The Faculty of Intensive Care Medicine

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Dean
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Mr David Heming
Senior Coroner for Cambridgeshire and Peterborough
VIA EMAIL

02 June 2025

Dear Mr Heming,

Re: Regulation 28 Report to Prevent Future Death – Mr Christian Hobbs

On behalf of the Faculty of Intensive Care Medicine, we firstly wish to express our sincere condolences following the death of Christian Hobbs.

You have asked that the Faculty respond to concerns regarding the availability and use of echocardiography, and the storage of images following echocardiographic investigations. Historically, echocardiography was a skill almost exclusively reserved to cardiologists, cardiac physiologists and trained sonographers. However, in recent years, it has become increasingly common for practitioners in acute specialties (such as emergency medicine, acute medicine, and intensive care medicine) to have adopted the use of focused and limited echocardiographic examination to guide patient assessment. Cardiology services continue to provide more detailed and thorough echocardiography, enabled by higher levels of training, experience and expertise. Skills in focused, limited echocardiography is a rapidly growing area of intensive care medicine practice.

The most recent curriculum for doctors training in intensive care medicine was implemented in 2021. As with all postgraduate medical training curricula it meets, and is informed by, the requirements mandated by the General Medical Council (GMC). One requirement is that a specific course or accreditation cannot be specified. Instead, the GMC has asked that training curricula are modelled to describe a number of high-level capabilities (so called 'High Level Learning Outcomes, or HiLLOs). The curriculum for intensive care medicine contains fourteen HiLLOs. The use of focused echocardiography is covered in HiLLO 6:

Intensive Care Medicine specialists will have the knowledge and skills to initiate, request and interpret appropriate investigations and advanced monitoring techniques, to aid the diagnosis and management of patients with organ systems failure. They will be able to provide and manage the subsequent advanced organ system support therapies. This will include both pharmacological and mechanical interventions.

In response to evolving medical practice and guidance, the Faculty is currently undertaking a review of the HiLLO descriptors. As part of this process, consideration is already being given to providing further clarity around any requirement for specific training and skills in echocardiography. These discussions are ongoing, and any changes must ultimately be acceptable to the GMC.

Together with the Intensive Care Society, the Faculty publishes the Guideline for the Provision of Intensive Care Services (GPICS). Over the last decade, GPICS has become the definitive reference for planning, commissioning and delivery of adult intensive care services in the UK. GPICS version 3 is currently at the consultation stage. In the chapter of GPICS version 3 titled 'Cardiovascular Support', it is noted that:

"Whilst current guidelines recommend that hospitals who admit acute cardiology patients have access to echocardiography 24/7, this may not be universally available. Intensive care physicians have an important role in improving access to echocardiography out-of-hours to support / exclude the diagnosis of cardiac pathologies. This will facilitate appropriate triage. The sickest patients need to undergo emergent echocardiography by someone trained to British Society of Echocardiography (BSE) level 1 standard or higher."

By inclusion of this statement, the Faculty aims to demonstrate support for the reliable provision of emergent echocardiography across all UK hospitals, and we remain committed to working with the other hospital providers of echocardiography services to achieve this essential safety goal. We also share your concerns about the lack of infrastructure for storing ultrasound images.

While the investment required is significant, image storage is vital for clinical management, education, and quality assurance. The GPICS version 3 chapter titled 'Intensive Care Ultrasound' (which is co-authored by three contributors to the Flower et al paper cited in the PFD report), contains as a minimum standard for all ICUs in the UK that:

"ICUs must have the facility to store clinical and point-of-care ultrasound images in an appropriate picture archiving and communication system, so they form part of the clinical record."

The chapter also recommends that:

"All ICUs should be able to train staff in intensive care ultrasound" and "ICUs should foster robust quality assurance processes, including peer review of image and reporting quality."

Clearly there are challenges to be met in the delivery of timely echocardiography and associated governance structures, however the Faculty of Intensive Care Medicine is committed to supportive influence in this area of practice.

With kind regards

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Dean, FICM