

## Election to the Board of the Faculty of Intensive Care Medicine

### Deputy Trainee Representative Election 2023

#### Candidate Election Statements *Please read carefully before casting your vote*

Candidates are listed in order of the date their nomination was received.

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**GORDON, Sarah** – Royal Victoria Hospital, Belfast  
*Nominated by Dr Esther Davis*

I am a dual trainee in ICM and Anaesthetics finishing Stage 2 in Belfast. I have previously worked as an Acute Medical Registrar and in Australian ICM which has given me insight to other specialties and systems. ICM training is evolving, with varied and new parent specialties represented. Given the scenic route I have taken, I would hope to understand some of the potential challenges faced! I consider myself very fortunate to be pursuing a career in ICM but acknowledge that this has been a tumultuous time for an already complex specialty training with new curricula, portfolios and evolving exam formats on the backdrop of a global pandemic.

I am currently undertaking an education fellowship with Queen's University. I feel passionate about education and mentorship and believe that these are at the core of managing and embracing the above changes faced by trainees.

I would really value the opportunity to represent the trainee body and work with FICM. I want to address training needs, exam and curriculum infrastructure and importantly (in my opinion), trainee welfare and burnout prevention. I undertook a lot of undergraduate representation work and would draw on that experience to be your advocate.

Thank you for reading!

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**WORRALL, Rosemary** – Queen Elizabeth Hospital, Birmingham  
*Nominated by Dr Dhruv Parekh*

My name is Rosie and I am a less than full time ST7 ICM and anaesthesia trainee within the West Midlands. I live in Birmingham with my husband and children.

I have extensive trainee management experience including:

- Current joint West Midlands ICM Trainee Representative
- LTFT Anaesthesia/Critical Care trainee lead for a large tertiary centre, managing bespoke rotas for over 30 trainees
- Trainee Wellbeing Representative - part of the team awarded first prize (mid-COVID) for the Association of Anaesthetists Trainee Wellbeing Initiative.

Maintaining work life balance is hard; working within ICM is hard; and there is often additional red tape that can and should be simplified. We are on the precipice of a massive shift within the NHS; as the future of ICM we should not be left behind and ensure trainees have a voice.

If I am successful, I would aim to:

- Formalise the communication pathways between regional and national trainee representatives
- Increase the transparency of the “unwritten” rules of training
- Improve the usability of LLP
- Minimise the obstacles for all trainees with an interest in ICM to achieve CCT or equivalent
- Develop further guidance on competency-based progression in ICM.

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**Van Huellen, Hans** – St Richards Hospital, Chichester

*Nominated by Dr Alice Myers*

I am a stage 2 trainee in intensive care medicine and anaesthesia working in Sussex. I am also an ICM trainee representative for the Kent, Surrey and Sussex deanery and have served in representative roles in medical school, foundation, core and higher training. Clinically I am working less than full time, while also going through my third set of specialty exams (FFICM). I believe this gives me good insight into some of the difficulties faced by many of our trainees. I want to hear from all of you and ensure you are represented on a national level. My aim is to establish a firm link of communication between local reps and the FICM board, while also being approachable for individual feedback and concerns.

Now is a formative time for our specialty and I know many of you have concerns over issues such as workforce development, rotational training, scope of practice, access to training and exam support, and trainee welfare. We all deserve to be part of this conversation and play a part in shaping the future of our specialty. I believe I have the experience to give you a voice on a national level and ensure you are being heard.

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**KEY, Timothy** – Royal Victoria Infirmary, Newcastle Upon Tyne

*Nominated by Dr Suzanne O'Neil*

I have been a dual ICM/anaesthetics trainee for seven years, and during that time have been a regional trainee representative for the Northern deanery. I have been successful in realising linear pay progression for our ICM trainees, such that they are not disadvantaged financially for undertaking an extended training programme.

I have previously trained as a surgeon and practised abroad. I have a good and broad understanding of how trainees in different specialties and countries develop and support their trainees.

ICM training is hard work and the 9-11 years of full-time post-graduate training to CCT after medical school is the longest specialty training pathway in the world.

The commitment to complete training and acquire the expertise to do our job should be recognised with appropriate responsibility, pay and conditions. This is crucial in making our working lives enjoyable, and for recruiting and retraining trainees in the future.

ICM trainees are a uniquely capable group. I wish to represent the hard work, honesty and maturity demonstrated by us as trainees nationally. If elected I will provide a strong, supportive, and determined platform through which trainees can raise issues and concerns; to improve our working lives, training experiences and patient care.

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**LEE, Tae** – Liverpool Heart and Chest Hospital

*Nominated by Dr Paul Jeanrenaud*

If given the privilege to be your representative, my focus will be GIRFT driven: Getting It Right For Trainees.

Despite challenges encountered during the past few years, since FICM's inception over a decade ago, it has developed and continues to evolve, most recently towards College status.

This gives us a unique opportunity to help guide the way of training for the modern-day UK intensivist.

Currently serving as deanery STC and FICM dual anaesthesia StR representative, I'm recognisant of unique challenges faced by colleagues at regional and national levels. My strength lies in affecting change through collaboration and ongoing communication within established systems under tempered expectations. I've led on airway and exam revision courses, and played a leading role in bringing a newly established high care unit up to national standards. My tenure as RCP chief registrar developed my management skills in leading and co-ordinating hundreds of junior doctors at a multi-site tertiary trust, adapting to a hospital move during the strikes.

I'm a pragmatist, I know that change can't happen overnight. However if elected, my commitment to improving the training experience to be more tailored, inclusive and applicable for all will be unwavering.