The Faculty of
Intensive Care Medicine

Quality Management of Training Report 2017

KEY MESSAGES

1. Like last year, the number of trainees completing the FICM Trainee Survey continues to grow but the number is still below 100% completion.

2. Placements within the critical care environment continued to receive the highest ratings from trainees.

3. Placements within the medicine environments that were rated as 'inappropriate' increased. This will be a focus for the FICM to investigate in 2018.

4. There were issues reported in managing stage 2 training for dual trainees. This, along with issues raised on assessment burden, have been set as a priority for the curriculum review group that was convened at the end of 2017.

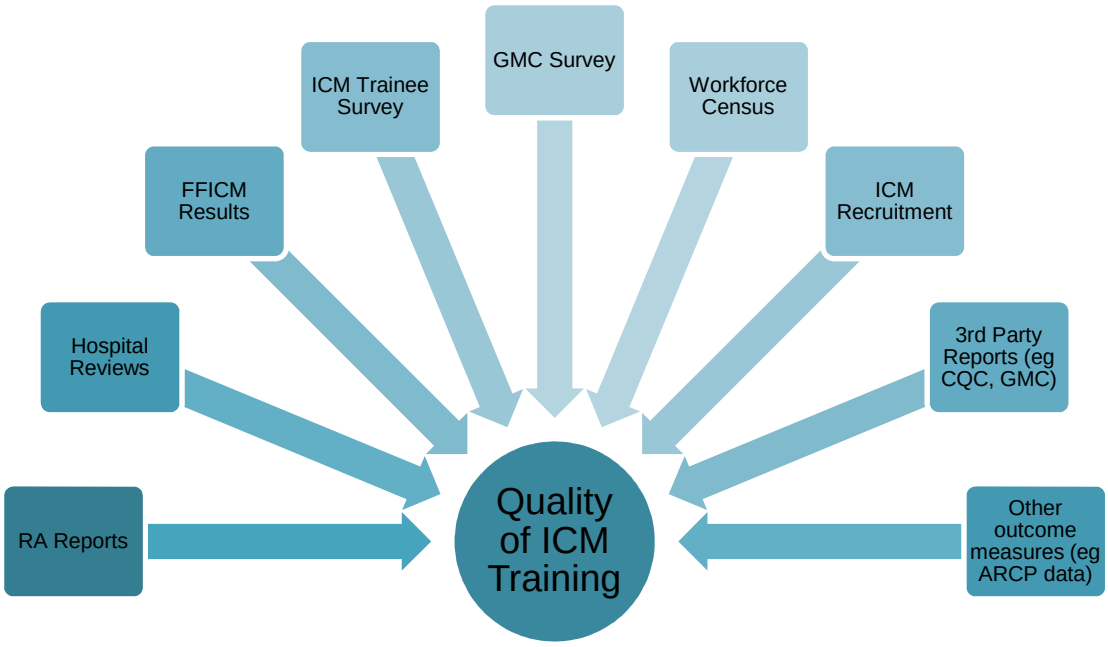
5. Longitudinal analysis indicates that quality issues are being proactively managed locally.

6. At core training level, there are similar numbers of medical trainees and anaesthetic trainees considering a career in ICM, although because of differing training numbers the proportion of anaesthetic trainees is higher.

SECTION 1: INTRODUCTION
Chris Thorpe Quality Lead

Welcome to the third Quality Management of Training Report from the Faculty of Intensive Care Medicine. Quality Assessment for the FICM now sits within the Training, Assessments and Quality committee and oversees the collection of data that allows the FICM to quality manage its training programme. As with other specialties we look towards a variety of indicators to QA our programme (below). A clear link between changes in training and improvement in the quality of consultants is difficult to prove, but by obtaining data from a number of sources we can monitor the process of training, and help guide sensible and effective changes by measuring the results. In addition to the overview of UK training presented here, detailed breakdowns of data on both trainee and GMC feedback is available to Regional Advisors, and this is one of the main drivers for improvement at the regional and local level.

On a separate note, there is an increasing awareness of the need for support for trainees and the FICM are looking at elements of this along with fatigue and wellbeing. These aspects may influence both actual and perceived training responses and we may in the future be able to drill down into this element.



SECTION 2: FICM TRAINEE SURVEY 2017
Chris Thorpe

Each year all trainees registered with the Faculty within the new training scheme receive a link to a 'Survey Monkey' questionnaire. Unlike the GMC survey (which collects data at only the one point in the year), the FICM survey collects detailed data on all attachments undertaken that year. Neither does it have the GMC's requirement of 3 responses before providing a report by hospital.

The main beneficiaries are regional training programmes. Each RA gets useful information about which attachments the trainee finds helpful, and those that are less than ideal. This allows the RA to make immediate changes to the training programme.

2.1 OVERVIEW OF 2017 RESULTS

The FICM trainee survey hit new heights this year with a response rate of 65%, so thank you to all those trainees who took time to fill in the questionnaire.

Overall the training scheme is in good shape and there were lots of good comments throughout, however summaries below mainly focus on areas of difficulty.

Stage 1

ICM: Formal teaching is still not as good as other areas but is improved from last year. Where feedback is negative, this usually focuses on poor training ethos within the department.

Anaesthetics: There is a decreased proportion of 'inappropriate' ratings for the standard of training from 2016 (3% vs 15%). Overall feedback confirmed good training.

Medicine: Increased proportion of 'inappropriate' standard of training from 2016 (30% v 12%) is seen. There were a variety of reasons for this but prioritising service needs, and poor educational supervision feature more prominently. Very good feedback is seen in some attachments but it still seems that some blocks are less geared up for ICM trainees.

Stage 2

Cardiothoracic: Improved from 2016, with most trainees happy. Negative comments mainly around training structure, particularly formal teaching, and training ethos.

Paediatrics: Comments were seen around the anaesthesia / PICU split, mainly not enough PICU but also that the stage 2 year can impinge on anaesthetic training.

Neurosciences: Again, several comments echoed the concern of trying to sensibly combine anaesthetic and ICM training, with other comments that training could be improved, in particular formal training.

General ICM: Generally good feedback with 44% rating the attachment as excellent. Some comments on inappropriate responsibility for grade, and some on training ethos.

Stage 2 Special skills: This is the first time we have had feedback from trainees at this stage with 46% rating their attachment as excellent. There were 12 replies, all single specialty trainees. Three trainees undertook ECHO training, 2 research and others included renal, ECMO, QI, Neuro ICU and PHEM. All the attachments received good feedback and along with stage three have the best feedback across the domains, presumably because at this stage they have a bespoke programme organised by enthusiasts.

Stage 3

Generally good feedback throughout, with 54% rating the year as excellent. A small number of comments on feeling WBAs added little value, and the need for formal teaching to be improved but overall the year was well received.

2017 survey overview: How would you rate the standard of training in this placement?

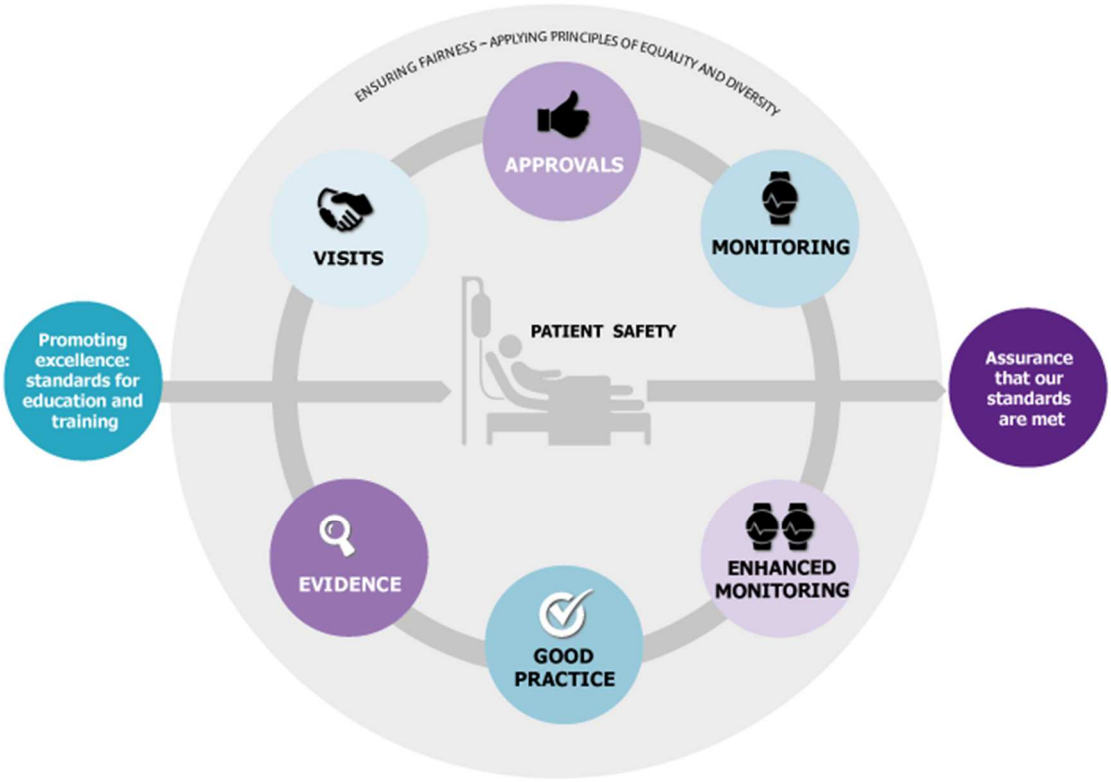
		Number	Percentage		2016
Intensive Care stage 1	Excellent	70	47%		45%
	Appropriate	69	46%		44%
	Inappropriate	11	7%		10%
Anaesthetics stage 1	Excellent	54	47%		49%
	Appropriate	57	50%		36%
	Inappropriate	4	3%		15%
Medicine stage 1	Excellent	6	16%		24%
	Appropriate	20	54%		72%
	Inappropriate	11	30%		12%
Cardiothoracic stage 2	Excellent	20	29%		18%
	Appropriate	42	62%		65%
	Inappropriate	6	9%		18%
Neurosciences stage 2	Excellent	25	37%		45%
	Appropriate	37	55%		50%
	Inappropriate	3	8%		5%
Paediatrics stage 2	Excellent	21	33%		42%
	Appropriate	36	56%		52%
	Inappropriate	7	11%		5%
Intensive Care stage 2	Excellent	25	4%		53%
	Appropriate	28	49%		46%
	Inappropriate	4	7%		0%
Special skills year stage 2	Excellent	14	46%		
	Appropriate	13	43%		
	Inappropriate	3	10%		
Intensive Care stage 3	Excellent	7	54%		100%
	Appropriate	6	46%		0%
	Inappropriate	0	0%		0%

SECTION 3: GMC TRAINEE SURVEY 2017
Chris Thorpe

3.1 THE ROLE OF THE GMC

The GMC is responsible for ensuring both undergraduate and postgraduate training standards are upheld and does this though the Quality assurance framework, which is summarised below:

The Quality Assurance Framework (from the GMC)



3.2 OVERALL RESULTS FROM THE GMC SURVEY 2016 & 2017

Scores are out of 100, the higher the better. **Note that the two columns are comparing different things**: Column one has trainees from all specialties within an ICM attachment at the time of the survey; column two has FICM trainees only but these could be in other attachments such as Medicine or Anaesthesia at the time of the survey.

Survey responses are compared with 2016 results. There are three new categories for 2017: Teamwork, Curriculum coverage and Educational Governance.

	All trainees in an ICM attachment (mean / 100)		FICM specialty trainees (mean /100)	
	2016	2017	2016	2017
Overall satisfaction	87	86	84	81
Local teaching	66	66	66	64
Regional teaching	65	63	65	67
OOH supervision	92	93	93	94
Clinical supervision	93	94	93	95
Reporting systems	78	80	77	78
Handover	80	81	74	74
Induction	88	83	87	83
Adequate experience	88	86	84	80
Supportive environment	80	79	79	76
Workload	48	54	47	51
Educational supervision	91	89	93	90
Feedback	75	71	78	71
Study leave	69	60	73	64
Teamwork		79		74
Curriculum coverage		82		77
Educational governance		75		76

3.3 INTERPRETATION

There are only minor changes between the 2016 and the 2017 results. In fact, if we look back to 2012 we find that the majority of indicators have remained broadly similar, with most elements proving consistently good and a smaller number proving difficult to improve. The one thing that consistently stands out for both FICM specialty trainees and trainees undergoing a limited time attachment is the workload, however this is marginally better this year. This figure is consistent with other acute specialties.

Clinical and OOH supervision remain good, implying that although trainees are busy they are not left alone to cope. Other indicators are broadly in line with other specialties. Local and regional teaching remain stubbornly difficult to improve despite an effort to link teaching between units in some deaneries. Whilst the GMC survey remains useful for general issues at a regional level, only the FICM survey provides the post-level data that allows us to affect active changes.

This year we also tried to get some information on career intentions from the GMC survey, by bolting on some questions to trainees in other specialties. Replies were obtained from Specialty Trainees in Anaesthetics, and Core Trainees in Anaesthetics and medicine. The intention was for this to also be asked of other groups, such as ACCS trainees but this failed to materialise. From the results we obtained, at core level there is a greater percentage of Anaesthetists interested in ICM however, the number interested is fairly similar between medicine and anaesthetics. Within the ST Anaesthetic cohort, there is a decreasing number interested as the year's progress, in keeping with the available entry points into ICM.

Are you currently considering a career in ICM?

	Yes	No
Specialty Training Anaesthetists	534	1825
CT Anaesthetists	366	531
CT Medicine	318	2461

In addition, we asked what aspects attracted the trainees to ICM. The first 4 ranking aspects were noticeably the most influential reasons: i.e. Interest in the subject, the broad nature of the specialty, working in an acute environment and the role models that the trainees have come across.

	Ranking
Interest in subject	1
Broad nature of specialty	2
Working in an acute environment	3
Role models/colleagues already working in ICM	4
Quality of training	5
Variety of career options	6
Availability of consultant posts	7
Quality of work/life balance compared to other specialties	8
Availability of training posts	9
Other	10
Private practice opportunities	11
None of the above	12

SECTION 4: REGIONAL ADVISOR REPORTS
Mark Carpenter Lead RA

This year the RA reports were conducted through the survey monkey online platform.
29 out of 32 RAs submitted reports.

4.1 EDUCATIONAL ENVIRONMENT FOR TRAINERS

Most Faculty Tutors have recognition of their role within the job plan. A number within their allotted SPA time. In response to this the FICMTAQ have made alterations to the FT application form asking the CD to affirm that the FT will have their role recognised at job planning.

4.2 TRAINING SUCCESSES

As last year, a variety of successes over the last year were commented on by the RAs. Teaching, pass rate in exams and improved training posts were frequently noted, along with echo training and local ICM course development. Integration of ICM trainee and ACCP training was mentioned in a couple of reports underlying the strong multidisciplinary nature of ICM training.

4.3 TRAINING CONCERNS

This is the first year that we have asked about failure to progress from stage 2 to stage 3 because of exam failure and it was noted in a number of regions that this has been the case.

In contradiction to some regions, the interaction between different partner schools/specialties in some regions has been problematical. It seems clear that organisation of a complex curriculum is done more easily with a strong working relationship with our partner specialties.

4.4 STAGE 2 TRAINING

Stage 2 training has featured large in the discussions amongst RAs this year, both in terms of the burden of assessments and the overall burden of training with the FFICM exam included with stage 2. As a consequence of this, guidance on how to address the burden and a welcome to ICM document have been produced. Locally trainers are using resources such as e-ICM and attendance at study days as evidence for “hard to get” competencies.

4.5 FICE/CUSIC TRAINING

The increasing availability and awareness of FICE/CUSIC training was mentioned as a training success in a number of regions. FICE is clearly becoming established across the country although remains a work in progress in a third of regions. GMC sensibly require a factor of training to be established in all training regions before it becomes part of a mandatory curriculum.

4.6 MORALE

A feeling that ICM trainees in common with trainees in other specialties are suffering low morale partially, but not wholly, because of the new junior contract was mentioned in

several reports. Dual portfolios and assessment burden were cited as causes for this in addition to rota gaps. In other reports there was talk of “much better than last year”. Low morale is being addressed in a number of ways across the regions and will be a feature of the Regional Advisor & Faculty Tutor day on the 5th March 2018.

SECTION 5: EXAMINATION DATA
Andy Cohen Chair FICM Examiners

The FFICM exam is a summative assessment used during the training of intensivists and acts as a gateway to the final stages of training. The regulations for the exam and eligibility are constantly being reviewed to assure they are fit for purpose and consistent with GMC guidance. Recently issues that have been considered include the limited time available for MTI doctors to take the exam and the composition of the written paper. Any changes in regulations are notified in advance on the Faculty website.

The Court of Examiners are charged with the responsibility to write exam papers, set the standard and examine candidates. They are overseen by senior examiners, the Faculty exams department and the Faculty's Training, Assessment and Quality Committee.

The written paper (MCQ) is a machine marked test which is a mix of single best answer and multiple true false questions. The number of single best answer questions is to be increased in line with GMC recommendations. The pass mark for the MCQ is set using modified Angoff referencing. The exam does not use negative marking. The Angoffing system used has been developed to take into account the effect of educated guessing. Once the Angoff score is calculated it is then adjusted by a Standard Error of Measurement (SEM) to allow for borderline candidates.

In January 2017, 84 candidates sat the exam, of whom 74 passed (88.09%). The pass mark was 73.57% and the reliability was 0.7326. In July 2017, 86 candidates sat the written exam, of whom 51 passed (59%). The pass mark was 70.64%. Exam reliability was 0.7211 calculated using KR20. Although the pass mark of the July exam was similar to earlier papers the pass rate was lower than it had been previously. The Angoff referencing group fully scrutinised the Angoff scoring and agreed the final pass mark without dissent. Variations in pass rate of a criterion referenced exam such as the final FFICM are to be expected.

The oral exam comprises of a Structured Oral Exam (SOE) and an Objective Structured Clinical Exam (OSCE). The two components of the exam have to be taken together on the first occasion but if one is failed candidates are able to carry forward their pass in the other component for up to two years. Thus in each cohort of candidates taking the oral exam some will be sitting both the SOE and OSCE and others will be sitting just one component.

The Borderline Regression (BR) and Hofstee methods are used in the standard setting of the SOEs, with Hofstee being used to cross reference the result achieved from the BR method.

In April 2016, 90 candidates sat the SOE. Of the 90, 68 (76%) passed the SOE component. 8 candidates sat the SOE with a previous pass in the OSCE. 6 from 8 passed giving a 75% pass rate for SOE only applicants.

In October 2017, 66 candidates sat the SOE. Of the 66, 48 (73%) passed the SOE component. 10 candidates sat the SOE with a previous pass in the OSCE. 9 from 10 passed giving a 90.00% pass rate for SOE only applicants.

OSCE Standard setting is performed using modified Angoff referencing by the OSCE working party prior to the exam being taken and a cumulative pass mark for each paper agreed. In April 2017, 93 candidates sat the OSCE. Of the 93, 70 (75%) passed this component. 11 candidates sat the OSCE with a previous pass in the SOE. 7 candidates passed, giving a 64%

pass rate for OSCE only candidates. In October 2017, 72 candidates sat the OSCE. Of the 72, 56 (78%) passed this component. 16 candidates sat the OSCE with a previous pass in the SOE. 11 candidates passed, giving a 68.75% pass rate for OSCE only candidates.

Despite the difference in pass rate of the July MCQ the oral exam following had a pass rate that was similar to previous cohorts although it should be remembered that not all candidates take the oral exam that immediately follows the written paper.

Overall

In April 2017, 55 candidates from 89 (61.80%) passed the exam overall compared with 67 candidates from 101 (66.34%) in October 2017.

SECTION 6: RECRUITMENT
Jonathan Goodall

QA Process

Being in its third year, the FICM National Recruitment QA process is now established and continues to work well: some minor adjustments had been made following 'lessons learned' and feedback from 2016.

Changes for 2017

1. The addition of a face-to-face station for 'Task Prioritisation' was reflected in the QA process, requiring additional QA assessors (QAAs).
2. The 'Reflective Practice' written station was quality assured for the first time ensuring that all sections of FICM recruitment are now being assessed.

Those acting as QAAs followed the daily timetable developed in 2016:

Outline Timetable for QAAs

a. Attend generic briefing session with all other interviewers
b. QA assessors attend the station specific briefing session with other interviewers for that station
c. After the station specific briefing QA assessors return to plenary room for QA briefing with QA lead for the day
d. QA assessment for the first 4 cohorts of interviews
e. QA assessors return to plenary room during the 5th cycle of interviews. This time was used to:
    i. Review the day with other QA assessors
    ii. Ensure that QA forms are completed as appropriate
    iii. Produce a summary of the QA experience

QAAs were provided with comprehensive information and paperwork for each a station, including scoring matrices (i.e. the same documentation provided for the assessors allocated to each station), along with an individual timetable for the day.

Key Principle of ICM Interviews

As in previous years, those acting as QAAs were asked to review whether interviews were conducted using the key principles of FICM recruitment:

- Interviews adhered to the format in interview guidance
- Appropriate supporting paperwork for interviewers was available
- Interviewers had received appropriate training
- Interviewers had received equality and diversity training within the previous 3 years
- Were there candidates with special requirements?
- Candidates were treated with fairness, politeness and respect
- Discussion around calibration and scoring happened, before the interviews started
- Scoring was appropriate in all stations

- Published FICM recruitment criteria were followed
- The interview panel could provide feedback on the suitability of questions
- Mechanisms for highlighting probity issues were in place

Outcome of QA Assessments

QAAs felt that the above guidance was adhered to in all interviews conducted during 2017 recruitment. The QAAs also commented on the following:

- Changes to the 'Task Prioritisation' station improved the quality of this station
- The introduction of QAA to the 'Reflective Practice' (RP) station was both useful and easy to conduct. Around 30% of the papers on each day were scored for a third time by a QAA to check the consistency of scoring.
- There was a high degree of consistency between interviewers scoring the RP written reports.

Summary

The recruitment QA process continues to work very well. As in previous years, QAAs were impressed with both the quality of the material, the questions and the conduct of the interviews. The changes made since 2016, including introducing QA to the reflective practice station, should be retained. Appropriate briefing and paperwork for QAAs continues to be of prime importance to ensure the process runs smoothly and effectively.

The Faculty of
Intensive Care Medicine

The Faculty of Intensive Care Medicine

Churchill House | 35 Red Lion Square | London | WC1R 4SG
tel 020 7092 1653 | **email** contact@ficm.ac.uk

www.ficm.ac.uk