

Good Practice Statement for Core Anaesthetic Route Intensivists in Training in Stage 1 Medicine Placements

Introduction

Stage 1 ICM training includes the completion of an indicative 12 months of Medicine. The ICM curriculum is designed to be flexible and the learning outcomes for Stage 1 can be achieved within a wide range of medical specialties (which could include up to 6 months of Emergency Medicine). The following guidance is aimed to guide best practice and share examples of regional variation in how the curriculum may be implemented. During this year, liTs are expected to be fully immersed into the medical team from both a clinical and educational perspective and should be treated equal to a doctor in the Internal Medicine Training (IMT) programme.

Principles of Good Practice

- Although the ACCS pathway specifies 6 months of Emergency Medicine and 6 months of Acute Medicine, for those entering ICM training via Core Anaesthetic Training, the ICM curriculum does not specify the composition of this year. The structure will be dependent on the pre-existing locally agreed training pathways and availability of specific placements, but best practice would include a discussion between the TPD and Intensivist in Training (liT) to identify previous experiences, any knowledge gaps or specific interests that the liT might have.
 - The liT may spend their normal working days in any acute medical specialty (including but not limited to acute medicine, cardiology, respiratory, stroke, neurology, endocrine, gastroenterology, palliative medicine, infectious diseases, renal medicine, haematology and oncology), or up to 6 months in Emergency Medicine, providing that the curriculum competencies can be met.
 - Placements may range between 3, 4 and 6 months.
 - Any queries regarding the suitability of a medical placement can be directed to contact@ficm.ac.uk
- It is expected that liTs will have exposure to the acute unselected medical take, as well as the opportunity to attend clinics, perform procedures (bronchoscopy, chest drain insertion, cardioversion, abdominocentesis etc) or learn extended skills such as point of care ultrasound.
- It is expected that where the rota contains on-calls or out-of-hours work, this will be undertaken within a medical specialty at the level of an IMT, rather than covering anaesthesia or intensive care rotas.
- liTs should attend local IMT teaching.
- liTs should receive up to 2 hours per week of Educational Development Time (EDT) as is recommended for Stage 1 ICM training.
- During this medical placement, in addition to 2 hours of EDT per week, **some** liTs may benefit from up to 2 'Keeping in Touch' days per month (up to a maximum of 12 per annum) to be used for theatre time OR intensive care medicine time. These days are to maintain specialty specific skills where the liT can demonstrate that there is deficit

or decay of a specific skill which cannot be maintained via Educational Development Time. Approval of KIT days are at the discretion of the local FICM Tutors. Please see the [Good Practice Statement on EDT and KIT days](#) for more information.

- Although the curriculum is competency based rather than time based, it is anticipated that most liTs will complete an indicative 12 months full time equivalent of medicine and that alterations to this will be in exceptional circumstances only and at the discretion of the TPD and ARCP panel.
- liTs should refer to the [ICM curriculum](#) and [national ARCP checklist](#) regarding the assessments and capability levels required during this year.

Principles for Supervision

Day to day clinical supervision is provided by the duty consultant to whom the liT is clinically responsible.

All liTs should have a nominated ICM Educational Supervisor (ES) who oversees the overall educational progress during training. liTs should meet regularly with their ES and record these meetings on the LLP. If their ES is not from a medical background, then during this placement, liTs will also require a Medical Clinical Supervisor (CS). At the end of the placement, both the ES and CS should contribute to the Educational Supervisor's Structured Report (ESSR).