Training Quality Report 2025

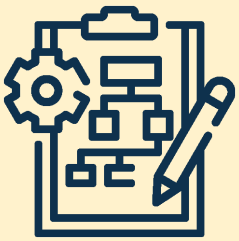
Results of the Intensivists in Training and ICM Regional Advisors' Surveys

The Faculty of Intensive Care Medicine

Contents

You Said, We Did: 2024

Since the publication of the previous Intensivist in Training Survey and Quality of Training reports, FICM has undertaken numerous work-streams to address some of the issues raised.

Area	Feedback	Action
Portfolio 	• Provide additional resources and guidance on portfolio building to alleviate the burden on IiTs	• Guidance for Completing ESSRs in the FICM LLP • Guidance on Replicating Placements Across FICM and RCoA Learner Accounts • Guidance on ARCPs: Accessing evidence beyond the ESSR • Updated guidance for IiTs and Educational Supervisors on completing ESSRs and preparing for ARCPs
Training challenges 	• Issuing guidance on the need for pragmatic and flexible rotations	• Guidance on Maximising training opportunities and minimising the impact of rotational training within the ICM CCT Programme
	• A new reporting mechanism to report issues that cannot be handled locally	• New National Reporting System to address CCT concerns that *cannot* be resolved though standard local processes • Guidance on how the use the National Reporting System
	• Updated resources on Special Skills Years (SSY)	• Updated Special Skills Year pages
Job planning 	• Provide materials and examples of suitable job plans for IiTs pursuing a career in ICM alone or partnered with another specialty	• Example job plans for intensivists working in single specialty ICM and dual specialty posts with Anaesthesia, AIM, Emergency Medicine and Respiratory Medicine • New career stories for consultants working in dual specialties with ICM, including guidance on how their job plans were designed and negotiated
Dual and Triple CCTs 	• Support guidance for management of Dual and Triple CCT ICM IiTs	• New guidance co-produced with RCoA on Best practice for management of Dual/Triple/Single CCT ICM trainees • Updated Best Practice statements on other areas of ICM training • Updated ICM CCT FAQs produced • Updated support resources for IiTs • Triple CCT guidance circulated to physician trainers via JRCPTB • IiT survey findings presented at both TLAM and at RCoA College Tutors' meetings to raise awareness

Key Messages: 2025

The Key Messages and actions from both Intensivist in Training and ICM Regional Advisors' surveys are captured below. More detailed discussion and actions are contained within the full report.

Positives! 	• The ICM training programme continues to evolve with increasing representation of IiTs from diverse backgrounds, though this is not yet reflected in the current ICM consultant workforce • IiTs and trainers are highly engaged in training • IiTs appreciate and feel supported by their Trainers • The majority of IiTs are receiving programme inductions, regional teaching and some degree of EDT. There are improving reports of access to rest facilities, hot food and car parking arrangements • Support for the Faculty to progress toward becoming an independent College
Training challenges 	• Stage 2 training continues to be challenging, with pressure of examinations, multiple placements and LLP requirements especially for those balancing dual and triple CCT commitments • Increasing numbers of IiTs are training Less Than Full Time • Unacceptable episodes of bullying, discrimination and undermining are reported in both surveys • Trainers reported ongoing struggles to be recognised at a management level for their roles. Greater institutional recognition for educational roles is necessary
Job planning 	• Most IiTs plan to take up ICM consultant posts on achieving CCT, though remain concerned regarding job availability, particularly for Single CCT IiTs and those undertaking the dual/triple ICM CCTs with a medical specialty • A minority of regions reported difficulties appointing dual-trained IiTs in emergency medicine and medicine to consultant posts, due to traditional preferences and competition with anaesthesia/ICM consultants

Introduction

The Faculty of Intensive Care Medicine (FICM) is pleased to publish this ICM *Training Quality Report*, an evolution of our previous Quality Reports which includes results obtained from the most recent FICM Intensivists in Training (IiT) and ICM Regional Advisors (RA) Surveys to capture a broad picture of Intensive Care Medicine training in the UK. The IiT Survey was designed and led by the FICM Training, Assessment and Quality Committee, with considerable input from the FICM Intensivist in Training Lead Representatives. The survey incorporated questions around issues raised in the December 2023 *StR Survey Report*, both to gain greater insight into experiences in training and keep track of these important matters, but also to keep the number of surveys we ask IiTs to complete to a minimum.

The aim was to obtain a better understanding of some of the real-life challenges faced by Intensivists in Training across the UK The survey was designed to have more free text responses to ensure the voices of IiTs are being heard. As such, we are very grateful to all those who took the time to complete the survey in such detail and wish to thank those involved in its creation and subsequent data analysis. We recognise that for some of you sharing your experiences in this way may have been difficult, and every effort has been made to ensure anonymity.

The IiT survey has explored some difficult and provocative areas as openness and transparency are key to progress. The Faculty is therefore reflecting on this feedback carefully. Some issues are already being actioned, and others are highlighted as in need of further attention. A particular concern are the continued reports of bullying, discrimination or biased behaviours, which have affected a third of all IiTs completing the survey. Despite focused Faculty work and best-practice guidance issued over the last year, further reports of this nature are disappointing and unacceptable. All staff working in critical care should be able to do so in a non-threatening and supportive environment regardless of their background or circumstance. Furthermore, we recognise that struggling to achieve appropriate support, recognition and respect in pursuing chosen career interests, coupled with systemic issues and curriculum requirements, adds to the complex and often disheartening experiences reported here. The Faculty remains committed to enabling and promoting a positive, inclusive, and supportive training environment for all.

We are therefore publishing this report, along with a programme of action points that the Faculty committees will implement to address each identified priority. The designated committees with action plans from previous surveys are rigorously held to account. FICM has been working on guidance around improving rotational training for IiTs, undertaking training impact assessments for departmental standards, addressing the medicine year in anaesthesia and looking at modernising our curriculum.

The Regional Advisors' survey includes responses from 24 of the 25 UK training regions and nations which we hope will guide improvements in training, retention, and faculty support. Continued collaboration and targeted improvements will be crucial in ensuring a sustainable and well-supported ICM training pathway for future consultants.

We are pleased therefore to note that, whilst there are areas where action and improvement are needed, most Intensivists in Training report that their overall training experience has been positive, which is a real testament to the hard work of our educators in the current NHS climate. Feedback is invaluable, and we are committed to continually improving the ICM training experience for all. Thank you for your dedication and resilience.

Dr Rosie Worrall, Lead Intensivist in Training Representative
Dr Waqas Akhtar, Lead Intensivist in Training Representative (demitted)
Dr Daniele Bryden, Dean, FICM
Dr Sarah Clarke, FICMTAQ Chair
Dr Andrew Sharman, Lead RA in ICM

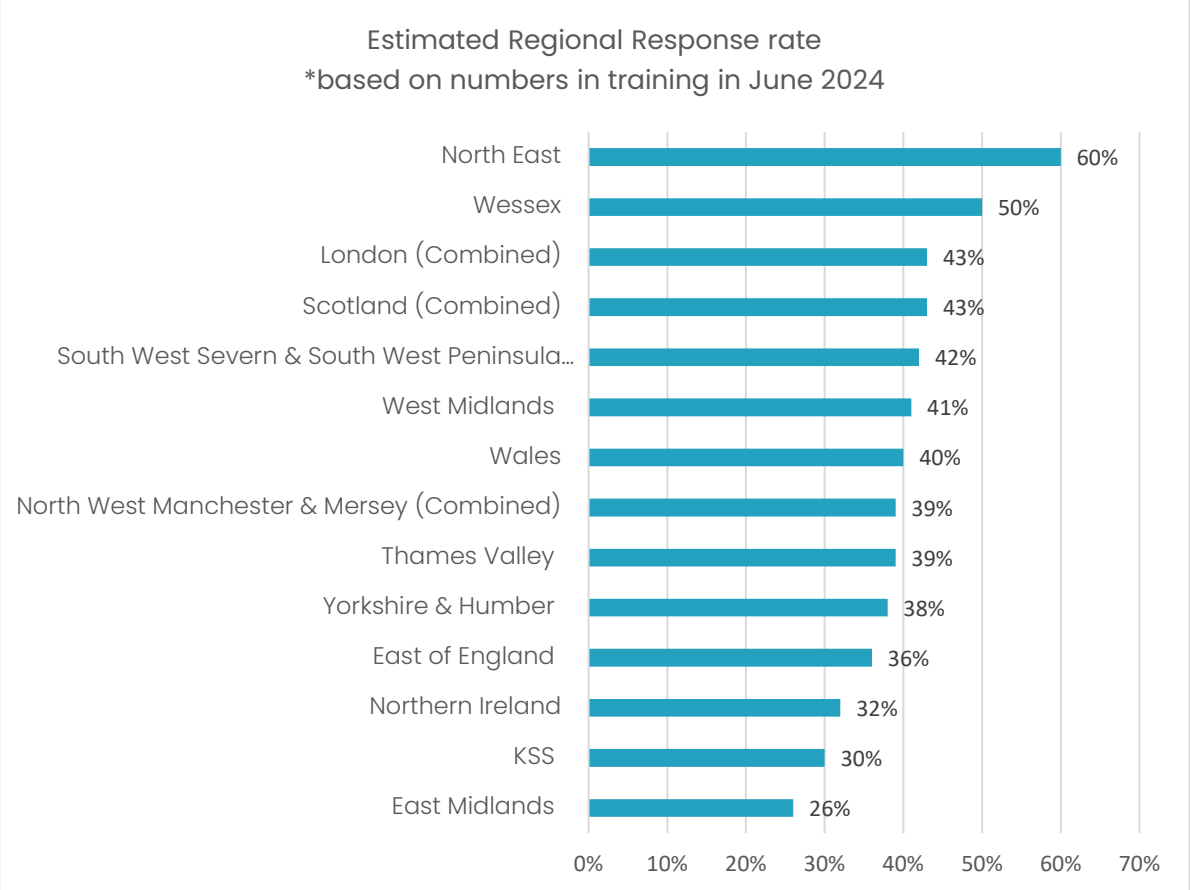
Intensivists in Training Survey

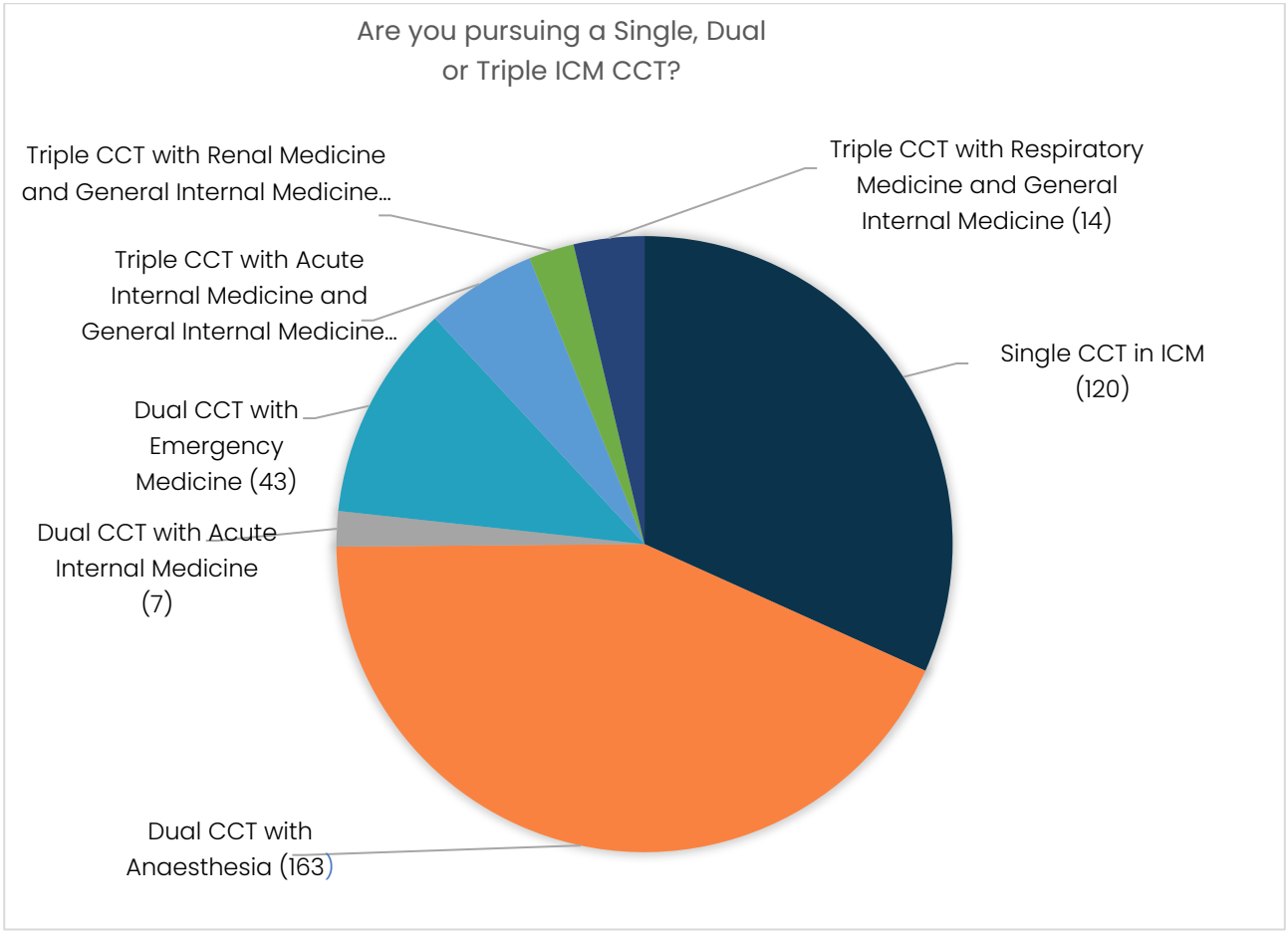
Introduction

This below is a summary report of the annual survey of Intensivists in Training (IiTs) conducted by the Faculty of Intensive Care Medicine (FICM). The survey was conducted in June/July 2024 using *SurveyMonkey* and sent via email to all Intensivists in Training registered with FICM. Much of the information obtained from the survey was collected in the form of 'free text' responses. As such, these data have been collated and reported in a summarised format to ensure the ongoing confidentiality of all respondents and that the survey remains as concise as possible.

A total of 380 reportable responses were submitted, representing approximately 33% of registered IiTs at the time, though regional differences in response rate are noted. Importantly, every nation and region is represented in the survey, as are all specialties and training programmes that constitute the UK's CCT in ICM programme. Regional Advisors have also received their respective data, for local review and action.

Training programmes and regional response rates to the 2024 Survey





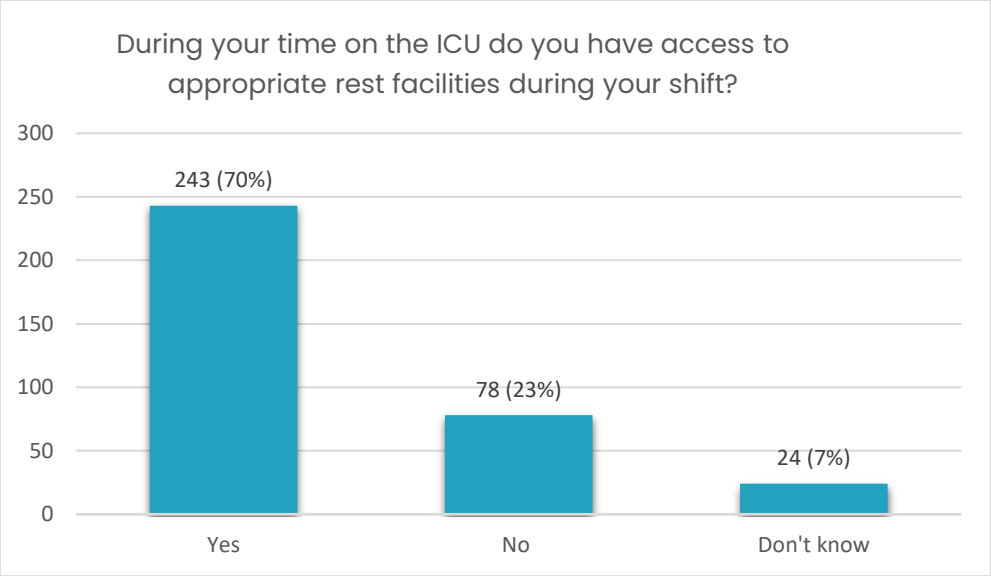
** It should be highlighted that this chart represents only those who have responded to the survey, and that a proportion of the 120 undertaking the Single CCT in ICM are in Stage 1 and may go on to be recruited to Dual or Triple ICM CCT programmes.*

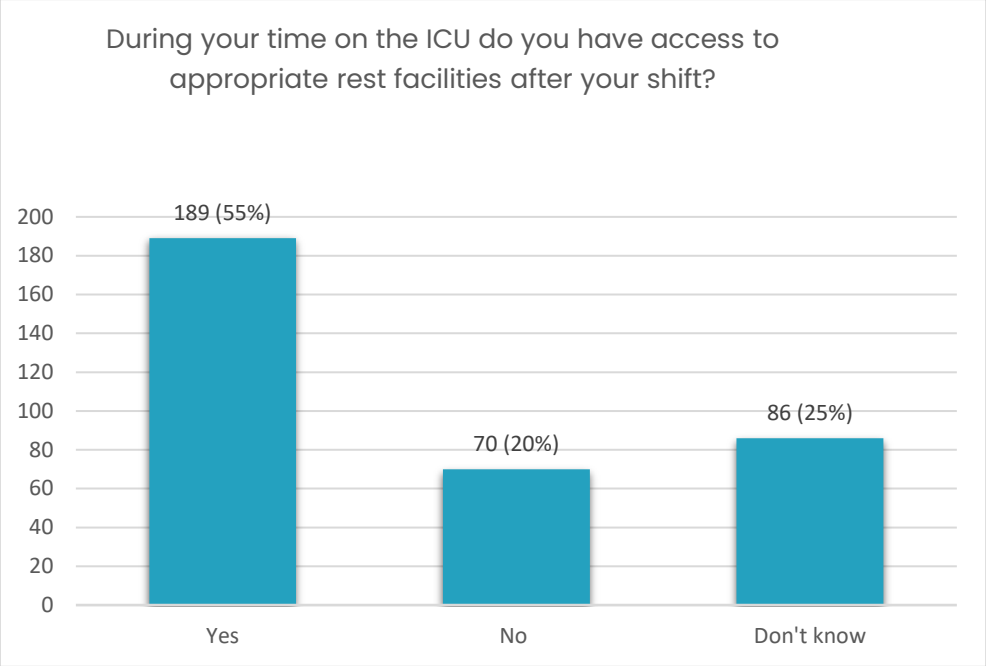
Intensivists in Training Survey Results Overview

Rest Facilities

During your time on ICU do you have access to rest facilities during and after your shift?

The majority of IiTs report having access to some form of rest facilities and this is positive progress; improvement is still needed as *everyone* should have access during and after shifts.





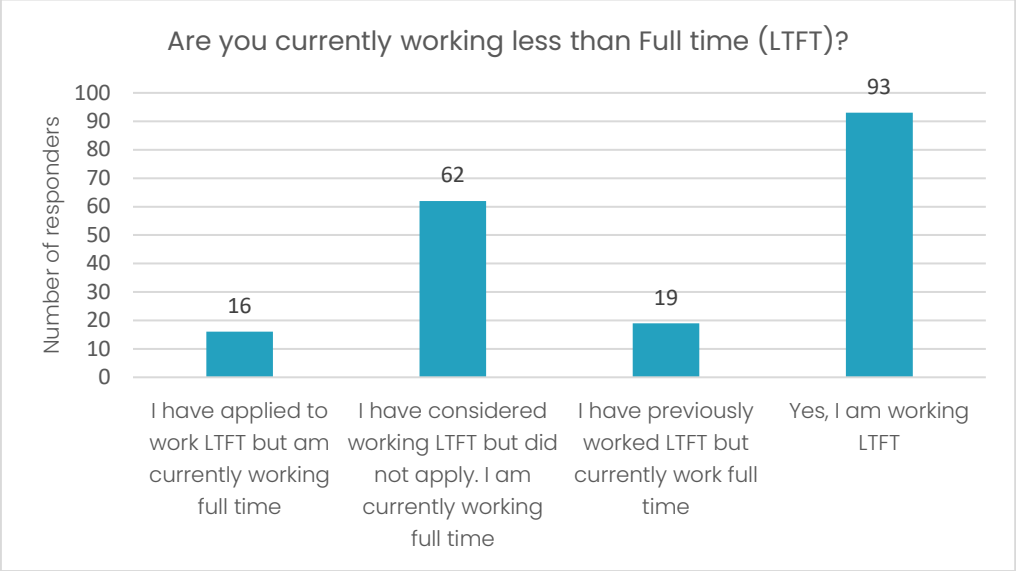
The Faculty remains committed to the 'Fight Fatigue' campaign and continues to advocate for our findings to the statutory education bodies (SEBs). The Regional Advisors are addressing local outliers accordingly.

Less Than Full Time Training

In 2024, 93 respondents (27%), reported that they were currently training LTFT. This is an increase on the 2023 response where 21% reported working LTFT. Furthermore, in 2024 16 (5%) were actively engaged in applying for less than full time training, with another 62 respondents (18%) considering future applications.

The predominant reason for wanting to work LTFT was childcare, however many of the free text comments also alluded to work/life balance, burnout and requiring time for other non-clinical activities such as exam preparation or research. The majority chose 80% as a proportion of whole time equivalent (WTE), but 70%, 60% and 50% were also working practices. The reasons for selecting a specific proportion of WTE vary, but many cited the need to balance work-life commitments, financial considerations and training duration. Some adjusted their WTE percentage based on their needs and circumstances at different stages of their training journey.

Considering that 50% of IiTs are already working, have applied to, or are considering LTFT training, this is an important message for FICM's Careers, Recruitment and Workforce Committee and the Statutory Education Bodies. This impacts on future workforce planning for training and senior staffing of Intensive Care Units in the UK.



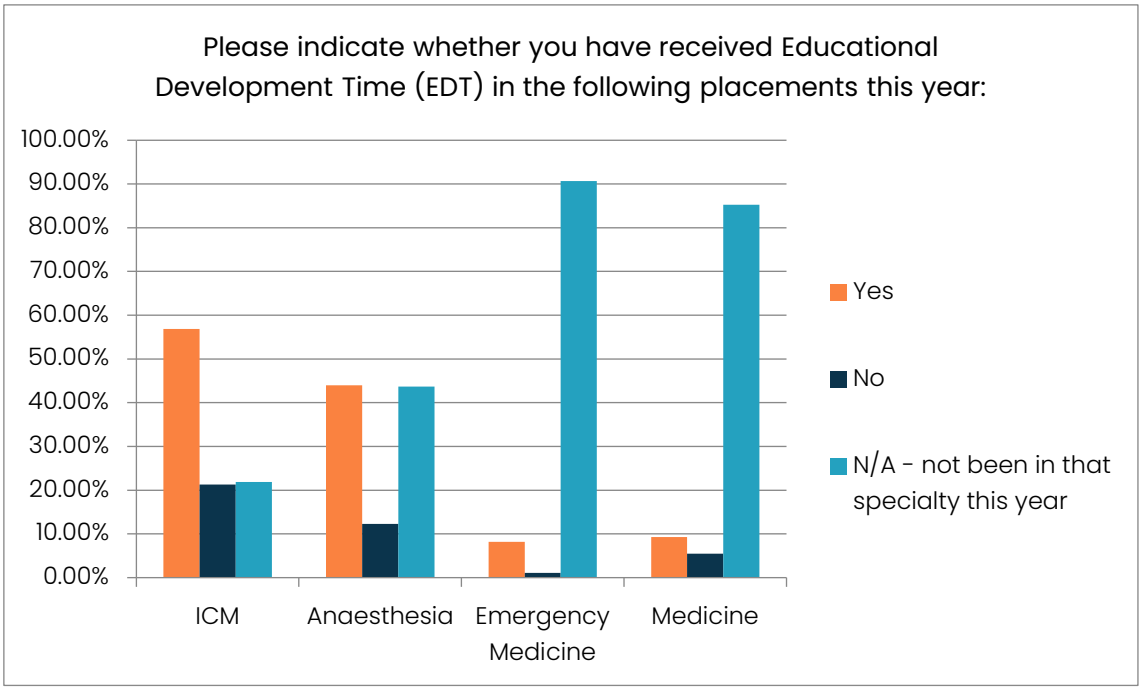
Regional Teaching

95% of IiTs reported having access to regular regional ICM teaching, however the frequency ranged from three times per year to regular whole day sessions occurring each month. Some IiTs still reported difficulties attending due to on-call commitments, dates not being advertised early enough, difficulty securing study leave or sessions falling on a non-working day for those on LTFT schedules. Hybrid teaching formats with the ability to access sessions either from home or viewed later, if recorded, may improve access.

65% reported having a regional FFICM exam preparation course, with over 80% having access to study leave for exam preparation.

Do you have access to regular regional teaching?	# of responders
Yes	350
No	16
Does your region have a FFICM Exam prep course?	
Yes	238
No	58
Unsure	70
Do you have access to exam study leave including either an organised course or private study in your region?	
Yes	310
No	9
Unsure	47
Does your region run an induction to the ICM Programme?	
Yes	220
No	146

Educational Development Time

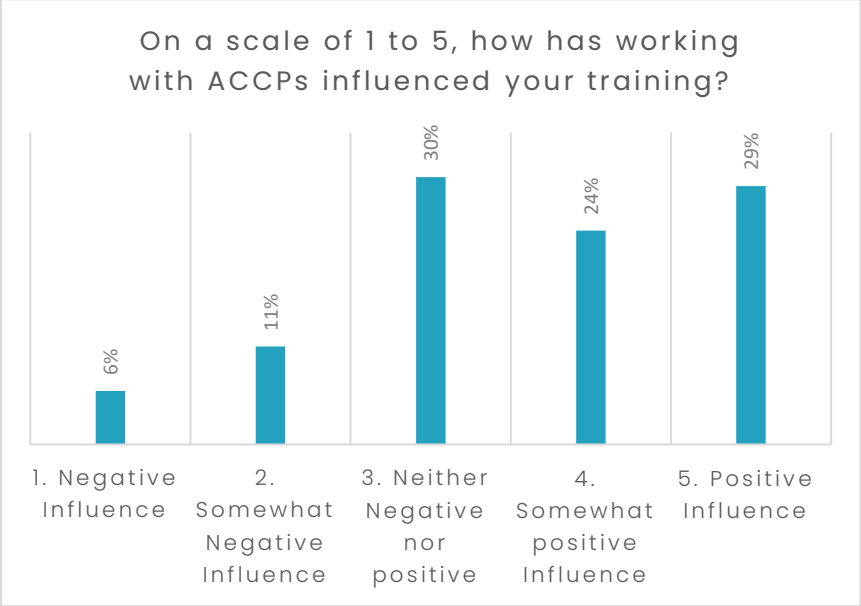


It is disappointing that some IiTs report they are still struggling to access EDT. Approximately 62% of those in medical placements reported access to EDT, compared to 72% of those in Intensive Care Medicine placements, 78% in Anaesthesia and 88% in Emergency Medicine placements.

Among those offered EDT, free-text comments revealed significant variation in the number of allocated hours, ranging from 2 to 8 per week. The delivery of EDT also varied, with some receiving it as part of their rota, others upon request, some in small weekly blocks, and others in less frequent full-day sessions. Notably, several respondents indicated that resident doctors were reluctant to take EDT due to concerns about losing clinical exposure and continued using personal time for non-clinical work.

The Faculty clearly emphasises that EDT is recommended to optimise training opportunities, while acknowledging time constraints and the need to balance experiential learning with non-clinical time. The recommendations can be found on the FICM website..

ACCPs



Over 90% of respondents reported that they had worked alongside ACCPs during their ICM placements, with 53% reporting that they felt ACCPs had a positive impact on training, 30% describing neither a positive nor negative impact and 17% who felt that their training had been negatively impacted. It is important to highlight that this represents a four-nation perspective, and reported experiences vary significantly by region. Regional Advisors are aware of these differences and are actively addressing concerns, particularly in areas with a higher prevalence of negative experiences.

Analysis of 200 free-text comments revealed significant regional variations in how the ACCP model has been integrated alongside the medical model. Examples range from standalone ACCP rota tiers to ACCPs working within traditional resident doctor rotas, covering ICU out-of-hours services as sole practitioners. These regional differences in experience and practice are being analysed separately and will be addressed accordingly.

Overall, the consensus was that ACCPs are an asset to the multidisciplinary team (MDT) of the ICM workforce. Comments highlighted that, when effectively utilised, ACCPs provide valuable clinical knowledge and institutional memory. They serve as a key resource for teaching and clinical support, assisting resident doctors in addressing the common issues that arise on an ICU. Additionally, ACCPs were recognised for helping to "free up" resident doctors from service delivery, enabling them to focus on activities more relevant to their training needs.

However, many of these positive comments were accompanied by concerns, particularly from early-stage resident doctors, about ongoing competition with ACCPs and trainee ACCPs (tACCPs) for practical procedures, as well as for clinical exposure to cardiac arrest calls, trauma calls, and ward referrals. Additionally, some resident doctors felt that, due to the rotational nature of their training compared to the permanent status of ACCPs, they were disadvantaged in building relationships within the ICU team and accessing resources such as office space, airway experience on the unit and protected airway teaching time in theatre.

There was also a lack of clarity regarding the varying skill sets of tACCPs and ACCPs from different backgrounds, the criteria for ACCPs to undertake modules from the Optional Skills Frameworks, and the level of supervision required when resident doctors are asked to oversee procedures or clinical work.

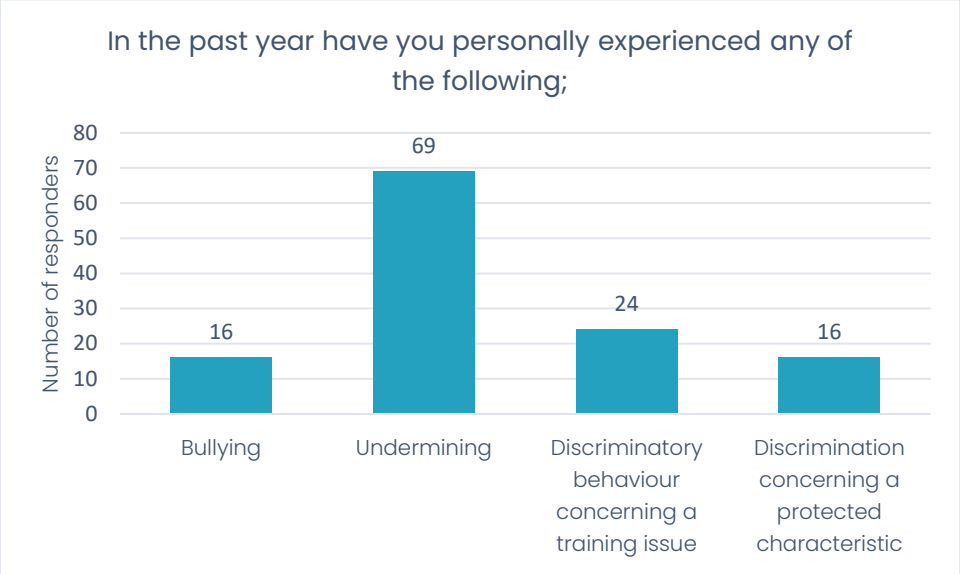
Finally, despite the ACCP FAQs previously issued by FICM, concerns persist that the ACCP training programme is in direct competition with the provision of National Training Numbers, (NTNs) for Intensivists in Training and that ACCPs are being used to "replace" doctors who have trained in Intensive Care Medicine. The Faculty continues to advocate for increases in ICM NTNs for doctors.

Suggestions from FICM to improve the working relationship between ACCPs and resident doctors include:

- All units should undertake a training impact assessment to assess the training needs of both resident doctors and ACCPs to ensure that these are deliverable to all parties
- Training in modules from the ACCP Optional Skills Frameworks are driven by local service need and should only be offered after completion of a service evaluation ensuring the ability of resident doctors to maintain their required capabilities.
- Resident doctors must be able to access Educational Development Time (EDT) and Keeping in Touch (KIT) days relevant to ICM or their partner specialty and stage of training if dual or triple training.
- Local units should have a clear scope of practice defining the activities of both resident doctors and ACCPs that should reflect their complementary but unique skill sets

Bullying/Discriminatory Behaviours

Sadly, 33% of our survey respondents reported they had experienced Bullying, Discrimination or Undermining Behaviour within the last year, with a further 7% preferring not to comment.



Within free text comments, IiTs from emergency medicine and medical streams are still reporting episodes of undermining behaviour particularly in relation to their advanced airway and transfer skill sets, despite in many cases having already completed the RCoA's Initial Assessment of Competence (IAC) or equivalent training, LLP evidence of capability demonstrated in HiLLO 10 and by completing their Stage 1 year of Anaesthesia.

It was also extremely concerning to hear reports that some IiTs have been discriminated against or received derogatory comments due to their gender, ethnicity and personal circumstances.

Only 39% of those who had experienced these behaviours reported these occurrences to their trainers (ES/FT/TPD/RA). Of those who did report it 45% felt it had been adequately addressed, with 37% stating it had not been adequately addressed and a further 18% preferring not to say. FICM has a zero-tolerance policy for bullying and discrimination. All IiTs are strongly encouraged to report any incidents through the appropriate official local escalation pathways which are outlined here within the National Reporting System. .

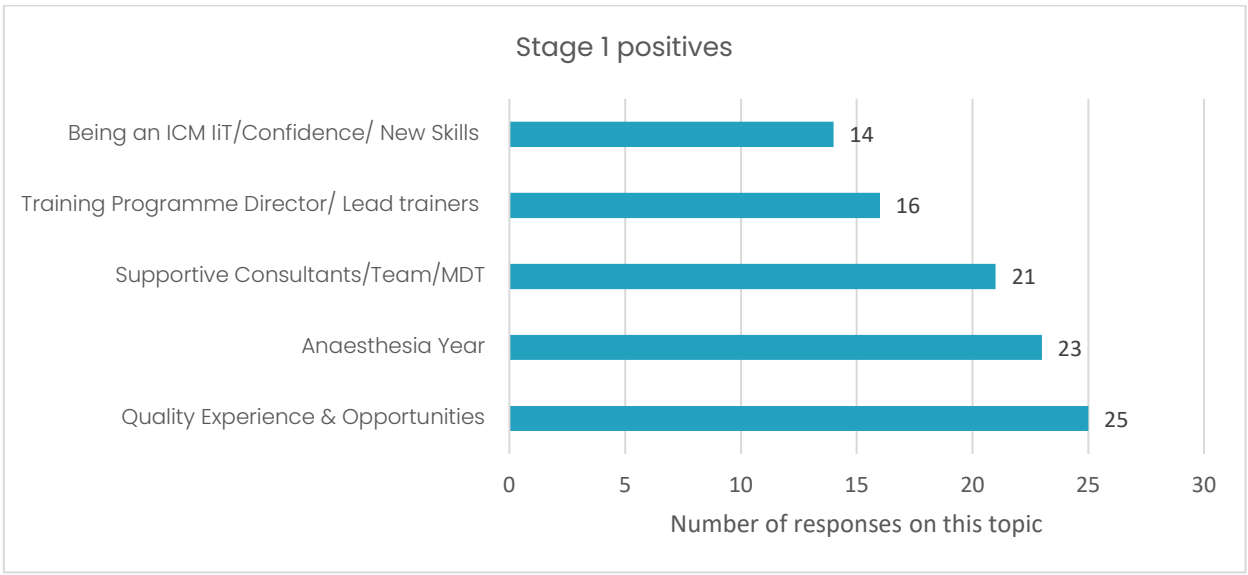
Stages of Training

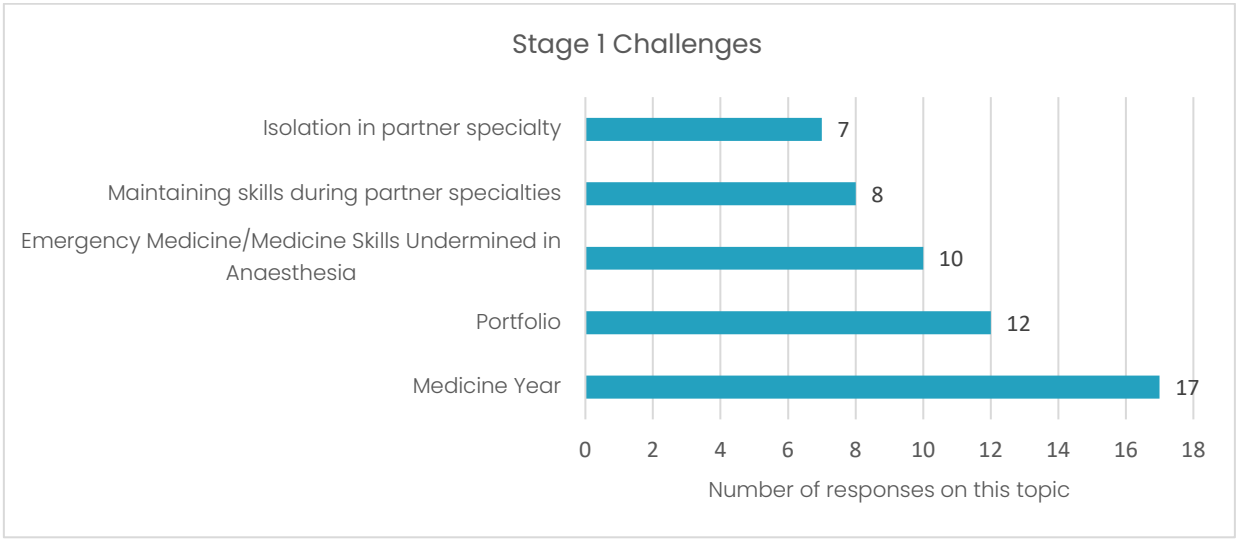
Respondents were asked to give examples of their previous year's training experiences. This was well-reported, as IiTs gave both positive and challenging aspects of their year. Comments were collated into themes, and the top 5 frequency (in absolute numbers) are published in each stage of training below. Stage 2 and 3 respondents were also asked whether they were maintaining capabilities in HiLLOs 5 and 10, the resuscitation and airway sections of the curriculum.

Whilst the positives are good news and the Faculty is heartened by the key themes across the stages of training, it also acknowledges the challenges, including those with a lesser frequency of reporting. These are also reported further in the curriculum improvements question below and formulate the Faculty's response to the survey overall and action plan for the coming year.

Stage 1 ICM Training

There were 122 responses for the Stage 1 questions.

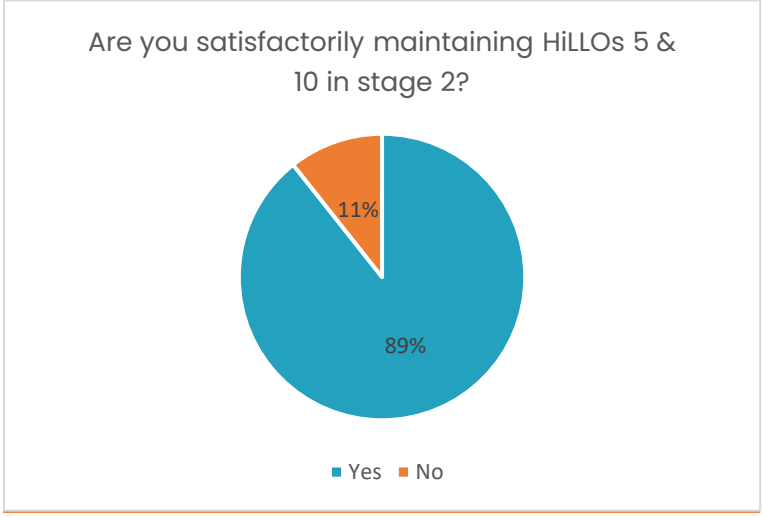


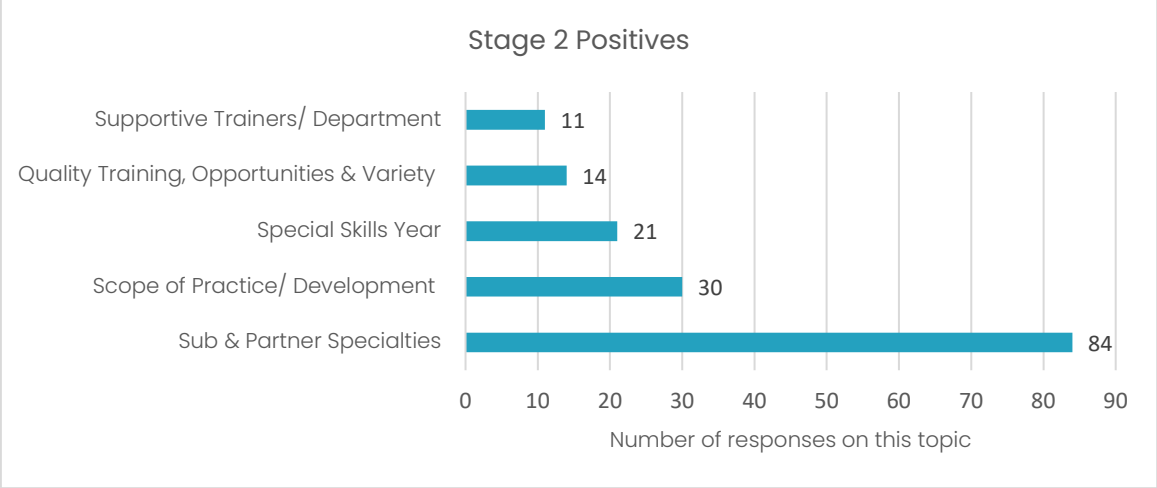


It is particularly disappointing that residents from EM and medicine backgrounds report differential treatment compared with anaesthesia residents. Challenges with the portfolio and medicine year are ongoing discussions within the Training, Assessment and Quality committee alongside exploring the difficulties encountered in partner specialty training, including skill maintenance.

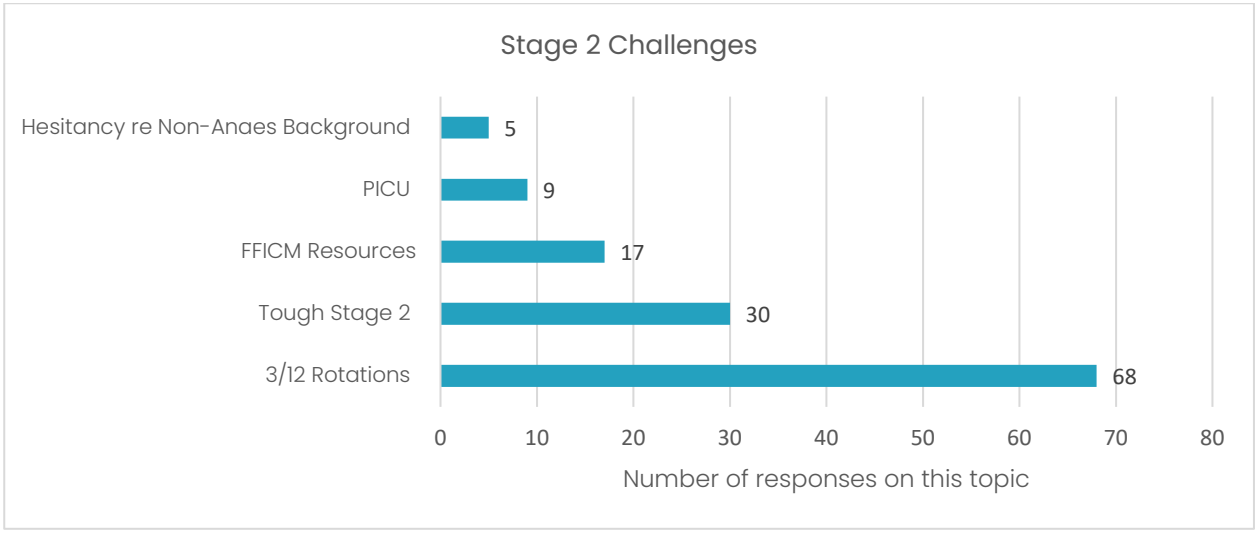
Stage 2 ICM Training

There were 197 respondents for the Stage 2 questions.



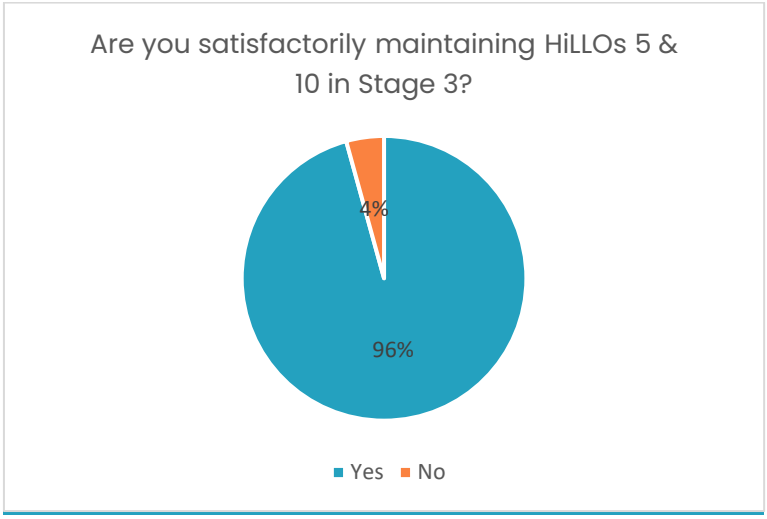


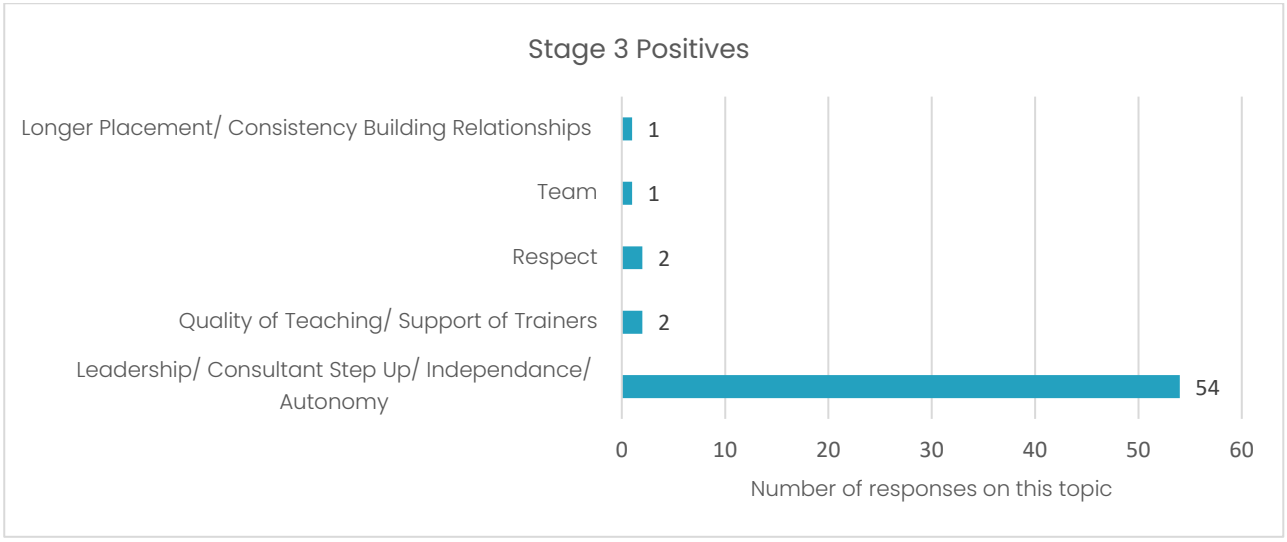
It is reassuring that respondents in the main are confident of their skills maintenance and gain much from the variety of Stage 2 training, including subspecialty placements, SSY and partner training. However, the challenges of Stage 2 are clear: the Faculty appreciates the candour of respondents, and its response is incorporated in the action plan.



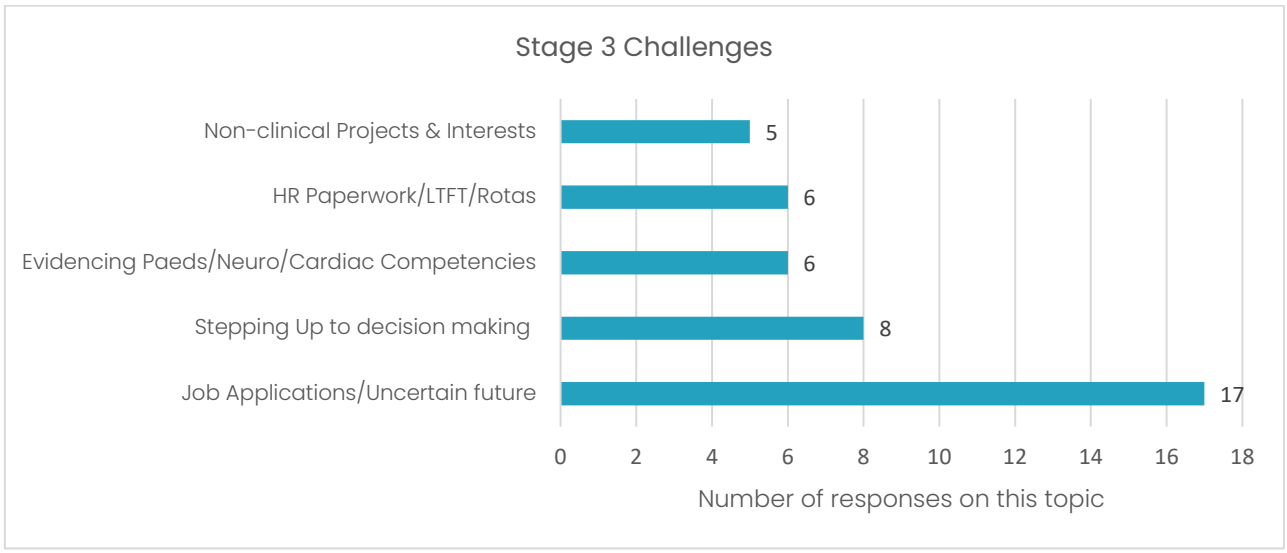
Stage 3 ICM Training

There were 70 respondents for the Stage 3 questions

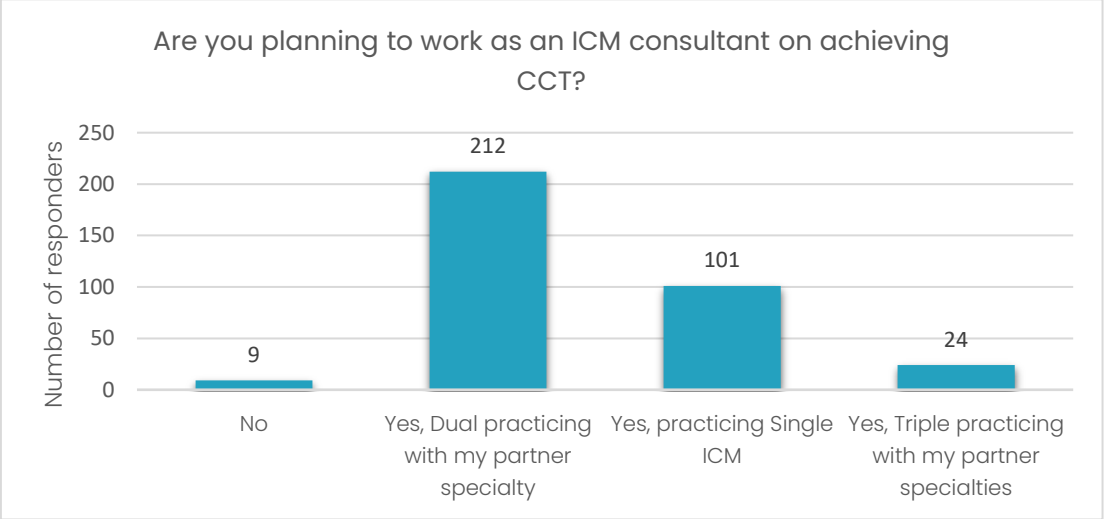




96% of respondents report the maintenance of skills, and over 75% describe satisfactory experiences within the stage. 93% report readiness to CCT and Consultant status: this is a reassuring outcome. FICM has recently supported the roll out of the Consultant in Transition (CiT) course with the intention of facilitating readiness for and understanding of the consultant role.



Future plans for working within ICM



Within the comments for this question, the reasons reported for not practising ICM after CCT included a lack of ICM consultant posts, imbalance of dual specialty job plans and concerns regarding burnout. Not being employed in an ICM consultant post if the individual wishes to do so at the end of training is a loss for patients and the NHS as well as for the individual doctor. The Faculty will continue its work in ensuring the variety of ICM careers on offer are supported and promoted to employers. Where possible we will work with partner Colleges e.g. the Royal College of Emergency medicine to identify ways of breaking down barriers.

Curriculum Improvement Suggestions

Finally, to conclude the survey, we asked IiTs to submit their suggestions for curriculum improvements. We greatly appreciate the many valuable suggestions received from IiTs to enhance their curriculum and training. This section summarises all the feedback from survey respondents, combining original and collated text, which will be reviewed by the relevant FICM committees.

These comments should also be considered by regional lead Trainers, Faculty Tutors and Educational Supervisors to consider local enhancements to curriculum opportunity and delivery. Some of the suggestions are outside the Faculty's control or remit, though this does not diminish the importance of the individual's contribution to the survey, while others are implementable at a local and regional level.

Top 3 Suggestions (with numbers of comments recorded)

For the top three suggestions, we have included a detailed response from FICM to address these ideas directly.

1	**Ultrasound Training (+ 34)** • Strong support for inclusion in the curriculum. • Calls for regional hubs and mentors to address inequities and cost burdens. **FICM Response:** The modernisation and flexibility of the FICM curriculum highlights the importance of outcomes and what a Consultant in Intensive Care Medicine 'looks like', not what they 'can do'. The Faculty has reviewed the recent inclusion of ultrasound in the 'Competency-Based Training in Intensive Care Medicine in Europe" (CoBaTrICE) curriculum and is planning to update the description of competencies in HiLLO 6 to reflect that point of care ultrasound is an example of a diagnostic skill that an intensivist will acquire during their training. This change will be submitted to the General Medical Council for review. .

2	**Medicine Year for Anaesthetists (+ 15)** • These comments expressed dissatisfaction with the structure and content of the year, citing limited flexibility and general value. • Suggestions include increased flexibility of the medicine year placements, such as respiratory, renal, or cardiac rotations and more opportunities for advanced skill development (e.g., bronchoscopy, catheter lab attendance). **FICM Response:** The Faculty has reviewed the feedback received. Responsibility for allocation of medical training places rests with the local Training Programme Director. Guidance for TPDs addressing the Faculty's suggestions for improvement of the medicine year for anaesthetists is currently being reviewed and due to be published in the coming months. The Faculty continues to encourage the flexible approach to HiLLO 11, whereby the achievement of the Learning Outcomes is the priority. The relevance of the medicine year specialised placements for HiLLO 11 in stage 1 includes experience of relevant pathologies and their diagnosis, investigation and management, not necessarily advanced skill development.
3	**Extend Stage 2 Rotations to Four Months (+ 13)** • Suggestions favouring extending rotation duration to enhance learning outcomes and reduce the "fourth rotation" requirement. **FICM Response:** 4-month rotations do not align with the majority of UK ICU working patterns, and would lead to increased departmental induction burden, along with resident medical rota misalignments. In line with a national drive to address the impact rotational training has on resident doctors. a short-life working group at the Faculty is developing guidance for rotational training in ICM that will be published in the coming months. It will focus on the flexibility of training placements including Stage 2 rotations at its core.

A summary of comments made across the stages and aspects of training is below. Comments cover many aspects of the curriculum and its implementation, and some reflect personal views and perceptions in part. Many suggestions are locally implementable, while others continue themes reported elsewhere in this survey, and form part of the Faculty's action plan in response. There are, however, some which are outside the remit of the Faculty such as contractual, employment or Deanery matters, though the Faculty has a role in continuing to advocate to these bodies and represent our IiTs' best interests. Other suggestions are constrained by regulatory process.

Key

* indicates that this is a Deanery and employment matter, though the Faculty continues to advocate for and support IiTs.
** indicates that this is a regulatory matter, noting that an exit exam is not supported by the GMC. Covid derogations permitted this to occur and, in some cases, resulted in IiTs completing Stage 3 ICM without passing the exam, adding additional time onto the end of Stage 3 training.
*** indicates the item is already in existence.

Stage 1

- Recognise prior experience and seniority on joining the ICM programme. Please see the Faculty's guidance on the combined programme route to CCT.***
- Ensure entry at the correct ST level for appropriate pay banding*
- Include regional blocks and obstetrics during Anaesthesia year for medical/EM residents

Stage 2

- Maximise transferrable capabilities between dual/triple programmes and placements
- Include Anaesthesia sessions during subspecialty ICM placements
- Consider alternative experiences/locations for PICM
- Increase guidance, regional opportunities and updates for SSYs

- Implement keeping in touch days to ensure maintenance of skills (ICM and other specialties) when in other placements/programmes
- Undertake specialty placements first to support FFICM preparation

Stage 3

- Improve guidance for HiLLO signoffs
- Enable development of special interest areas/SSYs for dual/triple IiTs
- Improve stepping up to consultant and leadership skills
- Improve understanding of outcomes and competence-based training to shorten CCT

Examinations

- Reduce niche topics
- Review exam structure to ensure a consistent and fair assessment
- Improve exam resources and feedback for future exam preparation
- Use of benchmarking exam against clinical performance
- Bring forward exam eligibility **
- Permit Stage 3 entry without FFICM **

Teaching

- Develop national standards for regional and local teaching
- Introduce teaching for non-clinical areas, e.g. decision-making and resource management
- Develop skills teaching standards
- Reinforce face to face events/teaching to promote community and wellbeing

Assessment

- Review the burden of assessment, especially parallel portfolios for dual/triple programmes
- Reduce repetition and assess capability rather than numbers, across dual/triple programmes
- Improve the counting of experience across curricula, and avoid CCT extensions, where the Faculty has control of such situations (e.g. FICM cannot dictate such arrangements for GIM, AM etc).
- Improve functionality of LLP
- Review the introduction of the MCR due to anxiety of receiving feedback in a bullying situation
- Improve guidance for HiLLO 10 for anaesthetic trainers assessing medical/emergency medicine dual residents
- Develop guidance for the Medicine HiLLO
- Develop an ARCP decision aid***
- Improve LTFT resources and guidance
- Improve EDT provision in all placements on the programme*

Summary Statement

The Faculty is very grateful for the time and candour offered by the Intensivists in Training completing the 2024 survey. With the highest response rate yet, it is hoped that IiTs appreciate their role within the Faculty and that their voice counts, not only through the annual survey, but also through the actions of the IiT Sub Committee and its Leads, and the formalisation of the Regional Representative network.

The composition and number of IiTs are evolving, and the Faculty welcomes the ever-improving representation of all partner specialties. It underpins the evolution and independence of the specialty.

As stated previously, several projects are already in action, addressing many of the points raised in this survey, in addition ICM Regional Advisors have received their regional summaries. Regional action plans are underway.

Action Plan arising from IiT Survey

For FICM's Training, Assessment and Quality Committee (FICMTAQ)

- Rotational Training & Maximising Training Opportunities Working guidance has been published
- Best practice statements, particularly for:
  - Stage 1 Medicine
  - Keeping in Touch (KIT) Days and maintaining skills during partner and sub-specialty placements
  - Recognition of airway capabilities for all residents in Stages 2 and 3
  - Opportunities for Stage 3 learning and experiences
- Address provision of curricular teaching, nationally and regionally
- Training Capacity Assessment guidance to support Units, existing workforce, and any proposed expansion.
- Working with Partner Colleges to enhance understanding of Dual/Triple programmes, and competence of all ICM IiTs in Stage 2
- Reduce discrimination of IiTs from different training backgrounds
- Hard line on bullying
- Submission to GMC for clarification of HiLLO6 Learning Outcomes

For the FFICM Examinations Subcommittee (which reports into FICMTAQ via the FFICM Chair of Examiners and sits under the overarching Examinations Committee for the FRCA, FFICM, and FFPMRCA).

- Enhanced IiT representation on future Exam Development projects – representation is already in place via FICM's lead Intensivist in Training representative. The representative will feed back any planned development projects to the Intensivists in Training Sub-Committee as required.

For FICM's Careers, Recruitment and Workforce Committee (FICMCRW) and others

- The development of guidance on ACCP scope of practice, with evaluations of training capacities
- Career planning and resources for Single CCT, Dual and Triple CCT IiTs
- EDI projects with enhanced IiT representation
- Continue to highlight to government the increasing Less Than Full Time workforce

ICM Regional Advisors Survey

Introduction

The 2024 Intensive Care Medicine (ICM) Regional Advisors Survey gathered insights from regions across the UK regarding training programs, workforce challenges, and the overall state of ICM education. The survey results provide valuable data to guide improvements in training, retention, and faculty support. The survey was completed by 24 of the 25 training regions.

Key Findings

1. Training and Education

- **Induction and Monthly Teaching:** 92.6% of regions offer structured induction and monthly regional teaching programmes.
- **Exam Preparation:** 92.6% provide specific exam preparation teaching.
- **Educational Development Time (EDT):** 85.2% of regions allow educational development time, with an average of 1-2 days per month.

2. Workforce and Retention

- **Leavers from ICM:** 18 resignations from the ICM programme were recorded. Leavers were spread across 62.5% of regions, though the total number represents less than 2% of the overall IiT population.
- **Leavers from Partner Specialties:** 20.8% of regions reported IiTs leaving their partner specialty.
- **Lost Training Posts:** Only 8.3% of regions lost training posts, indicating relative stability in available positions.

3. Workplace Culture and Faculty Support

- **Bullying and Harassment:** 33.3% of respondents were aware of or involved in cases related to workplace bullying.
- **Recognition of Faculty Roles:** 54.2% of advisors feel appropriately recognised, while 37.5% feel only partially recognised.
- **Support for Faculty Tutors:** 50% report partial recognition of faculty tutors, highlighting a need for greater acknowledgment and resources.

4. Consultant Preparedness and Future Challenges

- **New Consultant Readiness:** 80% believe post-CCT doctors are prepared for consultant roles.
- **Biggest Challenges:** Key concerns include post-CCT job availability, maintaining training standards, and workforce gaps.
- **Future Workforce Gaps:** Many regions anticipate consultant shortages due to upcoming retirements and gaps in recruitment.

5. Recommendations and Faculty Support

- **Improving Recognition:** Greater institutional recognition for Faculty educator roles is necessary.
- **Enhancing Retention Strategies:** Addressing workforce pressures, supporting IiTs, and offering career progression pathways are essential.
- **Strengthening Training Opportunities:** Expanding access to structured teaching and exam support can further enhance IiT experiences.

Conclusion

The 2024 ICM Regional Advisors Survey highlights both successes and ongoing challenges in ICM training and workforce management. Continued collaboration and targeted improvements will be crucial in ensuring a sustainable and well-supported ICM training pathway for future consultants.

Regional Advisors Survey Results Overview

General Data

- **1054** - Total number of Intensivists in Training to 31 July 2024
- **18** - Number of doctors who left ICM training in 2024 (NB: *27 in 2023)*
- Roughly 1/3 of IiTs are now training Less Than Full Time (LTFT)
- Around 1/5 of resident doctors training in ICM are following a non-CCT pathway

Training Region	As far as you are aware how many doctors in your region/nation are pursuing a non-CCT pathway in ICM?	How many IiTs in your region/nation are training LTFT?
East Midlands	2	12
East of England	8	10
Kent, Surrey & Sussex	60	6
London North Thames (C)	10	0
London North Thames (E)	4	40
London North Thames (W)	20	0
London South Thames (E)	28	100
London South Thames (W)	0	0
NEYNL	0	8
North West (Manchester)	23	43
North West (Mersey)	7	10
Northern	1	20
Northern Ireland	3	8
Scotland (N)	2	4
Scotland (SE)	1	3
Scotland (W)	0	11
Severn	3	27
Sheffield & South Yorkshire	0	15
South West Peninsula	1	16
Thames Valley	5	16
Wales	6	21
Wessex	5	21
West Midlands	13	17
West Yorkshire, Leeds & Bradford	2	14

Workforce data

The workforce dataset is incomplete so has not been published here, but offers valuable qualitative insight into the current and future ICM consultant workforce pipeline:

- **Current Consultant Workforce Composition**
  Most consultants appear to have dual training backgrounds particularly with Anaesthesia and ICM. Very few practice ICM alone or in combination with Medicine or Emergency Medicine, reflecting historical recruitment trends and training backgrounds. This can result in a self-perpetuating cycle of inability to increase workforce diversity. Work is ongoing to share experience between regions as to successful strategies for advertising and job planning the variety of ICM consultant opportunities available.

- **Imminent Retirements**
  Several regions expect 10–25 consultant retirements within the next five years, signalling a significant potential gap in senior clinical leadership if replacements are not secured in a timely manner.
- **Rota Gaps**
  Some regions report high levels of consultant rota gaps (e.g., 20–24 in East of England and East Midlands), which may correlate with existing recruitment challenges and increasing service pressures.
- **CCT Forecasts**
  The projected number of IiTs due to CCT in the next five years varies widely. For instance, London North Thames (E) expects nearly 200 completions, while other regions report fewer than 50. This disparity suggests potential future workforce imbalance, particularly if high-output regions are not aligned with retirement or service need.
- **Workforce Vulnerability**
  Regions with modest numbers of IiTs and high expected retirements may be at risk of consultant shortages, especially if rota gaps already exist. Strategic planning is required to match CCT outputs to anticipated service gaps.

ACCPs

- Only two regions explicitly stated issues with ACCPs affecting training opportunities for IiTs.
- Most regions responded "No", or gave mixed comments in the free text e.g., informal concerns but no formal complaints, when they were asked whether they were aware of any issues with training opportunities for IiTs being impacted by the presence of ACCPs on a unit.
- 12 out of 24 regions have undertaken formal assessments of the impact of ACCPs on CCT training.
- Many regions describe the ACCP role as complementary, helping to support rotas and enhancing the training environment.
- Some regions have newer ACCP programmes, and others are well-established with coordinated, region-wide teaching support.
- A few concerns related to procedural access and simulation opportunities, with some suggesting ACCPs are offered more structured training than IiTs in certain settings.
- Feedback was often gathered via quality panels, indicating efforts to understand this impact are ongoing and nuanced.

Training Successes

Exam Preparation and Teaching Delivery

- Regional FFICM exam preparation courses (OSCE/VIVA) widely praised, with some regions running local viva groups and simulation-based training.
- FUSIC training (echo and lung ultrasound) featured strongly, with dedicated teaching and support in multiple regions.
- Several areas reintroduced face-to-face regional teaching, which has been well received.

Special Skills and Programme Structure

- Special Skills Year (SSY) offerings are diverse across regions, with expanded menus including ECMO, education, echo, and home ventilation.
- Development of bespoke rotas and ECMO fellowships tailored to training needs in some centres.
- Creation and expansion of Stage 3 and Paediatric ICM training centres, particularly noted in the East of England and Wales.

Mentoring and Wellbeing

- Mentoring schemes are active in numerous regions, some through structured digital platforms.
- Regional leads reported pastoral support systems preventing IiT attrition, and designated champions for LTFT and return-to-work support.
- Deanery-led wellbeing initiatives (including educational psychologists) were highlighted as improving exam outcomes.

School Autonomy and Employer Support

- Some regions operate as standalone Schools of ICM, enabling greater autonomy in decision-making, ARCP processes, and training delivery.
- Regions with a single lead employer noted benefits in reduced admin burden and better access to services like coaching, Occupational Health, and HR support.

Quality Management and Feedback Systems

- Annual Quality Panels were noted as a best practice, collecting IiT feedback per unit and promoting training improvements.
- Structured induction meetings and engagement with new starters were reported as beneficial.

Cross-Specialty and Broader Opportunities

- Opportunities exist for IiTs to engage in research, governance, management meetings, and to gain exposure in neuro, liver, and cardiac ICM.
- Some regions encourage cross-linking between ICM and related specialties (e.g., emergency medicine, anaesthesia, paediatrics, medicine).

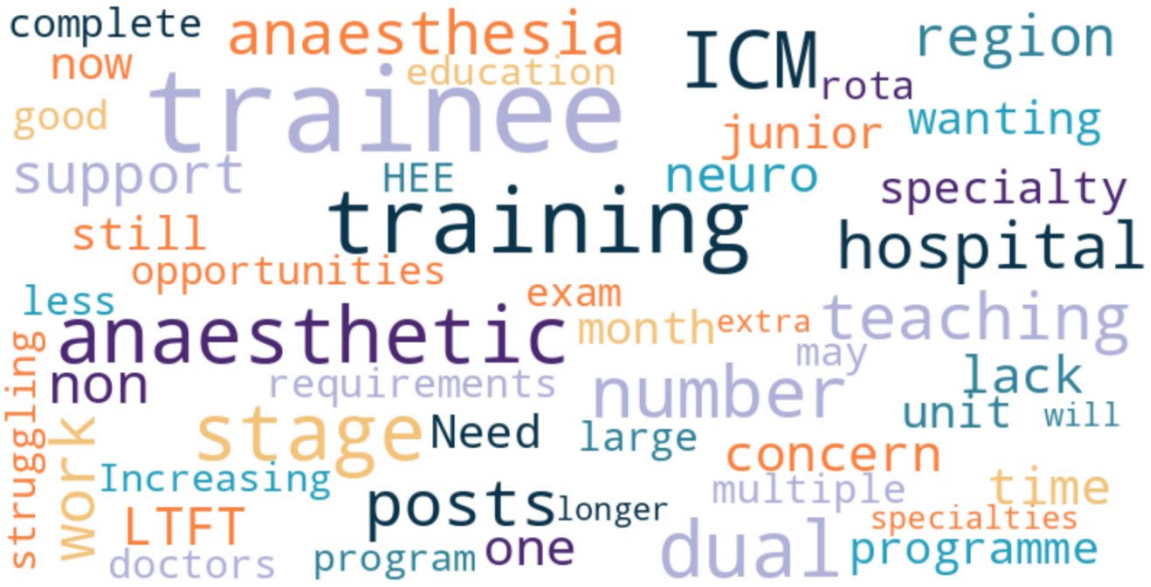
Quality Markers

- Regional induction offered in 22 out of 24 regions
- Regional teaching programme is offered in 22 out of 24 regions
- Regional Exam teaching is offered in 22 out of 24 regions
- Educational Development Time (EDT) is offered in 22 out of 24 regions. Most reported following FICM guidance on EDT, typically providing around 2 to 4 hours per week, with some variation depending on the stage of training.

Training Region	Does your region/nation offer induction/meet the trainers events for new IiTs?	Does your region/nation offer a monthly regional teaching programme?	Does your region/nation offer a specific exam teaching programme?	Does your region/nation allow EDT at each stage of training?
East Midlands	Yes	Yes	Yes	Yes
East of England	Yes	Yes	Yes	Yes
Kent, Surrey & Sussex	Yes	Yes	Yes	Yes
London North Thames (C)	Yes	Yes	Yes	Yes
London North Thames (E)	Yes	Yes	Yes	Yes
London North Thames (W)	Yes	Yes	No	No
London South Thames (E)	Yes	Yes	Yes	Yes
London South Thames (W)	Yes	Yes	Yes	Yes
NEYNL	Yes	No	Yes	No
North West (Manchester)	Yes	Yes	Yes	Yes
North West (Mersey)	Yes	Yes	Yes	Yes
Northern	Yes	No	Yes	Yes
Northern Ireland	Yes	Yes	Yes	Yes
Scotland (N)	Yes	Yes	Yes	Yes
Scotland (SE)	Yes	Yes	Yes	Yes
Scotland (W)	Yes	Yes	Yes	Yes
Severn	Yes	Yes	Yes	Yes
Sheffield & South Yorkshire	Yes	Yes	Yes	Yes
South West Peninsula	No	Yes	No	Yes
Thames Valley	No	Yes	Yes	Yes
Wales	Yes	Yes	Yes	Yes
Wessex	Yes	Yes	Yes	Yes
West Midlands	Yes	Yes	Yes	Yes
West Yorkshire, Leeds & Bradford	Yes	Yes	Yes	Yes

The majority of Regional Advisors (20 out of 24) reported that post-CCT doctors are adequately prepared to take on consultant roles. However, many highlighted the importance of structured support during the transition, particularly in the form of mentoring. While most IiTs are seen as clinically ready, there are recurring concerns around their preparedness for the non-clinical aspects of the role, such as handling complex family dynamics, dealing with complaints and coroners' cases, and navigating the political and organisational pressures of modern healthcare. A few respondents noted that some IiTs may progress through training without fully developing the leadership, decision-making, or team management skills required at consultant level. Additionally, some comments questioned whether current assessments, such as the curriculum outcomes and the FFICM examination, effectively capture the softer skills and professional judgement necessary for long-term consultant success.

Training Concerns



Stage 2 Bottlenecks and Exam Burden

- Many regions reported Stage 2 as a key challenge, citing difficulty accessing required placements and completing the FFICM exam in a timely manner.
- IiTs face burnout and stress due to tight placement timelines, especially those in 3-month posts.
- Several regions noted a need for more flexible or Out Of Programme (OOP) options to support progress and wellbeing.

Dual/Triple ICM CCT Programme Pressures

- Dual or triple training pathways were frequently described as burdensome, especially where different specialties are managed across multiple regions (e.g., ICM in one school, anaesthesia in another).
- Challenges in coordinating training timelines and expectations between specialties were seen to disrupt training quality and consistency.

LTFT and Rota-Related Issues

- LTFT IiTs are often excluded from rotas, leading to reduced opportunities and feelings of inequity.
- Concerns were raised about shift "clumping" and disproportionate workloads or expectations placed on LTFT IiTs.

Access to Training Posts and Geography

- Geographic distribution of training posts continues to pose challenges, especially in large or rural regions.
- Some IiTs face long travel distances between posts or are affected by uneven distribution of placements among hospitals.

Administrative and Logistical Barriers

- A number of respondents reported lack of notice for ARCP dates from NHSE, affecting trainer preparation for sign-off responsibilities.
- Variation in ESSR requirements and processes across Stage 2 was flagged as unclear and inconsistent.

Trainer Capacity and Infrastructure

- There is a shortage of Educational Supervisors and trainers, making it harder to deliver consistent support across all posts.
- Some respondents noted the difficulty in designing and delivering a teaching programme that meets all curriculum needs due to the volume and variety of resident doctors.

Cultural and Career Expectations

- Several responses noted a growing desire among IiTs to pursue less clinical or more flexible career pathways, which may affect workforce planning.
- A general concern about the declining number of IiTs and increasing difficulty in recruiting and retaining IiTs was also observed.

Awareness of Bullying or Undermining of Intensivists in Training

8 out of 24 regions reported being aware of Intensivists in Training (IiTs) experiencing undermining, harassment, or bullying in their region. Some Regional Advisors provided brief comments detailing incidents where IiTs felt undermined or reported concerns related to bullying. While these instances were described in general terms and vary in nature, they reinforce the importance of maintaining a safe, respectful, and supportive environment across all training regions.

The Faculty of Intensive Care Medicine does not tolerate any form of bullying or harassment. We are committed to upholding the highest standards of professionalism and ensuring that every intensivist in training feels valued and supported. We continue to work with regional leads, educators, and partner organisations to address concerns, improve culture, and promote wellbeing throughout Intensive Care Medicine training.

Regional Challenges

- **Recruitment and Workforce Gaps**
  - Maintaining recruitment into ICM is a pressing concern, with some regions unable to fill ST3 posts for the first time in years.
  - Several regions reported unfilled non-training posts and growing consultant gaps, especially in District General Hospitals.
  - A general lack of Intensivists in Training (IiTs) was noted, with concerns about future workforce sustainability.
- **National Recruitment Timelines**
  The current national recruitment schedule was repeatedly cited as a barrier to planning, onboarding, and organising bespoke rotations for incoming IiTs. Respondents called for earlier or more flexible timelines to ease these logistical challenges.
- **Appointment Challenges**
  A couple of regions reported finding it difficult to appoint ICM consultants dual-trained in emergency medicine and medicine, due to traditional preferences and competition with anaesthesia and ICM consultants.
- **ACCP Training and Integration**
  Some regions reported challenges in delivering ACCP training, particularly around educational capacity and support.
- **Urban–Rural Training Divide**
  There are disparities in job availability and staffing between urban and rural hospitals, with smaller hospitals especially struggling to attract or retain IiTs.

- **Workload and Training Balance**
  - Rising clinical workload, reduced teaching time, and the need to balance service with training expectations remain key concerns.
  - Challenges exist in supporting on-the-job teaching, particularly where consultant: patient ratios are high.
- **Hospital Infrastructure and Estates**
  Several comments mentioned poor rest facilities, lack of dedicated teaching space, and suboptimal training environments, especially in older hospital estates.
- **Educational Supervisor Allocation**
  In large departments with many units, it can be difficult to allocate ESs who work directly with each IiT, sometimes relying on wider consultant feedback.
- **School Mergers and Administrative Complexity**
  Mergers (e.g., Severn and Peninsula) and allocation changes (e.g., to East Yorkshire programmes) introduced administrative burdens and disrupted planning.

Role Recognition for Trainers

Faculty Tutors (FTs): Recognition remains inconsistent

- 12 out of 24 regions reported that Faculty Tutors are only partially recognised in their Trusts or Health Boards.
- 11 regions stated their FTs are fully recognised.
- Comments highlight that while communication is generally good, recognition in the form of time or funding (e.g. SPA/PAs) is often limited.

Regional Advisors: Again, recognition remains inconsistent

- Use of SPA time for the RA role is common.
- 0.5 PAs appears to be a common allocation as additional Programmed Activity, although this is not universally standardised or guaranteed.

Educational Delivery Time

- Only 8 out of 24 regions reported that Educational Supervisor (ES) time is fully recognised.
- Many report that ESs receive only 0.125 PA per IiT, rather than the recommended 0.25 PA, and often take on additional roles without recognition.
- Clinical Supervisors and those supporting locally employed doctors continue to be under-recognised or unrewarded in many regions.

Suggestions for Faculty Support

Clarity and Consistency in Training Guidance

- Respondents called for clearer, standardised advice around Stage 2 requirements, including ESSRs and expectations for IiTs on dual and triple CCT ICM programmes.
- Specific guidance was requested on HiLLO sign-off, including bullet-point summaries or cheat-sheets for trainers.
- There's an appetite for more support for Educational Supervisors, such as Q&A sessions and structured benchmarking tools.

Improving the Lifelong Learning Platform (LLP)

- Some noted challenges navigating the LLP and its requirements, particularly in how it relates to trainer responsibilities and HiLLO tracking.
- Continued emphasis on streamlining or clarifying the use of LLP features was suggested.

Support for Educators and Role Recognition

- A number of comments highlighted the uncompensated workload of RAs, FTs, and ESs—especially around ARCP season.
- With the reduction of National Clinical Impact Awards, several respondents stressed the need to address remuneration and sustainability of educator roles.

Accelerated Training and Prior Learning

- The need for clearer processes around accelerated training and recognition of prior experience was raised—particularly for Stage 1 and for those doctors with backgrounds. outside formal training. The Faculty would direct members to its existing guidance on this issue, but all feedback is welcome.

Academic Pathways and MDT Development

- There were calls for improved visibility and guidance around academic career routes, including for Clinical Fellows. N.B: FICM are currently developing guidance on academic training, which is due to be released later this year.
- Supporting equality and development across the multidisciplinary team (MDT) was seen as an ongoing priority.

Recruitment and Retention

- Several respondents flagged recruitment timelines as a key challenge and recommended bringing national recruitment forward by at least one month.
- General concerns around the attractiveness and sustainability of ICM careers were also noted, with suggestions to improve retention and career progression support.

Faculty and Structural Evolution

- A clear theme in several responses was strong support for the Faculty to progress toward becoming an independent College.

The Faculty of
Intensive
Care Medicine

www.ficm.ac.uk

@FICMNews

Churchill House | 35 Red Lion Square | London WC1R 4SG
tel 020 7092 1688 | *email* contact@ficm.ac.uk