

## **CCT PROGRAMME IN INTENSIVE CARE MEDICINE ENTRY, STRUCTURE, DURATION AND SUPERVISION**

### **Introduction**

The competency-based joint CCT training programme in Intensive Care Medicine (ICM) consists of:

1. Training in ICM
2. Training in the complementary acute specialty of anaesthesia for trainees whose primary specialty is general medicine or an acute surgical specialty
3. Training in the complementary acute specialty of general internal medicine for trainees whose primary specialty is anaesthesia or an acute surgical specialty
4. Obtaining a CCT in one of the primary specialties of Emergency Medicine, Anaesthesia, General Internal Medicine or an Acute Surgical Specialty.

The stated training times are the minimum within which it is felt the necessary competences may be acquired, with the understanding that trainees may acquire competences at different rates. Training times may require to be increased according to a trainee's progress.

Unless otherwise stated the term Intensive Care Medicine (ICM) refers to general adult Intensive Care Medicine.

### **1. Entry Requirements**

#### **1.1 SHO/CT training**

Before entering Specialist Training in ICM, all trainees must have undertaken/achieved:

1. The minimum training required for entry into the Specialist Training Programme in one of the following specialties;  
Emergency Medicine  
Anaesthesia  
General Internal Medicine  
Surgery – (acute surgical specialties)
2. **It is desirable, but not compulsory**, that trainees entering the ICM CCT programme have obtained 3 months of training in ICM at SHO/CT grade, undertaken in a pattern set out by the IBTICM. However, 3 months of

training in ICM undertaken as part of a Specialist Training Programme in one of the primary specialties may be substituted if undertaken as set out by the IBTICM. This would be completed prior to application for entry into Specialist Training in ICM and would not count toward the minimum time required for this training programme. It should be noted that this is **not** a compulsory criterion and that trainees may be appointed to the ICM CCT programme with no prior experience in ICM.

3. Competences in the complementary specialties of Anaesthesia and Acute General Medicine during blocks of training, as laid out within *The CCT in Intensive Care Medicine*, appropriate to their level of training, experience and primary specialty. It will be possible to achieve any outstanding competences in the complementary specialties at entry to the CCT programme (see 2.1, 3.2).

## **1.2 NTN in Primary Specialty**

All trainees entering into Specialist Training in Intensive Care Medicine must have been appointed to a Type 1 Specialist Registrar training programme in open competition in Emergency Medicine, Anaesthesia, Internal Medicine (+/- a Medical Specialty) or Surgery. They will possess a National Training Number in their parent specialty. Trainees must retain this NTN until the CCT programmes have been successfully completed in order to be eligible for the award of their certificates. In some situations, trainees may be undertaking training in a primary specialty e.g. General Internal Medicine, a separate medical specialty e.g. Respiratory Medicine and Intensive Care Medicine

## **1.3 Entry Process**

All trainees must enter the CCT programme by appointment in open competition as laid down in the National Health Service Executive (NHSE) "A Reference Guide for Postgraduate Specialty Training in the UK" (Gold Guide). Trainees would apply for advertised CCT training posts in Intensive Care Medicine within 3 years of appointment to the SpR/ST grade in their parent specialty and obtaining their NTN.

In the future, it may be possible to apply directly for a dual specialty training programme of Intensive Care Medicine plus one of the primary specialties (listed in 1.1) at entry to Higher Specialty Training.

# **2. Duration and Supervision of Specialist Training**

## **2.1 Duration**

Specialist Training in Intensive Care Medicine will be tailored according to the previous experience of the individual trainee. This must allow the achievement and maintenance of the competences as laid down in *The CCT in Intensive Care Medicine* documents to achieve completion of training.

The minimum duration of training for Specialist Training in Intensive Care Medicine will be 5 years. This will normally be composed of 18 months dedicated ICM training plus the necessary training in the primary NTN specialty HST programme. Satisfactory completion of both programmes will be required

for the award of certification in both the primary specialty and Intensive Care Medicine.

ICM training is structured as Step 1 (six months) and Step 2 (twelve months) Training. Step 1 will normally be taken as a single block of six months or as two blocks of three months. Training may be extended as necessary for the trainee to acquire the necessary competences in the complementary specialties prior to commencement of Step 2 training. Step 2 training must be undertaken as a single block of twelve months within the final 2 years of the total Specialist Training Programme. During the blocks of Intensive Care Medicine training in both Steps 1 and 2, the trainee's duties will be dedicated to Intensive Care Medicine.

The periods of time defined above are the minimum within which it is possible to achieve the competences required for the award of dual certification in the Primary Specialty and in Intensive Care Medicine. The CCTs would be awarded once training is completed to the satisfaction of the Intercollegiate Board and the Primary Specialty College or Faculty. For some trainees the duration of training will be longer than the minimum of 5 years, in order to satisfy the requirements of both training programmes. For trainees undertaking training in General Internal Medicine (or Surgery), plus a further medical or surgical specialty and Intensive Care Medicine a longer minimum time period will be required to acquire the necessary competences in all three specialties. This will be set down following consultation between the JCHMT or JCHST and the Intercollegiate Board.

All training in ICM will take place within the United Kingdom with the exception of periods of training in relevant overseas centres, subject to prospective approval by the PMETB and the Intercollegiate Board. A maximum of 6 months prospectively approved Intensive Care Medicine training in overseas units may count toward Specialist Training in Intensive Care Medicine. This may **only** count toward Step 2 Training (see section 3). Overseas training **cannot** be counted toward Step 1 training.

## **2.2 Flexible Training**

Flexible training will be available according to the regulations set out within the Gold Guide.

## **2.3 Supervision**

There will be a named Programme Director in each training programme (Deanery or School of Anaesthesia).

During each attachment the trainee will be allocated a named Consultant Local Educational Supervisor (Trainer).

Following approved training overseas (2.1); the trainee's overseas educational supervisor will be required to provide a report confirming successful completion of the prospectively agreed training programme.

## **2.4 Maternity Leave and Sick Leave**

During the 5 year course of the programme of Higher Specialist Training in Intensive Care Medicine up to 3 months may be taken as Maternity Leave

and/or Sick Leave without necessarily delaying the expected CCT date of completion. This will require the trainee concerned to make efforts within the remaining training period to make up the specific elements of training which were missed in order to acquire the necessary competences. The expected CCT date should be deferred if up to a three month period of maternity and/or sick leave resulted in a trainee missing a key component of the training programme which was not compensated for in the remaining period of the programme.

### **3. Training Programmes**

Training programmes will be organised to provide trainees with a broad clinical and management experience. There are four components to the training programme. The detailed contents of the programme are laid out in *The CCT in Intensive Care Medicine*.

#### **3.1 Primary Specialty Training**

Trainees may apply to enter the Intensive Care Medicine Specialty Training Programme after they have entered a Primary Specialty training programme and obtained an NTN. Normally entry to Specialist Training in Intensive Care Medicine will be within the first three years of the Primary Specialty Higher Training Programme. On entry to the programme, the Regional Advisors and Programme Directors in Intensive Care Medicine and the Primary Specialty will assess the previously acquired competences of the successful appointee. The Intensive Care Medicine training programme will be combined with the remaining Primary Specialty training programme into a seamless structured training package. This will be produced by co-operation between the Regional Advisors and Programme Directors of the Primary Specialty and Intensive Care Medicine. Many competences will be common to both CCT training programmes. A similar procedure will be followed for those undertaking training in a further specialty within the primary specialty e.g. General Internal Medicine & Respiratory Medicine.

Up to 6 months of dedicated General Intensive Care Medicine SpR/StR training undertaken as part of the Primary Specialty Training programme prior to entry into the CCT programme may be allowed to double-count toward the total 18 months of ICM training if:

- Training has been satisfactorily completed in an identical manner to that laid down in *The CCT in Intensive Care Medicine*.
- Training has been carried out within an accredited ICM training unit.

#### **3.2 Complementary Specialty Training**

On entry to the Intensive Care Medicine Specialist Training programme, an assessment will be made of the completeness of the acquisition of competences in the relevant complementary acute specialties of Anaesthesia and General Internal Medicine. The necessary training to gain these competences will be established and, where required, will be added to the training programme and completed prior to Step 2 training. This will normally lengthen the total minimum 5-year training time. This time may vary widely according to a trainee's previous training at both SHO/CT and SpR/StR level.

### **3.3 Step 1 Intensive Care Medicine Specialist Training**

Step 1 Intensive Care Medicine training will normally be undertaken for a minimum period of six months (as a single 6 month block or two three month blocks) in an adult general intensive care unit at an early stage (within the first 3 years) in the joint certification programme. This will occur within accredited training programmes in the UK where the trainee will be required to achieve the competences appropriate to this level of training as laid out in *The CCT in Intensive Care Medicine*. Training undertaken as part of experience in relevant hospitals overseas will **not** be recognised for Step 1 Training.

### **3.4 Step 2 Intensive Care Medicine Specialist Training**

Step 2 Intensive Care Medicine training will be undertaken later in the training programme (years 4 and 5 in the minimum 5 year programme) as a twelve month block of training which will normally be completed during the final year. It will consist of at least a further six months training in general intensive care medicine and up to 6 months in more specialised intensive care medicine (e.g. Neurological, Cardiothoracic, Hepatic, and Burns). In the case of Paediatric Intensive Care Medicine, training a maximum of 3 months will be allowable toward the minimum 18 months Intensive Care Medicine HST programme. Neonatal Intensive Care training will not be allowable toward the minimum Intensive care Medicine training Programme. The training will take place in recognised training units that are part of recognised ICM training programmes.

The total duration of experience in Intensive Care Medicine during Steps 1&2 will normally be 18 months.

The trainee will be required to demonstrate the retention of previously acquired competences at regular intervals throughout Steps 1&2.

### **3.5 Research**

A period of supervised research of high quality is considered a desirable part of a trainee's education but this cannot be incorporated into the Specialist Training Programme in Intensive Care Medicine within the minimum 5 years training period. Research training would have to be undertaken out of programme and in addition to the 5-year programme, subject to approval by the Postgraduate Dean and the STCs of both Intensive Care Medicine and the parent specialty.

## **4. Assessment & Appeals**

### **4.1 Assessment during Higher Training**

Progress will be monitored by regular workplace-based assessment as laid down in *The CCT in Intensive Care Medicine* and the Gold Guide.

### **4.2 Maintenance of Acquired Competency**

Regular assessment of in-service training (the RITA/ARCP process) will ensure the retention of previously acquired competences as well as the gaining of new competences. Extra training time will be required in cases where a trainee fails to demonstrate retention of essential competences.

### **4.3 Training Record**

Trainees will maintain an Educational Training Record as specified by the Intercollegiate Board Competency Based Training Documents.

## **5. Short Term and Fixed Term Appointments to the SpR/StR Grade**

### **5.1 Locum Appointments, Training (LATs)**

### **5.2 Fixed-term Specialty Training Appointments (FTSTAs)**

The rules governing these grades in Intensive Care Medicine are as set out within the Gold Guide.

## ***Appendix***

Few countries have yet established competency-based training programmes. For the purpose of assessment of training of applicants applying for recognition of training undertaken in programmes outside the UK, the minimum period of time spent in each of the two complementary specialties is 6 months (taken as a single block or as two 3 month blocks). These are the minimum periods that are currently required for trainees to acquire the necessary competences in the complementary specialties.

This period of training must be completed prior to undertaking Step 2 equivalent training in Intensive Care Medicine.