

GUIDANCE FOR CESR-CP TO CCT

(Certificate of Eligibility for Specialist Registration – Combined Programme)

What is this guidance for?

This document is to provide guidance and consistency in recognising training undertaken outside of core training programmes. This may be relevant for specialty trainees who have been successful in obtaining an Intensive Care Medicine (ICM) Certificate of Completion of Training (CCT) post but who want some of their prior training counted towards ICM higher specialist training.

Why is the guidance needed?

By its nature, ICM is a broad and general speciality. Skills, knowledge and training in other relevant specialities can be used towards the ICM curriculum. The Faculty continues to embrace diversity in training and these transferable attributes. It is important that consistency is applied to how this diverse prior training is counted towards the ICM curriculum outcomes.

What factors should be considered in assessing prior experience?

- An awareness of the capability levels required for Stage 1 and what is expected of a Specialty Registrar (StR) at the beginning of ICM training is an important consideration.-Most non-training posts will add some useful experience to the StR's portfolio.
- This process should be straightforward. If there is considerable doubt about the proposed prior learning, then the time in that post should not be counted. Patient safety is of prime importance.

A doctor in training may request that prior experience is recognised for part of the ICM training programme. This request should be made to the Training Programme Director (TPD) / Regional Advisor (RA) prior to commencement of the CCT training programme.

Considerations for the TPD and RA in assessing prior training undertaken in the UK (which can include non-training posts)

- The post has been undertaken in a hospital or clinical environment which is recognised by the General Medical Council (GMC) for training. This suggests equivalence of exposure to clinical work, education, training and supervision.
- The trainee has evidence of the contract worked: for example, full time/less than full time, duration of appointment etc.
- On call commitment and supervision.
- Educational/clinical supervisor report(s), or commentary of time and progress in that post.
- Logbook of activity/evidence of any assessments done.
- Course and teaching sessions attended, with certificates. CPD in teaching, research and management is important here to help with High Level Learning Outcomes (HILLOs) 1-4
- Examination certificates.
- Feedback such as Multi Source Feedback (MSF)/summative assessments/appraisals/
Evidence of reflective practice.

Considerations for the TPD and RA in assessing prior training undertaken overseas

ICM key educators in the UK may be unfamiliar with the training programmes in overseas hospitals, particularly regarding the number of patients/case mix. The onus is on the StR to present evidence regarding the hospital's size/case mix/on-call commitment etc. Evidence of the national body recognising that hospital for training will reinforce any application for recognition of prior training.

Ideally a letter, written at the time of the attachment, outlining the above signed by a consultant recognised for training in their own country is very useful.

The above points regarding logbooks, reflections, continued professional development activities (CPD) etc. remain relevant to these overseas posts.

The information can be used to evidence training for the relevant HiLLOs. It will then become clear how much further training is required to complete the remaining HiLLOs.

It is recommended that the StR completes at least 3 months in Stage 1 ICM training to allow introductions to the Educational Supervisor (ES), and time for the RA and TPD to review the StR's portfolio to assess if prior training can contribute towards achieving the HiLLOs and thereby reduce indicative training time in that stage.

It will be HiLLOs 1-4, and the GMC's Generic Professional Capabilities (GPCs - integral to all HiLLOs) that the majority of StRs will be required to provide extra evidence for. This point is of particular relevance to those with most of their training performed outside the UK. StRs who have undertaken considerable time in training overseas may require additional support and time, to adapt to working in the UK healthcare system.

What if there is doubt about the evidence?

Patient safety is always paramount in any specialty training programme. Time spent in training is short compared to the time doctors spend as a Consultant. There are many training opportunities for StRs, which become harder to find as a Consultant. Although the GMC is supportive of an approach to accepting prior training, the local training committee must be reassured it is appropriate. This may be easier to ascertain for experience gained in UK based posts but is likely to be harder to ascertain for experience gained overseas.

It is worth emphasising that not all prior experience has to be recognised for ICM training. That in no way demeans the experience, on the contrary, it undoubtedly adds much needed complementary relevant skills. Local educators should embrace StRs that have prior experience and should acknowledge that with the StR, even if it is not formally recognised in their indicative training time towards attaining an ICM CCT.

Will these StRs have a change in training time?

Although the ICM has a capability and outcome-based curriculum and training programme, it is accepted that most StRs will require the allocated time proposed by the Faculty of Intensive Care Medicine (FICM) to complete the programme. Any deviation of this indicative training time, either by reducing or lengthening the programme to accommodate an individual's specific requirements will require careful documentation regarding the decisions made.

Is there any further help?

The Lead and Deputy Lead RAs, with the support of the Training Assessment and Quality Committee (TAQ) are always available for advice at contact@ficm.ac.uk

The suggested process

- StR successful in obtaining ICM higher specialist training post
- StR to contact region's TPD & RA regarding a request to count prior training outside their core programme
- RA & TPD to ask StR for the evidence discussed above to be sent to them for consideration
- TPD & RA to assess the evidence and align to the Stage 1 HILLOs
- TPD & RA to inform the StR of their final decision regarding the prior training that can be counted towards the Stage 1 HILLOs
- If there is any doubt or difficulties the Lead RA should be contacted for advice
- TPD to inform the StR's Educational Supervisor (ES) of the outcome of the assessment
- ES to introduce and instigate meeting to undertake a gap analysis of the remaining training required for Stage 1 and produce a Personal Development Plan (PDP).

Summary

It is impossible to write comprehensive guidance that covers every eventuality. The aim of this document is to provide consistent, pragmatic guidance to allow local training committee members to judge whether prior experience of StRs applying for ICM posts can be counted towards indicative training programme times.

It should be noted that confirmation of satisfactory progression with a CESR-CP will need to be reviewed at subsequent ARCP reviews, following the usual procedures outlined in [the Gold Guide](#).