StR Survey 2023

Summary Report of the StR-led survey on ICM training

The Faculty of Intensive Care Medicine

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Foreword

The Faculty of Intensive Care Medicine (FICM) welcomes the publication of the executive summary of results obtained from the FICM StR Subcommittee surveys sent out in June 2023. The aim of these surveys, designed and led by the StR Subcommittee, was to obtain a better understanding of some of the real-life challenges faced by doctors in ICM training across the UK. As such, we are very grateful to all those who took the time to complete the survey in such detail and wish to thank those involved in its creation and subsequent data analysis. We recognise that for some of you sharing your experiences in this way may have been difficult.

We would like to firstly thank all trainers across the UK who have given up their time and energy to ensure ICM doctors in training (DiT) receive the best education possible. Despite difficulties across the NHS, most DiTs have reported on the positive experience of training which is testament to the work of these educators and mentors.

We recognise there is still much work to be done that has been highlighted by this survey. The Faculty is reflecting on these findings carefully and will attempt to address each of the issues highlighted, considering any and all options available in order to do so. Of particular concern, are the reports of discriminatory comments or biased behaviours towards Doctors in Training (DiTs) based on gender, family planning and career choices, with some consultants questioning the validity of non-anaesthetic backgrounds in Intensive Care Medicine. Furthermore, accounts of a pervasively discriminatory attitude towards intensivists of a non-anaesthetic background in training is particularly worrying.

All staff working in critical care should be able to do so in a non-threatening and supportive environment regardless of their background or circumstance. Furthermore, the Faculty recognises that struggling to achieve appropriate support and respect in pursuing your chosen career interests, coupled with systemic issues such as portfolio management and curriculum changes, adds to the complex and often disheartening experiences faced by many doctors in training.

The Faculty remains committed to fostering a positive, inclusive, and supportive training environment as well as continually improving the ICM training experience for all its doctors in training. To this end, we have sought to publish an initial 'first steps' programme of action points aimed at starting the process of addressing each of the five key priorities identified by the surveys.

The Faculty will also seek to actively enhance those areas of training highlighted as good or outstanding and share them as examples of best practice. We are pleased to note that, whilst there are areas where action and improvement are needed, most respondents reported that they are either satisfied or very satisfied with their overall training experience.

Your feedback is invaluable, and we are committed to continually improving the ICM training experience for all doctors in training. Thank you for your dedication and resilience in becoming the intensivists of the future.

Dr Matt Rowe
FICM Trainee Board member, Lead Representative

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The Faculty of Intensive Care Medicine

StR Survey 2023

Summary of key issues and actions from the 2023 survey of Doctors in Training (DiTs) in ICM conducted by the Faculty of Intensive Care Medicine (FICM) Specialist Registrar (StR) Sub-Committee.

1 Positives!

- **Most respondents reported that they are either satisfied or very satisfied with their overall training experience.**
- We will seek to actively enhance those areas of training highlighted as good or outstanding and share them as examples of best practice.
- We will seek to engage and formalise lines of communication between the elected ICM Regional Representatives, FICM StR Subcommittee and the Regional Advisor Network. This will include regular ICM StR involvement in the regular Training Leadership Annual Meetings (TLAM).

2 Portfolio

- The Faculty will seek to provide additional resources and guidance on portfolio building to alleviate the burden on DiTs.
- Steps will be taken to ensure that guidance is followed in a consistent and pragmatic approach across regions via regular communications to the Regional Advisor (RA) network.
- A regularly updated frequently asked questions (FAQ) resource on the FICM website will be created in conjunction with the StR Subcommittee to provide up-to-date guidance for both StRs and trainers.

3 Training challenges

- Issuing guidance on the need for pragmatic and flexible rotations. This should follow the ethos of the outcome-based curriculum thus allowing flexibility in time and location.
- A new reporting mechanism to be set up in 2024 by the StR Subcommittee and regional representative network alongside the Lead RA to report issues that cannot be handled locally.
- Updated resources around Special Skills Year (SSY) rotations, alongside guidance on the process of creating a new SSY.

4 Job planning

- As a priority, we will engage with trusts by providing more information on and awareness of suitable job plans for ICM StRs from all backgrounds.
- Provide materials on how these posts can be constructed.
- Provide examples of workable job plans for trainees pursuing a career in ICM alone or partnered with another specialty.
- Regional Advisors will be asked to seek to identify a suitable mentor within each trainee's own region or a nearby region from which they can seek advice.

5 Dual and single CCTs

- We will continue to work to ensure colleagues are aware of and are taking steps to address the concerns highlighted. The findings of the survey will be presented at the Training Leadership Annual Meeting (TLAM) in 2024 for discussion and communication to all regions to raise awareness.
- We encourage trainees to report any issues with regards to unequal training opportunities within regions to their local FT and/or RA in the first instance or to the StR Subcommittee.
- Increased guidance will be issued on the nuances of dual or triple CCT training.

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December 2023

Introduction

This document is intended as a summary report of the recent survey of Doctors in Training (DiTs) conducted by the Faculty of Intensive Care Medicine (FICM) Specialist Registrar (StR) Sub-Committee. The aim of the survey was to highlight some of the current challenges experienced by DiTs in Intensive Care Medicine (ICM) in the UK, with a view to empowering those with direct responsibility for training and education in ICM to take appropriate actions to improve their lived experiences of working towards a certificate of completion of training (CCT) in ICM.

The survey was conducted in June 2023 using *SurveyMonkey* and sent via email to all StRs registered with FICM. This was undertaken in addition to the annual FICM Trainee Survey as the StR Sub-committee sought to obtain the answers to a different subset of questions ranging from issues surrounding DiT wellbeing and support to the specific experiences of StRs on single and dual/triple CCT programmes.

Much of the information obtained from the survey was collected in the form of 'free text' responses. As such, this data has been collated and reported in a summarised format to ensure the ongoing confidentiality of all respondents and that it remains as concise as possible.

Overall, 294 responses were obtained which represents approximately 28% of the total number of registered ICM DiTs. 61% of respondents were male, 35% were female and 4% preferred not to say.

Key Messages

1. Training Positives

- **Most ICM DiTs report that they are either satisfied or very satisfied with their overall training experience.**
- The overwhelming majority of DiTs report that Educational Supervisors (ES), Regional Advisors (RA) and Training Programme Directors (TPD) are supportive, flexible, and pragmatic in their approach to dealing with their individual needs.

2. Portfolio Management

- The burden of paperwork and portfolio issues, together with the need to take additional exams that come with dual or triple accrediting, continue to be a significant challenge for StRs. In addition, this is often occurring at a time in people's lives where they are having to juggle significant extra-curricular demands (e.g. childcare).
- A lack of understanding amongst trainers of the requirements for those dual or triple accrediting in ICM with a partner specialty has led to confusion, anxiety, and an increased burden of work for this group of DiTs.

3. General challenges of training

- Long commutes, short rotations and inflexibility of rotas were consistently highlighted as problem areas throughout all stages of training. Furthermore, there are still many occasions in which rotas are not published with appropriate notice. Hospitals may be less likely to invest training and time in a short-term DiT compared to longer placements.
- Many DiTs expressed a desire for more subspecialty opportunities, particularly in areas like ECMO fellowships, protected time for teaching and study and better management and leadership exposure. This becomes of greater importance during Stage 3, when developing skills and relationships for future career opportunities.
- Reports of misogyny and discriminatory behaviours against women, less than full time (LTFT) DiTs or those perceived to be different from the 'traditional' ICM StR remains problematic nationally.

4. Job Planning and Career Pathways

- Guidance and support on job planning is highly varied nationally. Many respondents mentioned that only limited informal advice was available, with a lack of tailored advice specific to an individual's needs or situation.
- DiTs feel that there is little support or opportunity for those wishing to pursue careers with direct clinical care (DCC) time in ICM partnered with a specialty other than anaesthetics. DiTs feel they are in the lowest position of power in creating these career opportunities, which is further compounded by inflexible and shorter duration rotations.

5. Dual/Single Specialty Training

- Multiple issues were highlighted from DiTs coming from a non-anaesthetic background. These DiTs appear to be disadvantaged throughout their training with a broad range of issues including missed training opportunities, an increased paperwork burden and discriminatory behaviour tantamount to bullying. A pervasive discriminatory attitude among colleagues, who question the qualifications of non-anaesthetic doctors in training, has created a draining and disheartening experience for many. . Furthermore, there are multiple reports of ICM DiTs being inappropriately excluded from 'airway-trained' rotas throughout the country.
- Many DiTs emphasised the importance of individualised support, better communication about rotations, and a clearer understanding of the different training pathways among trainers.

Survey Results Overview

The majority of respondents were in Stage 2 training (56%) and represented a good spread of ICM DiTs by region with a slight positive skew towards London (17%). Approximately 65% of respondents identified as being either British or from one of the four devolved nations, with the other 35% identifying as being from a wide variety of ethnic backgrounds. This indicates that we have an increasingly diverse workforce that require proper representation within the national training framework. Approximately half of respondents were dual training with anaesthetics, a quarter were single specialty ICM, and the remainder were training with another partner specialty. The largest of these groups (10%) were those training with Emergency Medicine (EM).

The majority of respondents (67%) reported that overall, they are either satisfied or very satisfied with their training.

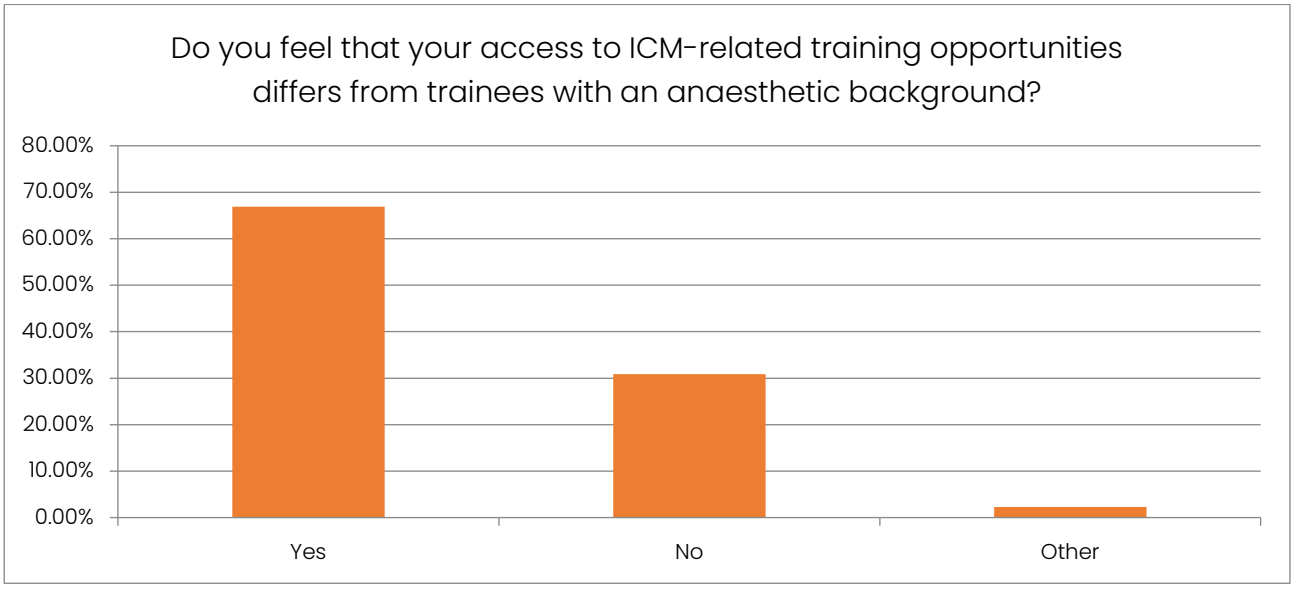
Particular areas of excellence that were highlighted included "on the job teaching", improved exam resources and extremely supportive/accommodating ICM ES and TPDs. However, the free text responses highlighted a significant number of areas in which DiTs felt that things could be significantly improved. Many responded "None of the Above" to aspects of the training that are managed well. There were also comments that ES/TPD/FTs were "well meaning" but that training had become "all about collecting low quality evidence for the portfolio rather than inspiring competence". Hospital descriptions ranged from "a beacon of hope" to "a pit of despair".

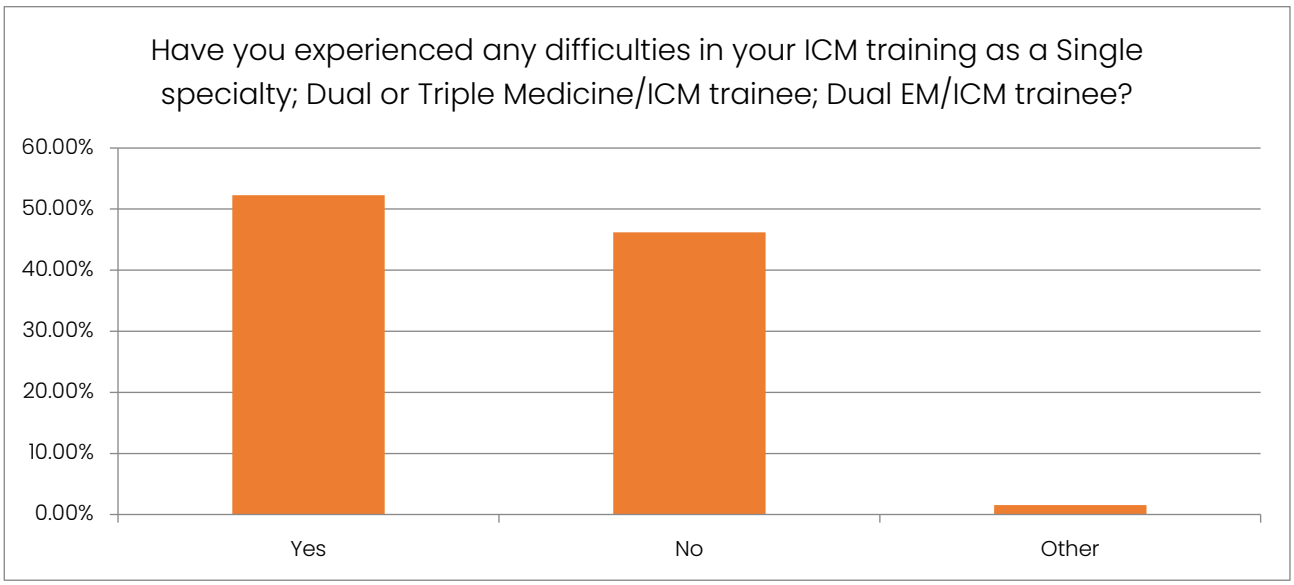
Summary of free text response suggestions for the improvement of training

- Better support/signposting to mentors or appropriate ES in dual ICM with specific partner specialties.
- Better integration/communication between ICM and non-anaesthetic training pathways.
- Improved understanding that single specialty ICM DiTs can go on "airway cover" rotas.
- Improved communication between portfolios/reduced burden of dual uploading evidence.
- More consistent approach to ARCP guidance and ensuring regions follow the guidance.
- Reduction in number of short (2-3 month) rotations.
- Improved SSY opportunities both for single specialty and dual DiTs wishing to pursue areas of special interest.

Challenges During ICM Training

Many DiTs (80%) reported experiencing significant challenges during ICM training. An excessive portfolio or admin burden was overwhelmingly the most common reported issue (60%). Access to training opportunities for non-anaesthetic DiTs was also consistently highlighted as lacking. These issues included a lack of understanding from supervisors with regards to their partner specialties, the active exclusion of non-anaesthetic DiTs from organised training activities and DiTs frequently being missed off mailing lists or communications highlighting training opportunities both at a local and regional level. The group most affected by these issues were by far those dual training in EM and ICM.





Time away from ICM for medical placements/time in in emergency medicine were again highlighted as of variable quality and/or benefit. Many respondents felt that these placements were often purely for service provision. Skills fade was raised as a potential consequence for non-anaesthetic DiTs spending a full year away from ICM. Conversely, many anaesthetic DiTs felt that the repetition of specialist modules in Stage 2 meant that they lost out on training opportunities. During this time, it was suggested that they could pursue special interests e.g. echocardiography or other similar SSY-style training.

Bullying/Discriminatory Behaviours

Worryingly, approximately 7% of DiTs reported having directly experienced bullying behaviours as part of ICM training and over 30% reported having felt unsupported in pursuing their desired career goals. Again, dual training in EM and ICM was highlighted as problematic (although this was also an issue in ICM partnered with a medical specialty), with multiple reports of undermining behaviours.

This also extended to single CCT ICM DiTs who repeatedly described negative or derogatory comments towards them with regards to their career choices or employability prospects. There were multiple reported incidents of discrimination against women and those having families, with consistent accounts of sexism/chauvinistic behaviours from male ICM consultants. Some of these cases described actively discriminatory behaviour. This was true in all regions of training and all four devolved nations.

Job Planning

A majority of DiTs (>60%) reported that they had very little in the way of mentorship, support, or guidance with regards to job planning or preparing to become a consultant. Over 70% of respondents planned to apply for a consultant job with DCC time in ICM, with a partnered specialty. Ten percent of respondents stated they planned to apply for jobs outside of the UK or give up ICM altogether, with the most commonly cited reasons being poor work-life balance or lack of an available or suitable job plan. In addition, over half of respondents stated that they planned to take time out at the end of their training. The reasons provided for doing so included self-care/recovery time due to burnout or the burdens of training, spending time with family or pursuing special interests/post-CCT fellowships.

Of concern, is that over 60% of ICM DiTs stated that they had considered relinquishing their ICM training number at some point. Of the dual StRs that had considered leaving a training programme 65% would have left ICM over their partnered specialty. Burnout, poor work/life balance, poor treatment from colleagues, increased portfolio and exam burden, and lack of available job plans were all quoted as the most likely reasons for this decision.

Conclusions

This survey has uncovered some worrying themes with regards to the lived experiences of ICM DiTs in the UK. Doctors in training from a non-anaesthetic background appear to have a significantly worse experience of training compared with their anaesthetic colleagues. There are also considerable problems with regards to the provision of a suitable training environment, the culture, and behaviours of some of our professional colleagues and the recognition of DiTs as skilled individuals who represent the future of ICM. Furthermore, there is a substantial discord between the available training pathways in ICM and the prospects of an appropriate consultant career plan.

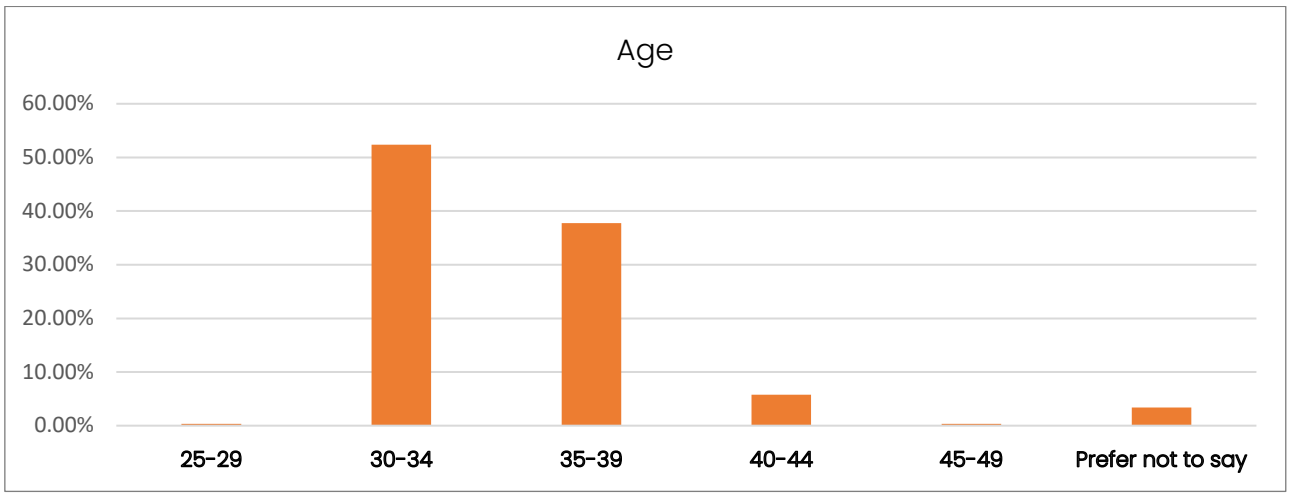
Despite these clearly significant problems, overall satisfaction remains high and this likely reflects the hard work and dedication of the majority of consultants with responsibility for the delivery of ICM training both at a national and regional level. There is, however, clearly more work to be done. As the Faculty moves towards independent college status it is imperative it seeks, along with its senior membership, to address some of these issues as a matter of priority.

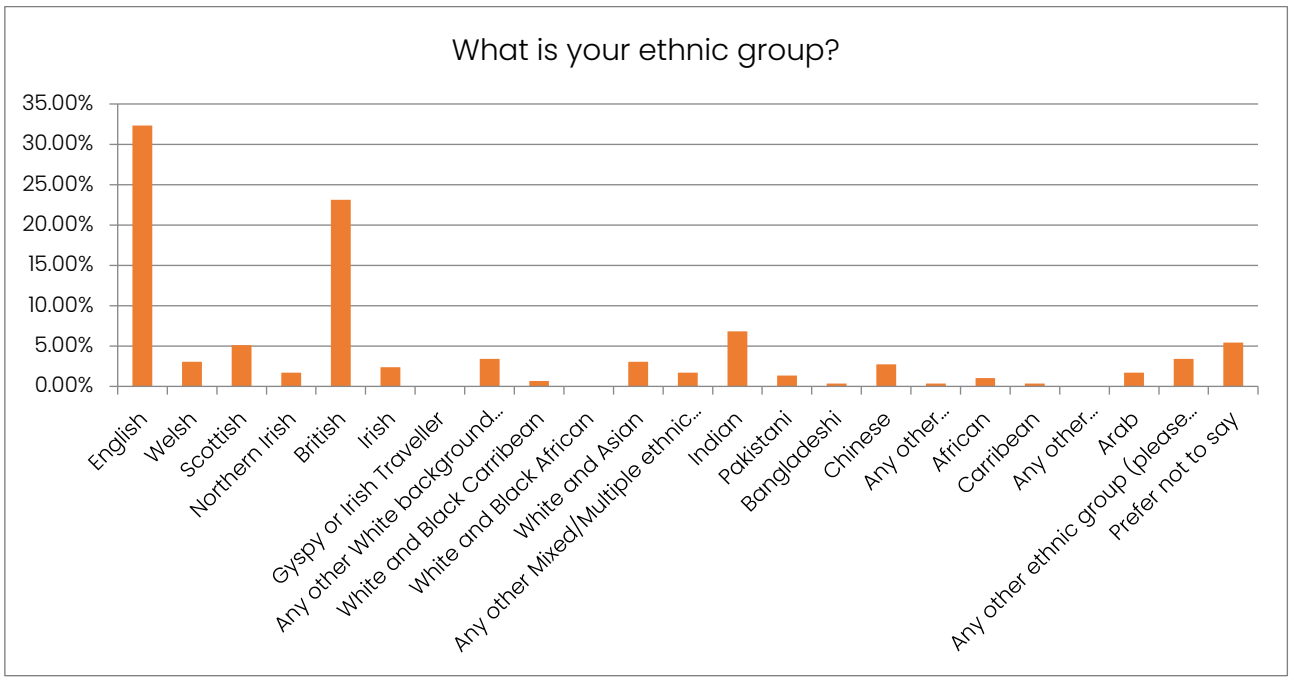
Survey Summary

Demographics

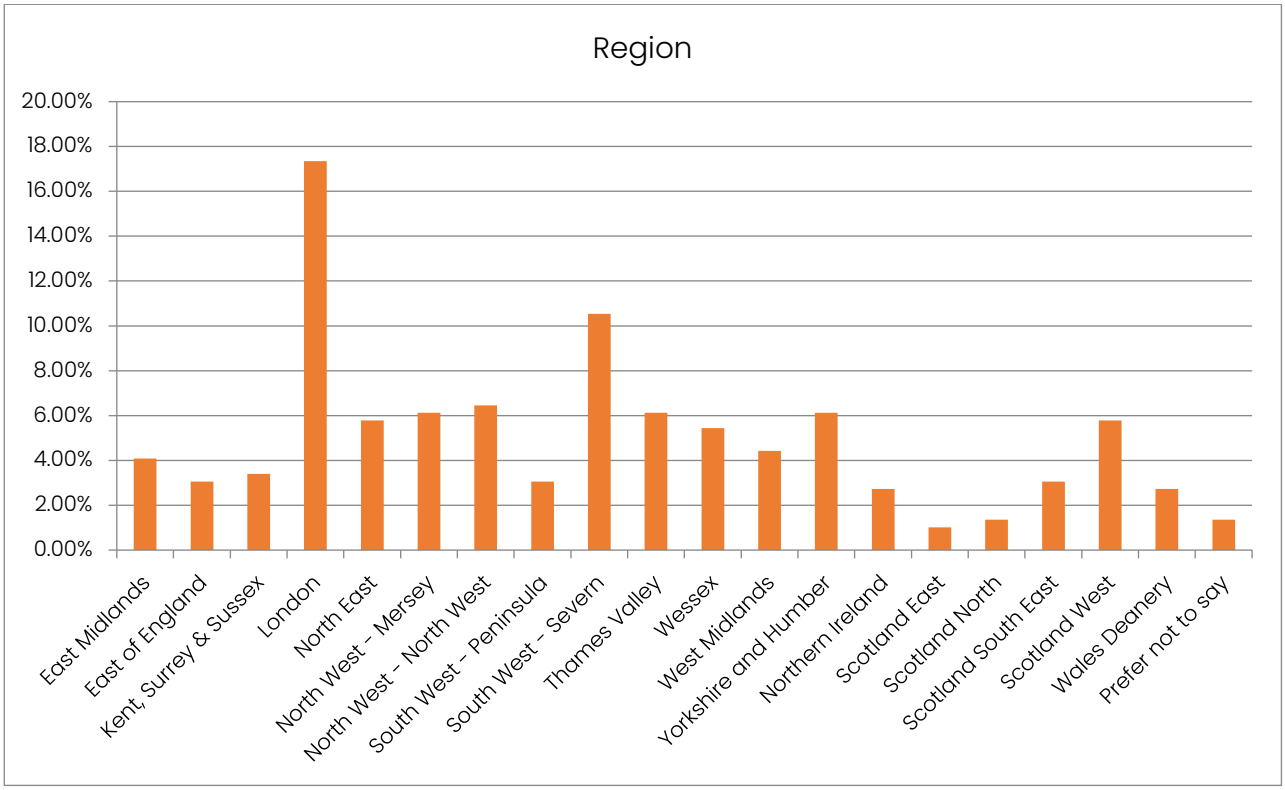
Total Number of Respondents: 294 (28% - 1,050 in total)

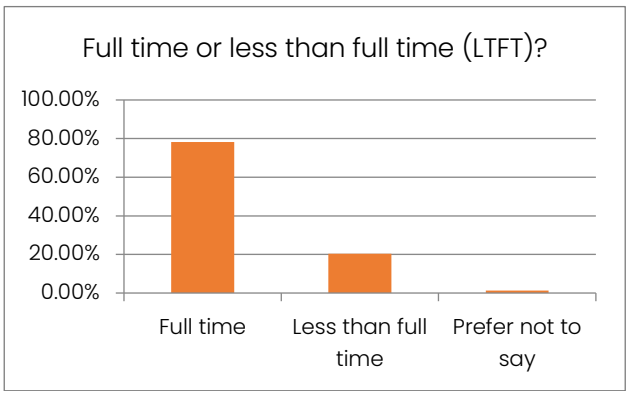
- **Female:** 103 (35%)
- **Male:** 180 (61%)
- **Prefer not to say:** 11 (4%)

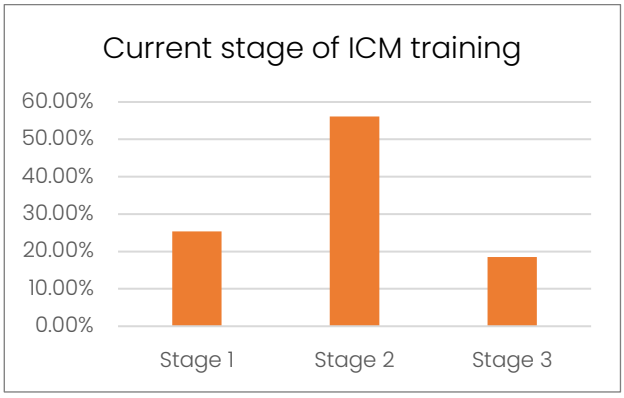


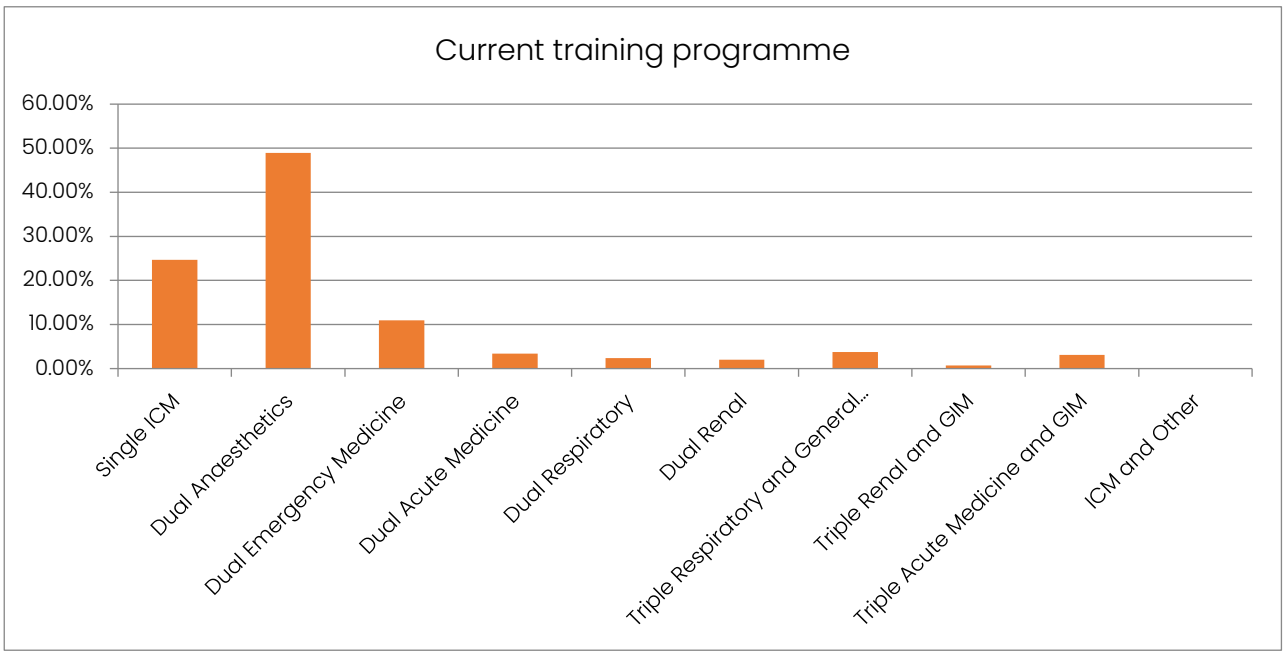


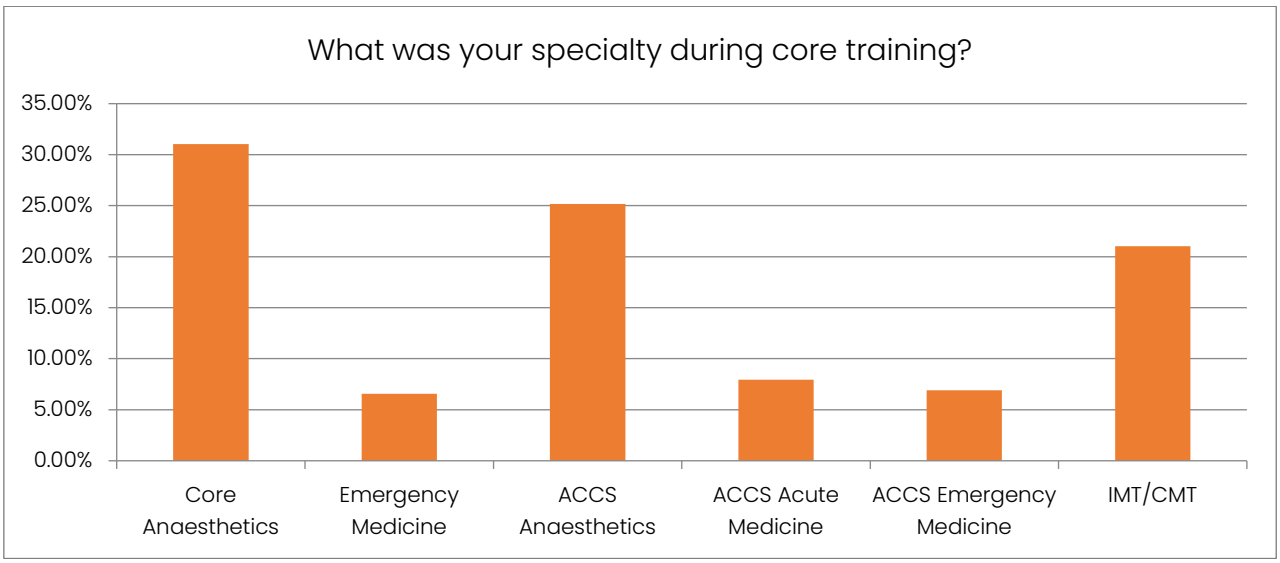
Training programmes and backgrounds



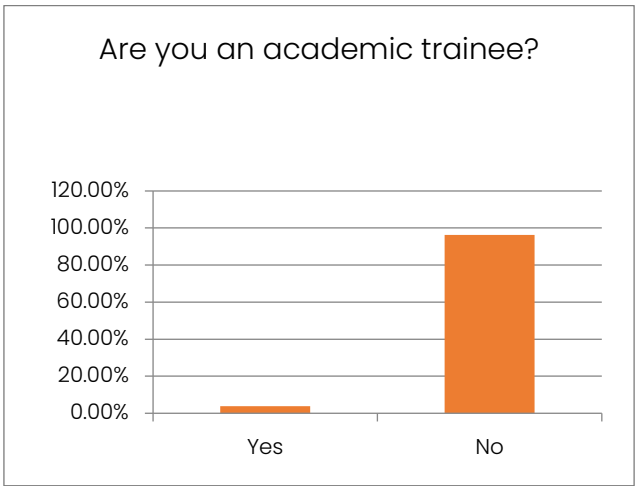


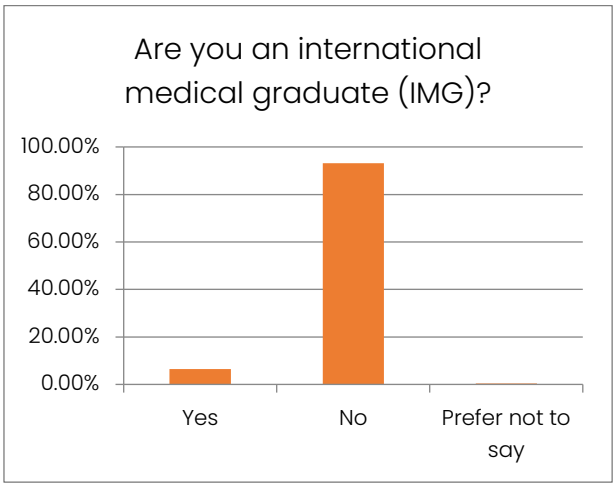


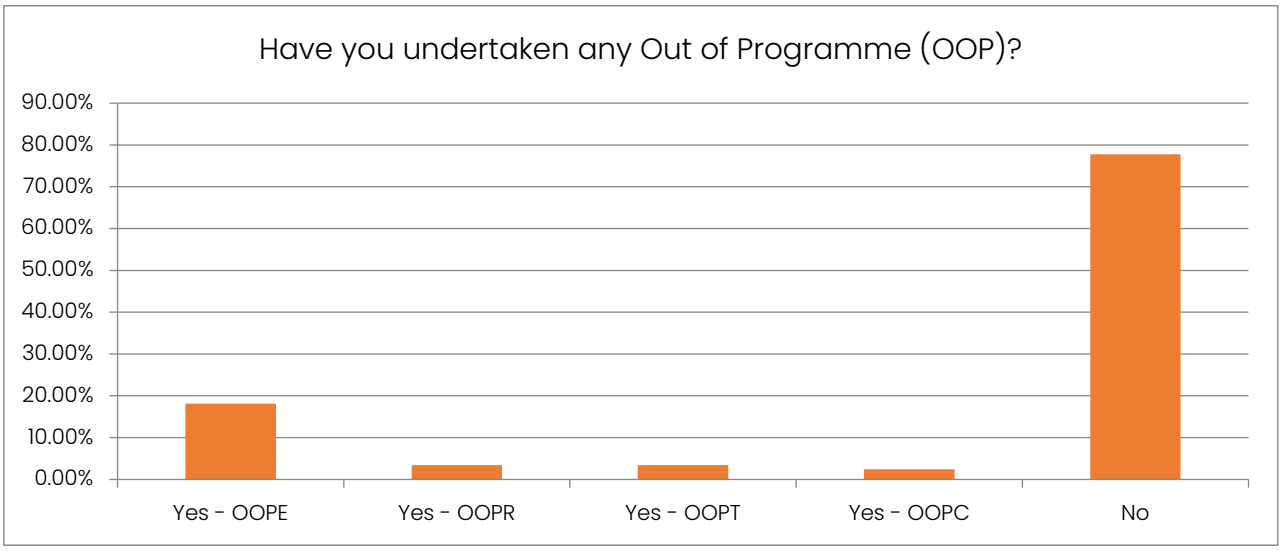




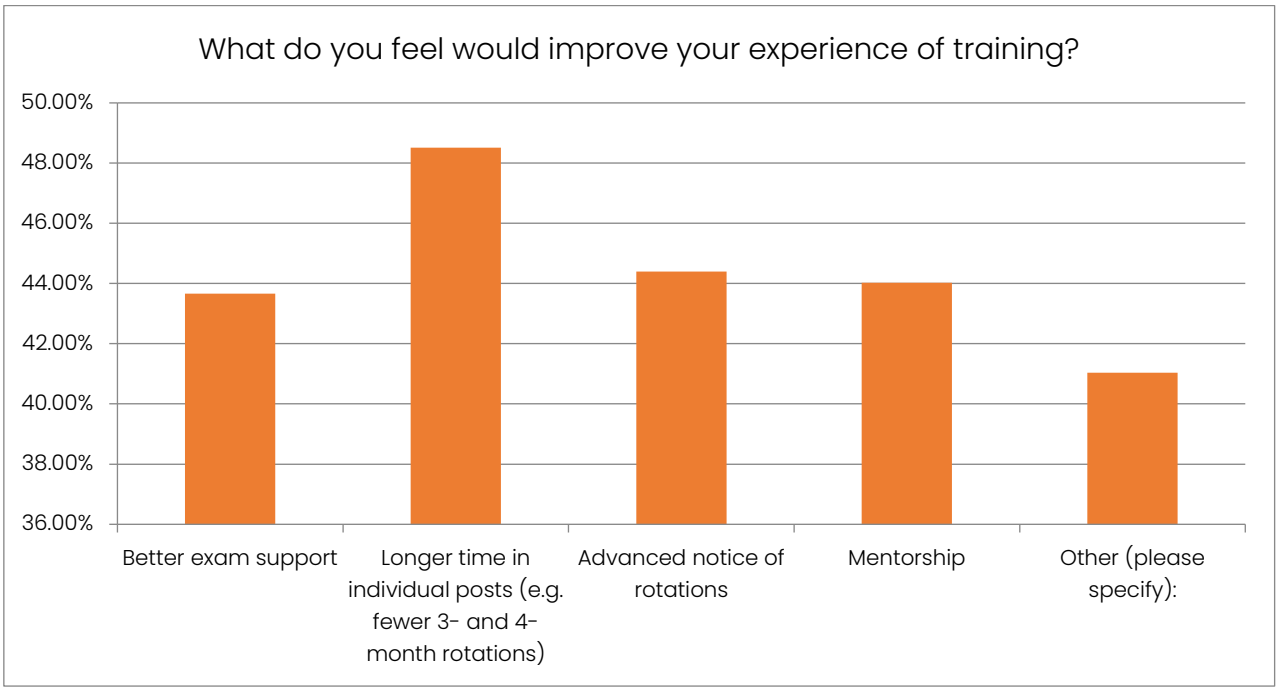
- Had a CT1 entry point into ICM training existed approximately 50% of DiTs would have applied for this option as opposed to applying for their prior specialty.

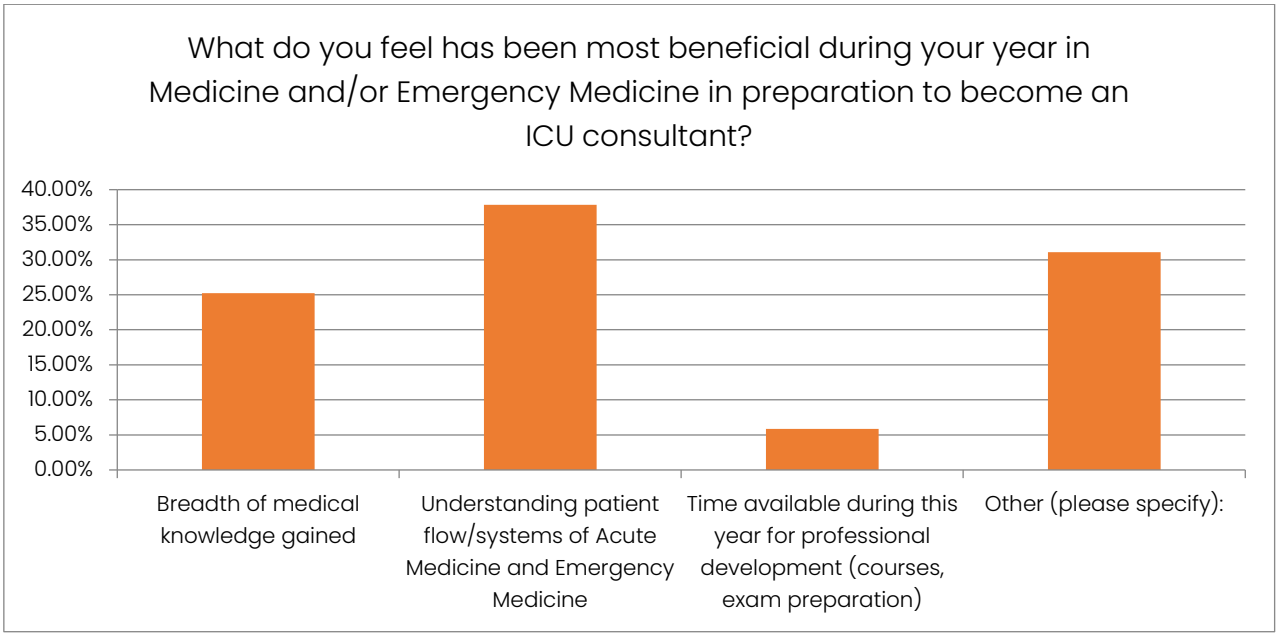




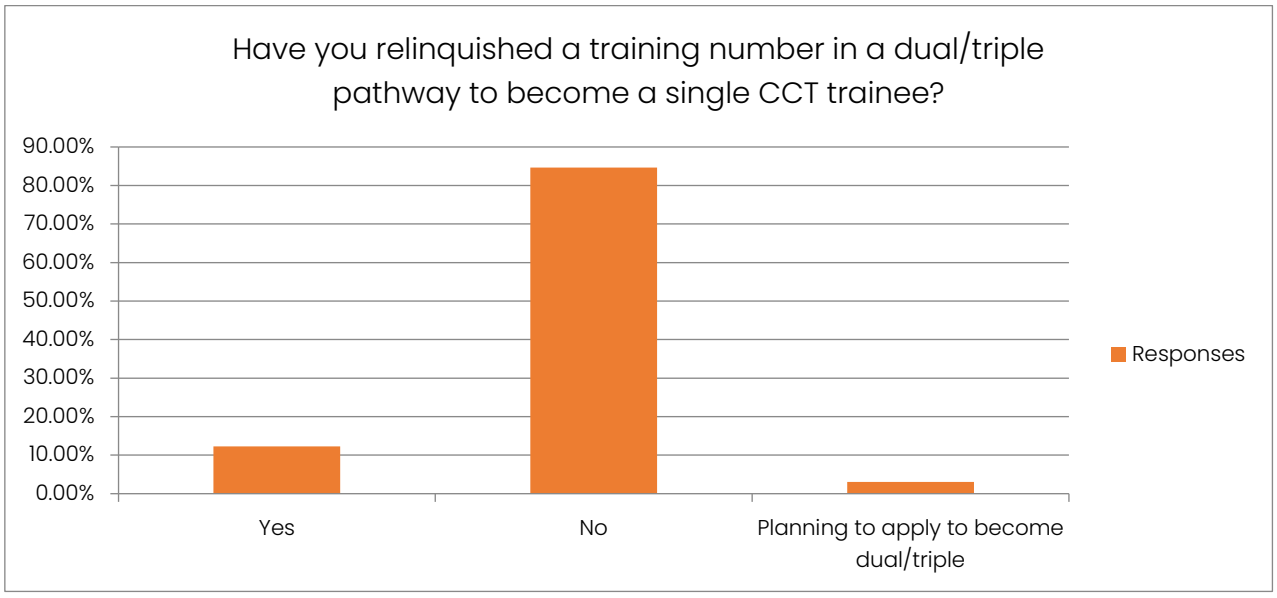


General Experiences of Training



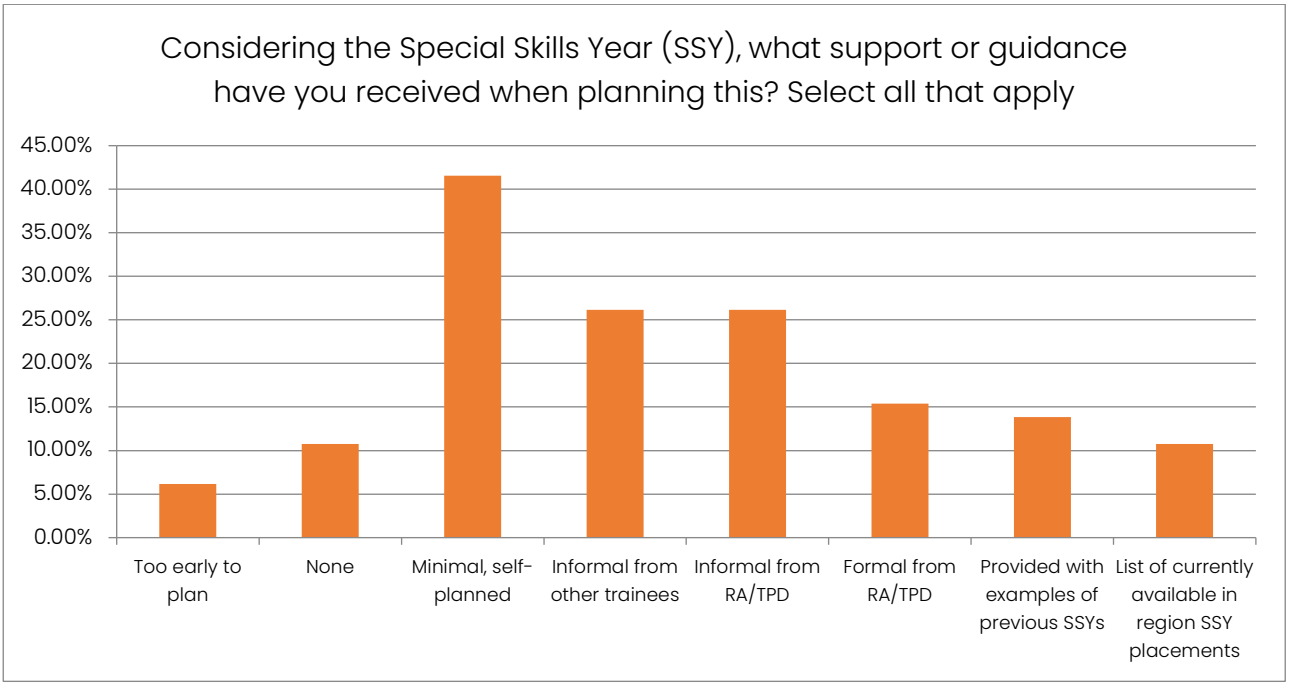


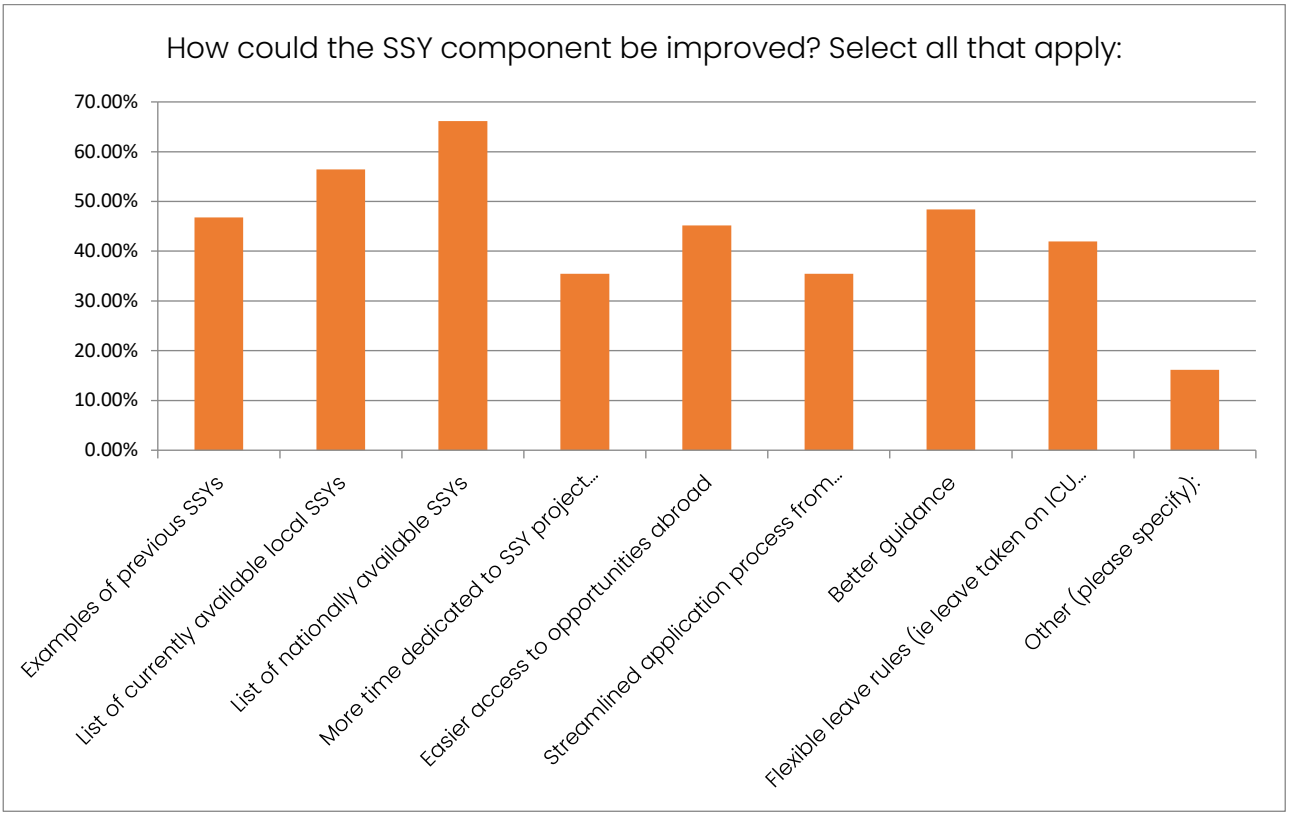
- Feedback regarding the year in medicine as part of Stage 1 ICM training had very mixed reviews with comments ranging from "it was totally pointless" to "it was extremely useful".
- Overall the comments were largely negative, and many DiTs reported feeling like this was entirely service provision with very little structured learning objectives.



- Over 60% of DiTs had thought about relinquishing their ICM number at some point.
- Of those >65% would have given up their ICM number rather than another specialty.
- Commonly cited reasons for this included:
  - Burnout
  - The emotional burden of working in critical care
  - Worse work-life balance
  - Poor treatment from colleagues
  - Not needing a CCT to work in ICM in many hospitals
  - Increased burden of portfolio and exams
- Over 60% felt that their work/life balance was worse as dual DiT when compared to their single specialty colleagues. Common reasons cited for this were similar to the above reasons for people wanting to give up training in ICM.

Special Skills



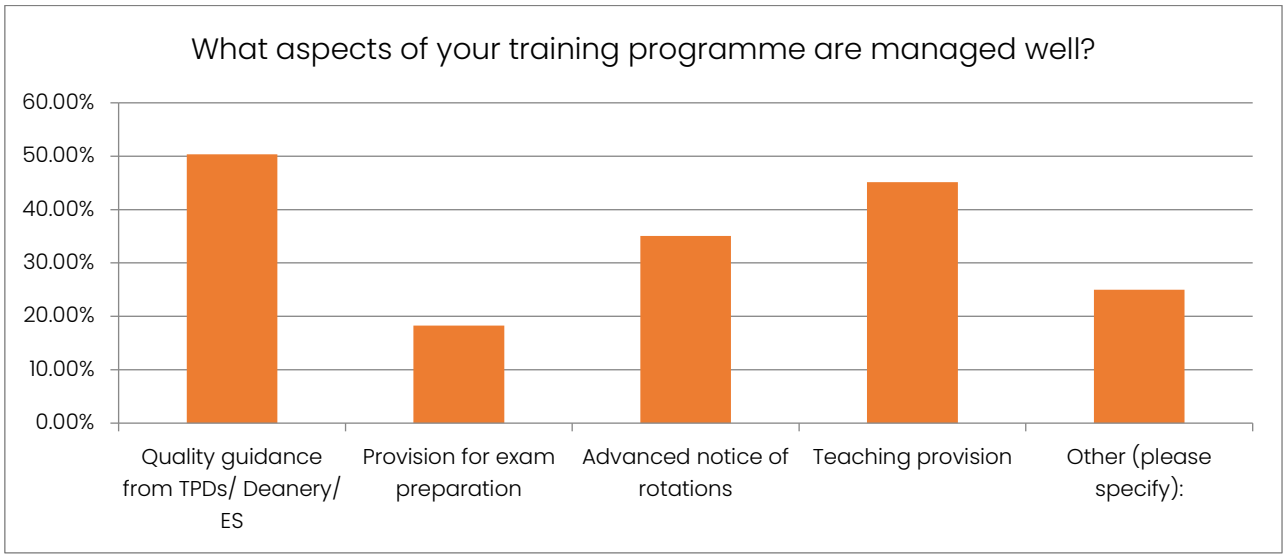


Core themes for improving training

- Better support/signposting to mentors or appropriate ES in dual ICM with partner specialties.
- Better integration/communication between ICM and non-anaesthetic training pathways.
- Improved understanding that single specialty ICM DiTs can go on 'airway cover' rotas.
- Improved communication between portfolios/reduced burden of dual uploading evidence.
- More consistent approach to ARCP guidance and ensuring regions actually follow the guidance.
- Reduction in number of short (2-3 month) rotations.
- Increased protected time e.g. EDT/SPA/ringfenced teaching.

- Greater structure to ICM teaching e.g. scheduled journal clubs, regular consultant-led scheduled teaching – many units do this *ad-hoc*.
- Better SSY opportunities for dual anaesthetic DiTs rather than repeating modules e.g. paediatrics/cardiac/neuro etc.
- Increased guidance from FICM regarding practicalities of dual/triple accreditation in non-anaesthetic specialties (including specific ARCP document).
- Increased exposure to management/leadership activities.
- Ability to take written part of FFICM exam in Stage 1.
- Additional costs of ICM training are a significant barrier to applying.
- Being able to apply for and accept both training numbers at once.
- Improved flexibility in training to allow DiTs to pursue special areas of interest.

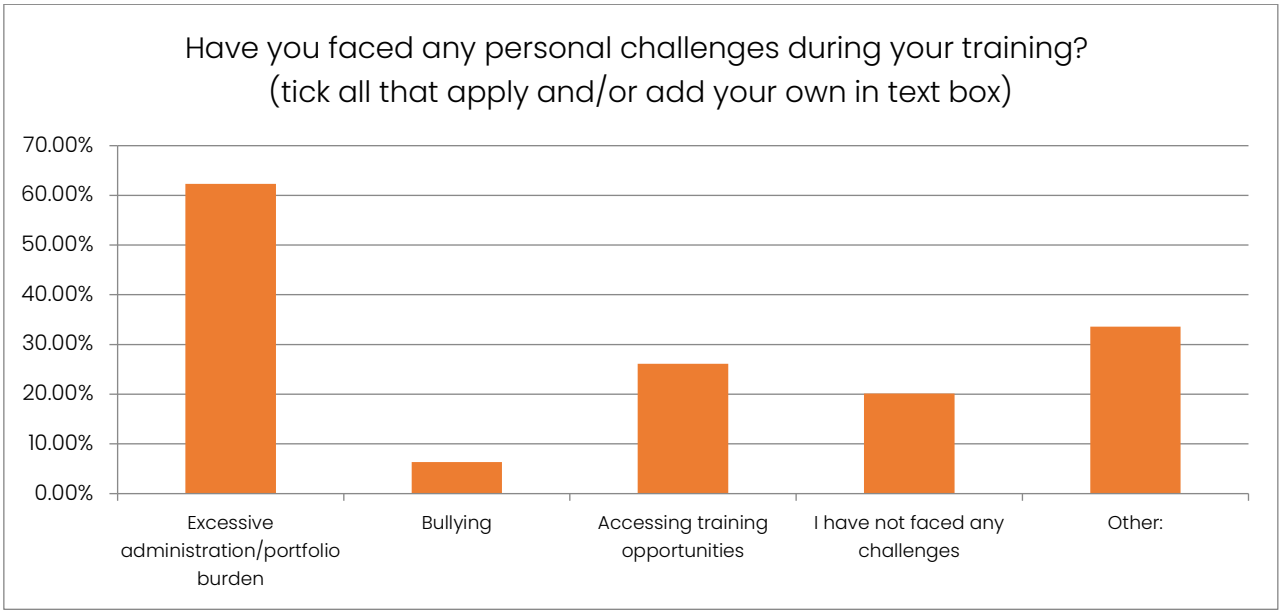
Things that are done well



Summary of positive comments with regards to training in ICM

- **"On the job" training/teaching excellent**
- **TPD/ES in ICM extremely supportive and accommodating compared with partner specialties**
- **Exam resources have improved.**
- **Some regions had individualised meetings to discuss rotations prior to being allocated.**

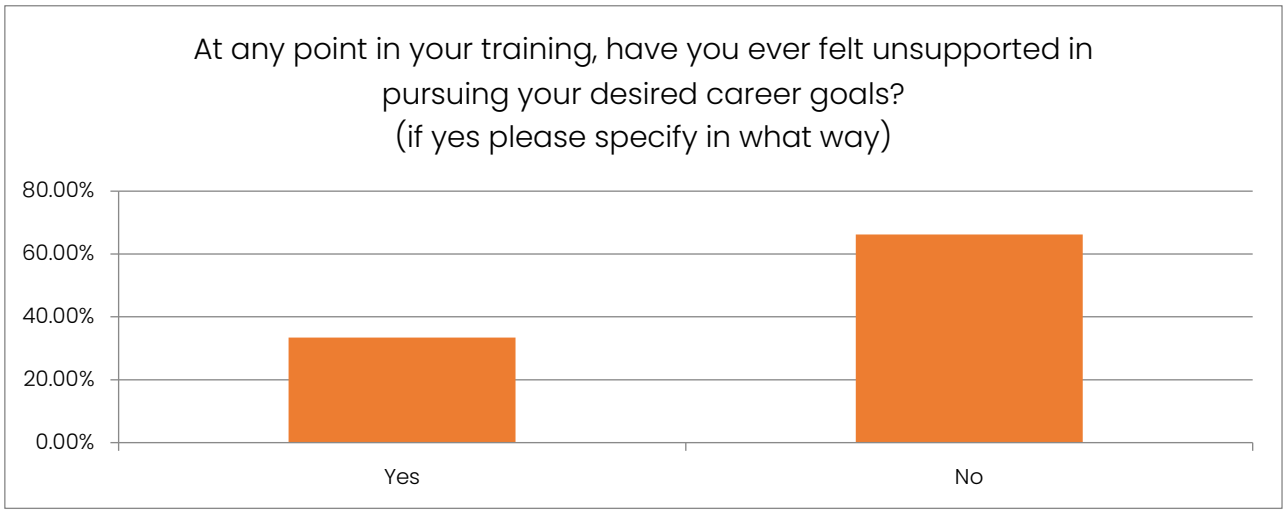
Personal challenges in ICM



7% reported having directly experienced bullying behaviours.

- Portfolio burden overwhelmingly biggest issue reported.
- Long commutes highlighted often.
- Several health-related challenges in which feedback for TPDs/HoS/ES has been overwhelmingly positive.
- Access to opportunities for non-anaesthetic DiTs a big issue:
    - Lack of understanding from supervisors with regards to partner specialties.
    - Non-anaesthetic ICM registrars are frequently excluded from learning opportunities in the workplace, and frequently TPD/deanery representatives etc "forget" to circulate info about training days etc to those of us who aren't also in anaesthetic training.
    - EM/ICM StRs most commonly affected in individual responses.
- Balancing childcare and family life with two specialties is very challenging.
- Multiple references to burnout, anxiety and depression.

Feelings of support for ICM StRs



Again EM/ICM training highlighted as problematic in this regard (although ICM with medicine also a recurring issue):

- "Most consultants in both specialties clear that they don't think EM/ICM is a valid career choice".
- One even felt compelled to change and retrain in anaesthetics with ICM.

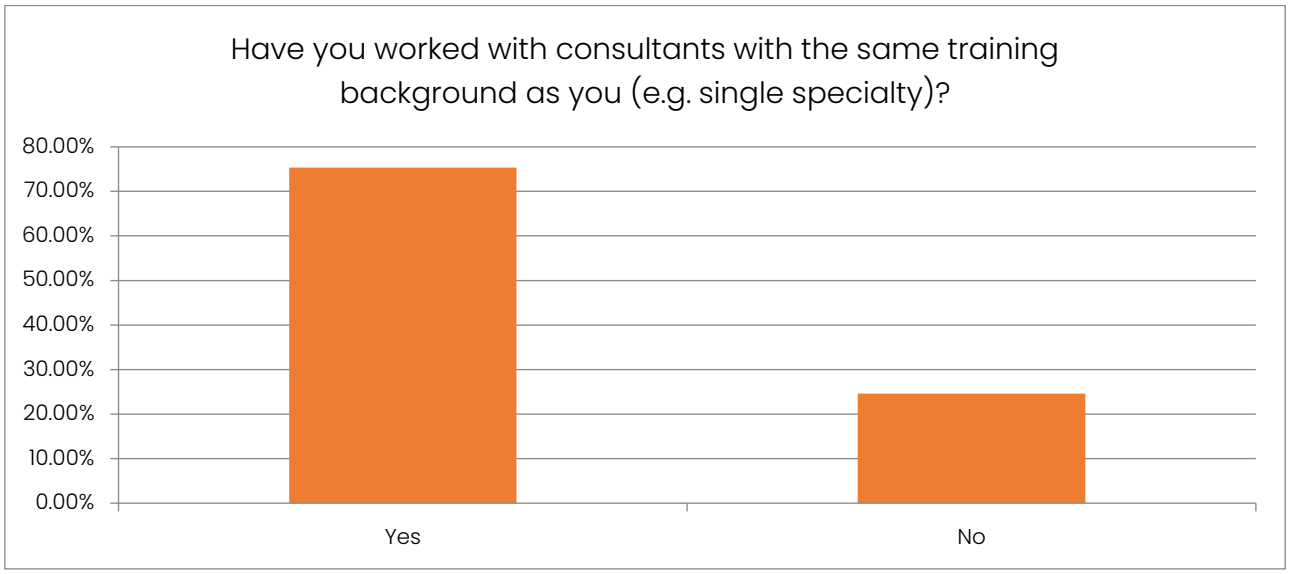
- Multiple reports of consultants and DiT actively stating that they do not think DiTs from a non-anaesthetic background should be allowed to train in ICM or are not well-suited to it.

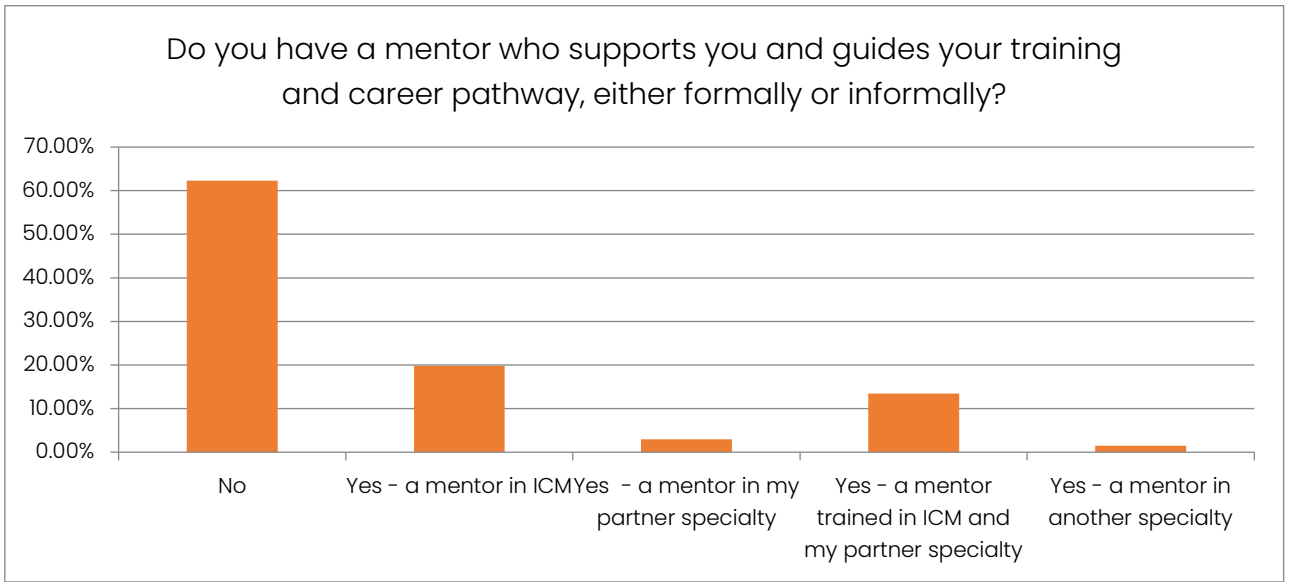
Multiple incidences of reported discrimination against women and those having families

- Consistent reports of sexism/chauvinistic behaviours from male ICM consultants
- Some cases of actively discriminatory behaviour.

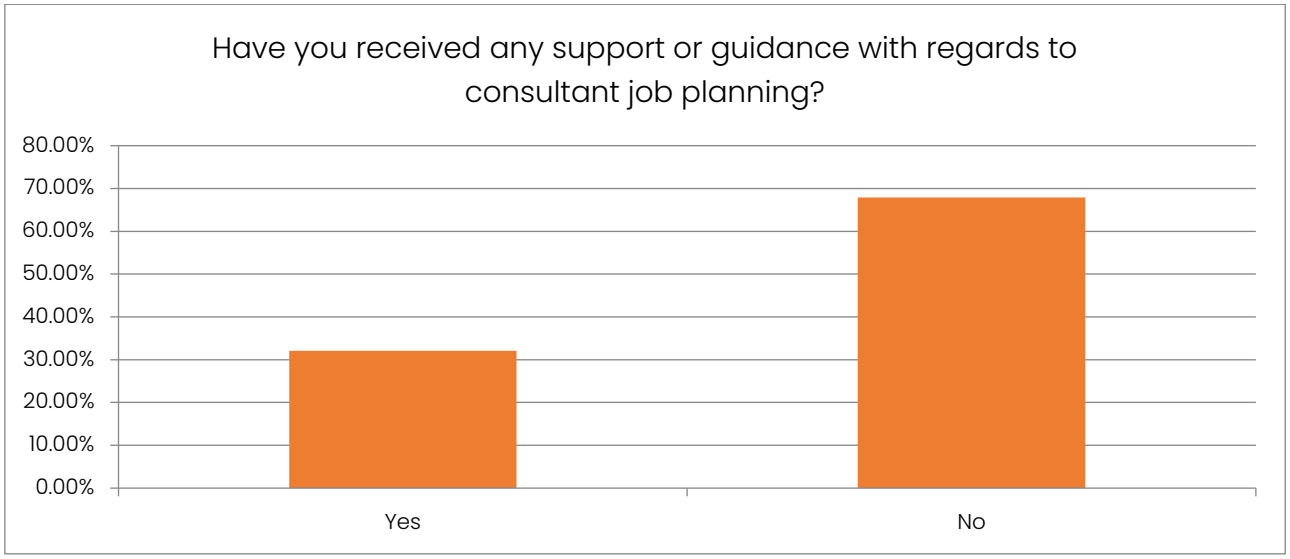
Multiple reports of negative or derogatory comments towards single specialty ICM StRs:

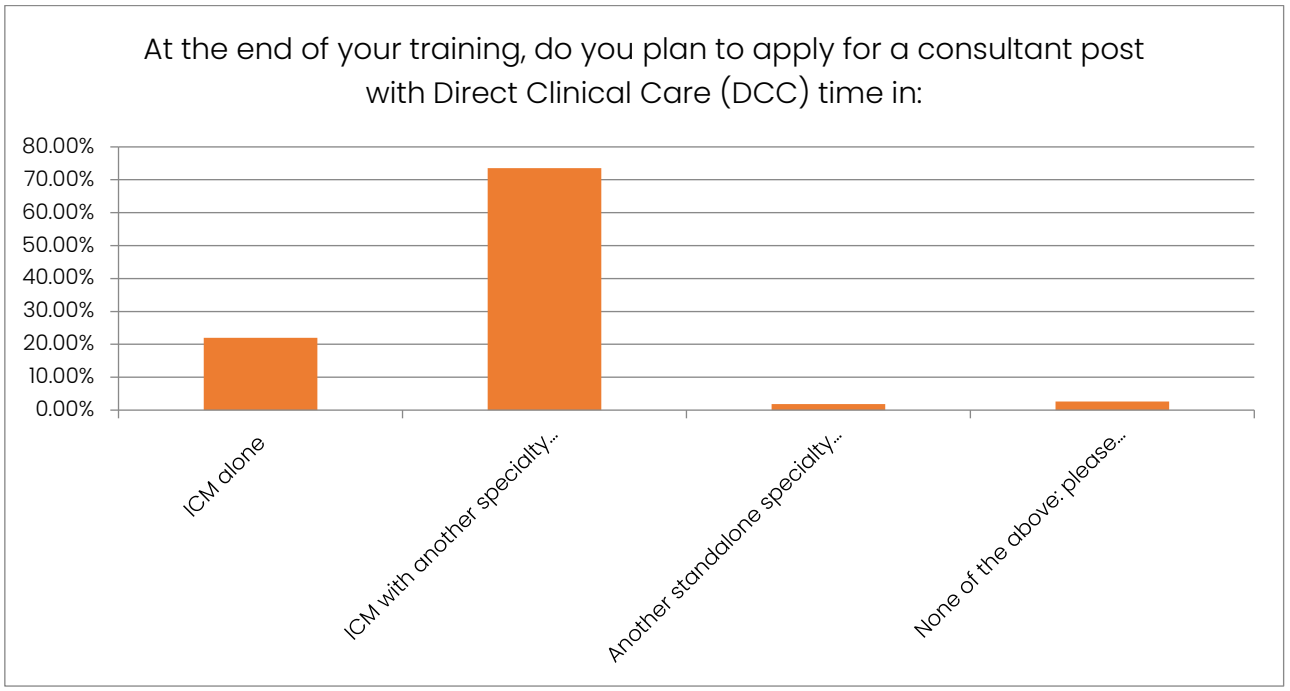
- You won't get a job in this region.
- You'll have to work in a teaching hospital.
- Single ICM isn't a realistic long-term career pathway.
- Single CCT makes you "unemployable".
- Behaviours ranging from condescension to outright discrimination.

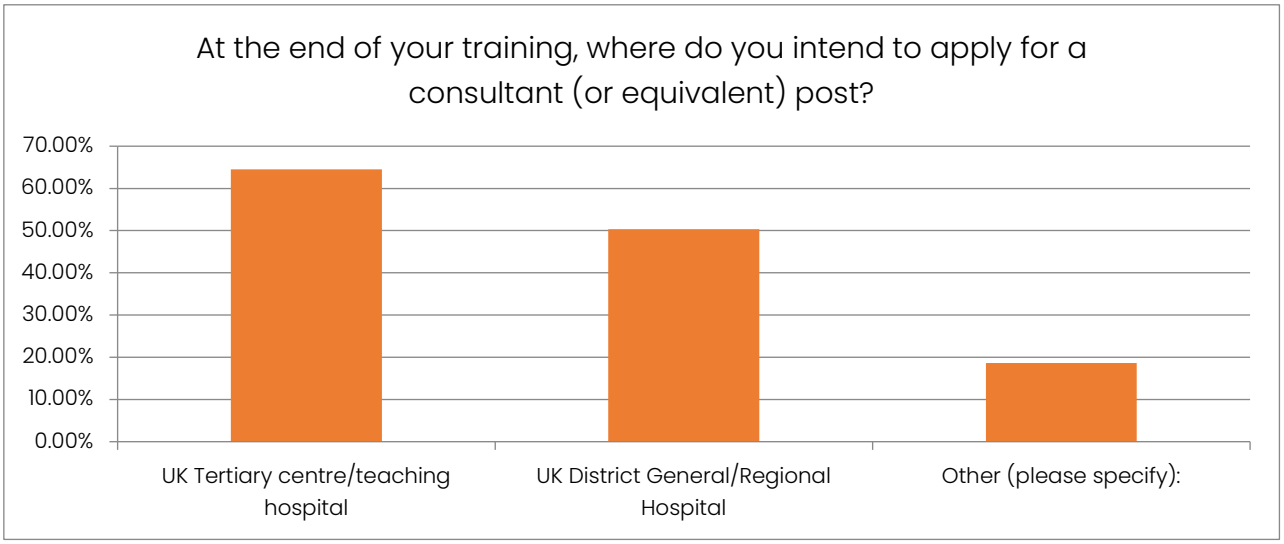




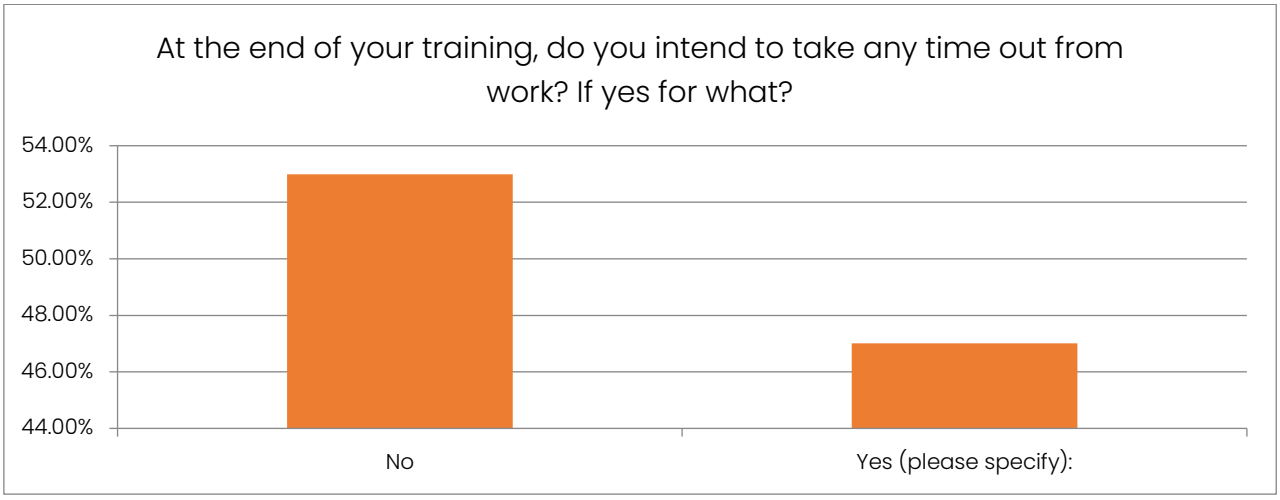
Job Planning and future intentions







- Only a quarter of DiTs were aware of workable job plans for single CCT ICM consultants
- 10% stated they would be applying for jobs outside of the UK.
- Of those planning not to take up DCC time in ICM the most commonly stated reasons were poor work/life balance or a lack of available/appropriate job plan.

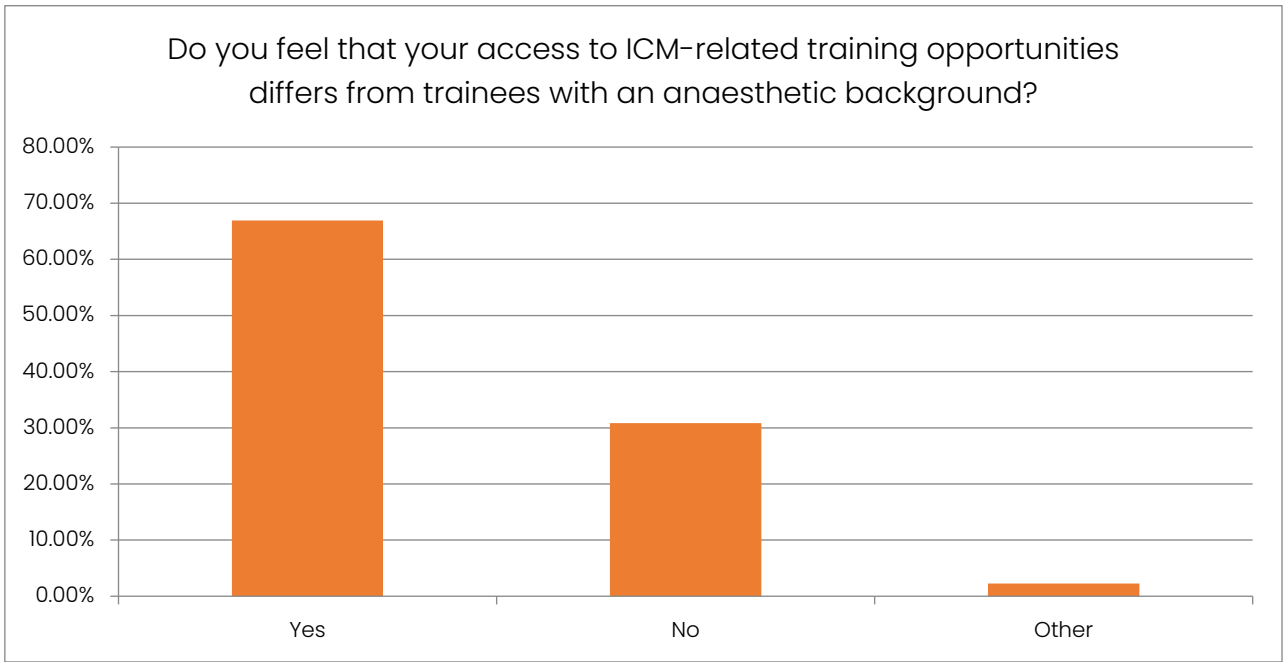


Around half of respondents intend to take time out at the end of training. Most common reasons:

- Spend time with family
- Self-care/recovery time due to burnout and burdens of training
- Travel interests
- Post CCT fellowship/pursue special interest area

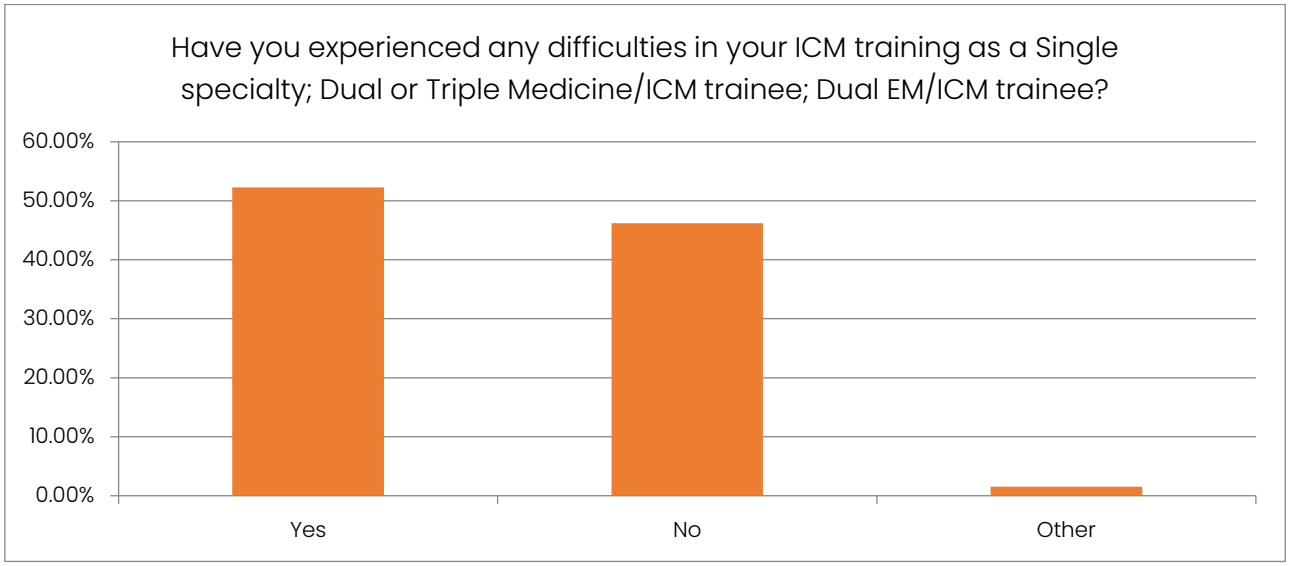
Access to opportunities for non-anaesthetic ICM StRs

There was a 50:50 split between DiTs from a non-anaesthetic background (e.g. single CCT or paired with one or more partner specialties excluding anaesthesia) and dual anaesthesia/ICM DiTs.



- Multiple Issues being placed on different rotas e.g. "non-airway competent" despite having done anaesthetic placements or not being allowed to hold referral/trauma bleeps etc.
- Anaesthetists consistently prioritised over other DiTs.
- Consultants consistently make assumptions that anaesthetic background DiTs are more competent or experienced than their ICM counterparts.
- Lack of professionalism from some colleagues highlighted as "bullying".
- Treated as "second class" – multiple reports of feeling belittled.
- Perception that anaesthetic DiTs have access to additional resources not available to others.

N.B. There were some (although very few) responses that indicated training opportunities may be better for non-anaesthetists than for dual anaesthetic DiTs.



- Again repeated themes of consultants "looking down on" non-anaesthetic DiTs. This was particularly true of EM/ICM DiTs.
- Repeated themes of behaviours that amount to discrimination/bullying.
- Taking a full year away from ICM in a partner specialty e.g. medicine or EM permits a high degree of skills-fade which isn't an issue for the anaesthetic DiTs.
- Receiving verbal complaints/Datix for inappropriate referrals to ICU for anaesthetic clinical commitments e.g. epidural placement in obstetrics.
- Perception that the FFICM exam is heavily biased towards favouring DiTs from an anaesthetic background.
- Of the non-anaesthetic respondents approximately 50% were single specialty ICM and 50% were dual or triple accrediting with a partner specialty.

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