



The Faculty of  
**Intensive  
Care Medicine**

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# Quality Management of Training Report 2020

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## **KEY MESSAGES**

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# KEY MESSAGES

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- 1 Training was heavily disrupted during the pandemic.
- 2 New ARCP Outcomes were introduced to address the change in training.
- 3 The vast majority of trainees were able to progress to their next stage of training and the use of outcome 10.2, where extra time is needed, was fortunately limited.
- 4 The FFICM Exam was a particular problem, and was successfully moved online to allow appropriate progression. The exam remains an issue however, as preparation is more difficult for trainees because of clinical intensity and workload.
- 5 ICM National Recruitment was also conducted online, and this affected the usual QA of the process. There was an increase in the number of posts available.

## SECTION 1: INTRODUCTION

### Chris Thorpe, Quality Lead

This year has been disrupted by the COVID-19 pandemic. We did not run the annual FICM Training Survey, and the General Medical Council's (GMC) National Training Survey (NTS) was truncated. Many of the usual measures of training quality were affected – doctors had to work in unscheduled placements, with altered supervision and responsibilities. Our ICM Specialty Registrars have been fantastic, and have saved many lives. The report this year is published in part to document the huge change in the training environment, and to outline the measures taking place to mitigate this disruption. Undoubtedly, the learning opportunities were substantial, but there were also problems. The GMC accredit training programmes through their approved curricula (and the associated assessments), and we had to enter into detailed discussions with them to alter these fixed points.

Thank you to all our ICM trainees and trainers who in addition to working under incredibly intense and prolonged conditions managed somehow to keep engaged with training.



## SECTION 2: FICM TRAINING 2020

### Chris Thorpe, Quality Lead

### 2.1 TRAINING IN A PANDEMIC

With the usual tightly controlled training programmes thrown up in the air, trainee progression was threatened. Usual progression milestones were under threat, and the Faculty worked alongside the Royal Medical Colleges to try to mitigate this with the GMC. The main pinch point was at the ARCP, and to help with this two new COVID-related outcomes were developed: 10.1 and 10.2. Overall, the efforts were successful: the new COVID-

19 Outcomes of 10.1 and 10.2 allowed doctors to progress in training despite not having all the requirements laid out in the curriculum. Most doctors that did not fulfill the usual ARCP outcomes were caught by the 10.1 outcome, in which training continues as planned but with some adjustment going forward to compensate for what has not been achieved – for example, the exam.

Fortunately, there were only a few 10.2 Outcomes in which doctors needed extra time before progressing. Thank you to all the trainers and consultants who coped superbly with the ARCP season while still being stretched clinically and of course to all the doctors in training who had to continue completing their ePortfolios while dealing with the biggest crisis to affect our specialty in living memory.

## 2.2 TRAINING SURVEY 2020

The FICM Training and Assessment Committee took the decision in April 2020 not to undertake the annual FICM Training Survey in 2020. The pressures on the ICM workforce have been considerable throughout the pandemic and adding the survey onto existing pressures and requirements on ICM doctors in training did not feel like the correct course of action.

The results from these annual surveys provide interesting information for the year in question, but also contribute to longitudinal data that enables FICMTAQ to compare findings across multiple years. Deciding not to proceed with a survey in 2020 presents FICM with a data gap in their consecutive findings. FICMTAQ have assembled a small project team who began work early in 2021 reviewing the standard annual question set, whilst also considering how best to capture appropriate data from this missing year for the survey.

## SECTION 3: GMC NATIONAL TRAINING SURVEY 2020

### 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 through the Quality Assurance (QA) Framework. Part of this QA Framework is the National Training Survey (NTS). This survey is conducted at a single snapshot in time, and reflects the post the doctor in training is in at that point. The results can be divided into two cohorts. One cohort is the doctors in our training programme: the results from this group are therefore representative of a wide variety of attachments – our doctors in training may be in ICM, but equally they could be in an Anaesthetics, Medicine or other block. It is therefore difficult to interpret the results apart from a general view on how the national ICM programme is functioning. The second cohort is the doctors that are in an ICM post at the time: these doctors may be from any specialty and at any grade. The GMC survey was limited this year because of the pandemic, but the results show that overall training held up for our ICM specialty registrars and we were positive outliers compared with

other specialty training schemes in many categories. The table for our ICM Specialty Registrars (those on our ICM programme) is shown below.

| Theme                                       | Question Text   | Outlier | Question Score Mean | Response Rate |
|---|---|---------|---------------------|---------------|
| Bullying and undermining and Patient safety | Concerns relating to patient safety were taken seriously by my organisation.  | Above   | 79.6                | 66.90%        |
| Bullying and undermining and Patient safety | I was made aware of how to report patient safety incidents and near misses.   | Above   | 81                  | 66.90%        |
| Bullying and undermining and Patient safety | There were enough staff to ensure that patients were always treated by someone with an appropriate level of clinical experience.                      | None    | 73.2                | 66.90%        |
| Clinical supervision                        | Did you always know who was providing your clinical supervision when you were working?  | Above   | 98.8                | 66.90%        |
| Clinical supervision                        | How often (if ever) did you feel forced to cope with clinical problems beyond your competence or experience?  | Above   | 88                  | 66.90%        |
| Clinical supervision                        | How often (if ever) were you supervised by someone who you felt wasn't competent to do so?  | None    | 93.2                | 66.90%        |
| Clinical supervision                        | Please rate the quality of clinical supervision you received overall.   | Above   | 88.9                | 66.90%        |
| Clinical supervision - Out of Hours         | How often (if ever) did you feel forced to cope with clinical problems beyond your competence or experience OUT OF HOURS?                             | Above   | 91                  | 66.90%        |
| Clinical supervision - Out of Hours         | Please rate the quality of clinical supervision, OUT OF HOURS.  | Above   | 87.7                | 66.90%        |
| Communication and teamwork                  | Did someone explain your role and responsibilities in the unit / department / practice when you started the role you were working in for this period? | Above   | 90.1                | 66.90%        |
| Communication and teamwork                  | I felt I was a valued member of the team I worked in.   | Above   | 83                  | 66.90%        |

|                                   |  |       |      |        |
|-----------------------------------|--|-------|------|--------|
| Communication and teamwork        | Information relating to the pandemic (written and/or verbal) was communicated effectively to me by senior colleagues.              | Above | 73.2 | 66.90% |
| Communication and teamwork        | Please rate the quality of the induction you received at the start of the role you were working in?                                | Above | 81.9 | 66.90% |
| Communication and teamwork        | The department / unit / practice I worked in encouraged a culture of teamwork between all healthcare professionals.                | Above | 85.2 | 66.90% |
| Curriculum delivery and education | I received clear guidance from my deanery/HEE local office on the support available if the Covid-19 pandemic affected my training. | None  | 59.9 | 66.90% |
| Curriculum delivery and education | I've been able to complete my planned rotations for this training year (2019-2020).  | Above | 75.9 | 66.90% |
| Curriculum delivery and education | My department / unit / practice provided a supportive environment for everyone regardless of background, beliefs or identity.      | Above | 84.3 | 66.90% |
| Curriculum delivery and education | My training has been disrupted by the Covid-19 pandemic.   | Above | 41.2 | 66.90% |
| Curriculum delivery and education | Staff, including doctors in training, were always treated fairly.  | Above | 77.2 | 66.90% |
| Curriculum delivery and education | Were you able to access local teaching opportunities during the stated time period? (beginning of March - end of May)              | Below | 36.4 | 66.90% |
| Health and Wellbeing              | Are you exhausted in the morning at the thought of another day at work?  | Above | 62   | 66.90% |
| Health and Wellbeing              | Do you feel burnt out because of your work?  | None  | 59.2 | 66.90% |
| Health and Wellbeing              | Do you feel that every working hour is tiring for you?   | Above | 75   | 66.90% |
| Health and Wellbeing              | Do you feel worn out at the end of the working day?  | None  | 38.6 | 66.90% |

|                       |  |       |      |        |
|-----------------------|--|-------|------|--------|
| Health and Wellbeing  | Do you have enough energy for family and friends during leisure time?  | Above | 64.2 | 66.90% |
| Health and Wellbeing  | Does your work frustrate you?  | Above | 67.6 | 66.90% |
| Health and Wellbeing  | I had easy access to a catering facility providing suitable food.  | None  | 67.4 | 66.90% |
| Health and Wellbeing  | If I had any concerns about occupational health and wellbeing there was somebody available for me to talk to in confidence.                        | Above | 76.5 | 66.90% |
| Health and Wellbeing  | Is your work emotionally exhausting?   | Below | 35   | 66.90% |
| Health and Wellbeing  | Please rate the support for your personal safety you received from your organisation.  | Above | 74.8 | 66.90% |
| Health and Wellbeing  | Please rate the support for your wellbeing you received from your organisation.  | Above | 75   | 66.90% |
| Health and Wellbeing  | Rest facilities were available to me free of charge when I needed them.  | Above | 77.5 | 66.90% |
| Speaking up and voice | Concerns relating to my personal safety, or that of colleagues, were taken seriously by my employer.   | Above | 76.6 | 66.90% |
| Speaking up and voice | Did you have any concerns about your personal safety, or that of your colleagues, during the Covid-19 pandemic?                                    | Above | 80.4 | 66.90% |
| Speaking up and voice | There was a culture of learning lessons from concerns raised.  | Above | 77.2 | 66.90% |
| Speaking up and voice | There was a culture of listening to doctors in training with regard to working practices (including discussions related to the Covid-19 pandemic). | Above | 72.6 | 66.90% |
| Speaking up and voice | There was a culture of proactively reporting concerns.   | Above | 77.8 | 66.90% |
| Workload              | Overall, how would you rate the intensity of your work?  | Below | 35.5 | 66.90% |

## SECTION 4: REGIONAL ADVISOR REPORTS

### Sarah Clarke, Lead RA

This year the 2020 Annual RA Survey was conducted over the summer months following the first wave of the COVID-19 pandemic. All 26 RAs submitted reports via the online Survey Monkey platform, with a curtailed questionnaire to normal, to reflect the circumstances and fatigue of trainers. The results were discussed at the Annual Regional Advisors' Meeting, held in September and 100% attendance was noted on the now very familiar Microsoft Teams platform.

The following key themes were highlighted:

- The ICM programme now has over 900 registered doctors in training. It continues to thrive and expand, with all regions reporting successful completions of training, increasing numbers of doctors undertaking the Single ICM CCT programme, and increasing proportions of Dual CCTs with Acute Internal, Respiratory & Emergency Medicine.
- In addition to the cancellation of recruitment by interview for 2020, and the use of the self-scoring matrix, the RAs welcomed the boost of an additional 114 posts at short notice by the Department of Health (DoH) and the four Statutory Education Bodies (SEBs). Unanimously, the RAs reported they would support further expansion of ICM numbers for the 2021 recruitment, which will involve an abridged online interview format.
- The use of online platforms for communications, teaching and information dissemination has been a strong positive during the last year, at all levels from Faculty to RAs, and RAs to trainers and doctors in training, including those who were shielding.
- Following the cancellation of the FFICM OSCE/SOE in April, the RAs welcomed the move to an online platform exam. Subsequently, the October round successfully saw over 180 candidates examined. Similar plans are in place for March 2021.
- Striking the balance between service demand and training & education has been highlighted by the RAs as a priority as further surges impact.
- Morale and resilience are being tested throughout the workforce.
- Attrition rates continue to be monitored, and this year reported as ~2% with RAs conducting 'exit interviews', though causality is multi-factorial and no single reason predominates. Of note, data-capturing attrition from dual specialty into single ICM is also being collected.
- Regional Advisers supported the ARCP derogations that enabled doctors to progress in the training programme with accommodations and stipulations in place. Ongoing analysis and audit of ARCP outcomes continues to ensure fairness and transparency across the regions. They welcome the extension of such, as further surges impact doctors in training and trainers.
- The approval in November and launch of the new curriculum in August 2021 is welcomed, and RAs acknowledge their role in transition and implementation.

The Regional Advisors are to be commended for their dedication to their doctors in training and trainers over this exceedingly difficult period. Their consistency, approach and unity has



strengthened their role in the Faculty, ensuring quality training and a robust, ever-expanding CCT programme.

## **SECTION 5: EXAMINATION DATA**

### **Vicky Robson, Chair FICM Examiners**

The FFICM examination is part of the assessment system for UK Intensive Care Medicine CCT programme, and doctors are required to pass this before entering stage 3 training. The emerging Covid-19 pandemic led to the cancellation of the April 2020 oral exams and July 2020 MCQ, at short notice.

In order to allow the October oral exams to take place, whatever travel restrictions were to be in place at the time, the exams department and lead examiners then redesigned the delivery format utilising the 'Zoom' internet platform, so that this sitting took place with examiners and candidates in their own homes (or other local venue). This involved many trials, some question modification, new regulations and guidance documents, lots of examiner training as well as publicity about the new format, including a webinar in August 2020.

Questions for each paper were selected from the relevant question banks, each of which contain 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.

The question selection and standard-setting for this remote exam were done in the same way as for the face-to-face examination, and candidates were examined on the same number of questions. However the remote format required extra time for moving candidates between 'stations' as well as to compensate for brief losses of internet connection, so each oral exam took longer. There was also a considerable amount of extra work for examiners once each oral exam had finished, in scanning and uploading documents so that results could be calculated. Despite a number of candidate internet problems, all candidates did complete their exam. In the opinion of the examiners and exam staff, the remote exam was as fair as the face-to-face exam.

The fifteenth oral exam in October 2020 had 118 candidates; 84 sat both parts of the oral exam and 34 had prior pass in one part. The results were as follows:

- In the SOE, 69 candidates of 93 (74%) passed. For those 9 who had previously passed the OSCE, the pass rate was 78%.
- In the OSCE, 70 candidates of 109 (64%) passed. For those 25 who had previously passed the SOE, the pass rate was 48%
- Overall, 71 candidates of 118 passed (60%) and are to be congratulated on achieving Fellowship of the Faculty of Intensive Care Medicine. These rates are within the range of pass rates for recent FFICM exams.

The complexity of moving candidates between 'stations' in the remote exam meant that no visitors were present and no examiner appraisals were undertaken in 2020, however audits continued, which will inform future examiner appraisals. The ability to record the remote exams allowed a review of the very small number of stations where a problem had occurred, so that candidates could be compensated appropriately.

The January 2021 MCQ exam are also planned to take place remotely, using the TestReach commercial platform. This platform has been in use for a number of years for undergraduate and postgraduate MCQ exams.

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. This year a huge amount of extra work was completed by the exams department staff, which made it possible to hold the remote oral exam.

## **SECTION 6: RECRUITMENT**

### **Jonathan Goodall, FICMCRW Careers Lead**

In April 2020, the in-person ICM National Recruitment interviews were abandoned at very short notice as the United Kingdom began a national lockdown in response to the COVID-19 Pandemic. In order to proceed with ICM recruitment it was agreed that appointments would be based on the applicants' Self-Assessment scores. Whilst 2020 was undoubtedly an unusual year, there was also some good news in the form of a large increase in ICM post numbers, with 289 available posts across the UK.

Without the physical interview process taking place there was no requirement or ability to carry out our usual Quality Assurance exercise. The recommendations made after 2019's ICM recruitment will be carried over to the next year in which face to face interviews can resume.

When the Faculty know what shape 2021 recruitment will take consideration will be given to any additions, we can make to quality assure the process.

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