

## **ICM Training West of Scotland School of Anaesthesia 2019**

RA

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Intensive Care Medicine training for Anaesthetists uses the Annex **F** (Edition 2; Version 1.8) for documentation of evidence for competencies. Each stage of ICM training has a separate training grid within Annex F.

Competencies are split into mandatory and non-mandatory competencies.

> Mandatory competencies must be signed off by an ICU consultant during the ICM block.

> Non-mandatory competencies are competencies that are cross recognized with anaesthetic training and can be addressed during ICM or anaesthetic training blocks. These can be signed off in ICM blocks by ICU consultants or by Anaesthetic consultants during general duties.

Please ensure that during your rotations to Intensive Care Medicine, you complete an educational agreement with your ICM clinical supervisor, address as a minimum the mandatory competencies for your stage of ICM training with relevant evidence, gain the minimum number of satisfactory WPBA as outlined and complete a logbook.

The logbook, which is used as part of the West of Scotland Anaesthesia training, is sufficient with its separate section for ICM.

(If you have an interest in ICM more detail may be required)

WPBA in ICM can be found on the Faculty of Intensive Care website and should be completed, printed off and uploaded to the anaesthetic eportfolio.

An MSF is required for each stage of ICM training. The MSF can be found on the FICM website. This is still a paper exercise.

Please ensure that you hand out MSF forms in good time before the end of the block so your clinical supervisor can collate the results.

12 returns are necessary for a valid MSF, of which one can be a self-assessment and 3 of which must be consultant responders.

## **Use of Lifelong Learning Platform for Anaesthetic Trainees rotating to ICM**

### **Guide for Educational Supervisors and Faculty tutors**

*Please note- as the Lifelong Learning continues to evolve, some of this guidance may change over the next year*

1. Trainees rotating to ICM from an Anaesthetic background are using RCOA's new platform for their portfolios.
2. The LLP has facility to generate an ICU mini CEX, ICU CEX, CBD and DOPS.
3. Currently, trainees are using paper copies and uploading them onto LLP
4. However, they need to generate at least one electronic WPBA to release a Completion of unit (CUT) form
5. There is no need for duplication of both paper and electronic copies.
6. However the LLP does not have a suitable electronic ACAT form; trainers and trainees are using the electronic ALMAT form or a paper ACAT form.
7. While the trainees can use the LLP for most of their assessments, they will still need to upload paper copies of their logbook, Annexe F cross referenced to the competencies, Consultant feedback and FICM MSF.
8. The Consultant feedback and MSF should be uploaded to the Personal Activity-Consultant feedback section of the LLP.
9. You may choose to use paper all the way through, however to generate the electronic CUT form, they will need to do at least one electronic WPBA.

Training is delivered in a minimum of 3 month modules as Basic, Intermediate and Higher ICM.

#### **BASIC TRAINING**

A 3 month block usually undertaken at the end of CT1 or beginning of CT2. A 3 to 6 month block providing more experience is part of ACCS.

The minimum number of assessments over the course of 3 months basic training is **MSF x1, DOPS x3, CEX x2, CBD x1.**

ACCS trainees undertaking a block of longer than 3 months duration require to complete more WPBA. Further information can be found in the ACCS handbook.

Before starting this block it is useful to work through the modules on the SICS website.

#### **INTERMEDIATE TRAINING**

A 3 month unit of training in ST3/4, which expands on Basic level training.

The minimum number of assessments over the course of 3 months intermediate training is **MSF x1, DOPS x1, CEX x1, CBD x1, ACAT x1**

#### **HIGHER TRAINING**

A 3 month unit of training usually in ST5/6, leading to a more in depth knowledge of and skill set for intensive care.

The minimum number of assessments over the course of 3 months higher training is **MSF x1, DOPS x1, CEX x1, CBD x1, ACAT x1**

## **JOINT CCT IN ANAESTHESIA AND INTENSIVE CARE MEDICINE**

Whilst training in posts towards Joint ICM accreditation continues, these posts are now closed to further appointments.

All ICM training towards accreditation in Intensive Care Medicine as a specialty will now be through appointment to Dual Training Posts.

## **INTERMEDIATE ACCREDITATION IN ICM**

Trainees in Anaesthesia who were appointed to ST3 before 2013 may be eligible to seek Intermediate Accreditation in Intensive Care Medicine.

This involves demonstrating a minimum of 6 months of training in medicine in a recognised training post, 9 months of training in adult ICM and training in anaesthesia as commensurate with their anaesthetic training programme.

The medicine component can be made up of 3 months of medicine and 3 months of emergency medicine. The medicine post must have included unrestricted acute receiving of general medical patients.

Completion of 10 expanded case summaries are required, examples of which can be found on the FICM website.

Any trainee wishing to explore this option is strongly encouraged to speak to their local faculty tutor and then to the RA in ICM.

## **STAGE1 ACCREDITATION IN ICM**

- **ICM Affiliate Trainees**

These are trainees who are completing blocks of ICM training **outside** the ICM CCT programme, who wish to have this training subsequently recognized via membership of the Faculty. This route was formerly known as **General Registration** – this has now come to an end.

These trainees should complete an [Affiliate Trainee Registration Form](#).

Affiliate Trainees will continue in their parent CCT, acquiring blocks of ICM training which should be in line with the policies and systems of the Faculty and signed off FICM Tutors and Regional Advisors.

Affiliate Trainees will be eligible for Affiliate Fellowship of the Faculty upon completion of training commensurate with either:

- **Stage 1 level ICM** (as defined by the standalone CCT in ICM) – ***if the trainee entered Higher Specialist Training after 1 August 2012.***
- **Intermediate level ICM** (as defined by the Joint CCT in ICM) – ***if the trainee entered Higher Specialist Training before 1 August 2012.***

Once Affiliate Trainees are confirmed as Affiliate Fellows they may apply to sit the FFICM examination.

Any trainee wishing to explore this further is strongly encouraged to speak to their local faculty tutor and then to the RA in ICM.

### **DUAL ICM TRAINING**

Trainees with a special interest in Intensive Care Medicine can train in both ICM and a partner specialty.

Entry to the ICM training programme is at ST3 level and all appointments are made through national UK recruitment and the West Midlands Deanery.

Dual training is also available to trainees already appointed to a National Training Number (NTN) in any of the five agreed partner specialties - anaesthesia, renal medicine, respiratory medicine, emergency medicine or acute medicine.

Dual Training in ICM and Anaesthesia allows the successful applicant to train towards two CCTs.

Trainees are eligible to apply to add ICM training to their Anaesthetic training programme as long as the interview falls before the end of their ST5 year in Anaesthesia.

Further information about application is best sought from the RA in ICM in West of Scotland, Dr Radha Sundaram. For information regarding the programme itself contact the TPD in ICM, West of Scotland, Dr Catriona MacNeil.

### **ICM ADVANCED ANAESTHETIC YEAR**

It is possible currently to undertake 6 months of ICM training as part of your advanced anaesthetic year. This is at the discretion of the training committee as it does depend on availability of training slots in units recognised for advanced training.

This is a more senior block of ICM training where it is expected that those with an interest in intensive care medicine forming part of a consultant post in the future would learn to take on a more senior role.

This needs to be planned in advance and approval sought from the Anaesthetic Training committee.

Please contact Dr Radha Sundaram along with Dr Malcolm Smith, Anaesthetic TPD and Dr Neil O'Donnell, Anaesthetic RA if this is of interest.

## **CONTACTS**

For information on general aspects of ICM training contact your local FICM Tutor (see below)

Queen Elizabeth University Hospital, Glasgow	Dr. S. Ramsay & Dr. K. MacDowall
Glasgow Royal Infirmary, Glasgow	Dr. M .McLaughlin
Royal Alexandra Hospital, Paisley	Dr. P.McConnell
Crosshouse Hospital, Kilmarnock	D r . A.Meikle
Forth Valley Hospital, Larbert	Dr. Neil Stewart
Hairmyres Hospital, East Kilbride	Dr. Jane Duffty
Wishaw General Hospital, Wishaw	Dr. Lorna Young
Monklands District General, Airdrie	Dr. Pamela Dean
Dumfries Royal Infirmary, Dumfries	Dr. Stephen Wilson
Ayr Hospital, Ayr	Dr. Judith Ramsay