General Medical Council

Intensive Care Medicine

Specialty Specific Guidance (SSG)

This guidance is to help doctors who are applying for entry onto the Specialist Register via the Portfolio pathway in Intensive Care Medicine. You will also need to read the Intensive Care Medicine CCT Curriculum.

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Contents

Introduction

This document is designed to provide helpful information and guidance to enable you to make an application in Intensive Care Medicine via the Portfolio pathway.

You can contact us and ask to speak to the GMC Specialist Applications team for advice before you apply. FICM can be contacted at contact@ficm.ac.uk. You are also strongly advised to review the CESR | The Faculty of Intensive Care Medicine (ficm.ac.uk) pages.

Standard of assessment

The standard against which Portfolio pathway applicants are assessed is the **Knowledge, Skills and Experience (KSE) for specialist or GP practice in the UK.** The framework for assessment is the High-Level Learning Outcomes (HiLLOs) in the relevant specialty curriculum – in this case Intensive Care Medicine (ICM). The ICM CCT curriculum is an outcomes-based curriculum: it describes the standard at which a Specialist in ICM performs, in knowledge, skills and experience. As such it is a spiral-learning experience **and** placement-specific curriculum, with topics revisited with increasing levels of difficulty, upon completion of which the HiLLOs are demonstrated. Specifically, the placements required for demonstration of KSE are:

- General ICM
- Anaesthesia
- Medicine
- Neuro ICM
- Cardiothoracic ICM
- Paediatric ICM

An application without evidence of these necessary placements and experiential learning is unlikely to be successful.

The ICM CCT curriculum is divided into 14 HiLLOs – the first 4 HiLLOs are generic, HiLLOs 5-9 concern General Adult ICM, HiLLOs 10 and 11 are the complementary specialties of Anaesthesia and Medicine, while the remainder are Specialty ICM specific (Neuro, Paediatric and Cardiothoracic) (Table 1). Within each of the 14 HiLLOs are a series of 'Key Capabilities' which describe the knowledge, skills, attitudes and experience expected of a practicing ICM specialist.

Portfolio pathway applicants must be able to demonstrate details of placements and evidence of **achieving** the key capabilities at the required level of ability (known as Capability Level- see Table 2) for **every HiLLO,** but also that they have evidence of **maintenance** of those key capabilities if the original evidence is greater than seven years old.

The curriculum also requires acquisition of skills in an area related to ICM, which are covered by specialist modules known as *Special Skills Year* (SSY) modules. Portfolio pathway applicants must make a **clear** declaration of their area of special experience, demonstrating the attainment of the key capabilities for their chosen SSY module HiLLO syllabus. The areas of approved experience must be at a higher capability level than that required in the curriculum HiLLOs. This would mean that an SSY in Medicine and Anaesthesia would require further experiential learning and acquisition of skills and knowledge to a Capability Level of 4, as would the specialty ICM placements of Neuro, Paediatric & Cardiac ICM. Other approved areas for SSY can be found in the FICM ICM Curriculum SSY Handbook.

Further information on SSYs, HiLLOs, key capabilities and descriptors can be found in the ICM Curriculum.

Table 1: High Level Learning Outcomes for ICM and Capability Levels

HiLLO for Intensive Care Medicine	Capability Level
1) **The doctor will be able to function within NHS organisational and management systems whilst adhering to the appropriate legal and ethical framework**	4
2) **The doctor will be focused on patient safety and will deliver effective quality improvement, whilst practising within established legal and ethical frameworks**	4
3) **An Intensive Care Medicine specialist will know how to undertake medical research including ethical considerations, methodology and how to manage and interpret data appropriately**	4
4) **To ensure development of the future medical workforce, a doctor working as a specialist in Intensive Care Medicine will be an effective clinical teacher and will be able to provide educational and clinical supervision**	4
5) **Doctors specialising in Intensive Care Medicine can identify, resuscitate and stabilise a critically ill patient, as well as undertake their safe intra-hospital or inter-hospital transfer to an appropriately staffed and equipped facility.**	4
6) **Intensive Care Medicine specialists will have the knowledge and skills to initiate, request and interpret appropriate investigations and advanced monitoring techniques, to aid the diagnosis and management of patients with organ systems**	4

failure. They will be able to provide and manage the subsequent advanced organ system support therapies. This will include both pharmacological and mechanical interventions	
7) Specialists in Intensive Care Medicine can provide pre-operative resuscitation and optimisation of patients, deliver post-operative clinical care including optimising their physiological status, provide advanced organ system support and manage their pain relief.	4
8) Doctors specialising in Intensive Care Medicine will understand and manage the physical and psychosocial consequences of critical illness for patients and their families, including providing pain relief, treating delirium and arranging ongoing care and rehabilitation. They will also manage the withholding or withdrawal of life-sustaining treatment, discussing end of life care with patients and their families and facilitating organ donation where appropriate.	4
9) Intensive Care Medicine specialists will have the skillset and competence to lead and manage a critical care service, including the multidisciplinary clinical team and providing contemporaneous care to a number of critically ill patients.	4
10) Intensive Care Medicine specialists will have developed the necessary skills of induction of anaesthesia, airway control, care of the unconscious patient and understanding of surgery and its physiological impact on the patient.	3
11) In order to manage acutely ill patients outside the Intensive Care Unit, an Intensive Care Medicine specialist will have the diagnostic, investigational and patient management skills required to care for ward-based patients whose condition commonly requires admission to the intensive care unit.	3
12) Doctors specialising in Intensive Care Medicine understand the special needs of, and are competent to manage patients with neurological diseases, both medical and those requiring surgery, which will include the management of raised intracranial pressure, central nervous system infections and neuromuscular disorders.	3
13) A specialist in adult Intensive Care Medicine is competent to recognise, provide initial stabilisation and manage common paediatric emergencies until expert advice or specialist assistance is available. They are familiar with legislation regarding safeguarding children in the context of Intensive Care Medicine practice.	3
14) Intensive Care Medicine specialists recognise the special needs of, and are competent to provide the perioperative care to patients who have undergone cardiothoracic surgery, including providing pain relief and advanced organ system support utilising specialised techniques available to support the cardiovascular system.	3

Table 2: Capability Level Descriptors

Capability Level	Task Orientated Capability	Knowledge Orientated Capability	Patient Management Capability

1	Performs tasks under direct supervision	Very limited knowledge; requires considerable guidance to solve a problem within the area	Can take a history, examine and arrange investigations for a straight forward case (limited differential diagnosis). Can initiate emergency management and continue a management plan, recognising acute divergences from the plan. Will need help to deal with these.
2	Performs task in straightforward circumstances, requires help for more difficult situations. Understands indications and complications of task	Sound basic knowledge; requires some guidance to solve a problem within the area. Will have knowledge of appropriate guidelines and protocols	Can take a history, examine and arrange investigations in a more complicated case. Can initiate emergency management. In a straightforward case, can plan management and manage any divergences in short term. Will need help with more complicated cases
3	Performs task in most circumstances, will need some guidance in complex situations. Can manage most complications, has a good understanding of contraindications and alternatives	Advanced knowledge and understanding; only requires occasional advice and assistance to solve a problem. Will be able to assess evidence critically	Can take a history, examine and arrange investigations in a more complex case in a focused manner. Can initiate emergency management. In a most cases, can plan management and manage any divergences. May need specialist help for some cases
4	Independent (consultant) practice	Expert level of knowledge	Specialist

Currency of evidence

Evidence submitted as part of your Portfolio pathway application should be sufficiently recent. In general, **evidence of skills or experience more than seven years old should not be submitted**, as it would not demonstrate maintenance of the competence. This however does not necessarily mean a training placement should be repeated if it took place greater than seven years previously (though you may decide to repeat a refresher placement). Instead, evidence should be submitted which demonstrates the maintenance of the competence, and examples of suggested evidence is detailed later in this document.

Submitting your evidence

Please keep the following in mind when gathering your evidence:

- You are required, as part of your submission, to provide a minimum of three Structured Reports. These must be from your current workplace Clinical Director, and at least two more of whom are recent (within the last two years) colleagues who are practicing Intensive Care Medicine. We strongly recommend that the authors of your Structured Reports provide detailed support of your key capabilities across all or most areas and understand the requirements for specialist training and registration in ICM in the UK. They are to attest and confirm your KSE through the Structured Report form.

- The evaluators want to see personal, quality and relevant evidence to demonstrate the required capabilities of the HiLLOs. It's more important to carefully select your evidence and present it in an organised way, than provide large volumes of minimally relevant evidence.

- Triangulated evidence (the use of multiple sources of information to provide a comprehensive picture) will make a stronger application. For example, a collated Unit or ward case mix will strengthen evidence of KSE but is insufficient by itself.

- Evidence of your **recent** practice and experience (i.e. last seven years Whole Time Equivalent of practise (does not need to be consecutive) will be given more weight, as it reflects current knowledge and skills.

- Your evidence must be legible.

Your evidence must be organised against the structure of the online application for ICM and the SSG. A disorganised application will hinder the process and may mean that crucial evidence is missed by the assessors.

In the online application, there are a number of sequences, of which the first few cover training, placements, CV, Primary and Specialist Medical Qualifications, and declaration of the chosen Special Skills Year (SSY). There are then 14 sequences which address the HiLLOs, and a final sequence for the SSY.

Do not submit original documents. You must provide your evidence electronically – it's important that you follow the structure in our user guide when doing so.

You will need to make sure your evidence meets our requirements, this includes:

- Anonymising (redacting) identifiable information. It is important that you anonymise your evidence before you submit it to us. It is your responsibility and non-anonymised evidence will be returned to you. More information can be found on our website:

You **must** remove:

- All patient identifying details
- Details of patients' relatives
- Details of colleagues that you have assessed, written a reference for, or who have been involved in a complaint you have submitted.

This includes:

- Names (first and last)
- Addresses
- Contact details such as phone numbers or email addresses
- NHS numbers
- Other individual patient numbers
- GMC numbers

The following details **don't** need to be anonymised:

- Gender
- Date of birth

- Verifying your evidence to confirm its authenticity. Your evidence **must** be accompanied by a pro forma signed by the person who is attesting to the validity and accuracy of your evidence (your verifier). It's very important that you read the explanation of how to do this in our important notice about evidence.
- Authenticating overseas qualifications
- Translating any documents not in English. Please ensure the translations you submit meet our translation requirements.

It is important that you read and follow our guidance. If your evidence does not meet these requirements, it may not be included in your application.

How much evidence to submit

As a general guide, most applications contain around **800-1000 pages of evidence**.

This guidance on documents to supply is not exhaustive and you may have alternative evidence. You do not necessarily have to supply every type of evidence listed, but you must submit sufficient evidence to address each of the required learning outcomes and the associated descriptors. If you do not have all the evidence listed here, we recommend that you delay applying until you are able to gather it.

It will help us to deal with your application more quickly if you make sure that you send us only evidence that is directly relevant.

Your evidence **must** cover your **knowledge, skills and experience** to demonstrate the competence of **each and** every HiLLO and its key capabilities in **all** areas of the ICM Curriculum. The key capabilities are associated with each HiLLO (below) and are there to guide you as to what the evidence should focus on. You should consider the key capabilities and ensure through your evidence that it sufficiently covers them.

The strongest evidence for a particular HiLLO is when it is supported by all three areas of Knowledge, Skills and Experience. However, if you are able to demonstrate a great deal of **experience and skill** in a particular HiLLO which covers all the key capabilities, then **knowledge** evidence (courses or CPD) may be less important. This might be if an applicant is currently employed and working at the capability level required for a HiLLO, then evidence of their experience (such as contracts,/job description/rotas/logbooks) and skills (SLEs/ procedural logbook) would be sufficient. Alternatively, if a key **skill** has been gained (such as Echocardiography or Ultrasound), with **knowledge** (CPD/courses) and evidenced (with logbooks), then additional experiential evidence may not need to be so strongly evidenced. If experience demonstrating the HiLLOs and key capabilities was achieved more than seven WTE years ago (does not need to be consecutive), evidence **must** be provided to demonstrate maintained competence (the training does not necessarily have to be repeated). Maintenance of evidence might be in the form of logbooks, SLEs, reflections, referrals, etc. CPD alone is insufficient to demonstrate maintenance of capability.

As a general guide there should be a balanced mixture of uploaded documents mapped to each HiLLO. You must ensure that you follow our guidance on how to present and group your evidence in the online application

- The total number of documents and assessments presented is less important than the quality of the evidence, and the breadth of cases covered. This allows the evaluators to form reliable judgements of performance and capabilities.

- It will help us process your application more quickly if you ensure that you only submit evidence that is **directly** relevant. For example, a programme of a conference or meeting is irrelevant unless the applicant's name is referenced, and the contribution made.

- Triangulation of evidence will strengthen an application – we recommend you delay applying until you are able to demonstrate this. This means different sources of evidence, as described, through knowledge, skills and experience. Primary evidence of your personal involvement is stronger than reported evidence of an area you have worked in (i.e. Case Mix Programme on its own is insufficient, but adds triangulation to logbooks, rotas, contracts etc).

You will not be able to compensate for shortfalls in your evidence of knowledge, skills and experience in a particular area or HiLLO, by providing extra evidence in other areas. For example, multiple sources of evidence for HiLLOs 5-9 will not negate inadequate evidence of Anaesthesia (HiLLO10) or Medicine (HiLLO 11). Similarly, insufficient evidence of Neuro, Paediatric and Cardiothoracic ICM (HiLLOs 12,13,14) cannot be overcome by generous evidence elsewhere.

You must ensure you follow our guidance on how to present and group your evidence in the online application

What types of evidence to submit

The examples given in each HiLLO below are not exhaustive and you may have alternative evidence, which is welcomed. In addition, you do not have to submit examples of evidence listed, but you must submit sufficient evidence to address **each** of the HiLLOs and associated key capabilities.

The formal assessments used by FICM are known as Structured Learning Events (SLEs) and are made up of mini-CEX, CBD, DOPS, ACAT and MSF. These are reliable and valid tools for assessment in medicine recognised by the Academy of Medical Royal Colleges. They are of equal significance and weighting as evidence of key capabilities. Further information on SLEs is in Appendix I. However, there are many other forms of assessments, and if you have such to demonstrate knowledge, skill and experience, then this would be appropriate to submit in an application.

Top Tips from the FICM Portfolio pathway Advisory Group

In our experience, unsuccessful Portfolio pathway applications fail because they provide inadequate or poor evidence of current capability covering **every** HiLLO in the curriculum. Below are some top tips for you to consider when making an application:

- Before submitting a Portfolio pathway application in ICM, you must review the current ICM CCT curriculum in conjunction with this document. A strong Portfolio pathway application will provide evidence to demonstrate the knowledge, skills and experience meeting the required capability level set out in the HiLLOs (Table 1). This includes placements and experiential training in the complementary specialties of Anaesthesia and Medicine (HiLLOs 10 and 11) and the ICM subspecialties (HiLLOS 12, 13 and 14). If you do not provide evidence of current capability in all HiLLOs, or it is presented in a way that prevents the evaluators from being able to draw conclusions from your evidence, you may be unsuccessful. This means the maintenance of HiLLOs and key capabilities over the last seven years (WTE or most recent practice (does not need to be consecutive)). In particular, if you are unable to demonstrate the ongoing knowledge, skills and experience at the required capability levels in the complementary specialties (HiLLOs 10 and 11) and the ICM subspecialties (HiLLOS 12, 13 and 14) you will be unsuccessful.

- Most applications cover placements and experiential learning in General ICM adequately. However, many do not show sufficient experience of placements or training and evidence of key capabilities achieved in the following specialties:
  - Anaesthesia
  - Internal Medicine (can include some Emergency Medicine)
  - Speciality ICM placements: Neurosciences, Paediatric and Cardiothoracic

- Failure to show current capability. Where capabilities were acquired more than seven years (WTE or most recent practice (does not need to be consecutive)) before application they will not be regarded as current unless evidence is provided to demonstrate maintenance of competence. This does not mean that repeat time in training is necessarily required, more the evidence that the competence is maintained at the required HiLLO capability level.

- Clear evidence of ongoing maintenance of capability or CPD should be presented. CPD should be across the whole curriculum – evidence could include a personal, reflective diary of learning achievements, in addition to detailed evidence of courses attended, such as certificates.

- You must provide evidence of managing a broad range of patients, as seen daily by ICM doctors in the UK.

We strongly recommend that you refer to the current curriculum and use suggested examples within it to provide evidence of your knowledge, skills and experiences, across all areas in the curriculum .

Organising your evidence – How your evidence can be used to demonstrate key capabilities in different HiLLOs

Your evidence will need to be organised to reflect the structure of the online application. You should submit your evidence electronically under the correct section of your online application.

You should also submit the evidence requested about your training, qualifications and employment history and your CV in the format set out in the GMC's CV guidance. You will also be asked to nominate referees to provide structured reports.

You should provide sufficient evidence in respect of each HiLLO, or the application may fail. You will notice that some of the suggested evidence is listed more than once. This is because these documents are relevant to more than one HiLLO. For example, MSF can be used to demonstrate competence in most HiLLOs – therefore, you can use the same MSF to demonstrate the required capability across several HiLLOs.

If you have a piece of evidence that is relevant to more than one HiLLO, do not include multiple copies of it. Instead, provide one copy and list it in your application under each relevant HiLLO, stating that the evidence is located elsewhere, and you would like to cross-reference it. Some applicants have a document in each HiLLO which acts as an index of evidence and where it may be found elsewhere – this is very helpful for your evaluators.

Where we ask in our guidance, please group your evidence together to keep the number of individual electronic uploads manageable. This will need to be done prior to uploading on the GMC application. There are many software solutions widely available that can be used for converting documents/excel sheets/PowerPoint presentations and images to PDFs and combining PDF documents.

Below is a list of evidence that are relevant to most HiLLOs – it is by no means exhaustive, and you are encouraged to submit a variety of evidence.

Evidence	Guidance
Multi Source Feedback (MSF)	MSF is a strong piece of evidence as it is an anonymous feedback exercise. You should: • Provide at least three x MSFs, from different times and placements/jobs

	• If you don't have MSF, you should include feedback from colleagues of all levels – completed at the time, in the form of letters or references
Appraisal	Appraisal is good evidence of: • Engaging with systems, processes and mandatory requirements • Demonstration of performance, both clinical and non-clinical You should provide appraisal from the last three years of clinical practice.
Patient Feedback Questionnaire	Formal patient feedback is strong evidence as it is an anonymous feedback exercise. Alternative evidence could include: • Thank you letters and cards from patients • Statements from referees • Testimonials and letters from colleagues • Feedback from patients and colleagues
Supervisor Reports	Contemporaneous reports from trainers/supervisors at the end of placements/jobs are important evidence to affirm and support key capabilities and performance in both clinical and non-clinical activities. They also support the evidence of the specific placement.
Logbooks	Logbooks have a variety of presentations, and can include: • Interventional, procedural or case mix details evidencing clinical work across the breadth of the curriculum, workload and patient population. • Case mix and details of complementary specialties • Patient's age, sex, diagnosis/management
Referral letters	Referrals are an integral component of ICM. As a guide, you should: • Provide at least two referral letters/emails • Other written communications may include a discharge summary • Coroner reports or Procurator Fiscal letters can be provided
Reflective practice	You should provide: • At least 4 reflective pieces • These should be spread across the application to address relevant HiLLOs • Should be a mixture of clinical and non-clinical practice
SLEs	You should provide a balanced, equal mixture of SLEs across all HiLLOs (except for HiLLO 10 which has its own specific requirements). You should: • Provide a minimum of 20 SLEs (including HiLLO 10's requirements)

	• SLE forms can be downloaded from the from the FICM website: https://www.ficm.ac.uk/assessment-forms. It aids the evaluation if SLEs have an indication of the capability level the applicant is working at Refer to Appendix I for further information
Continuing Professional Development (CPD)	CPD is a vital aspect of evidence which is interwoven throughout **ALL** HiLLOs. CPD represents the acquisition and maintenance of knowledge, skills and key capabilities. You should: • Provide strong supportive evidence, such as certificates from study days, courses, or online learning (e.g., e-ICM and eLFH) Courses you may include: • Trust mandatory learning • Life support • Teaching • Simulation • Management • Research methodology • Business • Communication • Education • Transfer • Specialty Updates • Echocardiography & Ultrasound • Human Factors

Evidence of training, qualifications, and employment

You can see below the evidence you must submit in these general areas. It is useful to submit evidence of your training as background evidence – this allows the evaluators to see your whole career pathway.

Substantial primary evidence for any previous training towards a medical qualification should only be submitted if the training is directly relevant to your Portfolio pathway capabilities and is within the past seven years (WTE or most recent practice (does not need to be consecutive)). Otherwise, if the training has occurred greater than seven years ago, as triangulated with your CV, then certificates of completion are sufficient evidence of training. Primary evidence of the **maintenance** of the knowledge and skill within the last seven years is then required.

Evidence of training and qualifications	
Primary medical qualification (PMQ)	**If you hold full registration with us, you do not need to submit your PMQ** as we saw it when we assessed your application for registration. If you do not hold registration, you will need to have your PMQ independently verified before we can grant you full registration with a licence to practise. You can find out more about primary source verification on our website. You only need to get your PMQ verified by our provider. The rest of your evidence should be verified in line with our guidance.
Specialist medical qualification(s)	There are **no** specialist medical qualifications that enable automatic entry to the Specialist Register in Intensive Care Medicine. Please provide a copy of any specialist medical qualifications you hold. You must provide an **authenticated copy** of any specialist medical qualifications from outside the UK. The test of knowledge in the ICM CCT curriculum is the Fellowship of the Faculty of Intensive Care Medicine (FFICM) Exam. If an applicant does not hold the FFICM then they must provide evidence of having passed a robust examination (e.g. a

nationally or internationally recognised postgraduate examination in ICM) that demonstrates their knowledge and skills to an equivalent standard as the FFICM. An application is unlikely to be successful if an equivalent robust examination, or evidence of considerable formal academic activity in ICM, has not been provided.

Currently acceptable **examinations** include:

- FFICM
- EDIC
- DICM
- FCICM (Including full training programme and success in exam)

If evidence of another specialist medical qualification is being provided, please ensure that you provide the following evidence **in addition** to your qualification:

- Training curriculum or examination syllabus or standards for its award.
- Formal period assessments completed during training (these may be older than seven years).

As above, these must be **authenticated** if from outside the UK.

If you do not hold the FFICM or a comparable qualification as above, you must demonstrate the same level of knowledge and skills to an equivalent standard as the FFICM by providing a detailed mapping exercise, demonstrating how each and every FFICM competency has been achieved. You must produce an extensive and detailed portfolio of academic, research and qualification evidence which demonstrates you have achieved the same level of knowledge and skills of each of the ICM syllabus outcomes (mapping to CoBaTrICE). It will then be at the FICM's discretion to determine on a case-by-case basis whether what has been provided is comprehensive enough to sufficiently demonstrate the same level of knowledge and skills as the FFICM examination.

An evaluation is made based on an applicant's whole career and therefore two applicants with the same qualification(s), but different training/experience may not receive the same decision.

	Exams for other specialties which have an ICM component are unlikely to be considered comparable. For example, the EDAIC is insufficient to demonstrate comparability.
Recent specialist training	If you have worked in posts approved for a specialist training programme for a relevant qualification outside the UK in the past seven years, please provide an **authenticated copy** of the curriculum or syllabus that was in place when you undertook your training. If a formal curriculum or syllabus (including assessment methods) is not available please provide a letter from the awarding body outlining the content of the training programme or examination. You **must** provide evidence of formal periodic assessment during your training. This evidence must have been completed at the time the training was undertaken (if it is completed retrospectively less weight will be given to the information provided). If you do not supply formal assessment documents, the curriculum must demonstrate how you were assessed. A detailed letter of verification from an educational supervisor would satisfy this requirement. If areas for development were highlighted, please provide evidence to demonstrate that you have subsequently addressed them. If you have undertaken approved specialty training towards a CCT or a combined programme in Intensive Care Medicine in the UK in the past seven years WTE, you should provide a copy of your ARCPs, exam certificates where relevant and Stage certificates. The 'gap analysis' and requirements to fulfil the Portfolio pathway and the suitable evidence can then submitted to the Portfolio pathway application accordingly. Lead trainer (TPD, Head of School, RA) reports or supporting letters are also helpful. Should you wish to provide further evidence obtained within your UK specialty training, this evidence should have been reviewed and signed off through an ARCP from completed years in training.

Evidence of employment in posts and duties (including training posts)	
CV	You must provide an up to date copy of your CV, which includes all the details listed in the guidance on our website.
Employment letters	The information in these letters **must** match your CV. They should confirm the following: • dates you were in post • post title, grade, training • type of employment: permanent, fixed term, or part time (including percentage of whole time equivalent) Usually this will be set out in the letters offering you the post and renewing your contracts. **We do not need to see contracts and terms and conditions of employment**.
Job descriptions	These **must** match the information in your CV. They will usually confirm the following: • your position within the structure of your department • your post title • your clinical and non-clinical commitment • your involvement in teaching or training.
Rotas	You must provide **samples** of your rotas from within the last seven years, in respect of each placement (to include the mandatory placements of General ICM, the Specialty ICM placements and the complementary specialties). These should demonstrate your weekly clinical and non-clinical activities. For example, if you worked a 1:8 rota, you should submit eight consecutive weeks rotas to represent that placement. You do not need to provide rotas covering the whole seven year period. Evidence of rota participation is important to demonstrate experiential learning in a particular area.
Departmental / Unit annual caseload statistics	You should provide departmental and unit caseload statistics, activity data, range and scope of work undertaken in a placement from within the last seven years.
Appraisal	You **must** provide annual appraisal from the last three years of clinical practice (does not need to be consecutive).

High Level Learning Outcomes (HiLLOs)

The suggested evidence for each HiLLO is not exhaustive and you may have alternative and additional evidence. You do not have to supply every type of evidence listed, but you must submit sufficient evidence to address each of the required HiLLOs and associated key capabilities. The triangulation of evidence will strengthen an application.

HiLLO 1: The doctor will be able to function successfully within NHS organisational and management systems whilst adhering to the appropriate legal and ethical framework

Standard expected: Level 4

Key Capabilities:

- Understand, incorporate and implement national legislation (e.g. Health and Social Care Act 2012 and the Equality Act 2010 (Disability Discrimination Act 1995 in Northern Ireland)) into everyday practice
- Successfully and ethically incorporate information technology and governance, according to national legislation, into patient care
- Can communicate & document effectively, according to ethical and legal frameworks to promote the highest standards of healthcare
- Know how to interpret, construct and apply ethical and legal frameworks into all areas of clinical governance
- Demonstrate the highest professional behaviours, individually and corporately
- Continually strive to enhance and integrate knowledge into clinical practice and the NHS organisation as a whole, whilst observing legal and ethical obligations

Suggested Evidence

- **SLEs – as described in Organising your evidence**

• MSF – as described in Organising your evidence
• Evidence demonstrating an understanding of UK data protection issues and concepts of confidentiality. Evidence could include: ○ Reflections on cases where maintaining confidentiality caused difficulty

• Personal involvement in developing clinical, governance or organisational policies and procedures. Evidence could include:
  ○ Protocols and guidelines
  ○ Minutes of meetings, with attendance demonstrated

• Governance activity, including personal involvement in critical incident analysis
• Minutes of meetings or email to confirm attendance at Directorate or higher management meetings
• Postgraduate qualifications or other evidence of further study in management/leadership

• CPD evidence:
  ○ Simulation
  ○ Human Factors
  ○ Data Protection Training
  ○ Information Governance
  ○ Paediatric/Adult Safeguarding

• Supervisor reports – as described in Organising your evidence
• Evidence or letters demonstrating your role as an appraiser or assessor of others

HiLLO 2: The doctor will be focused on patient safety and will deliver effective quality improvement, whilst practising within established legal and ethical frameworks

Standard expected: Level 4

Key Capabilities:

- Adhere to national legislation and guidelines relating to safeguarding children and other vulnerable groups of patients such as those with protected characteristics
- Contribute towards quality improvement, communicate effectively and share good practice
- Demonstrate a commitment to learn from critical incidents and adverse events as well as sharing the learning points from these experiences
- Communicate effectively with patients, their families and professional colleagues whilst recognising and effectively managing any barriers to effective communication
- Optimise care of critically unwell patients by the critical appraisal of recent medical literature and the application of evidence-based guidelines
- Ensure patient safety is the key priority at all times in their clinical practice both within the intensive care unit and in the wider clinical environment of the hospital

Suggested Evidence
• **SLEs – as described in Organising your evidence**
• **MSF – as described in Organising your evidence**
Quality improvement (QI) project, clinical audit and clinical governance – evidence of: • **Personal involvement in projects, which led to improvement in patient care** • **Project report and documentation (e.g. protocols, guidelines or forms) relevant to patient safety** • **Minutes of meetings where project discussed, demonstrating attendance and participation**
• **Portfolio of evidence of self-study**
• **Attendance or Chairing Morbidity and Mortality meetings**
• **Minutes of meetings demonstrating your participation in and development of patient safety procedures** • **Case reviews, showing participation in the meeting**

- **Learning and reflections from significant events and challenging cases – as described in Organising_your_evidence**
- **Feedback from colleagues – this could include:**
  - **Clinical feedback**
  - **Educational feedback**
- **Supervisor reports – as described in Organising_your_evidence**

HiLLO 3: An Intensive Care Medicine specialist will know how to undertake medical research including the ethical considerations, methodology and how to manage and interpret data appropriately

Standard expected: Level 4

Key Capabilities:

- Remain up to date in their reading of current research literature and best practice guidelines
- Have an understanding of the processes and governance of clinical research, and will be able to communicate this to patients and their relatives where appropriate
- Be able to critically appraise clinical literature, and to apply this, when appropriate, to their clinical practice
- Use their knowledge of the ethical principles of practising medicine, and the legal framework associated with this in modern healthcare to benefit their patients
- Have the ability to organise the collection and interpretation of data collected from their own intensive care unit and use this as a method of improving clinical services locally
- Apply information derived from population data to help inform individual treatment plans for their patients

Suggested Evidence

- **SLEs – as described in Organising_your_evidence**
- **Qualifications or evidence of further study involving undertaking research:**

• Good Clinical Practice

• Involvement in research studies within the department, or further study (e.g. MSc/MD/PhD). Evidence could include:
  ○ Minutes of meetings
  ○ Personal involvement in study enrolment and trial activity
  ○ Publications
  ○ Posters
  ○ Abstracts
• Oral presentations

• Involvement in journal clubs:
  ○ Minutes / event advertisement listing your presentation
  ○ Attendance lists
  ○ Presentation delivered
• Feedback from presentation

• CPD – as described in Organising your evidence
• Supervisor reports – as described in Organising your evidence

HiLLO 4: To ensure development of the future medical workforce, a doctor working as a specialist in Intensive Care Medicine will be an effective clinical teacher and will be able to provide educational and clinical supervision

Standard expected: Level 4

Key Capabilities:

- Deliver effective teaching and training to medical students, doctors in training, colleagues and members of the wider multidisciplinary team. This will include understanding the teaching, assessment and feedback needs of learners from all groups with protected characteristics and being able to adapt teaching and provide supportive techniques to ensure successful and equitable learning outcomes.
- Competently assess the performance of learners objectively and deliver timely and constructive feedback on learning activities in accordance with current educational standards and best practice
- Meet any regulatory requirements of a trainer and will keep these current as well as participating in quality assurance processes to ensure excellent undergraduate and postgraduate training
- Endeavour to ensure patient involvement and feedback is integral to the delivery of education to doctors in their individual roles as well as their role as a member of the multidisciplinary team

Suggested Evidence
• **SLEs – as described in Organising your evidence**
• **MSF – as described in Organising your evidence**
• **CPD record of educational activity from within the last seven years – as described in Organising your evidence**

• **Evidence of teaching sessions delivered:**
  ○ **Posters advertising teaching events you've delivered**
  ○ **Teaching timetables clearly identifying your sessions**
  ○ **Presentation slides of teaching you've delivered**
• **Letter(s) / email(s) from the Education Centre or Supervisor, confirming your regular teaching involvement – confirming dates and sessions you've taught**

• **Letters from colleagues describing your role in supervising, mentoring or teaching:**
  ○ **Junior doctors**
  ○ **Nurses**
  ○ **Physician assistants**

• Other allied healthcare personnel
• Evidence of teaching on 'Life Support' courses
• Feedback from those taught (formal/informal feedback)
• Evidence or letters demonstrating your role as an appraiser, assessor or examiner
• Supervisor reports – as described in Organising your evidence

HiLLO 5: Doctors specialising in Intensive Care Medicine can identify, resuscitate and stabilise a critically ill patient, as well as undertake their safe intra-hospital or inter-hospital transfer to an appropriately staffed and equipped facility

Standard expected: Level 4

Key Capabilities:

- Identify an acutely ill patient or one at risk of significant deterioration by taking account of their medical history, clinical examination, vital signs and available investigations
- Integrate clinical findings with timely and appropriate investigations to form a differential diagnosis and an initial treatment plan
- Administer intravenous fluids and inotropic drugs as clinically indicated utilising central venous access where required and monitoring the effectiveness of these treatments with invasive monitoring techniques
- Stabilise and initiate an initial treatment plan for a critically ill acute surgical, acute medical or peri-partum patient including those with sepsis or post-trauma and institute timely antimicrobial therapy
- Provide definitive airway management and initiate and maintain advanced respiratory support
- Undertake the transport of mechanically ventilated critically ill patients outside the Intensive Care Unit when required
- Communicate effectively and in a timely manner, with fellow members of the multi-disciplinary team including those from other specialties and make an accurate, legible and contemporaneous entry in the patient's medical record
- Where escalation of care is required, be able to arrange this and provide a succinct structured handover to clinical colleagues
- Recognise when a patient has the potential to deteriorate or requires future treatment escalation and be able to provide explicit instructions regarding an ongoing treatment plan and contact details should a further review be required
- Have the ability to communicate with a patient's family, in terms they can understand, the patient's clinical condition, current and likely future treatment options and where possible, an indicative prognosis in an empathetic and understanding manner
- Be mindful at all times that whilst assessing and treating patients they must maintain optimum safety for their patients by recognising any limitations of their current clinical environment, the available equipment and personnel and employing best practice guidelines where these exist

Suggested Evidence
• **SLEs – as described in Organising your evidence**
• **Logbook of activities – may be included in a general logbook of caseload activity, to reflect a minimum 2 ¼ years' experience in General Adult ICM, as described in Organising your evidence**

Logbooks should demonstrate: ○ **Your management of resuscitating and stabilising a broad range of patients, as seen day-to-day in a General Adult Intensive Care Unit. This may include a logbook of specific interventional procedures** ○ **Your skills and experience in transferring Intensive Care patients**
• **Attendance at a transfer course**
• **Evidence of valid ALS / ATLS (or similar)**
• **Feedback from colleagues**
• **Reflective notes on:** ○ **Clinical incidents** ○ **Cases that have influenced practice** ○ **Significant events** ○ **Personal dilemmas** • **Further information as described in Organising your evidence**
• **Supervisor reports – as described in Organising your evidence**

HiLLO 6: Intensive Care Medicine specialists will have the knowledge and skills to initiate, request and interpret appropriate investigations and advanced monitoring techniques, to aid the diagnosis and management of patients with organ systems failure. They will be able to provide and manage the subsequent advanced organ system support therapies. This will include both pharmacological and mechanical interventions

Standard expected: Level 4

Key Capabilities:

- Initiate, perform, interpret and integrate point-of-care testing, radiological and laboratory investigations with their patient's clinical findings
- Integrate knowledge, skills and investigations to treat a patient who is deteriorating and institute or escalate organ support therapies
- Perform invasive procedures to aid the diagnosis and management of a critically ill patient, and provide advanced organ-support therapies as well as monitor the effectiveness of these therapies in improving the patient's overall condition
- Use their knowledge, apply their skills, and interpret investigations and advanced therapeutic monitoring data to manage critically ill patients, including safe prescribing practices and advanced organ system support modalities, throughout the course of their critical illness

Suggested Evidence
• **SLEs – as described in Organising your evidence**
• **Evidence of undertaking echocardiography or ultrasound training, and demonstration of maintenance of knowledge and skill:**   ○ **Case mix logbook**
• **Evidence of the use of advanced organ support equipment and technology**
• **CPD record of educational activity from within the last seven years – as described in Organising your evidence**

• **Letters or email correspondence to/from colleagues:**
  ○ **Discussing patient management**
  ○ **Showing collaboration in patient care**

• **Reflective notes on:**
  ○ **Clinical incidents**
  ○ **Cases that have influenced practice**
  ○ **Significant events**
  ○ **Personal dilemmas**
 	
Further information as described in Organising your evidence

- **Supervisor reports – as described in Organising your evidence**

HiLLO 7: Specialists in Intensive Care Medicine can provide pre-operative resuscitation and optimisation of patients, deliver post-operative clinical care including optimising their physiological status, provide advanced organ system support and manage their pain relief

Standard expected: Level 4

Key Capabilities:

- Have the knowledge and understanding of the care of patients undergoing a wide range of operative procedures
- Be expert in resuscitating and stabilising patients before and after a wide range of operative procedures
- Have an awareness of and be able to treat the common complications of a broad range of operative procedures
- Lead and contribute to the skill mix of a multidisciplinary team that will deliver the perioperative management of patients undergoing surgical procedures

Suggested Evidence
• **SLEs – as described in Organising your evidence**
• **Logbook of procedures – may be included in a general logbook of caseload activity to reflect a minimum 2 ¼ years' experience in General Adult ICM, as described in Organising your evidence**
• **CPD record of educational activity from within the last seven years – as described in Organising your evidence**

• **Reflective notes (as described in Organising your evidence) on:**
  ○ **Clinical incidents**
  ○ **Cases that have influenced practice**
  ○ **Significant events**
• **Personal dilemmas**

HiLLO 8: Doctors specialising in Intensive Care Medicine will understand and manage the physical and psychosocial consequences of critical illness for patients and their families, including providing pain relief, treating delirium and arranging ongoing care and rehabilitation. They will also manage the withholding or withdrawal of life-sustaining treatment, discussing end of life care with patients and their families and facilitating organ donation where appropriate

Standard expected: Level 4

Key Capabilities:

- Identifying and limiting the physical and psychosocial consequences of critical illness for patients and families paying particular attention to the assessment, prevention and treatment of pain and delirium
- Communicating the continuing care requirements of patients at discharge from both ICU and hospital to healthcare professionals, patients and relatives. This will include the patient's plan for ongoing care, medical follow up and rehabilitation
- Facilitating discussions focused on how to manage end of life care with patients and their families. The process of withholding or withdrawing life-sustaining treatments and providing palliative care whilst maintaining respect for cultural and religious beliefs will form an important element of this.
- Diagnosing death using neurological criteria and diagnosing death using circulatory criteria in time sensitive scenarios (eg donation after circulatory death).
- Identifying likely organ donors, working collaboratively with specialist nurses for organ donation and facilitating the process of organ donation, including providing appropriate physiological support to the organ donor

Suggested Evidence
• **SLEs – as described in Organising your evidence**
• **Logbook of procedures and activities – may be included in a general logbook of caseload activity to reflect a minimum 2 ¼ years' experience in General Adult ICM, as described in Organising your evidence. Logbooks should demonstrate:**

○ Your management of a broad range of patients, as seen day-to-day by ICM doctors
• Attendance at rehabilitation or ICU follow-up clinics, such as minutes of meetings, letters from clinics indicating applicant's presence, referral letters
• Organ Donation activities
• Letters or email correspondence to/from colleagues: ○ Discussing patient management ○ Showing collaboration in patient care
• CPD record of educational activity from within the last seven years – as described in Organising your evidence
• Reflective notes on: ○ Clinical incidents ○ Cases that have influenced practice ○ Significant events ○ Personal dilemmas Further information in Organising your evidence
• Supervisor reports – as described in Organising your evidence

HiLLO 9: Intensive Care Medicine specialists will have the skillset and competence to lead and manage a critical care service, including the multidisciplinary clinical team and providing contemporaneous care to a number of critically ill patients

Standard expected: Level 4

Key Capabilities:

- Providing support to colleagues and contributing to the management of acutely unwell patients outside of the critical care unit when requested to do so
- Having the leadership and communication skills to head a culturally diverse multidisciplinary team providing care to an equally diverse range of patients on the critical care unit
- Involving patients and their relatives in as many treatment decisions as circumstances will allow whilst ensuring patients and relatives are kept abreast of the current treatment plan and options
- Actively participating in the development and application of systems and processes designed to improve the delivery of safe care for critically ill patients
- Understanding and being able to describe the special requirements of a mass casualty incident

Suggested Evidence
• **SLEs – as described as described in Organising your evidence**
• **Postgraduate qualifications or evidence of further study involving leadership / management**
• **Evidence of leading ICM ward rounds**
• **Letters or email correspondence to/from colleagues, as described in Organising your evidence:** ○ **Discussing patient management** ○ **Showing collaboration in patient care**
• **Supervisor reports – as described in Organising your evidence**
• **Evidence of attendance at management or Hospital Board meetings, or other meetings which indicate leadership and management capabilities in the wider health environment, such as minutes, action plans and results**
• **Evidence of organisation of, attendance or actions from MDT meetings**

HiLLO 10: Intensive Care Medicine specialists will have developed the necessary skills of induction of anaesthesia, airway control, care of the unconscious patient and understanding of surgery and its physiological impact on the patient

Standard expected: Level 3

Key Capabilities:

- Conduct comprehensive pre-anaesthetic and pre-operative checks
- Demonstrate knowledge of anatomy, physiology, biochemistry and pharmacology relevant to anaesthetic practice
- Describe the functioning principles of standard equipment used within anaesthetic practice and understand the physical principles governing the operation of such equipment and the clinical measurements derived from them
- Pre-operatively assess ASA 1-3 patients' suitability for anaesthesia, prescribe suitable pre-medication and recognise when further investigation or optimisation is required prior to commencing surgery and adequately communicate this to the patient and their family
- Safely induce anaesthesia in ASA 1-3 patients and recognise and deal with complications associated with the induction of anaesthesia
- As a member of the multi-disciplinary theatre team, maintain anaesthesia for the relevant procedure, utilise appropriate monitoring and effectively interpret the information it provides to ensure the safety of the anaesthetised patient
- Recognise anaesthetic critical incidents, understand their causes and how to manage them
- Safely care for a patient recovering from anaesthesia and recognise and treat the common associated complications whilst providing appropriate post-operative analgesia (including that via regional and neuraxial blockade), anti-emesis and fluid therapies
- Provide urgent or emergency anaesthesia to ASA 1E and 2E patients requiring non-complex emergency surgery
- Identify patients with difficult airways, demonstrate management of the 'cannot intubate cannot oxygenate' scenario in simulation, and be familiar with difficult airway guidelines

Required Evidence (if placement/training has occurred within the last 7 years WTE)
Please note: The Initial Assessment of Competency (IAC) on its own is not sufficient. It can be used to demonstrate competency at the 6 month level if you have had Anaesthetic training outside the UK.
• Logbook over 12 months of at least 300 cases in total, showing development and progression of anaesthetic skills

• You should be able to demonstrate performing emergency Anaesthesia for simple surface surgery in ASA 1 and 2 patients under local supervision
• At least 12 SLEs for appropriate CT1 Anaesthesia procedures – this is in addition to the SLEs required for the IAC and excludes ICM related SLEs. Please refer to the Anaesthesia curriculum
• Anaesthetic rota participation
• Supervisor reports – demonstrating completion of the equivalent of a year of Anaesthesia training
• Anaesthesia records of charts could also be used, however they are insufficient on their own
• Anaesthesia CPD, for example e-Learning Anaesthesia, study days and updates
If time in training in Anaesthesia is greater than 7 years WTE previously, then maintenance of HiLLO 10 skills can be demonstrated by: • Logbook of ICU intubations/airway management • Ongoing Anaesthetic commitments other than ICM (eg Anaesthesia logbook/rota) • Anaesthesia related SLEs • Anaesthesia CPD (though on its own insufficient)

HiLLO 11: In order to manage acutely ill patients outside the Intensive Care Unit, an Intensive Care Medicine specialist will have the diagnostic, investigational and patient management skills required to care for ward-based patients whose condition commonly requires admission to the intensive care unit

Standard expected: Level 3

Key Capabilities:

- Be able to manage an acute unselected take
- Manage an acute specialty-related take
- Be capable of providing continuity of care to medical in-patients, including management of comorbidities and cognitive impairment
- Know how to manage patients in an outpatient clinic, ambulatory or community setting (including management of long term conditions)
- Have the ability to assess and treat medical problems in patients in other specialties and special cases
- Make an active contribution to the functioning of a multi-disciplinary clinical team including effective discharge planning
- Deliver effective resuscitation and manage an acutely deteriorating patient
- Care for patients who require end of life care as well as those who require palliative care

Suggested Evidence
• **Medicine related SLEs – as described** as described in **Organising your evidence**
• **CPD record of relevant educational activity from within the last seven years – as described** as described in **Organising your evidence**
• **Supervisor reports –** as described in **Organising your evidence, demonstrating completion of the equivalent to a year of Medicine training, half of which may include Emergency Medicine**
• **Letters or email correspondence to/from colleagues,** as described in **Organising your evidence:** ○ **Discussing patient management** ○ **Showing collaboration in patient care**
• **Logbook with over 12 months of caseload and mix appropriate to a medical placement –** as described in **Organising your evidence**
• **ALS or other Life Support courses**
• **Reflective notes on:** ○ **Clinical incidents** ○ **Cases that have influenced practice** ○ **Significant events**

- **Personal dilemmas**

Further information as described in Organising your evidence

If time in training in a medicine post is greater than seven years WTE, then maintenance of HiLLO 11 skills can be demonstrated by:

- **Evidence to show you're working in a General ICU which accepts Medical patients**
- **Evidence to show you're attending EM and ward referrals**

Evidence could include:

- **Logbook**
- **ALS/Other Life Support courses**
- **Medicine CPD**
- **Unit caseload activity (though this alone would not be sufficient)**
- **Reflections/Referrals/Audits/QI etc**

HiLLO 12: Doctors specialising in Intensive Care understand the special needs of, and are competent to manage patients with neurological diseases, both medical and those requiring surgery, which will include the management of raised intracranial pressure, central nervous system infections and neuromuscular disorders

Standard expected: Level 3

Key Capabilities:

- Understanding and assessing the perioperative risks associated with patient comorbidities, emergency anaesthesia and surgery and the implications of concomitant drug therapies in these patients
- Being competent in the postoperative care of common acute and chronic medical conditions commonly found in these patients
- Being aware of the effects of major neurological surgery on these patients and the associated immediate postoperative management of these patients including the common complications and providing optimal analgesia
- Knowing the factors which influence the intensity, levels of care and the clinical environments where the necessary care can be safely delivered to patients with neurological disease
- Recognising and treating respiratory and cardiovascular dysfunction with their associated complications commonly encountered in these patients
- Effectively assessing and managing other perioperative conditions and complications encountered by pre- and post-operative neurosurgical and neurological patient
- Being able to competently assess a patient's neurological status and provide appropriate support where necessary
- Having a thorough understanding of the pathophysiology of raised intracranial pressure including the options for its operative and non-operative management
- Providing immediate treatment of perioperative emergencies in neurosurgical and neurological patients and knowing when to seek senior help and support

Suggested Evidence (if placement/training has occurred within the last 7 years WTE)
• **Relevant Neuro SLEs – as described in Organising your evidence, appropriate to a three month Neuro ICM placement, considering the Key Capabilities above**
• **CPD record of relevant educational activity from within the last seven years – as described in Organising your evidence**
• **Supervisor reports – as described in Organising your evidence, demonstrating completion of the equivalent to a three month Neuro ICM placement**

• **Letters or email correspondence to/from colleagues:**
  ○ **Discussing patient management**
  ○ **Showing collaboration in patient care**

• **Logbook of caseload and mix appropriate to a three month Neuro ICM placement**

- **Evidence to demonstrate a three month attachment to a specialist Neurosciences Unit**

Evidence could include:

  - **Rota**
  - **Unit caseload activity (though alone not sufficient)**

- **Reflective notes on:**
  - **Clinical incidents**
  - **Cases that have influenced practice**
  - **Significant events**
  - **Personal dilemmas**

If time in training in a Neuro ICM post is greater than seven years WTE previously, then maintenance of HiLLO 12 skills must be demonstrated. This can be by:

- **Evidence to show you're working in a Neuro ICU**
  - **Rotas**
  - **Referrals**
  - **Caseload/logbook**
  - **CPD/reflections/relevant governance/QI/audit etc**

HiLLO 13: A specialist in adult Intensive Care Medicine is competent to recognise, provide initial stabilisation and manage common paediatric emergencies until expert advice or specialist assistance is available. They are familiar with legislation regarding safeguarding children in the context of Intensive Care Medicine practice

Standard expected: Level 3

Key Capabilities:

- Know and can effectively manage the major anatomical, physiological and psychological differences between adult and paediatric patients
- Appreciate the pathophysiology of common paediatric emergencies, recognise their presentation and can provide initial management until expert help or specialist assistance is available
- Are able to provide emergency and continuing cardiovascular support to a child until expert help or specialist assistance is available
- Are capable of resuscitating a child, know when to seek specialist help and support via their local paediatric retrieval team whose processes they are familiar with
- Are competent to provide elective and emergency airway management and mechanical ventilation to a child including induction of anaesthesia for intubation
- Practise in accordance with national legislation and guidelines relating to safeguarding children in the context of critical care

Suggested Evidence (if placement/training has occurred within the last 7 years WTE)
• **Relevant Paediatric SLEs – as described in Organising your evidence, appropriate to a three month Paediatric ICM placement, considering the Key Capabilities above**
• **CPD record of Paediatric ICM educational activity from within the last seven years – as described in Organising your evidence**
• **Supervisor reports – as described in Organising your evidence, demonstrating completion of the equivalent to a three month Paediatric ICM placement**

• **Letters or email correspondence to/from colleagues, as described in Organising your evidence:**
  ○ **Discussing patient management**
  ○ **Showing collaboration in patient care**

• **Logbook of caseload and mix appropriate to a three month Paediatric placement including attendance at paediatric emergencies**

• **Evidence of completion of following courses:**
  ○ **APLS or EPALS**
  ○ **Child safeguarding**
  ○ **Appropriate Paediatric CPD**

• **Reflective notes on:**   ○ **Clinical incidents**

- Cases that have influenced practice
- Significant events
- Personal dilemmas

Further information as described in Organising your evidence

If time in training in a Paediatric ICM post is greater than 7 years WTE, then maintenance of HiLLO 13 skills can be demonstrated by:

- **Evidence to show you're working in an area which manages critically unwell Paediatric patients**
  - **Rotas**
  - **Referrals**
  - **Caseload/logbook**

- **Evidence to show you're attending EM and ward Paediatric referrals**
- **Paediatric CPD: such as APLS, updates, e-learning**

HiLLO 14: Intensive Care Medicine specialists recognise the special needs of, and are competent to provide the perioperative care to patients who have undergone cardiothoracic surgery, including providing pain relief and advanced organ system support utilising specialised techniques available to support the cardiovascular system

Standard expected: Level 3

Key Capabilities:

- Assessing the perioperative risks associated with these patients' co-morbidities, emergency anaesthesia and surgery and the implications of their concomitant drug therapies
- The postoperative care of common acute and chronic medical conditions commonly found in these patients
- Assessing the implications of the type and site of surgery for these patients' immediate postoperative management and the potential complications, which they can manage effectively whilst providing optimal analgesia
- Considering the factors which influence the intensity, levels of care and the clinical environments where the necessary care can be safely delivered to these patients
- Treating respiratory dysfunction and complications in these patients
- Treat cardiovascular dysfunction and complications in these patients including understanding advanced monitoring techniques and provision of mechanical circulatory support
- Assessing and managing other perioperative conditions and complications encountered by pre- and post-operative cardiothoracic surgery patients
- Recognising and providing immediate treatment of perioperative emergencies and know when to seek senior help and support

Suggested Evidence
• **Relevant Cardiothoracic SLEs – as described in Organising your evidence, appropriate to a three month Cardiothoracic ICM placement, considering the Key Capabilities above**
• **Record of Cardiothoracic ICM CPD – as described in Organising your evidence** • **Evidence of completion of ALS, CALS etc**
• **Supervisor reports – as described in Organising your evidence, demonstrating completion of the equivalent to a three month Paediatric ICM placement**

• **Letters or email correspondence to/from colleagues, as described in Organising your evidence:**
  ○ **Discussing patient management**
  ○ **Showing collaboration in patient care**

• **Logbook of caseload and mix appropriate to a three month Cardiothoracic ICM placement**
• **Evidence of having worked in a unit which accepts referrals or a three month attachment to a specialist unit. Evidence could include:**   ○ **Logbooks**

- **Caseload activity data**

- **Evidence of undertaking echocardiography or ultrasound training, and demonstration of maintenance of knowledge and skill:**
  - **Case mix logbook**
- **Reflective notes on:**
  - **Clinical incidents**
  - **Cases that have influenced practice**
  - **Significant events**
  - **Personal dilemmas**

Further information as described in Organising your evidence

If time in training in a Cardiothoracic ICM post is greater than 7 years WTE previously, then maintenance of HiLLO 14 skills must be demonstrated. This can be by:

- **Evidence to show you're working in a relevant ICU**
  - **Rotas**
  - **Referrals**
  - **Caseload/logbook**
  - **CPD/reflections/relevant governance/QI/audit etc**

Special Skills Year HiLLO:

Standard expected: A higher capability level than that required in the curriculum HiLLOs

The Special Skills Year areas of approved experience must be at a higher capability level than that required in the curriculum HiLLOs. This would mean that an SSY in Medicine and Anaesthesia would require further experiential learning and acquisition of skills and knowledge to a Capability Level of 4, as would the specialty ICM placements of Neuro, Paediatric & Cardiac ICM.

Other approved areas for SSY, and their required Capability Levels, can be found on the FICM website.

Please complete the additional SSY HiLLO according to the guidance in the handbook, along with the specific key capabilities, learning outcomes, and evidence required.

Appendix I – Mapping of SLEs and HiLLOs

High Level Learning Outcomes (HiLLOs) – Intensive Care Medicine	Structured Learning Events (SLEs)				
	ACAT	CBD	Mini-CEX	DOPS	MSF
1) **The doctor will be able to function successfully within NHS organisational and management systems whilst adhering to the appropriate legal and ethical framework.**	✓	✓			✓
2) **The doctor will be focussed on patient safety and will deliver effective quality improvement, whilst practising within the established legal and ethical framework**					✓
3) **An Intensive Care Medicine specialist will know how to undertake medical research including the ethical considerations, methodology and how to manage and interpret data appropriately**	✓	✓			
4) **To ensure development of the future medical workforce, a doctor working in Intensive Care Medicine will know what is required to be an effective clinical teacher and will provide educational and clinical supervision to all doctors in training**	✓				✓
5) **Doctors specialising in Intensive Care Medicine can identify, resuscitate and stabilise a critically ill patient, as well as undertake their safe intra-hospital or inter-hospital transfer to an appropriately staffed and equipped facility**	✓	✓	✓	✓	
6) **Intensivists will have the knowledge and skills to initiate, request and interpret appropriate investigations and advanced monitoring techniques, to aid the diagnosis and management of patients with organ systems failure and the subsequent provision of advanced organ system support therapies. This will include both pharmacological and mechanical interventions**	✓	✓	✓	✓	
7) **Will be skilled in the provision of pre-operative resuscitation and optimisation of patients and their post-operative management optimising their physiological status including advanced organ system support where required and managing their pain relief**	✓	✓	✓	✓	