

Royal College of Paediatrics and Child Health

Terms of Reference

Paediatric Intensive Care Intercollegiate Specialty Advisory Committee

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Definitions

In these terms of reference, the words or phrase in the left column have the meaning in the right column

The committee	The Paediatric Intensive Care Medicine Intercollegiate Specialty Advisory Committee (PICMISAC)
The Colleges/ Faculty	Royal College of Paediatrics and Child Health (RCPCH) Royal College of Anaesthetists (RCoA) Faculty of Intensive Care Medicine (FICM) Royal Colleges of Surgeons (RCS)
CSAC	College Specialty Advisory Committee of the RCPCH – defined below
FICMTAC	FICM Training and Assessment Committee
Paediatric Intensive Care Medicine (PICM)	Subject to section D of these Terms of Reference 'Paediatric Intensive Care Medicine' means that area of medical care required for organ support and therapy of critically ill or injured children who are expected to survive but who without intensive care would be unable to do so. Paediatric Intensive Care Medicine provides a service for children with conditions for whom the level of observations and treatment that can safely be provided in general wards is insufficient.
Child/ children	Defined as children and young people excluding those whose medical care would normally fall under the aegis of neonatal physicians in the post-natal period.

RCPCH Specialty Advisory Committee Terms of Reference

The College Specialty Advisory Committees (CSAC) are sub-committees of the Education and Training Quality Committee (ETQC). All decisions affecting terms of reference, CSAC function, membership and remit will need ETQC oversight.

Each CSAC has been established to offer expert advice for each paediatric subspecialty within the RCPCH specialty training programme recognised by the General Medical Council (GMC).

CSACs are welcomed and encouraged to submit items of CSAC business to ETQC for approval, decision, discussion or information. These items will be submitted via the RCPCH Training Services team, who will support and administer CSAC meetings.

All CSAC members must abide by the *RCPCH Code of Conduct for Professional Volunteers*.

Purpose

Assist the RCPCH Education and Training Division in developing and delivering training and assessment standards as determined by the GMC

The Paediatric Intensive Care Medicine Intercollegiate Committee shall have the following specific functions:

A. Quality Assurance on behalf of RCPCH

1. Support the RCPCH in implementing processes to quality manage its education and training activities including:
 - 1.1. Authoring the sub-specialty curricula in line with RCPCH requirements meeting GMC standards
 - 1.2. Contribute to developing assessment instruments and RCPCH START
 - 1.3. Oversee and assist the RCPCH in delivering special interest modules
2. Monitor and oversee the progress of the training and assessment of all those undertaking Paediatric Intensive Care training, supporting the ARCP panels by completing CSAC Progression Forms via the RCPCH ePortfolio.
 - 2.1. This includes supportive remediation for trainees following RCPCH START assessment where needed.
3. Assist the Education and Training Division to ensure that the RCPCH has processes in place to quality assure its training activities and contribute to the GMC quality framework guidelines.
4. Assess applications and recommendations to the GMC on the award of Certificates of Completion of Training (CCTs) and Certificates of Eligibility for the Specialist Register (CESR) in subspecialty paediatrics.
 - 4.1. Adhering to the maximum three-week timeline for CCT and CESR work.
5. Participate as a College Representative in externality and regional quality processes for the subspecialty.
6. Develop scenarios for the RCPCH START assessment for Paediatric Intensive Care.
7. Work with the Education and Training Division's Recruitment and Careers team to ensure that effective and transparent procedures are in place for trainees being recruited to approved subspecialty posts.

B. Quality Enhancement and Communication

1. Ensure relevant clinical guidelines, evidence and developments are reflected in Paediatric Intensive Care education and training activities.
2. Consult with and communicate to interested stakeholders e.g. trainees, Head of Schools, developments and initiatives affecting quality.
3. Work with National Associations and Specialist Interest Groups to identify the clinical and workforce requirements of subspecialists in the future.
4. Develop resources to provide advice and support for trainees who wish to train or actively train within the subspecialty. Act as a source of information and support for both trainees and trainers.
5. Assist the RCPCH Recruitment and Careers team in the promotion of careers in paediatric subspecialties through preparation of content and attendance at promotional events.
6. With agreement from ETQC, represent the RCPCH at intercollegiate committees

C. Intended Outcomes

1. CSAC will have contributed to a robust level 3 curriculum aimed towards helping paediatricians acquire the knowledge, skills and experience needed to provide effective care for children and young people.
2. CSAC will have contributed to a strategy for assessment and examination together with effective assessment tools to monitor trainees' progress through training
3. Effective and timely processing of applications for entry to the Specialist Register via CCT, CESR or CESR (CP) route
4. Quality assurance processes for all College activities related to training and effective procedures in place for working with deaneries on quality management of training delivery
5. An appropriate and thorough process for recruitment into Grid posts
6. Contribution to the RCPCH's response to the GMC Annual Specialty Report via the Quality and Standards team in the Education and Training Division.

D. Functions relating to scope and status of Paediatric Intensive Care Medicine

1. To keep the definition of Paediatric Intensive Care Medicine under review and, if it should appear necessary or desirable, of making, from time to time appropriate modifications to the definition having, when necessary, undertaken such consultations for that purpose as shall appear desirable to the Committee.
2. To keep under review the practice of Paediatric Intensive Care Medicine.
3. To keep under review the relationship between general Intensive Care Medicine and Paediatric Intensive Care Medicine.
4. Keeping under review the definition of child in this context, particularly in the light of developments in 'transitional' care for adolescents.

CSAC Standing Orders

E. CSAC Responsibilities

1. These are outlined in the terms of reference.

F. RCPCH Responsibilities to the CSAC

2. Support administration of CSAC meetings.
3. Aim to have RCPCH representation at CSAC meetings other than administrative support, usually sourced from the RCPCH Training Services Team.
4. Communicate updates relating to CSAC business and support CSAC with understanding rules, policies and legislative requirements.

G. Membership

Membership consists of the following:

- 4 x members nominated by the Royal College of Paediatrics and Child Health
- 2 x members nominated by the Royal College of Anaesthetists
- 2 x members nominated by the Faculty of Intensive Care Medicine
- 1 x members nominated by the Paediatric Intensive Care Society
- 1 x trainee representative

Co-opted representatives:

- 1 x lay representative
- 1 x PICS trainee representative (to be the elected PICS trainee lead or nominated deputy)
- 1 x transport medicine representative
- 1 x COPMeD representative, to be the Lead Postgraduate Dean in Paediatrics and PICM.

Ex-officio:

- 1 x member nominated by the Senate of Surgical Royal Colleges
- RCPCH Training Services Manager (or nominated deputy)
- RCoA Training Manager (or nominated deputy)
- FICM Supervisor (or nominated deputy)

Other staff and officers to be invited to attend or report in as necessary.

1. Committee members will serve for three years. These terms of office on the committee may be extended for a further two years in agreement with the CSAC Chair and approval of the ETQC.
2. Chairs of the CSAC wishing to extend for a further two years must have agreement from the ETQC.
3. Committee member appointments must be in accordance with RCPCH procedures determined by the RCPCH Governance Team.
4. The CSAC may be able to co-opt up to 2 members to lead an area of work relevant to the work of the Committee. Formal approval must be sought from the ETQC and the co-opted member would normally serve no more than two years.
5. Committee members are accountable to Vice President for Training and Assessment, the Officer for Training and the Officer for Assessment.

H. Quorum

1. A quorum will be four members. A decision taken by Committee which is not quorate must be approved by the RCPCH Education and Training Division or at a subsequent quorate meeting of the Committee.

I. Frequency of Meetings

1. Meeting frequency shall be determined by the committee and expected to be two to three times a year.
2. Meeting dates should be agreed for the year ahead at the September/ October CSAC meeting allowing maximum time for arrangements to be made to cover clinical work and travel to be booked.
3. The Committee Chair reserves the right to conduct part of the meeting in private with restricted attendance.

J. Authority and Reporting

1. The Committee is authorised by the ETQC to investigate any activity within its terms of reference. Any investigations must be shared with the ETQC via the RCPCH Training Services team or RCPCH Quality and Standards team.
2. If the Committee wishes to devise working groups to undertake specific tasks in line with RCPCH quality work, they are subject to the approval of the ETQC.
3. Each member of the Committee has the right to:
 - 3.1. require that a vote be taken on any matter on the agenda and vote in any debate and have their views recorded in the minutes.
 - 3.1.1. Where there is no overall majority view on a matter, the Chair of the Committee shall have a second casting vote.
4. The Committee is authorised to obtain independent professional advice if the RCPCH cannot advise where required and to secure the attendance of external professionals. These attendees do not have any voting rights.
5. A copy of draft minutes may be circulated to the wider Education and Training Division where deemed necessary.

Administration

K. Committee Meetings

1. All Committee administration will be carried out by members of the RCPCH Training Services team.
2. Meetings shall be held at College Offices, usually Head Office, Theobalds Road, London.
3. It is expected that the CSAC shall produce a schedule of meetings prior to the start of each academic year (Sep-Aug). The CSAC Chair is permitted to task the RCPCH Training Services team with planning CSAC meetings for the forthcoming year.

L. Agenda

1. The agenda for the CSAC will be fixed in line with matters relevant to the work of the Education and Training Division.
2. All other agenda items should be submitted for approval to the Chair of the Committee and the RCPCH Training Services team at least seven working days before the meeting.
3. Standard order of business shall be;
 - 3.1. elect Chair if the Chair is absent and no deputy has already been nominated;
 - 3.2. approve the draft minutes as a correct record, to be signed by the Chair;
 - 3.3. agenda items determined by the Education and Training Division relevant to the time of year of the meeting;

3.4. other business as agreed by the Chair;

3.5. confirmation of the date of the next meetings throughout the year.

M. Committee Papers

1. All papers are deemed strictly confidential, unless otherwise stated.
2. CSAC Committee papers must be submitted to the RCPCH Training Services team in the correct format, at least seven working days before the meeting. Papers will be sent out by the Training Services team once approved within five working days of the meeting.
3. The Training Services team will ensure papers are correctly numbered and formatted prior to issue. All papers will be distributed electronically only.

N. Minutes

1. Minutes will be drafted by the Training Services team member administering the meeting and sent to the whole Committee within 10 working days. The Committee will then ratify the meeting minutes at the subsequent meeting.
2. The minutes shall record Members and Officers present, brief discussion of business items where it is appropriate to do so and all actions arising from the discussions by Committee.
3. A copy of the approved minutes will be kept in a secure place by the RCPCH Training Services team.

O. Member database and website pages

1. The Training Services team will be responsible for updating the CARE database with the current committee membership and ensuring the RCPCH website information is accurate.

P. Budget

1. The RCPCH Training Services team will be responsible for the cost of hosting meetings and for reimbursing reasonable travel expenses for full members of the committee. Those members who are co-opted on to the committee should seek reimbursement from the organisation that they are representing.
2. Committee members must adhere to the RCPCH policy for reimbursement.
3. Activities of the committee which require additional funding will be subject to approval from ETQC.

Q. Variation of Standing Orders

1. Any amendment to the Standing Orders shall require approval by Education and Training Quality Committee.