The Faculty of Intensive Care Medicine

Quality Management of Training Report 2019

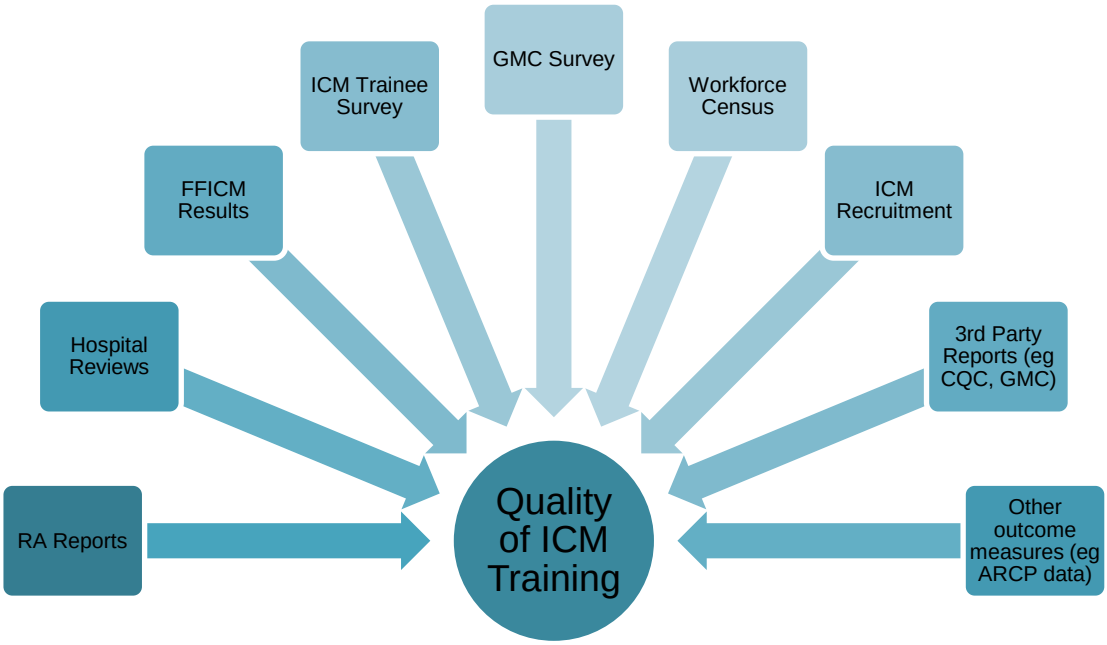
KEY MESSAGES

1. Overall satisfaction of trainees is very high.
2. The variable and challenging case mix is cited as the most enjoyable aspect of the specialty.
3. There are still perceived barriers in training LTFT.
4. A substantial minority of units still do not provide rest facilities.
5. The vast majority of trainees find ACCPs to have a positive impact on their training.
6. Assessments and the e-Portfolio continue to be a burden and this is being addressed with the new curriculum rewrite.

SECTION 1: INTRODUCTION
Chris Thorpe, Quality Lead

Welcome to the sixth Quality Management of Training Report from the Faculty of Intensive Care Medicine. Quality Assessment for the FICM sits within the Training, Assessment 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.

This year, within the FICM trainee survey, we looked in detail at LTFT training and also obtained information on both the impact of ACCPs on medical training and rest facilities.



SECTION 2: FICM TRAINEE SURVEY 2019
Chris Thorpe, Quality Lead

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 2019 RESULTS

Thank you once again to all trainees that completed the survey. It provides the FICM with invaluable data with which we can improve our programmes. This year, we had 340 replies from trainees within the ICM programme for the year, and 157 replies from dual trainees within their partner programme for the entire year. This gave a total response of 497 replies, an outstanding effort by all and clearly reflects the engagement by our trainees in the programme. Results remain consistent with previous years, with Medicine in stage 1 continuing to be a problem in some areas. Again, this overview masks variation between the posts themselves and although not published here the underlying important detail on this is given to the RAs for their use.

Within the comments section, the number of assessments required in the training programme was the overriding concern for trainees. This has been heard loud and clear, and efforts have been made to reduce this burden in the curriculum rewrite. Guidance on completion of assessments has been released from FICM, which emphasises that a large number of competencies can be assessed in a single WBA, dramatically reducing the number of WBAs needed overall. This also fits with the concept that competencies are best assessed within an overall package of care, rather than as an isolated event.

Linked to concern over the number of assessments were comments about the incompatibility of different training e-Portfolios for trainees with dual programmes. This is something that is clearly an unnecessary impediment to smooth training. Ideally, all colleges and faculties should have the same training platform and this problem would be eradicated. This however, depends on all the respective bodies agreeing with this approach, and unfortunately this conflicts with the autonomy of the colleges in selecting the platform that best suits their needs. We will keep trying to improve this however.

How would you rate the standard of training in this placement?

		2019 numbers	2019 %	2018	2017	2016
Intensive Care stage 1	Excellent	69	**46%**	36%	47%	45%
	Appropriate	72	**48%**	58%	46%	44%
	Inappropriate	8	**5%**	6%	7%	10%
Anaesthesia stage 1	Excellent	57	**49%**	44%	47%	49%
	Appropriate	65	**48%**	51%	50%	36%
	Inappropriate	4	**3%**	5%	3%	15%
Medicine stage 1	Excellent	2	**5%**	16%	16%	24%
	Appropriate	23	**62%**	48%	54%	72%
	Inappropriate	12	**32%**	36%	30%	12%
Cardiothoracic stage 2	Excellent	32	**36%**	34%	29%	18%
	Appropriate	49	**57%**	55%	62%	65%
	Inappropriate	6	**7%**	11%	9%	18%
Neurosciences stage 2	Excellent	32	**41%**	34%	37%	45%
	Appropriate	44	**58%**	62%	55%	50%
	Inappropriate	1	**1.2%**	4%	8%	5%
Paediatrics stage 2	Excellent	25	**31%**	41%	33%	42%
	Appropriate	47	**59%**	48%	56%	52%
	Inappropriate	8	**10%**	11%	11%	5%
Intensive Care stage 2	Excellent	31	**48%**	46%	44%	53%
	Appropriate	31	**48%**	50%	49%	46%
	Inappropriate	1	**2%**	4%	7%	0%
Special Skills Year stage 2	Excellent	11	**30%**	44%	46%	
	Appropriate	5	**65%**	56%	43%	
	Inappropriate	1	**6%**	0%	10%	
Intensive Care stage 3	Excellent	58	**62%**	70%	54%	100%
	Appropriate	33	**35%**	30%	46%	0%
	Inappropriate	2	**6%**	0%	0%	0%

2.2 EXTRA QUESTIONS

This year, we concentrated on rest facilities, ACCPs, LTFT training and enjoyment in ICM.

2.2.1 What do you enjoy most about working in Critical Care?

Trainees found that the variable and challenging case mix was the most enjoyable aspect of working in ICM by far, with honorable mentions going to multidisciplinary team working and feeling like you make a difference.

2.2.2 During your time on ICU do you have access to rest facilities?

The majority of trainees have access to rest facilities; this should be improved until all have access both during and after shifts, however.

During AND after shift	During shift only	After shift only	No access
156	96	13	65

2.2.3 ACCPs

350 trainees have worked with ACCPs on their unit, and of these, a strong majority found their impact to be positive. This is important, as ACCPs are becoming an essential part of service provision in ICM, but inevitably will take up some training space when starting, which could impact on medical trainees.

2.2.4 What do you think the impact of ACCPs has been on your training?

No impact	Negative	Positive	I have not worked with ACCPs
85	34	261	118

2.2.5 LTFT Training

There were a small number of trainees currently in LTFT training: 36 respondents with 51 trainees having considered LTFT but not applied.

The perception of trainees is that there are still barriers to applying, with some trainees finding the application process itself difficult. The predominant reason for wanting to work LTFT was childcare, and the majority chose 60% as a proportion of whole time equivalent. Work satisfaction and work life balance were the main aspects that were positively impacted by LTFT training but there were several aspects that were perceived as negatively impacted, such as time in training, career progression and perceived perception by colleagues and fellow trainees.

SECTION 3: GMC TRAINEE SURVEY 2019
Chris Thorpe, Quality Lead

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.

3.2 OVERALL RESULTS FROM THE GMC SURVEY 2019

All trainees are required to fill in the GMC National Training Survey (NTS). Results for ICM are from higher trainees on the ICM programme. Marks are out of 100, with higher scores better.

Indicator	2012	2013	2014	2015	2016	2017	2018	2019
Overall Satisfaction	87.37	81.05	84.35	82.10	83.71	81.02	80.79	82.23
Clinical Supervision	95.40	92.53	93.59	93.10	93.11	94.67	94.91	95.08
Clinical Supervision out of hours				92.37	93.26	93.64	92.77	93.63
Reporting systems					76.96	78.01	78.79	76.41
Workload	42.61	45.58	45.50	49.70	47.05	51.08	51.17	51.76
Teamwork						73.80	74.27	74.56
Handover	78.25	74.11	73.44	75.35	73.76	73.59	67.83	68.28
Supportive environment				78.13	78.87	76.09	75.74	75.59
Induction	87.35	85.43	87.90	88.70	87.37	83.02	81.36	82.08
Adequate Experience	89.61	80.96	83.80	81.77	84.51	80.13	78.68	82.50
Curriculum Coverage						76.98	75.66	80.57
Educational Governance						76.35	76.37	76.52
Educational Supervision	82.35	80.24	87.04	86.36	92.69	89.64	86.94	86.45
Feedback	75.71	71.24	73.77	75.77	77.47	71.30	71.55	68.77
Local Teaching	62.88	63.41	65.67	64.63	66.32	63.53	73.54	71.12
Regional Teaching	67.09	68.03	66.26	65.92	65.40	66.54	68.63	66.37
Study Leave	72.14	66.84	68.19	71.84	73.04	64.49	64.26	70.86
Rota Design							65.64	69.43

Results from the trainee survey are steady, with no marked improvement or deterioration in the different categories. Workload (51.74) continues to be difficult to manage, in keeping with other acute specialties: Acute Internal Medicine 46.65; Emergency Medicine 37.88; Anesthesia 52.34. Interestingly, looking wider to other less acute specialties shows many low scores for workload: General practice 47.68; Psychiatry 56.64; Allergy 56.25. The best for workload include: Audio Vestibular Medicine at 72.62; Chemical Pathology at 65.73 and Community Sexual and Reproductive Health at 68.73. It's probably fair to say that Medicine as a profession is busy!

Although overall, we have no outliers in any category, some Deaneries do have outlying sections so the overall results cannot be used when assessing a given region. The GMC survey does not have sufficient granularity to scrutinise the individual posts in ICM however.

SECTION 4: REGIONAL ADVISOR REPORTS
Sarah Clarke, Lead RA

The 2019 annual RA survey was again conducted through the online survey monkey platform, and 22 out of the 26 RAs submitted reports. The programme continues to thrive and expand, with all regions reporting successful completions of training and a healthy growth in Single CCT trainees. Only a handful 'old' Joint Trainees are still to complete programmes.

4.1 TRAINERS RECOGNITION

Most of the regions' Faculty Tutors now have time allocated in Job Plans to fulfil their duties, through a combination of SPA/study leave/Additional Responsibilities.

4.2 TRAINING SUCCESSES

All regions highlighted their own successes, including:

- High recruitment rates
- Exam pass rate
- OOPs, research & academia
- SSYs completed
- Expansion into smaller units for Stage 3 trainees
- Excellent working relationship with partner specialties
- Scottish Critical Care Updates livestreaming project
- Quality Panels – highlighting areas of good practice/concern/empowerment. HEE support
- Development of enhanced ARCP proformas
- Using FICM Workforce Engagement constructively: expansion of numbers/future workforce
- Healthy increase in non-Anaesthesia dual recruitment
- Scottish awards: Commendations to RA & TPD
- ECHO/USS/SIM/FFICM CPD capability provision in all regions
- Expansion of MTI/CESR/ACCP programmes
- Launch of IMT & 3 months ICM: initial concerns have been relatively unfounded, though some regions awaiting further Deanery engagement/funding and transition to the 3-month placement

4.3 TRAINING CONCERNS

- Fluctuations in filled posts create difficulties for units and complementary specialties to staff rotas.
- Complementary medicine placements and experience remain a problem in some regions.
- Perceived difficulties in the future recruitment of Medicine Dual trainees: acknowledgment that Faculty addressing this at high level, with the RCP & GMC

- Perceived inequality of dual trainees with their completion of stage 1 training and hence eligibility to sit FFICM MCQ; further guidance is now on the FICM website.
- Comments regarding fake news, exacerbated by social media, continue; and the concern that applicants to the programme are being adversely affected.
- Gender gap is particularly reported in Scotland.
- Comments about stage 2 pressures and e-Portfolio burden continue, along with the failure to progress to stage 3 due to exam failure by some. The RAs acknowledge the new curriculum will likely reduce this burden.
- Lack of ICM trained consultants for smaller units: work is currently being undertaken with CRW to look at job descriptions/RA approval of such unit adverts. Of note in successes, stage 3 trainee placements in smaller units are aiding exposure to promote them as a viable future career option to trainees.

4.4 MORALE

The ongoing agenda around morale, fatigue and resilience was mentioned in several reports, with various local initiatives continuing to support trainees and colleagues, highlighting the prominence of the issue, both regionally and nationally. Informal exit interviews of trainees leaving the programme were specifically requested of RAs previously, and this resultant information has reassured RAs and the Faculty, in the main, that trainees leave for many different reasons and there is no clear signal or individual factor. Of note, a few RAs volunteered that trainees have left partner specialties to pursue a Single CCT in ICM. Attrition of ICM trainees continues to be monitored, though appears to be in line or lower than that of other acute specialties. The Faculty have initiated a large social media project to publicise positivity around the specialty, including the #DiscoverICM campaign, and have enhanced the recruitment information section on the website, written by the trainee reps.

SECTION 5: EXAMINATION DATA
Vicky Robson, Chair FICM Examiners

The thirteenth and fourteenth sitting of Fellowship of the Faculty of Intensive Care Medicine examination took place in 2019. This examination is part of the assessment system for UK Intensive Care Medicine, and trainees are required to pass this before entering stage 3 training.

5.1 MULTIPLE CHOICE EXAMINATION (MCQ)

106 candidates appeared for the MCQ in January 2019 of whom 86% were successful, and 72 candidates appeared in July 2019, of whom 79% were successful. This paper consists of both multiple true/false questions and single best answer questions. On each occasion, the pass mark was set by the sub-group of examiners responsible for this paper, using Angoff referencing, and adjusted downwards using one standard error of measurement. Candidates are required to pass the MCQ before entering the OSCE/SOE examinations.

5.2 OBJECTIVE STRUCTURED CLINICAL (OSCE)/STRUCTURED ORAL (SOE) EXAMINATIONS

116 candidates appeared for the oral section in April 2019 and 97 in October. Candidates are required to attempt both components on the first occasion, but if successful at one component, are required to re-sit only the failed component. Of the 116 April candidates, 21 had a prior pass in one section and in October, 28 of the 97 had a prior pass.

The April OSCE had 104 candidates, of whom 69% passed and in October 54% of 84 candidates passed. In April, 67% of 9 and in October 33% of 15 OSCE-only candidates passed. The pass mark for this section is set by the OSCE sub-group of examiners, using Angoff referencing for each question individually (excluding the test question). The pass marks for each of the OSCE papers were in the range 159-163 (out of a maximum of 240 marks).

The April SOE had 107 candidates, with 70% passing, and in October, 82 candidates appeared with a pass rate of 74%. Of the candidates who had previously passed the OCSE, 67% of 12 candidates in April and 85% of 13 passed the SOE in October. The pass mark was set using borderline regression, with the Hofstee method used to cross reference the result. The pass mark was 26/32 in April and 25/32 in October.

Overall, 60% of 116 (April) and 51.6% of 97 (October) candidates passed the examination and achieved the Fellowship of Faculty of Intensive Care Medicine (FFICM) in 2019.

Questions for each paper were selected from the relevant question banks, each of which contains a large number of items, covering a wide range of the FICM training curriculum, including all domains up to the end of stage 2 training. Question selection is reviewed to ensure minimal overlap in curriculum areas for those candidates sitting both OSCE and SOE in the same day.

In 2019, a large-scale trial of a proposed new marking scheme for the SOE was undertaken. This scheme awards marks individually for each of the five stems in each SOE question, rather than marking the question as a whole. The data from this will be analysed before a decision to change the marking scheme is taken, and candidates will be informed on any such proposed change via the FICM website. The proposed marking scheme will not change the candidates' exam experience but aims to provide a more objective way of setting the SOE pass mark.

The Board of Examiners welcomed 7 new examiners in October, replacing those who have recently retired from examining. They all have significant prior experience of training and assessment within ICM, and underwent a full day of examiner training, as well as online training which is provided for new examiners. New examiners were 'paired-up' with experienced examiners at the SOE stations.

Visitors were present at both sittings of the face-to face examination, including 13 visitors in October. All the visitors were UK ICM consultants. They were able to see examinations being conducted as well as review the questions. The visitors' feedback included positive comments on the fairness and equity in the way examiners treated candidates. They felt that the standard of the questions being asked met their expectations for end of stage 2 training.

Examiner appraisals continued during the face to face examinations, including feedback on performance. Newly appointed examiners are appraised after one year, and the rolling programme to appraise every examiner within a 5-year period is almost complete.

The whole examination process relies upon support from the Faculty Examinations Department and the hard work of the board of examiners who have many responsibilities relating to the exam such as question writing, revising and standard setting, as well as examining the oral section.

SECTION 6: RECRUITMENT
Jonathan Goodall, FICMCRW Careers Lead

6.1 QA PROCESS

The QA process is now embedded as an integral part of the FICM recruitment process. It is fully supported by both the CRW and the interviewers and is recognised as beneficial by the lay representatives reviewing the recruitment process.

6.2 CHANGES TO PROCESS FOR 2019

a) There were no changes to the recruitment process this year. Panel members were required for the four face to face stations, along with a QA lead for each day.

b) QA assurance data was collected electronically for the first time in 2019. Assessors were briefed on the process at the start of the day and adapted to the new format easily and without problems.

c) The use of the electronic format meant that collecting the output from the assessors was much improved.

6.3 KEY PRINCIPLES OF ICM INTERVIEWS

In line with established processes, interviews were conducted using the following key principles:

- Interviews adhered to the format in the interview guidance
- Was appropriate supporting paperwork for interviewers available?
- Appropriate training available for all interviewers
- Had interviewers received equality and diversity training within the previous 3 years?
- Were there candidates with special requirements?
- Candidates were treated with fairness, politeness and respect
- Was there discussion around calibration and scoring before the interviews started?
- Appropriateness of scoring
- Was the published criteria followed?
- Did the interview panel provide feedback on the suitability of the questions?
- Were there mechanisms for highlighting probity issues in place?

Adherence to these was assessed by the Quality Assurance Assessor (QAA) in each station. In 100% of interviews observed during this process, all the above key principles were adhered to.

The introduction of electronic scoring was widely welcomed by the interviewers. This made a significant impact on the QA process too, removing the requirement to recheck calculations and transcription for errors.

6.4 RECOMMENDATIONS FOR 2019

Interview Process

The process continues to work well and needs minor refinements only. As in previous years, QAAs were impressed with both the quality of the material, the questions and the conduct of the interviews.

Suggested changes for 2020

- Station specific briefings should allow more time to include discussion around scoring and review of the interview materials and scoring matrix.
- Interviewers should be reminded about the use of 'affirmative feedback' during questioning "*Be aware of affirmative feedback (ok, yes, etc...), as it could be understood as assertiveness of a candidate's answers."*
- Ensure the length of the station introductions is appropriate '*Quite a long intro/introduction/explanation of the station-took about 45 secs of the time'*
- Increase the time before screen locks on the interviewers' iPads
- It was noted that some of the interviewers seemed unsure about the ICM Training programme. Requirement for up to date and working knowledge of this should be included in interviewer briefings.

QA Process

- QA process works well and continues to be refined each year.
- The attendance of QAAs at the briefings (plenary and station specific) is essential, as is providing QAAs with station information (including scoring matrices and a tailored timetable).
- The use of an electronic QA questionnaire worked very well and should continue.

The Faculty of
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