



ICM ARCP Guidance in light of COVID-19

Revised May 2022

- Identification of the critical progression points for each speciality**

We have a single ICM CCT programme and five dual training programmes with our partner specialities: Anaesthesia, Acute Internal Medicine, Renal Medicine, Respiratory Medicine and Emergency Medicine.

The critical progression points for all training programmes are the stage completion certificates issued at the end of Stage 1, Stage 2 and Stage 3. These are issued by ICM Regional Advisors and confirm that all the requisite competencies of the curriculum have been completed by the trainee for the current Stage of Training permitting the trainee to progress to the subsequent Stage of Training or be recommended for a CCT. The different training routes have slightly different requirements and are listed below, and it should be noted that for dual programmes all requirements from both specialities must be completed before a trainee can progress:

Single ICM CCT Stage requirements

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| STAGE 1 | 12 months ICM |
| | 12 months Anaesthetics |
| | 12 months Medicine |
| | 12 months of any additional training |
| STAGE 2 | 3 months Paediatric ICM |
| | 3 months Cardiac ICM |
| | 3 months Neuro ICM |
| | 3 months General ICM |
| | 12 months Special Skills Year (SSY) in ICM - examples in SSY handbook |
| Exams | FFICM Exam (MCQ and VIVA (SOE and OSCE)) |
| STAGE 3 | 12 months ICM |

Dual CCTs Stage requirements

ICM and Anaesthesia (2010 Dual CCT programme)

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|----------------|---------------------------------------------------------------------------------------------------|
| STAGE 1 | 18-24 months Anaesthetics (Basic) (depending on whether the trainee entered ICM from ACCS or CAT) |
| | 24 months Anaesthetics (Intermediate) |
| | 12 months ICM |
| | 12 months Medicine |
| Exams | FRCA Final |
| STAGE 2 | 3 months Paediatric ICM/Anaesthesia |
| | 3 months Cardiac ICM/Anaesthesia |
| | 3 months Neuro ICM/Anaesthesia |
| | 3 months General ICM |
| | 12 months Anaesthesia |

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| Exams | FFICM Exam (MCQ and VIVA (SOE and OSCE)) |
| STAGE 3 | 12 months ICM |

ICM and Anaesthesia (2021 Dual CCT programme)

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| STAGE 1 | 30-36 months Anaesthetics (depending on whether the trainee entered ICM from ACCS or CAT) |
| | 12 months ICM |
| | 12 months Medicine |
| STAGE 2 | 3 months Paediatric ICM/Anaesthesia |
| | 3 months Cardiac ICM/Anaesthesia |
| | 3 months Neuro ICM/Anaesthesia |
| | 3 months General ICM |
| | 12 months Anaesthetics |
| Exams | <p>FRCA Final</p> <p>FFICM Exam (MCQ and VIVA (SOE and OSCE))</p> <p>Dual CCT doctors must pass the Final FRCA and FFICM Exams in order to move into the respective specialty's Stage 3. That is, in order to commence the Stage 3 clinical placement the relevant Final exam must be passed, e.g. doctors must pass the Final FRCA to do Stage 3 Anaesthetics and similarly must pass the FFICM to undertake the Stage 3 ICM year. This allows training to progress if one of the Final exams is not completed.</p> |
| STAGE 3 | 12 months ICM |
| | 12 months Anaesthetics |

ICM and Acute Internal Medicine

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|----------------|-----------------------------------|
| STAGE 1 | 24 months Medicine |
| | 12 months Acute Internal Medicine |
| | 12 months ICM |
| | 12 months Anaesthesia |
| STAGE 2 | 3 months Paediatric ICM |
| | 3 months Cardiac ICM |
| | 3 months Neuro ICM |
| | 3 months Acute Internal Medicine |
| | 12 months Acute Internal Medicine |

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| Exams | FFICM Exam (MCQ and VIVA (SOE and OSCE)) |
| STAGE 3 | 12 months ICM |
| | 6 months Acute Internal Medicine |
| Exams | Acute Internal Medicine Specialty Certificate Examination (AIM SCE) |

ICM and Emergency Medicine

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|----------------|---------------------------------------------|
| STAGE 1 | 12 months Emergency Medicine (core) |
| | 6 months Acute Medicine |
| | 6 months Paediatric Emergency Medicine |
| | 12 months Emergency Medicine (intermediate) |
| | 12 months ICM |
| | 12 months Anaesthesia |
| STAGE 2 | 3 months Paediatric ICM |
| | 3 months Neuro ICM |
| | 3 months Cardiac ICM |
| | 15 months Emergency Medicine |
| Exams | FFICM Exam (MCQ and VIVA (SOE and OSCE)) |
| STAGE 3 | 12 months ICM |
| | 6 months Emergency Medicine |
| Exams | FRCEM Final |

ICM and Renal Medicine

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|----------------|--------------------------------------------------------|
| STAGE 1 | 24 months Medicine |
| | 12 months Renal Medicine |
| | 12 months ICM |
| | 12 months Anaesthesia |
| STAGE 2 | 3 months Paediatric ICM |
| | 3 months Cardiac ICM |
| | 3 months Neuro ICM |
| | 15 months Renal Medicine |
| Exams | FFICM Exam (MCQ and VIVA (SOE and OSCE)) |
| STAGE 3 | 12 months ICM |
| | 6 months Renal Medicine |
| Exams | Renal Medicine Specialty Certificate Examination (SCE) |

ICM and Respiratory Medicine

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|----------------|------------------------------------------|
| STAGE 1 | 24 months Medicine |
| | 12 months Respiratory Medicine |
| | 12 months ICM |
| | 12 months Anaesthesia |
| STAGE 2 | 3 months Paediatric ICM |
| | 6 months Cardiac ICM |
| | 3 months Neuro ICM |
| | 12 months Respiratory Medicine |
| Exams | FFICM Exam (MCQ and VIVA (SOE and OSCE)) |
| STAGE 3 | 12 months ICM |
| | 6 months Respiratory Medicine |

Exams

Respiratory Medicine Specialty Certificate Examination (SCE)

- **Definition of the minimum data set for each specialty, for each year of training**

FICM response: there should be no rationale for accepting a reduced minimum data set at ARCP from April 2022, and evidence for HILLOs should be presented in the LLP as per the [2021 Assessment Strategy](#), and the outcomes-based curriculum.

- **Provision of clear specialty-specific criteria for non-progression**

FICM response: The reasons for an ARCP Panel to recommend non-progression are described in the decision aid and include standard and no-fault COVID outcomes. In addition, StR confirmation that they do not feel they are competent to progress should be an absolute bar to progression of training until the articulated deficiencies have been addressed.

- **Identification of specialty-specific situations that might require an ARCP panel of three members**

FICM response: We do not feel this is necessary, as long as the ICM TPD or RA is involved as one of the two on the ARCP panel, then we would be happy. In line with current practice and to ensure fairness, neither individual can be the trainee's Educational Supervisor.

- **Provision of advice regarding what amendments to person specifications are necessary for any subsequent programmes, trainees will be moving into to facilitate career progression of trainees who have been unable to acquire capabilities in their core programme due to the impact of COVID-19. Such changes may need to be enacted for a number of years**

FICM response: We continue to accept the changes made by the specialties of the core programmes that feed into ICM training (e.g. ACCS/EM/CAT/IMT)

- **Provision of advice regarding which capabilities may be gained, or examinations undertaken in an Acting Up position or in a Period of Grace after the point CCT would normally have been awarded, within a defined education/development plan**

FICM response: The curriculum already has provision for allowing a StR performing the role of a Consultant in an "acting up" capacity to count their last 3 months of training towards their CCT. This is dependent on them having already acquired the necessary curriculum competencies. This will remain unchanged and the StR can only be recommended for a CCT when training has been completed in full. Thus, no capabilities or examinations can be deferred until after a CCT has been awarded. The required evidence will be subject to the conditions and limitations stated above.

- **Development of a GG8-compliant, decision-aid describing acceptable compensatory evidence (with examples) that ARCP panels could consider where normal evidence is not available due to the current situation**

FICM response: The advice to ARCP Panel members will be that in principle the requirement to have achieved all required capabilities to progress in training remains unchanged and that evidence should be presented as indicated in the 2021 Curriculum Assessment Strategy. The StR's confirmation that they agree with the Panel's acceptance of their competency will be paramount. The Faculty have therefore set out some principles below. However, the final decision on the achievement of competence and progression will remain with the ARCP Panel.

Stage 1 training

Standard ARCP outcomes as described in the Gold Guide apply, without requirement for no-fault COVID derogations.

Stage 2 training

It is expected that all StRs will have completed the full Stage 2 curricular requirements as per the 2020 curriculum, without any disruptions since their last ARCP. Progression to Stage 3 is expected to follow standard (pre-pandemic) ARCP requirements, without recourse to no-fault COVID outcomes **in the majority** of StRs. For those who have been unable to complete satisfactory capabilities or attachments due to COVID-19, irrespective of FFICM exam success, then additional time in stage 2 is likely to be necessary, with a no-fault 10.2.

Only in exceptional circumstances will progression to Stage 3 **not** be dependent on examination success, (though completion of Stage 3 and recommendation for a CCT will require passing the FFICM examination) when an Outcome 10.1 will be applied.

The Faculty propose the below guidance for ARCP Panels

Progression in the partner specialty will be determined by the relevant Colleges' derogation guidance. Where re-deployment has occurred to support surge ICU capacity, the time in GICM could be considered towards Stage 3 training where the StR is considered ready for Stage 3. Stage 3 programme time could be re-adjusted to make up the partner specialty missing time and capabilities where needed.

We note that the emergency, respiratory, renal and acute medical specialties all have 6 months training time following the Stage 3 year during which missing capabilities could also be made up.

It appears that the anaesthetic dual specialty trainees are most likely to be affected by re-deployment, though it should be recognised and encouraged, via communications with relevant STCs, that transferable capabilities can be gained and acknowledged

Single ICM CCT StRs undertaking Special Skills Year should have been able to meet the expected curriculum capabilities.

Stage 3 training

This should be straightforward in terms of placements and the minimum evidence required is as per the 2010 or 2022 curricula, whichever is being followed. There should be no requirement for COVID, no-fault derogations.

Where a StR has moved into Stage 3 without the FFICM exam following a 10.1, and is then unable to pass the exam, an extension to training (via an Outcome 3) would be expected. The length of extension granted would be subject to the CG9 guidance.

ICM ARCP/Recruitment Decision Aid

CRITICAL SPECIALTY-SPECIFIC PROGRESSION POINTS

This document serves to update the ARCP COVID derogations, in place since May 2020, and should be implemented with immediate effect.

It should be noted that the Faculty remain committed to the classification of the 'no-fault' COVID outcomes (10.1 and 10.2), but that their use has now become limited in the current training climate.

1. Entry into ICM National Recruitment (ST3)

From the usual routes eg ACCS, CAT, IMT; no derogations required.

2. Completion of Stage 1 ICM Training

| | Required | Recommendation |
|--------------------------------------------------------|----------|-----------------------------------------------|
| Full ARCP requirements including e-Portfolio completed | | Outcome 1 Issue Stage 1 certificate |

3. Completion of Stage 2 ICM Training

| | Required | Recommendation |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full e-portfolio and ARCP requirements completed including FFICM exam | | Outcome 1 Issue Stage 2 certificate |
| Full e-Portfolio and ARCP requirements completed but without FFICM exam due to COVID-19 circumstances (as long as previous ARCP outcome not due to same) | | Outcome 10.1 with all relevant and applicable “C” Codes Issue Stage 2 certificate and add a clear narrative to the ARCP Outcome in the e-Portfolio regarding exam to be taken during Stage 3 |
| Has been unable to complete satisfactory attachments due to COVID-19, irrespective of FFICM exam success | Will be unable to make up Stage 2 training within standard Stage 3 time | Outcome 10.2 with all relevant and applicable “C” Codes Additional training time at Stage 2 needed |

There **must** be an individualised appraisal of each ICM Specialty Registrar (StR) at ARCP of their particular circumstances.

There should be a benefit versus risk consideration of the no-fault outcomes of 10.1 and 10.2 (and hence remaining in Stage 2) pending exam completion. Moreover a previous 10.1 or 10.2 should preclude the further issuance of such, unless in exceptional circumstances.

If a StR has a training record of prior exam success, good engagement with the 2020 curriculum and LLP, general progression, and support from the ES (with whom the StR should have had dialogue prospectively) then it would be reasonable to award a 10.1.

If the StR has previously struggled with exams, or there are training progression concerns, either raised by the ES, or evidential from the LLP, then it would be reasonable to issue a 10.2.

It may also be preferable according to the StRs personal circumstances. This is in the best interests of the StR.

4. Completion of Stage 3 ICM Training Summer 2022

| | Required | Recommendation |
|--------------------------------------------------|----------|-----------------------------------------------------------------------------------------------------------------------------------------|
| Full e-portfolio and ARCP requirements completed | | Outcome 1 (or 6 if at end of training) Issue Stage 3 certificate and complete necessary paperwork recommending them for a CCT |

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| Has been unable to complete satisfactory requirements for Stage 3 regardless of COVID-19 or unsatisfactory ESSR. | Unable to achieve required elements before end of training | Outcome 3. Where COVID is felt to have significantly affected the completion of requirements, a 10.2 may be appropriate. |
|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|

A detailed narrative must be included in the trainee's ARCP record on the e-portfolio with all relevant COVID ARCP Outcome codes (C1-12) being entered which are applicable to the trainee's circumstances. The accompanying narrative should detail the specifics that need to be addressed over the following year. It is imperative that the previous year's ARCP narrative (i.e. 2021 in this case) is reviewed at the next ARCP to ensure these conditions have been met. ICM Training Stage certificates will also reflect the narrative and rationale for derogations.

Process for ARCP mediation (if required)

The principle will be to ensure progression wherever possible. There is the opportunity for the trainee to raise their own concerns regarding their readiness to progress. Should the ARCP Panel have a query prior to determining an outcome (or an RA/TPD ahead of a panel occurring), or have a disagreement with a trainee over suitable evidence or a point of progression for example, the ARCP Panel Chair (or RA/TPD if considering an issue prior to ARCPs) is able to contact FICM (contact@ficm.ac.uk) for a definitive answer on a particular matter, prior to issuing an outcome.

These queries will be reviewed by the Lead RAs and/or the Chair/Deputy Chair of the Faculty's Training, Assessment and Quality Committee. This is particularly important for ICM, as we have trainees taking quite heterogeneous routes, so please do ask if unsure, so that we apply a consistent approach. FICM will keep a log of such questions, so as to ensure consistency of approach, and provide wider dissemination of potential learning points from the process.

There are already mechanisms for a trainee to appeal an ARCP outcome via local HEE/SEB procedures.