

TRAINING IN INTENSIVE CARE MEDICINE IN SCOTLAND 2016

Introduction:

Training in intensive care medicine underwent radical changes, at the direction of the GMC, with the resulting new training programme being introduced in England in 2012 and Scotland in 2013.

The professional body responsible for Intensive Care Medicine is the Faculty of Intensive Care Medicine (www.ficm.ac.uk). The Faculty oversees the new curriculum for ICM which allows a doctor to train solely in ICM for the first time in the UK.

It is also possible to train in ICM in combination with a partner specialty. With the new single CCT it is possible to form a Dual CCTs Programme with a range of specialties. Currently: Anaesthetics, Acute Medicine, Respiratory Medicine, Renal Medicine and Emergency Medicine.

Every ICM training post is offered as single CCT programme in ICM. It can be undertaken on its own leading to a single CCT in ICM.

Trainees already in a training post in any of the partner specialties can also apply and be appointed to a single ICM training post, at which point they become dual trainees.

A trainee in single ICM training can apply for training in any of the recognised partner specialties and if appointed they become dual trainees.

For entry requirements it is wise to look at the most recent person specification, a link to which can be found on this page.

However, as an overview, applicants must have successfully completed (or be on track to complete by post start date); a core training programme in medicine or anaesthesia or an ACCS programme.

They must have the relevant exam:

primary FRCA for anaesthesia, full MRCP or full MCEM.

Those already holding an NTN in a partner specialty must be interviewed BEFORE the end of their ST5 year in the partner specialty. (Interviews for ICM take place annually in April)

To dual train, the two posts must be appointed in separate recruitment rounds.

The 18 month rule: If appointment to the two specialty posts in dual training were separated by longer than 18 months, training was

undertaken towards CESR. This no longer applies and appointment to both CCT programmes within dual training is towards CCT in both specialties regardless of the time between appointment to the first and second post.

The Programme:

The new programme has three stages.

Stage 1:

Is essentially 4 years long.

Each trainee is able to have recognised, training in any relevant previous post that was undertaken during core, ACCS or ST training.

All must complete stage 1 training with a *minimum* of

1 year of anaesthesia

1 year of medicine (6 months of which can be EM)

1 year of ICM

1 further year of any of these

Stage 1 is therefore a bespoke programme dependent on what a trainee has undertaken in the past. Any missing elements are organised as part of the individual programme.

Stage 2:

2 years

The first year is taken up with rotation to subspecialty ICUs, namely cardiothoracic, neuro ICU and paediatric ICU.

The second year is a special skills year allowing a year's training in an area of special interest.

There are many options: home ventilation, research, education, ECMO, ECHO, cardiac etc.

IF the trainee is dual training this second year is spent back in the partner specialty.

Stage 3:

The Final FICM exam must be passed to enter stage 3.

Stage 3 is a single year of advanced ICM the aim of which is to allow the trainee to gain the skills of consultant practice both in clinical experience as well as management of an ICU.

If a trainee is undertaking dual training, the ICM programme and the partner specialty programme dovetail each other throughout training

with periods of training in ICM and periods back in the partner specialty.

For each of the partner specialties there are areas of cross recognition of skills. For ICM and anaesthesia this means it is possible to dual CCT by extending the time taken to CCT by approximately 18 months. For some other partner specialties this extended time to train is longer. How much extra time is needed is dependent on the individual and their previous training posts at the time of appointment into the ICM training post.

Recruitment:

At its introduction, there was a separate recruitment process in Scotland which was allowed to “ringfence” posts for dual training in anaesthesia and intensive care medicine.

As of the recruitment round in 2016, Scotland has fully integrated into the UK recruitment process and all appointments take place in the annual recruitment round organised by West Midlands Deanery. It is unlikely that there will be any further separate Scottish recruitment process in the future.

The ICM posts, which are all single ST3 posts, are usually advertised mid February with a closing date for application around the first week in March.

Interviews are held in Birmingham in April.

The number of posts available varies year on year.

The posts are funded within the 4 regions of Scotland.

If the applicant already holds an NTN in a partner specialty then the only posts for which they are eligible are the posts in their current training region.

(At this time trainees cannot train in two specialties across regions.)

This means a trainee fixed in a region with an NTN in a partner specialty must rank highly enough in the interviews to be offered one of the posts in their current training region. If the posts in that region are already taken by higher ranking applicants, posts in other regions will not be available to them.

For those applying for their first ST3 post there will be the opportunity to rank the regions in order of preference and offers will be made according to rank at interview.

Application:

The application format will be familiar to anyone who has applied for a medical post in recent years.

Application takes place through the West Midlands HEE:

www.icmnro.wm.hee.nhs.uk

There is a self-evaluation form, which is split into sections such as additional degree, publications, presentation, audit and quality improvement work.

It is worth looking at this now.

Within each section marks are awarded and you should start considering how you might improve your score within each section in order to improve your score.

The Interview Process:

There are five parts to the interview:

1. Portfolio station
2. Presentation Station
3. Clinical station
4. Reflective Practice
5. Prioritisation Station

Each part carries an equal share of the marks.

The first three stations are manned with two interviewers, Stations 4 and 5 are inviolated.

There is more information on the stations in the attached presentation and I would suggest in advance of the interview that applicants seek out their faculty tutor or the TPD or RA for further guidance.

Feedback from interviewees is a mandatory part of the interview process. In addition the interviewers also provide feedback on the interviews.

This information is used to consider change to the interview structure wherever it is felt that it might improve the quality of the interview or the ability to discern the best candidates.

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