

GUIDE TO TRAINING

For the ICM CCT Programme

INTRODUCTION

Congratulations on your appointment!

Welcome to the ICM training programme. As you know, Intensive Care Medicine is a dynamic and exciting specialty, attracting doctors who are enthusiastic about providing care to the sickest patients in the hospital.

The purpose of this booklet is to provide you with useful information as you embark on your training, guide you through the initial steps you will need to take and to signpost you to some of the resources available.

The Role of the Faculty of Intensive Care Medicine

The Faculty of Intensive Care Medicine was formed in 2010 following agreement of the seven parent Royal Colleges; by 2011 the first specialty training programme in Intensive Care Medicine was approved by the General Medical Council.

One of the many roles of the Faculty is to set the standards for training by defining the curriculum that you will follow for the remainder of your training in Intensive Care Medicine. In August 2021, all ICM Specialty Registrars commenced on the new curriculum. The Faculty are responsible for the recommendation of the Certificate of Completion of Training to the General Medical Council once you have successfully completed all the component parts of the training programme. The Faculty have other responsibilities both in education, training, recruitment, workforce and research. Full details of these responsibilities can be found on the Faculty website: www.ficm.ac.uk

Regional Advisors, Faculty Tutors and Training Programme Directors are good first ports of call for any queries (see page 2).

However, the Faculty is always happy to be contacted by doctors in ICM training if they need help. This can be directly (via: contact@ficm.ac.uk), or through FICM's elected Trainee Representatives (see Section 2.3).

1 STRUCTURE OF ICM TRAINING

1.1 Organisational

Intensive Care Medicine training across the United Kingdom is delivered by different local training bodies (often referred to as 'Deaneries'). Some Deaneries will then subdivide themselves into smaller 'Local Education and Training Boards (LETBs)', depending on the individual geography.

Those responsible for planning and delivering in training are:

The Training Programme Director (TPD) – This consultant will be responsible for ICM Specialty Registrars within a particular LETB or Deanery. They are responsible for allocation of trainees to their attachments and will be involved in your annual review.

The Regional Advisor (RA) – The role of the RA is to represent the Faculty of Intensive Care Medicine within the various geographical locations. They work closely with the TPD to advise on appropriate placements and the resources available. The RA also liaises with the Faculty on a specialty registrar's progress as they advance through the programme. [The list of RAs can be found on the FICM website.](#)

The Faculty Tutor (FT) – Each hospital involved in ICM training will have one (or more) consultants nominated as FTs. Their role is to provide the best training conditions possible during placements in their department. They will usually be involved in local teaching programmes and will frequently speak to the TPD regarding their specialty registrars' development.

The Educational Supervisor (ES) – All ICM specialty registrars will have an ES. This person (an ICM consultant) will conduct the supervisor meetings throughout the academic year and will complete your end-of-year report prior to the annual review. You may also be assigned a Clinical Supervisor during some placements.

It is important to ascertain the identities of these people in your area.

We recommend that:

- 1** If you have not already been contacted by the training committee in your region, you make contact with your TPD for ICM at the very start or even before you begin your ICM training programme, as they may have a planned induction organised. This meeting can be used to discuss your hospital placements, confirm your ES and to complete the [ICM CCT Registration Form](#).
- 2** You meet your ES within the first month of starting. This will allow you to complete an 'initial educational meeting' and think about your development objectives for the year. The earlier, and more frequently you meet your ES, the easier it will be to keep on top of the administration and assessments in the training programme.
- 3** You find out who the FT is in the hospital you are working in. If you are working on the ICU, then ensure that the FT (and the other consultants) are aware you are an ICM specialty registrar. This will ensure you are given the opportunities to complete the curriculum objectives, and prioritise your clinical exposure. If you will not be based on an ICU, then knowing the FT will be even more important as they will serve as a 'link' to the ICM teaching and training opportunities available.

1.2 Stages of Training

Training in ICM is divided into three stages. The [ICM Curriculum: Supporting Excellence](#) contains details regarding the various routes of entry into the programme, and outlines the contents of each stage. This booklet will not attempt to repeat this information and you should read the relevant sections in the ICM Curriculum.

You will enter the programme in Stage 1, but depending on your previous training and completed placements, the time spent in Stage 1 can be very variable. Stage 1 is an indicative minimum of 4 years, which can include any core training programme that can count towards a CCT in Intensive Care Medicine. At the end of Stage 1, all doctors regardless of their core programme will have completed an indicative minimum of 1 year of Anaesthetics, 1 year of Acute Internal Medicine and 1 year of Intensive Care Medicine.

Stage 2 training is for an indicative two years, and includes four indicative three-month placements (in Cardiac, General, Neuro and Paediatric ICUs) and a year dedicated to a special or complementary skill development. If you are in a Dual Programme, then this year is spent in your partner specialty to achieve the capabilities required to ensure dual accreditation. During Stage 2, you will also complete the FFICM examination.

Stage 3 training is for an indicative year, and is the last year of ICM training. It is the 'advanced' year, spent entirely on an ICU and is designed to allow doctors to develop leadership and management skills in preparation for becoming a consultant.

Before you start on the ICM programme, you must meet your TPD and determine what your outstanding requirements are for Stage 1. This information can then be used to allocate you to appropriate training posts, but also to calculate an estimated completion of training date.

This information is needed when registering with the Faculty.

The ICM CCT Registration Form is found online [here](#). As you can see, it is a rather involved form and includes listing all your previous training placements, plus the outline plan of your ICM training. It has to be signed by the TPD and RA. It is essential for estimating your date of completion of training and managing any other training or certification issues.

We recommend:

- 1 You download the [ICM CCT Registration Form](#) and start completing it now. Complete all the sections you can before you meet your TPD. After meeting your TPD, you should have completed the Registration Form and once the RA has signed it, you should then submit it to us: contact@ficm.ac.uk
- 2 Using your [Lifelong Learning Platform](#) login (this will be sent to you by the Faculty) to explore the site and establish the link with [e-ICM](#) (the Faculty's free learning resource with 700 sessions mapped to the FICM syllabus) to easily record future learning.

Only once you are registered with the Faculty an account for the Lifelong Learning Platform (LLP) will be created for you or the FICM platform will be added to your existing LLP account if you already have one (see Section 2.1 below).

2 THE FIRST FEW MONTHS OF TRAINING

It may seem daunting when starting a new training scheme, but it is important not to be overwhelmed with all the details of ICM training, particularly as both trainers and doctors in training alike, will also be getting used to the new curriculum and the transition. There is little need to worry about ICM examinations or undertake complex projects at the start of your programme.

2.1 *The Lifelong Learning Platform (LLP)*

All FICM users will be setup on the new ICM ePortfolio; the 'Lifelong Learning Platform' (LLP). The LLP is the primary means of demonstrating progression in your training and will be reviewed formally at the end of each academic year. It is, therefore, essential that you become familiar with its operation early in your training.

Try to frequently update your LLP and upload any certificates or completed courses. You should also record all of your Educational Meetings on the LLP.

If you are undertaking a dual programme, it is important to note that the e-Portfolio from your other programme will not automatically link with your ICM LLP account. This means that you will need to maintain a separate e-Portfolio for your partner specialty programme.

2.2 *Meet other specialty registrars*

You will almost certainly be working with other ICM specialty registrars who will be able to advise you on both local and national ICM training. If you are working in a department without any other ICM specialty registrars, then contact your FT and ask to be put in contact with some ICM specialty registrars they know.

ICM is not a large specialty, and specialty registrar numbers are usually small. Therefore, contact between doctors in training is essential in sharing information and improving training experiences. All deaneries/LETBs will have some sort of 'Trainee Representative' system and your FT should be able to put you in touch with your local trainee rep.

2.3 *National Representatives*

There are two nationally elected representatives who sit on FICM committees, working parties and the Board of the Faculty that ensure the views of our doctors in training are heard. They can be contacted [here](#). They will be in regular contact with you to bring issues of importance to their respective committees and to ensure the Faculty is able to help with ongoing training issues.

2.4 *Preparing for Annual Assessment*

It is a requirement of training programmes that an Annual Review of Competence Progression (ARCP) is undertaken each year. This process can seem quite daunting, but should be straightforward with steady preparation during each academic year.

The exact requirements for each year's ARCP vary and will depend on your stage of training. For example, the FFICM examination must be completed by the end of Stage 2 in order for you to successfully progress to Stage 3.

Your local TPD (and Specialist Training Committee) will give you exact requirements for your ARCP, but examples of the evidence you will need to show will include:

- 1) An appropriate mix of Supervised Learning Events (SLEs) (ACAT, DOPs, CBDs, Mini-CEX etc)
- 2) A logbook demonstrating your ICU procedural experience
- 3) A Multi-Source Feedback
- 4) Outcomes and capabilities completed in the ICM curriculum
- 5) Evidence of regular activities commensurate with the GMC's good medical practice (i.e. clinical governance, quality improvement, continuous professional development with evidence of reflective practice)
- 6) Some Deaneries/LETBs will require you to submit your Form R for revalidation and evidence of adult and child safeguarding training. Please check with your local teams for the exact requirements.

If this work is left until a few months prior to the ARCP, then it will be a challenge to complete and has the potential to hold-up your training. It is much better to begin early in the academic year and make gradual progress through the requirements as the year progresses.

It is accepted that the evidence required can be a challenge to complete. If you are concerned that you are not making progress and may struggle to complete your objectives before the ARCP, then it is important you highlight this issue to your TPD or RA as soon as possible. No-one within the training programme wants doctors to struggle with their workload to the detriment of their health or wellbeing and so it is essential that you draw attention to any problems as soon as they occur so appropriate help and support can be put in place.

The [ICM Curriculum's Assessment Strategy](#) explains the rationale behind all of the assessments and what is required for each stage of training.

3 TIMELINE FOR NEW ICM SPECIALTY REGISTRARS

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| Now | <ul style="list-style-type: none"> ✓ Download and complete the ICM CCT Registration Form ✓ The form ideally needs to be completed before you officially start on the ICM Training Programme (it requires TPD and RA signatures) and should be sent to the Faculty for processing. ✓ Meet with your Training Programme Director before starting on the ICM training programme, in order to confirm your ES and discuss your upcoming placements. |
| First 4 weeks | <ul style="list-style-type: none"> ✓ Ensure you have an LLP account created, and meet your ES for your Initial Supervisor's Meeting. ✓ Find out who the local Faculty Tutor is, and make yourself known to them. ✓ Meet (at least) one other ICM specialty registrar. |
| First 2 months | <ul style="list-style-type: none"> ✓ Complete at least one reflective practice entry and one SLE on the LLP. |
| First 3 months | <ul style="list-style-type: none"> ✓ Attend one local ICM teaching session, and begin to feel settled with your new ICM colleagues. |