INTENSIVE CARE MEDICINE

An essential module for Basic, Intermediate and Higher Anaesthesia training. Delivered as 3-month blocks.

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Intensive Care Medicine training for Anaesthetists uses the 2014 Annex F 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.
ICM Training
West of Scotland School of Anaesthesia 2016

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 induction tutorials 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.
**STAGE 1 ACCREDITATION IN ICM**

(This has replaced Intermediate Accreditation since the phasing out of the Joint ICM Training Programme)

Trainees appointed from 2013 are eligible to seek Stage 1 Accreditation in Intensive Care Medicine.

Details of Stage 1 ICM training are outlined on the FICM website under the 2015 curriculum.

This involves demonstrating a minimum of 12 months training in medicine in a recognised training post, 12 months of intensive care medicine and, for anaesthetic trainees, 2 years of Anaesthetic training.

Medicine can be made up of 12 months medicine or 6 months medicine and 6 months emergency medicine.

4 expanded case summaries are required.

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 Carol Murdoch. For information regarding the programme itself contact the TPD in ICM, West of Scotland, Dr Gregor Imrie.

**ICM ADVANCED ANAESTHETIC YEAR**

It is possible to undertake 6 months of ICM training as part of your advanced anaesthetic year.

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 Carol Murdoch 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)

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<tr>
<th>Queen Elizabeth University Hospital, Glasgow</th>
<th>Dr. Sarah Ramsay &amp; Dr. Catriona Macneil</th>
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<tr>
<td>Glasgow Royal Infirmary, Glasgow</td>
<td>Dr. Jennifer Cuthill</td>
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<td>Royal Alexandra Hospital, Paisley</td>
<td>Dr. Michael Brett</td>
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<td>Crosshouse Hospital, Kilmarnock</td>
<td>Dr. Peter O’Brien</td>
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<td>Forth Valley Hospital, Larbert</td>
<td>Dr. Neil Stewart</td>
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<td>Hairmyres Hospital, East Kilbride</td>
<td>Dr. Jane Duffty</td>
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<td>Wishaw General Hospital, Wishaw</td>
<td>Dr. Phil Lucie</td>
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<td>Monklands District General, Airdrie</td>
<td>Dr. Pamela Dean</td>
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<td>Dumfries Royal Infirmary, Dumfries</td>
<td>Dr. Stephen Wilson</td>
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<td>Ayr Hospital, Ayr</td>
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