Family and Friends**

9. i = GPICS 3 examples

GPICS V2.1, Organ Donation Standards 1 and 2

- If a patient is close to death, doctors **must** explore with those close to them whether they had expressed any views about organ or tissue donation. Doctors **must** follow any national procedures for identifying potential organ donors and, in appropriate cases, for notifying the Specialist Nurse-Organ Donation (SNOD). [GMC]
- The National Institute for Health and Care Excellence guidance requires that the intensive care team caring for the patient **should** initiate discussions about potential organ donation with the SNOD whenever a patient meets the criteria for undertaking the tests, to confirm death using neurological criteria or when there is an intention to withdraw life-sustaining treatment in patients with a life-threatening or life-limiting condition which will, or is expected to, result in circulatory death.²

9. i = GPICS 3 examples

GPICS V3 Organ Donation

Minimum Standards

- Clinicians must consider organ and tissue donation for all patients reaching end of life in the ICU, as part of a holistic care plan.1,4

Recommendations to Provide a Quality Service

- The CLOD and linked SNOD should regularly review and share within the ICU local performance data from the NHSBT national potential donor audit, to ensure that timely identification and notification of potential donors to organ donation services is occurring.

9. i = GPICS 3 examples

GPICS V2.1, Clinical Equipment Standards 1 & 4

- All equipment **must** conform to the relevant safety standards and **must** be regularly serviced and maintained in accordance with the manufacturer's guidance. Equipment must be checked immediately before use.
- All staff **must** be appropriately trained in and competent and familiar with the use of equipment. Up-to-date training records **must** be maintained to demonstrate that all staff (medical, nursing, AHP (Allied Health Professionals) and support staff) have complied with this provision.

9. i = GPICS 3 examples

GPICS V2.1, Clinical Equipment Standards 1 & 4

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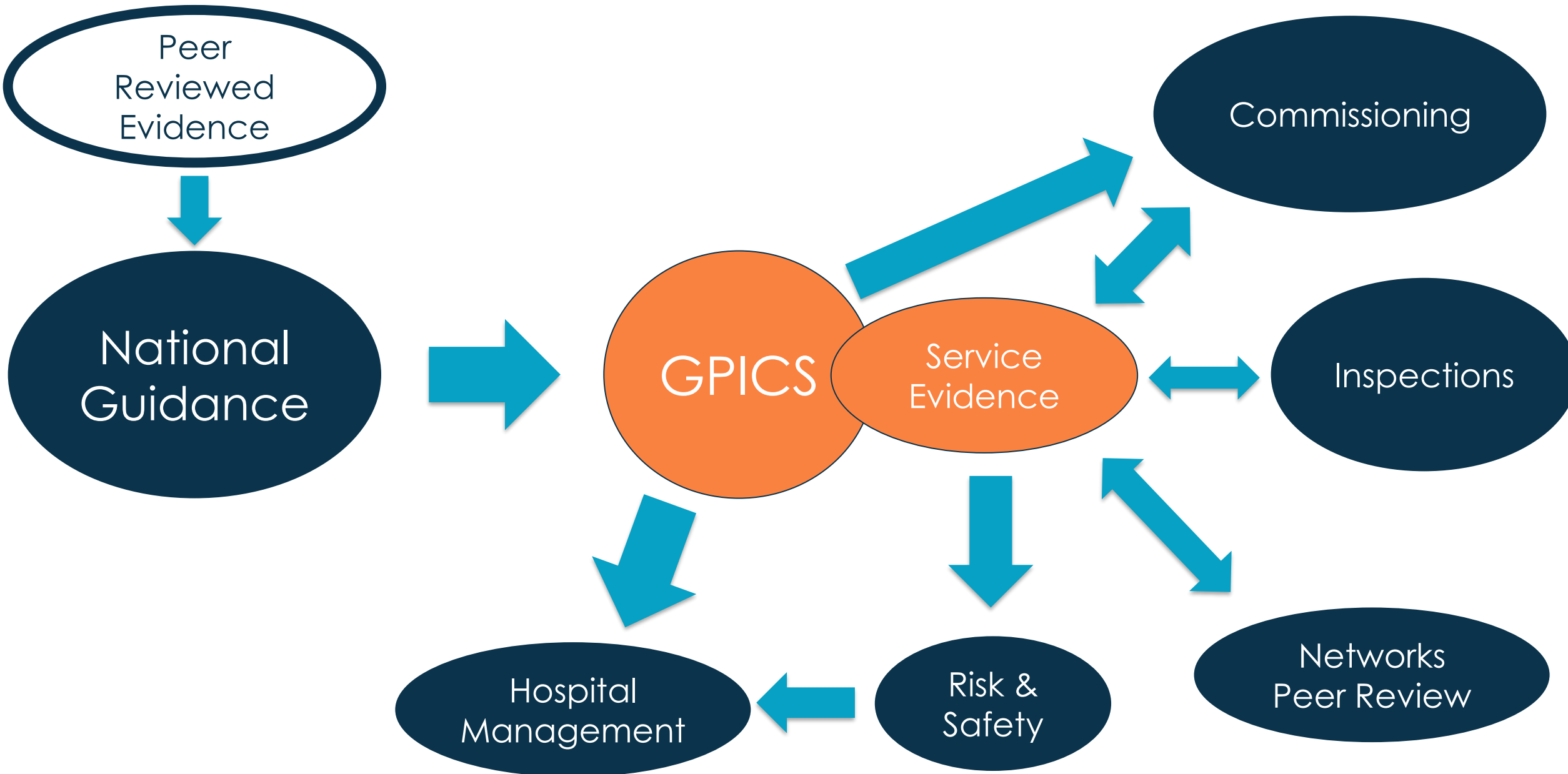
9. i = GPICS 3 examples

GPICS V3 Clinical Equipment

Minimum Standards

- All equipment must conform to the relevant safety standards.
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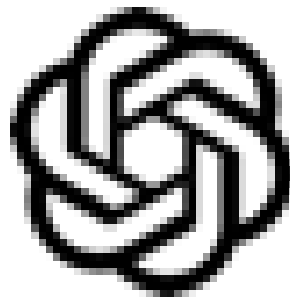
10. i = you



10. i = you

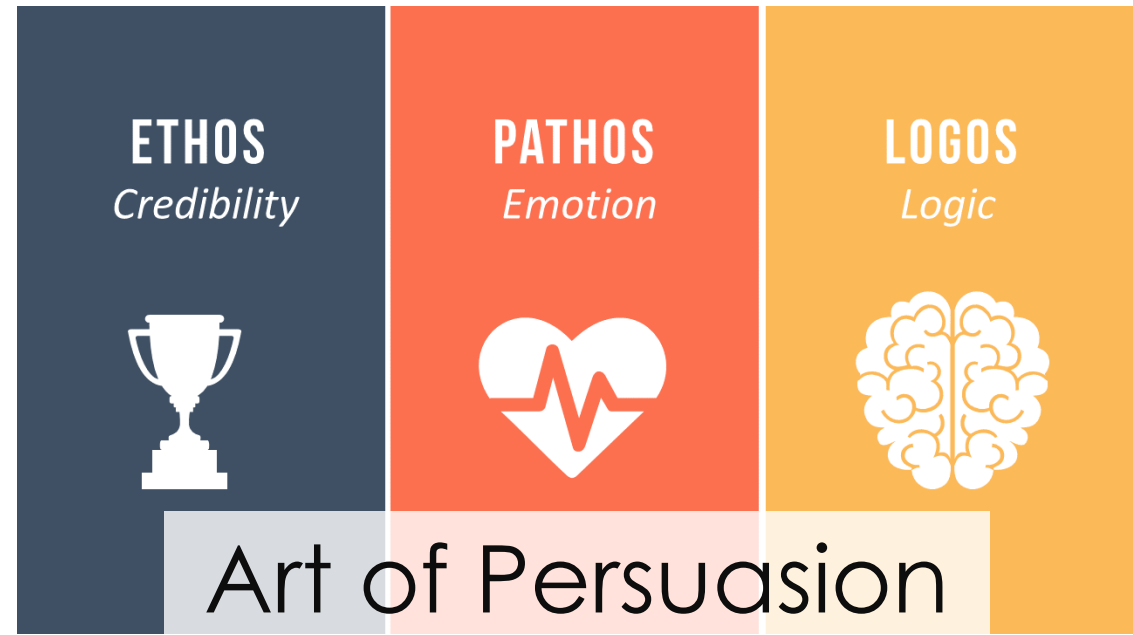
If you write it, they may pay...

- GPICS is like chat GPT, it can provide you with some evidence (hopefully without hallucinations) and it can help you better articulate...
- it is not a Royal Flush



10. i = you

GPICS and business plans



ETHOS
Credibility



PATHOS
Emotion



LOGOS
Logic



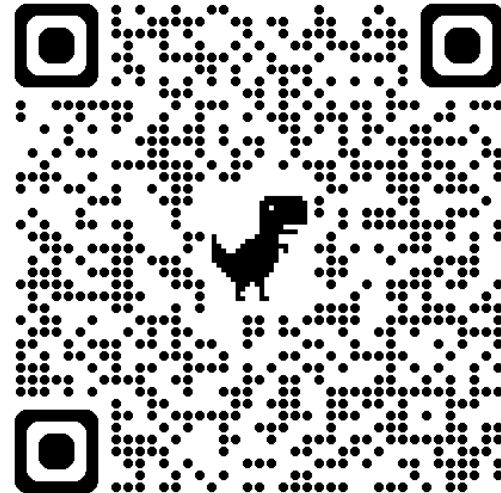
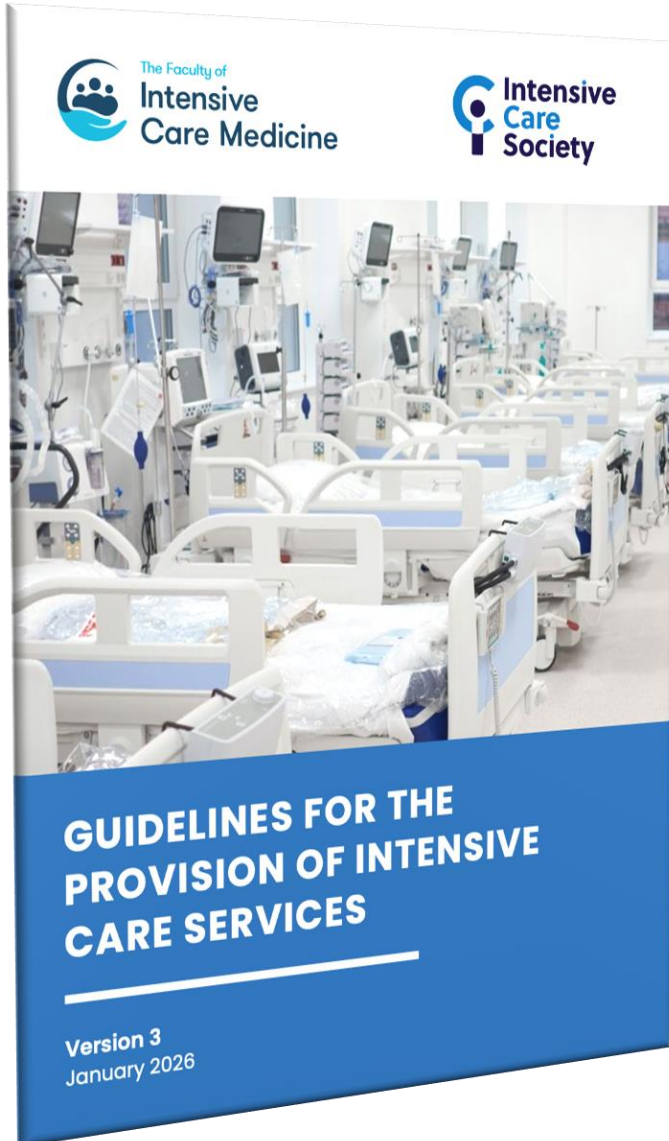
Art of Persuasion



The Faculty of
**Intensive
Care Medicine**

GPICS V3

It's your document now...
(Released January 2026).



GPICS V4

Yes, it will all begin again...
V3 began 09.2022

- What worked in V3?
- What would have been better in V3?
- What do you want in GPICS 4?

With special thank to my co-lead editor Paul Dean,
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