The Faculty of Intensive Care Medicine

Good Practice Statement for Medical Stream IiTs in Stage 1 Anaesthesia Placements

Purpose

Stage 1 IiTs (ST3–4) recruited into ICM training from the base specialty of medicine will require an indicative minimum period of 12 months of anaesthesia. During this year they will start to collate evidence towards High-Level Learning Outcome (HiLLO) 10, although there are many curriculum competencies in other HiLLOs that they will also be able to achieve in this placement. Doctors from a medicine background are likely to have had limited exposure to anaesthesia. IiTs are expected to be treated equally to their novice anaesthesia or ACCS counterparts undertaking first anaesthesia placements and should be fully immersed into the anaesthetic department both from a clinical and education perspective.

Training & Education Principles

- The initial assessment of competence (IAC) required as part of anaesthetics training is described within HiLLO 10 of the ICM Curriculum. Currently, the formal IAC sign off is not mandated in the ICM curriculum. However, to ensure that all IiTs receive the same anaesthetic exposure to ASA 1-3 cases, and airway management skills, we are recommending that the FICM IAC Equivalence Form is completed within the first 3-6 months of anaesthesia exposure. The electronic form should be downloaded and completed by their Anaesthetic Supervisor and RCoA College Tutor. The FICM IAC Equivalence Form is an early competence example that can be used to evidence HiLLO 10, but IiTs should be aware that the entire HiLLO contains extension capabilities beyond it, and additional evidence must be collected to fulfil the requirements of the whole anaesthetic year.

- Intensivists in training from medical and emergency medicine backgrounds should participate in anaesthetic emergency rotas and have regular suitable anaesthetic lists with consultants to enable them to collect supervised learning events and other evidence as required for their development and achievement of the HiLLOs.

- Completion of the IAC or FICM IAC Equivalence Form is a minimum standard of airway competence for commencing on an 'airway' (theatre or ICM) oncall rota. In Stage 1, IiTs undertaking their anaesthesia placement are considered to be working at the level of a CT1 Anaesthetist in Training (AiT) and should receive the same level of clinical supervision as a novice AiT as well as commencing on-call duties at an appropriate rota tier with appropriate senior supervision.

- **IiTs are not expected to obtain the anaesthetic skills to manage solo complex airways or give independent high-risk anaesthetics.** However supervised exposure to difficult airways, high risk cases and anaesthetic sub-specialities such as paediatrics, cardiothoracics, neuroanaesthesia and obstetrics, may be helpful to understand how we manage these cases perioperatively on the Intensive Care Unit.

- In addition to completion of workplace-based assessments, IiTs should keep a logbook of their procedures and anaesthetic cases, complete a multi-source feedback (1 required per year) and a multiple-consultant report (or multiple-trainer report). The curriculum does not recommend minimum required case or Supervised Learning Events (SLE) numbers and IiTs should be assessed on whether they have

evidenced the curriculum capabilities at the appropriate supervision level. During Stage 1 the ICM capability levels for HiLLOs 1-11 are set at capability level 2 and HiLLOs 12 – 14 at capability level 1[i]

- IiTs should be offered the educational opportunities they require to develop capabilities such as pre-assessment, cardiopulmonary exercise testing and pain clinics, sedation lists etc. This should be discussed at the initial educational supervisor meeting.

- Access to local and regional anaesthetist in training teaching should be facilitated, as well as attendance at simulation (e.g. critical incidents) and other courses (e.g. resuscitation, transfer, difficult airway).

- It is recognised that during this year, IiTs in dual or triple CCT programmes (or undertaking a subspecialty ICM accreditation e.g. PHEM or PICM) may require some time in their partner specialty/subspecialty or on the ICU in order to maintain specialty specific skills. IiTs should discuss this with their Educational Supervisor or Faculty Tutor and record this in their PDP on LLP. When this experience cannot be facilitated via EDT, we recommend that 'Keeping in Touch' (KIT) days may be utilised. In these circumstances, IiTs may be enabled up to 2 KIT days per month (to maximum of 12 annually) within their partner speciality or subspecialty; these must be used for clinical work only, are independent of EDT allowance and are at the **discretion of the Faculty Tutor**. Please see the separate guidance EDT and KIT for more detail.

Supervision Principles

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

- All IiTs should have nominated ICM Educational Supervisor (ES) who oversees the overall educational progress during training. IiTs should meet regularly with their ES and record these meetings on the LLP. If their ES is not from an anaesthetic background, then during this Stage 1 anaesthesia year, IiTs will also require an Anaesthetic Clinical Supervisor (CS) who is able to supervise this specific placement. At the end of the placement, both the ES and CS should contribute to the Educational Supervisor Structured Report (ESSR).

- All intensive care units have a FICM-appointed Faculty Tutor. If there are any issues regarding airway competence (e.g. appropriateness of an on-call tier) and curriculum requirements, these should be escalated to the FICM-appointed Faculty Tutor.

[i] Please note that these refer to the capability levels in the ICM curriculum, which may differ from those set in the anaesthesia curriculum.