The Faculty of Intensive Care Medicine

Quality Management of Training Report 2021

KEY MESSAGES

1 Experiences in Training have continued to be disrupted as a result of the pandemic.

2 The ARCP COVID derogations continued through 2021 to acknowledge the changes and altered experiences in training.

3 The vast majority of ICM Specialty Registrars were able to progress to their next stage of training and the use of the ARCP Outcome 10.2, where extra time is needed, continued to be limited.

4 The FFICM Exam unavoidably remained an online exam throughout 2021, but its continued implementation permitted appropriate progression, as per the GMC's rules. The exam remains an issue however, as preparation is acknowledged to be more problematic for candidates and trainers as a result of clinical intensity, work patterns, experiences, and pandemic related circumstances.

5 Recruitment was also held online for a second year, and once again our usual QA of the process was affected. The number of posts increased slightly, though without the centrally (HEE) injected funding of numbers as occurred with the previous year's recruitment.

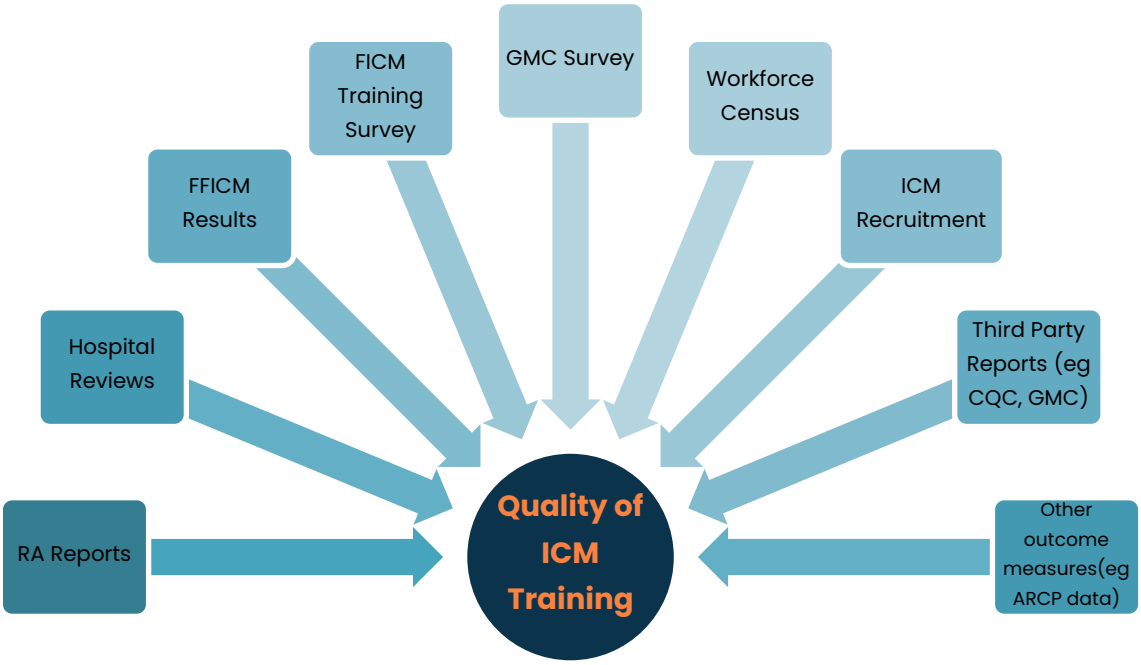
SECTION 1: INTRODUCTION

Sarah Clarke, Quality Lead

Welcome to the eighth 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 ICM Specialty Registrars (StRs) and GMC feedback is available to Regional Advisors (RAs), and this is one of the main drivers for improvement at the regional and local level.



SECTION 2: FICM TRAINING SURVEY 2021

Sarah Clarke, Quality Lead

Each year, except for 2020, all ICM StRs registered with the Faculty in the standalone CCT 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 ICM RA obtains useful information about which attachments the StR 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 2021 RESULTS

Thank you once again to all our doctors in training who completed the survey. It provides the FICM with invaluable data with which we can improve our training programmes.

This year, we had 359 responses from Specialty Registrars (StRs) in the ICM programme for the year, and 91 replies from doctors on a dual CCT programme who were working in their partner specialty for the entire year. We therefore received a total of 450 responses to the survey in 2021, an outstanding effort by all and clearly reflects the engagement of our doctors in training in the programme. We are extremely grateful for your submissions, especially considering the duresses you have experienced during the pandemic throughout this period.

Results remain consistent with previous years, with Medicine in Stage 1 continuing to be problematic and variable quality 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 ICM Regional Advisors for their use and action.

In the comments section of the survey, the number of assessments required in the training programme was the overriding concern for ICM StRs. 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 capabilities can be assessed in a single Supervised Learning Event (SLE), dramatically reducing the number of SLEs needed overall. This also fits with the concept that capabilities 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 doctors undertaking dual CCT programmes. This is something that is clearly an unnecessary impediment to smooth training. Ideally, all colleges and faculties would have the same training platform and this problem would be eradicated. However, this depends on all the respective bodies agreeing with this approach, collaborating resources and funding. Unfortunately, this conflicts with the autonomy of the Royal Colleges and Faculties 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?

The first column in each year contains the number of responses for that category and the second column in each year displays this as a percentage of the total number of responses.

		2019	2019	2018	2018	2017	2017	2016	2016
ICM Stage 1	Excellent	69	46%	57	36%	70	47%	28	45%
	Appropriate	72	48%	91	58%	69	46%	27	44%
	Inappropriate	8	5%	10	6%	11	7%	6	10%
Anaesthetics Stage 1	Excellent	57	49%	49	44%	54	47%	22	49%
	Appropriate	65	48%	57	51%	57	50%	16	36%
	Inappropriate	4	3%	5	5%	4	3%	7	15%
Medicine Stage 1	Excellent	2	5%	8	16%	6	16%	6	24%
	Appropriate	23	62%	24	48%	20	54%	18	72%
	Inappropriate	12	32%	18	36%	11	30%	3	12%
Cardiothoracic Stage 2	Excellent	32	36%	25	34%	20	29%	3	18%
	Appropriate	49	57%	40	55%	42	62%	11	65%
	Inappropriate	6	7%	8	11%	6	9%	3	18%
Neurosciences Stage 2	Excellent	32	41%	25	34%	25	37%	10	45%
	Appropriate	44	58%	46	62%	37	55%	11	50%
	Inappropriate	1	1.2%	3	4%	3	8%	1	5%
Paediatrics Stage 2	Excellent	25	31%	30	41%	21	33%	8	42%
	Appropriate	47	59%	35	48%	36	56%	10	52%
	Inappropriate	8	10%	8	11%	7	11%	1	5%
ICM Stage 2	Excellent	31	48%	25	46%	25	44%	7	53%
	Appropriate	31	48%	27	50%	28	49%	6	46%
	Inappropriate	1	2%	2	4%	4	7%	0	0%
Special Skills Year Stage 2	Excellent	11	30%	7	44%	14	46%	-	-
	Appropriate	5	65%	9	56%	13	43%	-	-
	Inappropriate	1	6%	0	0%	3	10%	-	-
ICM Stage 3	Excellent	58	62%	7	70%	7	54%	3	100%
	Appropriate	33	35%	3	30%	6	46%	0	0%
	Inappropriate	2	6%	0	0%	0	0%	0	0%

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

		2021%	2021
ICM Stage 1	Excellent	36%	73
	Good	41%	82
	Reasonable	15%	30
	Poor	7%	14
	Very Poor	1%	3
Anaesthetics Stage 1	Excellent	36%	48
	Good	44%	60
	Reasonable	14%	19
	Poor	4%	5
	Very Poor	2%	3
Medicine Stage 1	Excellent	16%	8
	Good	29%	15
	Reasonable	27%	14
	Poor	20%	10
	Very Poor	8%	4
Cardiothoracic Stage 2	Excellent	30%	25
	Good	40%	33
	Reasonable	22%	18
	Poor	6%	5
	Very Poor	1%	1
Neurosciences Stage 2	Excellent	37%	29
	Good	44%	35
	Reasonable	14%	11
	Poor	5%	4
	Very Poor	0%	0
Paediatrics Stage 2	Excellent	38%	28
	Good	34%	25
	Reasonable	21%	15
	Poor	5%	4
	Very Poor	1%	1
ICM Stage 2	Excellent	48%	32
	Good	44%	29
	Reasonable	6%	4
	Poor	2%	1
	Very Poor	0%	0
Special Skills Year Stage 2	Excellent	56%	9
	Good	31%	5
	Reasonable	0%	0
	Poor	13%	2
	Very Poor	0%	0
ICM Stage 3	Excellent	46%	26
	Good	41%	23
	Reasonable	11%	6
	Poor	2%	1
	Very Poor	0%	0

2.2 EXTRA QUESTIONS

This year, we concentrated on rest facilities, LTFT training, FICM Learning and events and exams during the pandemic. We also asked about the positives and negatives of training during the pandemic.

2.2.1 During your time on ICU do you have access to rest facilities during and after your shift?

The majority of ICM StRs have access to rest facilities; however, this should be improved until everyone has access to them during and after shifts.

During your time on ICU do you have access to rest facilities **during** your shift?

Yes, During your ICM shift	No access	Don't know
360	50	23

During your time on ICU do you have access to rest facilities **after** your shift?

Yes, During your ICM shift	No access	Don't know
256	72	105

2.2.2 Less Than Full Time Training

In 2021, 73 respondents (17%) advised that they were currently working Less Than Full Time (LTFT), with 14 (3%) actively engaged in applying for less than full time training and a further 62 (14%) respondents were considering future applications.

The predominant reason for wanting to work LTFT was childcare, and the majority chose 80% as a proportion of whole time equivalent, but 70%, 60% and 50% were also active options.

2.2.3 FFICM Examination

We asked our StRs about whether they had sat a component of the FFICM Examination during the pandemic. 31% of respondents confirmed they had with roughly equal numbers of respondents confirming they had taken either the MCQ, SOE or OCSE components. We asked StRs whether they felt there is a place for virtual examinations in the future. 80% of respondents felt that certain aspects of remote examinations should continue beyond the pandemic, particularly the MCQ component.

2.2.4 Virtual Events

41% of respondents confirmed they had attended a virtual training event during the pandemic. 367 (85%) respondents felt that virtual training events should be held in the future. However, the majority of respondents stated they would prefer a mixture of face to face and online meetings.

2.2.5 FICM Learning

We asked our StRs whether they had used the resources produced via our FICM Learning resource. Only 38% of respondents said they had accessed the resources, which indicates we need to do more to promote them to our doctors in training. Of those who had accessed the resources, 44% of respondents thought they were good, and 11% thought they were excellent. We aim to develop more resources in future on our new website, so please do check for further updates.

SECTION 3: GMC TRAINEE SURVEY 2021

Sarah Clarke, 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 2021

All doctors in training are required to complete the GMC trainee survey. Results for ICM are from senior StRs on the ICM programme. Marks are out of 100, with higher scores better.

Results from the GMC's trainee survey are steady, with no marked improvement or deterioration in the different categories. Workload (53.29) continues to be difficult to manage, but this is difficult to interpret in terms of a 'rating' and seems to be in keeping with other acute specialties: Acute Internal Medicine 49.75; Emergency Medicine 44.49; Anesthetics 54.41.

Interestingly, looking wider to other less acute specialties shows many low scores for workload: General practice 54.30; Psychiatry 56.11; Allergy 54.95. The best for workload includes: Audio Vestibular Medicine at 63.84 and Chemical Pathology at 68.46. But whether a low workload equals better is up for debate. It is 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. However, the GMC survey does not have sufficient granularity to scrutinise the individual posts in ICM.

3.3 PROGRAMME SPECIFIC QUESTION RESULTS FROM THE GMC SURVEY 2021

The questions were all answered by 301-305 doctors in training at ST3+.

Indicator	2012	2013	2014	2015	2016	2017	2018	2019	2021
Overall Satisfaction	87.37	81.05	84.35	82.10	83.71	81.02	80.79	82.23	80.89
Clinical Supervision	95.40	92.53	93.59	93.10	93.11	94.67	94.91	95.08	94.21
Clinical Supervision out of hours				92.37	93.26	93.64	92.77	93.63	93.44
Reporting systems					76.96	78.01	78.79	76.41	76.06
Workload	42.61	45.58	45.50	49.70	47.05	51.08	51.17	51.76	53.29
Teamwork						73.80	74.27	74.56	74.15
Handover	78.25	74.11	73.44	75.35	73.76	73.59	67.83	68.28	69.17
Supportive environment				78.13	78.87	76.09	75.74	75.59	75.21
Induction	87.35	85.43	87.90	88.70	87.37	83.02	81.36	82.08	80.91
Adequate Experience	89.61	80.96	83.80	81.77	84.51	80.13	78.68	82.50	79.68
Curriculum Coverage						76.98	75.66	80.57	78.86
Educational Governance						76.35	76.37	76.52	75.72
Educational Supervision	82.35	80.24	87.04	86.36	92.69	89.64	86.94	86.45	85.91
Feedback	75.71	71.24	73.77	75.77	77.47	71.30	71.55	68.77	70.76
Local Teaching	62.88	63.41	65.67	64.63	66.32	63.53	73.54	71.12	66.86
Regional Teaching	67.09	68.03	66.26	65.92	65.40	66.54	68.63	66.37	65.00
Study Leave	72.14	66.84	68.19	71.84	73.04	64.49	64.26	70.86	66.41
Rota Design							65.64	69.43	67.54

Would you consider a consultant job involving Cardiothoracic ICM?	
Yes	51%
No	49%

Would you consider a consultant job involving Neuro intensive care?	
Yes	65.60%
No	34.40%

Would you consider a consultant job involving ICM in a rural hospital?	
Yes	67.20%
No	32.80%

SECTION 4: REGIONAL ADVISOR REPORTS 2021

Matt Williams, Lead RA

The 2021 annual RA survey was conducted as usual over the summer months, following the second wave of the COVID-19 pandemic. RAs submitted reports via the online SurveyMonkey platform, with specific information being requested on topical matters as detailed below.

The results were discussed at the Annual Regional Advisors' Meeting, held in September 2021 at which the great majority of RAs were able to attend via the now familiar MS Teams platform. The following key themes were highlighted:

- The ICM programme now has 1,005 registered StRs. It continues to thrive and expand, with all regions reporting successful completions of training despite COVID pressures, with increasing numbers of doctors undertaking single CCT programmes (with all Special Skills Years except transfer medicine so far being undertaken), and increasing proportions of Dual CCTs with Acute Internal, Respiratory & Emergency Medicine.
- Unanimously, the RAs support further expansion of ICM numbers for the 2022 recruitment and beyond. Two thirds of regions indicated small increases in 2021 in any case, but the majority also indicated capacity to increase further, albeit modestly. A major obstacle is that there are pinch points identified that will have an impact on absolute training capacity. In the main, these are in the specialty ICM modules (particularly paediatric ICM), but for some regions access to medicine and anaesthetic placements are problematic.
- There was universal support for recruitment processes to include more assessment stations than simply portfolio verification.
- The use of online platforms for communications, teaching and information dissemination has been a strong positive during the last 2 years, but it is recognised that pastoral support from face-to-face meetings (including amongst peers) has been greatly missed.
- 13 regions reported having doctors training in ICM via a CESR pathway. Resources for guidance would be welcomed by the RA group, so that the support such doctors are offered is consistent and helps them achieve their goals.
- 13 regions reported that ACCPs are being trained in their regions, mostly within tertiary or large District General Hospital settings. The impact on ICM training was reported largely as positive.
- The provision of the FFICM exams on virtual platforms for 3 diets, having had the April 2020 FFICM Examination cancelled, to enable continued opportunities to progress with training was much appreciated with the rationale for doing so understood.
- Morale and resilience continue to be severely tested throughout the workforce. This theme is supported by the observation of increasing requests to undertake training less than full time. There was also, however, a general theme of committed, content StR doctors.
- There was note of the flexible and engaged approach to programme management by TPDs.
- Attrition rates continue to be monitored, and this year is reported as ~5%, with RAs conducting 'exit interviews.' 5 regions reported a resignation from ICM, and 2 from a partner specialty NTN. Causality is multifactorial with no single reason predominating. The number of doctors choosing to leave ICM training is in the middle of the range seen across all medical specialties.
- The provision of Special skills years (SSY) was explored. Of note: ECHO, ultrasound, academic research and education are widely provided SSYs across the UK. SSYs have been completed in all

possible options thus far, other than transfer medicine. The provision for ECHO and ultrasound training is a notable development in training capability. It is also noteworthy that single CCT post holders have been undertaking training in the sub-specialty ICM modules of cardio-thoracic and neuro-ICM.

- Several regions report offering posts in rural and remote ICUs as part of the Stage 3 year of training. More regions report exploring being able to deliver this option.
- It was gratifying to see at least one comment stating that the "curriculum transition deserves a mention!" That said, concern was very reasonably expressed for possible inconsistencies of approach between trainers leading to difficult sequelae.
- Regional Advisors continue to note and support the curriculum ARCP derogations that remain in place. Some regions expressed concern that they might be seeing an increasing number of non-standard ARCP outcomes. Ongoing analysis and audit of ARCP outcomes continues, to ensure fairness and transparency across the regions.
- CCT vs non-CCT in ICM consultant workforce is a major topic of concern for RAs. The workforce pressure is well-recognised with many ICUs around the UK needing to expand, but the need for standards of care for the patients our services look after must be kept at the level our users expect. Of concern, employers continue to advertise consultant posts with ICM clinical commitments without seeking RA input or approval, sometimes without the need for specialist training in ICM or a professional examination test of knowledge. This is a real threat to standards of care, and employment standards for the job that our StR colleagues look to get appointed to.

It should be noted that the transition to the new curriculum commenced in August 2021, supported by the new ePortfolio on the Lifelong Learning Platform. The implementation, which has so far appeared to be reasonably smooth, continues to be monitored, with thanks to the FICM secretariat for helping to provide timely responses to enquiries and identified teething problems.

The Regional Advisors are to be commended for their dedication to their doctors in training and trainers during this prolonged challenging period. Their consistency in approach through active discussion and engagement with each other and FICM TAQ has strengthened their role in the Faculty, ensuring quality training and a robust, ever-expanding CCT programme. They continue to provide a vital conduit between the Faculty and key educators and StRs in the regions they oversee.

SECTION 5: EXAMINATION DATA 2021

Victoria Robson, Chair FFICM Examiners

5.1 FFICM Examination Report March 2021

The FFICM examination is required to complete Stage 2 training of the CCT in Intensive Care Medicine. However, a GMC COVID 'derogation' currently in place allows ICM StRs to progress to Stage 3 training without completing the examination (if the ARCP Panel determine that their training has been affected by COVID) but is a requirement for the award of a CCT.

One sitting of both the FFICM multiple choice (MCQ) exam and oral components (VIVA) was cancelled due to the Covid pandemic, in March and July 2020 respectively. However, in subsequent exams (which have all been 'virtual') capacity was increased to accommodate all eligible candidates to sit the exam.

The first 'remote' sitting of the FFICM multiple choice exam (MCQ) took place in January 2021. 169 candidates (a record number) sat using the TestReach platform from home (or a location of their choosing). The pass rate was 93% which is higher than usual, although the pass mark of 69% was within the expected range.

The second 'remote' sitting of the FFICM oral examinations (VIVA) took place in March 2021. All of the 161 eligible applications (also a record number) were accepted and as the virtual exam took longer than having it face-to-face, six full days of examining had to take place (compared to the usual two days). The 'Zoom' platform was used again for these sets of exams. The College staff and exam leads remotely administered this exam from home as the College was closed.

Extra time was added to all stations to allow for internet problems such as an examiner or candidate 'dropping out' completely. These were dealt with by adding extra time to a question, substituting in a spare examiner or on a few occasions, re-running a station completely. It was noticeable that this happened fewer times than in the previous remote exam.

A small number of candidates did not inform the Faculty/Exams department that they were not going to virtually attend, thus causing the exam to be delayed while College staff attempted to contact them in case they were having internet problems.

5.1.1 The FFICM Objective Structured Clinical (OSCE)/Structured Oral (SOE) Examinations

As additional time was required in the remote format, the OSCE was divided into two halves, with candidates and examiners being given short comfort breaks mid exam.

A candidate can have a maximum of six attempts at each of the oral components. A derogation was introduced to exclude the first 'remote' attempt from this total. This derogation ended on 31 July 2021.

5.1.2 OSCE

149 Candidates (including 9 with a prior pass in the SOE) were examined. 92 (62%) passed, for those 9 taking the OSCE only, 78% passed.

5.1.3 SOE

137 Candidates (including 21 with a prior pass in the OSCE) were examined. 102 (74%) passed. For those 15 taking the SOE only, the pass rate was 71%.

5.1.4 Overall

The overall exam pass rate was 56% with 89 candidates to be congratulated on being awarded the FFICM. These pass rates are within the range of those from previous face-to-face and virtual FFICM examinations.

The examiners noted that many candidates had answered a number of topics poorly. These included some which continue to feature in these reports such as, applying basic sciences, radiology interpretation, non-invasive ventilation, dermatology as relevant to ICM, the coroner/procurator fiscal's process (this question had a number of versions according to the region of the candidate) and consent. The lack of systematic description of radiology images and ECGs had been commented on in a number of these reports. It was, however, noted that some candidates did this very well, while others still missed marks by omitting this.

A number of candidates were noted to perform poorly on questions involving communication with relatives or patients and would benefit from teaching and feedback in the workplace on these skills.

We intend the oral component of the exam to return to the 'face-to-face' format. However, in the current climate it is unclear when this will be. It will be dependent on what rules (if any) there are on travel and social distancing in place at the time of the examination. The multiple-choice paper (MCQ) will remain on the TestReach platform, and the summer sitting was moved to June 2021.

5.2 FFICM Examination Report October 2021

A Chair's report is written after every exam with information on its delivery. The October 2021 FFICM OSCE pass rate was much lower than in previous exam diets and, therefore this report was expanded to explore possible contributory factors in the examination as to why this might have occurred and the resulting actions. The full report can be accessed on our website and provides additional information for candidates and their trainers as to how the exam is structured and conducted, which we hope will assist in their preparation for the exam.

The October FFICM was also held virtually, using the Zoom platform, due to Covid restrictions. Again, a number of internet issues occurred, with extra time being required to get a candidate back online in order to complete their exam.

5.2.1 OSCE

In October 2021, 31 of 110 candidates examined (28%) passed the OSCE, representing the lowest ever OSCE pass rate.

Questions for an individual OSCE exam are selected, according to a pre-set structure to provide breadth of curriculum coverage, a stable mix of questions and a similar degree of difficulty. Hence the pass mark remains stable within the range of 155 -163 (out of a maximum 240 marks). The GMC approved process for setting the pass mark for each day of the exam is the sum of the Angoff scores for 12 of the 13 questions used in that exam (excluding the 'test' question).

The majority of OSCE questions used in the October 2021 exam, were questions that had been used in previous sittings and, therefore, were unaltered. As such, the Angoff score for those questions was unchanged from previous examinations.

As a criterion-referenced method is used to set the pass mark, the pass rate fluctuates. The highest pass rate was 100% in the first OSCE sitting, the most recent exam has the lowest pass rate. There has been an overall downward trend in pass rate over time which has been previously attributed to the exam becoming a mandatory element of the CCT training programme (it was voluntary when first established).

5.2.2 SOE

In October 2021, 61 of 91 examined (67%) of candidates passed the SOE. This is the lowest pass rate for the SOE since at least October 2015.

The pass mark for the SOE is established by the borderline regression method, using the candidate's scores and global scores.

5.2.3 Overall

121 candidates were examined in October 2021 (a number had a prior pass in one part). Of these, 37 have now passed all parts so are to be congratulated on achieving FFICM. The overall pass rate was 31%.

An investigation was carried out into possible reasons for the particularly low OSCE pass rate. This did not find any identifiable cause; the question selection, questions, examiner performance and standard setting had all been implemented in the same way as in previous exams. Independent experts were consulted, who felt the standard setting methodology was appropriate. After discussion with GMC, the FICM Board concluded the OSCE pass rate should stand.

A number of additional actions to assist ICM StRs in their exam preparation are being undertaken by the Faculty, such as the provision of additional resources on the FICM website, overseen by a short life working party. The RCoA has commissioned an independent review of all College-delivered exams.

5.2.4 Topics not answered satisfactorily by a number of candidates

Each chair's report contains a number of topics which examiners felt were not answered well by many candidates. This is to guide future candidates to curriculum areas which may require study.

In this exam ECG analysis was felt to be poor, with a number of candidates not using a systematic approach (so missing areas such as rhythm rate axis) or missing abnormal findings. Radiology, in particular chest radiograph analysis was also felt to be weak for a number of candidates. These topics are noted to be done poorly by a number of candidates in each of the recent exams.

Many candidates had difficulty with the questions relating to the Stage 2 curriculum such as pulmonary hypertension, venous oximetry, brain stem death testing and with also with the applied basic sciences parts of questions such as sodium homeostasis and pharmacology of common ICU drugs.

Many candidates found the questions which did not relate to a specific clinical presentation challenging e.g. never events and environmental hazards in the ICU.

Examiners also noted that some candidates would likely score more marks if their answers had been more precise, e.g. saying 'hospital acquired pneumonia' instead of 'infection' when a diagnosis is requested.

The successful running of any exam, especially remotely, involves a huge amount of work by both the Board of Examiners and the Exams Department 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 2021

Tim Meekings, FICMCRW Recruitment Lead

The clinical workload imposed by the Covid pandemic meant that in 2020, ICM recruitment had to entirely depend upon a submitted portfolio self-assessment score. In 2021, another wave of the pandemic meant that ICM recruitment still had to be based around a submitted self-assessment score, however this time we were able to implement a verification system of the scoring, that was conducted by Consultant Intensivists who had conducted assessor training provided by the Faculty.

Relying only upon a portfolio score to recruit to ICM training is obviously less than ideal – however a portfolio is scored, it is very difficult to assess critically important attributes like communication skills, clinical decision-making, teamwork, and leadership. As these are all vital skills for a Consultant Intensivist, the intention for the 2022 ICM recruitment round is to return to some form of interview to enable these attributes to be assessed, in the hope that this time we will have Consultant Intensivists available to interview.

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