



Royal College of Anaesthetists

Training Programme Update

Nbr: 06/2010

Date: 21 July

Specialist ICU Training during Non-ICM rotation

Background

ICM training within the anaesthesia training programme is focussed on general intensive care (GICU) with limited exposure to the specialist ICU's of cardiac, neuro and paediatric. The specialist ICU's have historically been considered by the IBTICM as to be too specialised for training in GICU, however they do afford valuable training opportunities, albeit somewhat organ specific. The specialist units of training require a trainee to do a minimum of 20 sessions; this has been interpreted to mean that trainees should only do theatre lists.

Specialist training

The aim of the training programme is to provide the NHS with suitably trained anaesthetists to provide anaesthetic, critical care and pain management services required by patients. To achieve this aim, the curriculum has been designed to provide the necessary training so that those who receive a CCT are ready and able to practise as an independent practitioner.

Training in cardiac, neuro and paediatrics should rightly focus on in theatre teaching but in the longer term it is of benefit for trainees to spend a proportion of their specialist rotation in a specialist ICU, where they will gain experience of the management of patients with cardiac, neurological or paediatric problems not necessarily requiring operative intervention. The majority of trainees will practise as generalists in a DGH environment where they will be exposed to critically ill patients who will require management of their disease and/or injury.

The proportion of ICU permitted during a specialist rotation is a local decision by the College Tutor and Educational Supervisor. The College Tutor should consider the case mix and complexity the trainee has had exposure to against the core clinical learning outcomes (2010 curriculum) or the learning outcomes (2007 curriculum) of the unit of training. Any time spent in a specialist ICU should not be at the expense of achieving the minimum required standard as defined by these learning outcomes and should be seen as an additional learning opportunity when available.

At the trainee's ARCP the panel will make a judgement as to whether the trainee has achieved the required competences in general intensive care medicine and in specialty surgery and intensive care modules such as cardiac and thoracic anaesthesia, neuro and paediatrics. Where efforts have been made to integrate the intensive care elements with the related surgery and the trainee has the opportunity to follow the progress of patients through surgery and subsequent intensive care, this is likely to be the case. Trainees who undertake sub-specialty intensive care placements in the course of specialty surgery placements should work with their Educational Supervisors to develop the evidence (in the form of additional workplace based assessments) that will be presented to the ARCP in support of the case that they have reached all the required competences.

If experience demonstrates that trainees who work in sub-specialty intensive care units are failing to achieve the necessary competences then the School of Anaesthesia will need to urgently review and

modify the local arrangements so that trainees have the required experience and can demonstrate that they have the necessary competences.

Commencement date: With immediate effect

Review: N/A