The Faculty of
Intensive Care Medicine

RCOA
Royal College of Anaesthetists

GUIDANCE ON DUAL CCTS PROGRAMMES IN INTENSIVE CARE MEDICINE and ANAESTHESIA

Contents

Note:
The following discusses the implementation of Dual CCTs in Intensive Care Medicine and Anaesthesia whilst drawing heavily on information already available online. Further information can be found via the links below, and this document should be read in conjunction with these further resources:

- FAQS on National Recruitment to ICM
- *The CCT in Intensive Care Medicine* (2011), Parts I-IV

Revisions
V1.0: October 2011
V1.1: August 2012 – Updated to include Dual CCTs FAQ material
V1.2: August 2016 – Out of date FAQs removed, links updated for new FICM website

Introduction

Following the approval by the General Medical Council [GMC] of the standalone *CCT in Intensive Care Medicine* (2011), this guidance has been compiled by the Faculty of Intensive Care Medicine [FICM] and the Royal College of Anaesthetists [RCoA] for the benefit of trainees undertaking Dual CCTs in Intensive Care Medicine [ICM] and Anaesthesia, as well as those deaneries, Training Programme Directors and Regional Advisors responsible for creating and delivering such programmes.

The GMC guidance on Dual CCTs states that "Dual CCTs are available if the trainee can demonstrate achievement of the competencies/outcomes of both the approved curricula"[1]. To this end, the FICM and RCoA have undertaken a cross-mapping exercise of both curricula to identify areas of overlap that will allow trainees to acquire the full competencies of both disciplines via a suitable choice of training attachments and educational interventions whilst avoiding undue prolongation of training.

This guidance deals specifically with those areas in which the two curricula overlap to allow dual-counting of competencies, and describes the layout and indicative timeframes of a Dual CCTs programme. More detailed information on the respective competencies and assessment methods discussed here can be found in *The CCT in Intensive Care Medicine* and *The CCT in Anaesthetics*.

Appointment to ICM/Anaesthesia Dual CCTs

GMC guidance on Dual CCTs states that "appointment to Dual CCTs programmes must be through open competition", and that "both potential trainees and selection panels must be clear whether the appointment is for single or Dual CCTs/s"[2]. All appointments should adhere to this guidance and to the ICM and anaesthesia CCT person specifications.

The ICM CCT programme may follow one of three Core programmes: ACCS [Acute Care Common Stem], CAT [Core Anaesthetic Training] and CMT [Core Medical Training]. Core Medical Trainees who subsequently wished to undertake Dual CCTs in anaesthesia and ICM would need to apply for CAT in order to meet the requirements of *The CCT in Anaesthetics* and re-enter at CT1. However, their previous time in CMT could be counted toward the 12 months' medicine required for Stage 1 of ICM CCT training (in blocks of no less than 3 months[3]), should they later be appointed to an ICM CCT programme.

Recruitment Process

Guidance on ICM recruitment to ICM CCTs has been developed and is published online at http://ficm.ac.uk/national-recruitment-intensive-care-medicine . Further information relevant to Dual CCTs recruitment will follow in due course.

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[1]   http://www.gmc-uk.org/education/postgraduate/6790.asp

[2]   *Ibid.*

[3]   *The CCT in Intensive Care Medicine*, FICM, 3rd Edition August 2011 v1.0, p.I-17.
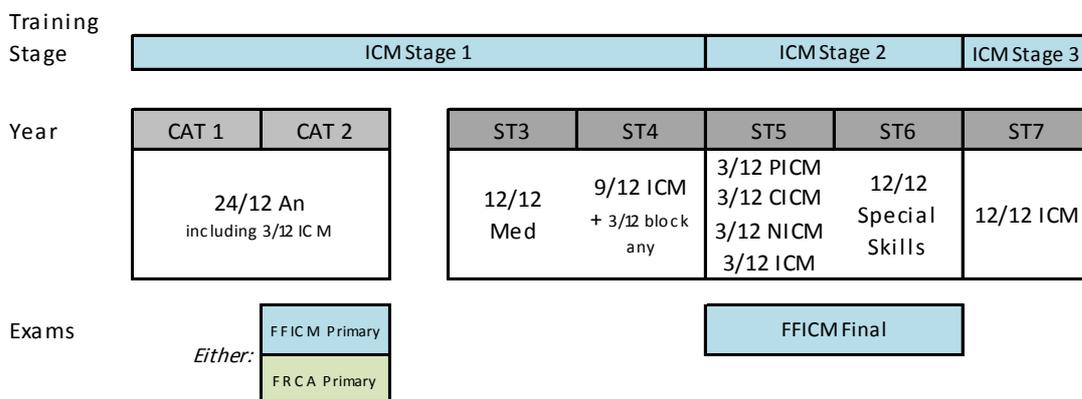
Summary of the standalone ICM CCT programme

The salient points below are summarised from the full ICM CCT curriculum. A full diagrammatic breakdown of the ICM CCT programme, as it relates to each of its designated Core programmes, can be found below.
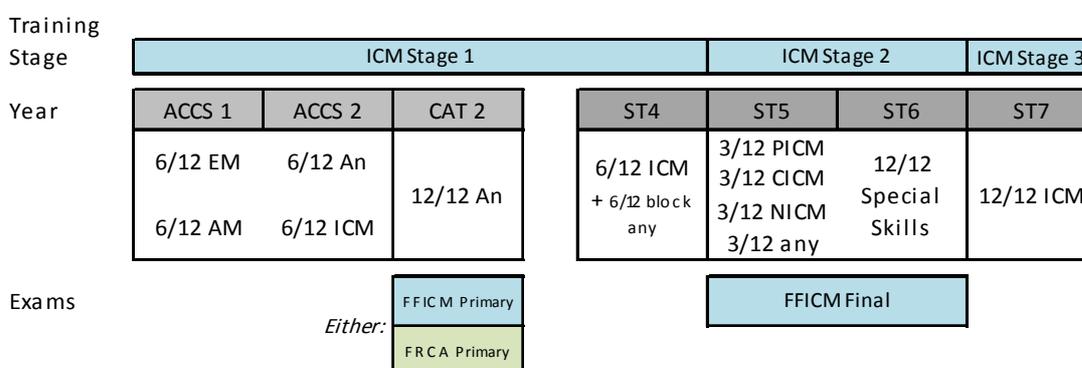
The ICM single CCT:

- is **7 years** in duration (including time in Core training)

- can be entered by trainees at ST3 level following completion of one its designated Core training programmes: **ACCS**, **Core Anaesthesia Training** or **Core Medical Training**. Completion of the core programme **includes** passing the relevant primary examination: FRCA Primary, MRCP, MCEM. There will in time be an FFICM Primary examination, but this will develop over the coming years.

- is broken down into **3 Stages** of training:

  o **Stage 1:** (CT1-ST4) comprises the first 4 years of training (generally 2 years at Core level and 2 years Higher Specialist Training [HST]), with a minimum of 12 months' training each in ICM, anaesthesia and medicine (of which 6 months can be in Emergency Medicine) within this overall 4 years; the additional 12 months in this Stage is for exposure to acute specialist training and addresses the fact that not all of the ICM multiple cores are of the same length and content; anaesthesia Dual trainees will therefore spend this time training in anaesthesia (single ICM CCT trainees may undertake this time in any of the acute specialties – depending on the needs of the service and local availability – and so are marked as 'any' in the single ICM CCT diagram below). These modules can be broken down into blocks of a minimum 3/12 each and can be undertaken in any order as local needs require.

  o **Stage 2:** (ST5-6) includes exposure to sub-specialist modules (3/12 minimum each of Paediatric, Neuro and Cardiac ICM) and the 12/12 'Special Skills' year. For all Dual CCTs trainees, their Special Skills year will be spent in their partner specialty; in this instance, undertaking Higher level anaesthesia. To complete Stage 2, ICM trainees must pass the **FFICM Final Examination**. The first sitting of this exam will be in Spring 2013.

  o **Stage 3:** (ST7) a final 12/12 block of advanced level Intensive Care Medicine, acquiring high level management skills.

Fig 1: **Example standalone CCT in Intensive Care Medicine programme for Anaesthetic core trainees**

Entry from CORE ANAESTHESIA:

Training Stage	ICM Stage 1			ICM Stage 2		ICM Stage 3

Year	CAT 1	CAT 2		ST3	ST4	ST5	ST6	ST7
	24/12 An including 3/12 ICM			12/12 Med	9/12 ICM + 3/12 block any	3/12 PICM 3/12 CICM 3/12 NICM 3/12 ICM	12/12 Special Skills	12/12 ICM

Exams	*Either:*	FFICM Primary			FFICM Final	
		FRCA Primary				

Entry from ACCS(ANAESTHESIA)

Training Stage	ICM Stage 1			ICM Stage 2		ICM Stage 3

Year	ACCS 1	ACCS 2	CAT 2		ST4	ST5	ST6	ST7
	6/12 EM 6/12 AM	6/12 An 6/12 ICM	12/12 An		6/12 ICM + 6/12 block any	3/12 PICM 3/12 CICM 3/12 NICM 3/12 any	12/12 Special Skills	12/12 ICM

Exams	*Either:*	FFICM Primary			FFICM Final	
		FRCA Primary				

Elements of the above programme have been agreed by the RCoA and FICM to be dual countable toward a CCT in Anaesthetics and a CCT in Intensive Care Medicine – these are detailed below.

Structure of a Dual CCTs programme including Anaesthesia and ICM

Both the anaesthetic and ICM CCT programmes have an indicative duration of 7 years; a Dual CCTs programme in ICM and Anaesthesia has an indicative minimum duration of **8.5 years**. It is technically possible for trainees entering via ACCS (Anaesthesia) to complete in 8.25 years, due to their completing 6/12 ICM within their Core programme rather than the 3/12 standard to all CAT trainees. This is reflected in the diagram below, which deals with the minimum requirements of the two CCTs. However, the FICM and RCoA accept that as a functional necessity of workforce planning trainees entering via ACCS(Anaesthesia) may also complete an 8.5 year programme depending on local arrangements.

Important point of note: The order of training blocks within an overall training Stage (within Core and HST boundaries) is **interchangeable**. For example: in the Core Anaesthesia route below, the 12/12 of Medicine does not have to take place in ST4 – it must be completed before the trainee can exit Stage 1 ICM, but there is total leeway at local level to arrange the order of the training (with a minimum 3/12 block length) via negotiation between Anaesthesia and ICM TPDs. Likewise, the 'Special Skills' year can be either of the two years that make up Stage 2 training. Trainees can sit the FFICM examination at any point in Stage 2 training. Areas marked with an * are those modules agreed by the RCoA and FICM as dual counting across both CCTs.

Fig 2: Example Dual CCTs programme in Anaesthesia and Intensive Care Medicine

If enter from CORE ANAESTHESIA:

Training Stage								
Anaes core training				Anaes INTER		Anaes HIGHER		Anaes ADV
ICM Stage 1						ICM Stage 2		ICM Stage 3

Year								
CAT 1	CAT 2	ST3	ST4	ST5	ST6	ST7	ST8	ST9
24/12 An including 3/12 ICM *		6/12 ICM	12/12 Med	24/12 An including 3/12 ICM *		3/12 Paed An * 3/12 Card An * 3/12 Neuro An * 3/12 ICM *	12/12 An (Special Skills) *	12/12 ICM *

Exams						
FRCA Part I			FRCA Part II		FFICM Part II	

If enter from ACCS:

Training Stage								
Anaes core training				Anaes INTER		Anaes HIGHER		Anaes ADV
ICM Stage 1						ICM Stage 2		ICM Stage 3

Year							
ACCS 1	ACCS 2	CAT 2	ST3	ST4	ST5	ST6	ST7	ST8
6/12 EM 6/12 AM	6/12 An 6/12 ICM	12/12 An	3/12 ICM	24/12 An including 3/12 ICM *		3/12 Paed An * 3/12 Card An * 3/12 Neuro An * 3/12 ICM *	12/12 An (Special Skills) *	12/12 ICM *

Exams						
FRCA Part I			FRCA Part II		FFICM Part II	

Dual counting competencies for both CCTs

As demonstrated by the * notations above, once trainees have completed **Stage 1 training**, the entirety of Stage 2 and Stage 3 ICM is dual-countable with Higher and Advanced level Anaesthesia. During Stage 1, both the 3/12 Basic and 3/12 Intermediate ICM blocks undertaken by all Anaesthesia trainees can be counted toward the CCT in ICM.

- **Stage 1 ICM and Core/Intermediate Anaesthesia**
  Stage 1 includes the trainee's Core programme and the beginning of their Higher Specialty Training. Stage 1 must be 4 years minimum in duration (for all Dual CCTs trainees this will happen by default), of which 3 must consist of 12/12 each in ICM, Anaesthesia and Medicine (for ACCS trainees 6/12 each of Acute and Emergency Medicine may count toward the Medicine requirement). Core level Anaesthesia comprises the full 2 years of Core Anaesthetic Training, which includes 3 months of basic level ICM. At completion of CAT (including a pass in the FRCA Primary) trainees can apply for training posts leading to Dual CCTs in Anaesthesia and ICM. Intermediate level Anaesthesia then includes a further 3 months of ICM at ST3/4 level. Dual CCTs trainees entering from CAT will therefore need to complete a further 6 months of ICM and the required 12 months of medicine to complete Stage 1 ICM. Dual CCTs trainees entering from ACCS (Anaesthesia) will have completed the required 12 months of medicine and 12 months of anaesthesia as part of ACCS (Anaesthesia), along with generally 6 months of ICM. These trainees will therefore need to complete a further 6 months of ICM to complete Stage 1[4].

- **Stage 2 ICM and Higher Anaesthesia**
  Stage 2 ICM covers 2 years of ICM training in a variety of "special" areas including paediatric, neurosurgical and cardiothoracic ICM. Stage 2 also allows 12 months for the trainee to develop

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[4] The FICM recognises that whilst an arrangement of two 6 month blocks is the most common combination for the ICM/anaesthesia year of ACCS (and is recommended by the Faculty), some regions allow trainees to divide this time into blocks of 3 and 9 months (weighted to either discipline). ACCS trainees undertaking only 3 months in one of the specialties during ACCS would need to undertake a further 9 months of it before completing Stage 1.

special skills that will "add value" to the service. *The CCT in Anaesthetics* requires trainees to complete 3 months of Higher level ICM, which can be dual counted toward the ICM CCT.

- o **Paeds/Neuro/Cardio blocks:** Stage 2 requires a 3 month block in each of these areas. The purpose of these attachments is not to produce specialist intensivists but to introduce trainees to these areas so that if and when they take up a consultant post in ICM they will be useful members of the team able to recognise, resuscitate, stabilise and transfer critically ill patients who require specialist care and treatment. There are required modules in these specialist areas in the anaesthesia curriculum and ICM competencies can be acquired during anaesthesia attachments; assuming the requisite ICM assessments are also completed it will not be necessary to have formal specialist attachments to ICM.

  This year of Stage 2 contains one more 3 month block, which can be spent in either general ICM (appropriate to Stage 2 learning outcomes) or further training in one of the above specialist areas. Dual CCTs trainees may spend this additional 3 months in general adult ICM to meet the Higher level ICM requirements of *The CCT in Anaesthesia*, unless this has already been achieved earlier in their dual programme.

- o **Special Skills year:** The ICM CCT programme requires that during Stage 2 trainees develop and consolidate expertise in a 'Special Skill' directly relevant to ICM practice. For Dual CCTs trainees, it is envisaged that the special skills year will consist of 12 months of their partner CCT programme. Most trainees undertaking Dual CCTs in Anaesthesia and ICM will therefore undertake the required Higher level anaesthesia training during this year – trainees wishing to undertake more specialised ICM during this year will have to negotiate such training blocks at local level and extend their training time in order to also complete all the Higher level anaesthesia required by their partner CCT.

This overall dual-counting of competencies allows dual anaesthesia and ICM CCT trainees to undertake Stage 2 without extension of their training.

- **Stage 3 ICM and Advanced Anaesthesia**
  The anaesthesia CCT programme allows for 12 months of ICM training as an anaesthetic Advanced module; this time can therefore be dual-counted to allow Dual CCTs trainees to undertake Stage 3 ICM without extension of their training.

Assessments

The FICM and RCoA utilise the same forms of workplace-based assessment [WPBA]: DOPS [Directly Observed Procedural Skills], Mini-CEX [Mini Clinical Exercise] (called either A-CEX or I-CEX respectively), CbD [Case-based Discussion] and Multi-Source Feedback [MSF]. These assessment forms have been designed for commonality across both specialties, with some specialty-specific differences in questions and assessment options. The ICM CCT also allows for the use of the Acute Care Assessment Tool [ACAT]; this assessment is acceptable for ICM CCT competencies but not the anaesthetic CCT.

The FICM does not currently have an e-Portfolio system, but is actively investigating all available options. However, in those instances where competencies can be dual-counted, the FICM and RCoA will accept use of one WPBA for both assessment systems; for example an assessment completed on the RCoA's e-Portfolio that is then printed out and placed into the trainee's ICM portfolio, or an ICM WPBA which is scanned and uploaded to the RCoA e-Portfolio. Whilst the assessment of dual-counted competencies must be tailored to fulfil the requirements of both curricula, it may be appropriate to use one assessment to cover an aspect of both areas of practice.

Examinations

Entry into ICM HST requires completion of one of the prescribed core training programmes, using that core's GMC-approved curricula and assessment system and including successful completion of the relevant primary examination for that programme. This exam pass must occur before entry to HST. Trainees wishing to enter Dual CCTs in ICM and Anaesthesia therefore **must** pass the Primary FRCA exam[5] in order to meet the requirements of both curricula – they are not required to also pass the FFICM Primary. Trainees passing the Faculty's FFICM Primary **only** would be eligible for a single CCT in ICM, but **not** Dual CCTs with anaesthesia.

Dual CCTs trainees **must** pass both the Final FRCA and FFICM Final in order to gain both CCTs. The Final FRCA is taken during Intermediate level anaesthesia training, and must be passed before entry to Higher training. The FFICM Final can be taken at any time during Stage 2 ICM, and must be passed before entry to Stage 3. Dual CCTs trainees are advised to coordinate carefully with their respective RAs to avoid exam congestion. Trainees who do not achieve one of the required Final examinations will be ineligible for a CCT in the respective specialty.

Dual CCTs programmes in ICM and Anaesthesia

Below is an *example* programme for Dual CCTs in ICM and anaesthesia. These should not be considered as immutable formats – there is scope within the construction of the two curricula to allow for trainees undertaking the required modules *within an overarching Stage of training* rather than specific years. For example, the 12/12 required in each of anaesthesia, medicine and ICM for Stage 1 training can be achieved in any CT or ST year before the completion of Stage 1. Likewise, the Stage 2 Special Skills year can be in either year within that training Stage. The same is true of the 6/12 modules that make up the ACCS programme. Decisions will be made at local level on the arrangement of specific modules within each training Stage. Where a training year is represented by a less than 12/12 block, this is purely to demonstrate acquisition of Stage requirements on the diagram – trainees would not be expected to mark time in that ST year but could progress within the programme.

The indicative minimum timeframe for Dual CCTs training in anaesthesia and ICM is 8.5 years (trainees entering from ACCS (Anaesthesia) *may* achieve the required competencies in 8 years and 3 months). Trainees who do not achieve the competencies required within this timeframe will require an extended period of training.

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[5] This refers specifically to the UK Primary FRCA – trainees passing any other exam, such as FFARSCI, are eligible for appointment to a CESR[CP] (Combined Programme) in anaesthesia, not a CCT. Such trainees would also only be eligible for appointment to a CESR[CP] in ICM, unless they also passed the Primary FRCA or Primary FFICM.

ARCP Decision Aids

The section below outlines the ARCP Progression Grids that should be used at the trainee's Annual Review of Competence Progression [ARCP] meeting. They are built upon the ARCP guidance within *The CCT in Intensive Care Medicine*, and are shown in this format for ease of use by trainers. However, they are slightly amended to take account of the lengthened training required to obtain Dual CCTs.

ICM Stage 1

Assessments	ICM remainder of Stage 1 training
Log book procedures	A total of more than 30 over the 3 year period (with an average of 10/year) to reflect choice of DOPS. Evidence of progression of skill.
Log book cases	Unit Admission data should be available to support yearly leaning outcomes Individual cases provide suitable case mix to achieve yearly learning outcome
Log book Airway skills	A total of more than 30 cases (with an average of 10/year) with evidence of progression of skill.
Exam	Possession of one of the designated core exams is needed for entry to HST in ICM.
ES report	Satisfactory report for each year.
Audit	At least 1 audit completed during each Stage of training.
Expanded Case summaries	A total of at least 4 cases must have been completed by end Stage 1 (of at least Level 2 standard).
WPBA	A total of at least 10 general 'Top 30' cases as **CBD**s, **CEX** or both must have been completed by the end of Stage 1. Up to 5 CoBaTrICE competencies can be covered in each assessment.
	DOPS: chosen to reflect agreed CoBaTrICE competency assessments.
	MSF: A total of 2 from separate years of training
Morbidity and Mortality meetings	Attend at least 6 and evidence of reflection from 3 meeting.
Journal clubs	Present at least twice during Stage 1
External meetings as approved in PDP	Reflection on content.
Management meetings	No mandatory requirement but attendance encouraged.

ICM Stage 2

Assessments	ICM Stage 2 training (minimum 24/12 duration) including paediatric; cardiothoracic and neurosurgery attachments
Log book procedures	A total of more than 15 to reflect choice of DOPS. Evidence of progression of successful completion. A logbook should be maintained but no target numbers are required during the special skills modules.
Log book cases	Unit Admission data allows yearly leaning outcomes to be fulfilled Individual cases provide suitable case mix to achieve yearly learning outcome. A case logbook should be maintained during the special skills modules.
Log book Airway skills	A total of more than 30 cases with evidence of progression of skill.
Exam	Final FFICM must be obtained before progressing to Stage 3.
ES report	Satisfactory report for each year.
Audit	At least 1 audit completed during each Stage of training.
Expanded Case summaries	A total of at least 4 cases must have been completed by end Stage 2 (of at least Level 3 standard).
WPBA	At least 4 'Top 30' Cases as **CBD**s, **CEX** or both demonstrating at least 5 competencies each. At least 6 'Top 30' Cases from the special modules list (at least 2 from the paediatric, cardiac and neurology list) as **CBD**s, **CEX** or both. Up to 5 CoBaTrICE competencies can be covered in each assessment.
	DOPS: chosen to reflect agreed CoBaTrICE competency assessments.
	MSF: 1 per year.
Morbidity and Mortality meetings	Attend at least 4 and evidence of reflection from 1 meeting.
Journal clubs	Present at least twice
External meetings as approved in PDP	Reflection on content
Management meetings	No mandatory requirement but attendance encouraged.

ICM Stage 3

Assessments	ICM Stage 3 training (12/12 ICM attachment)
Log book procedures	A total of more than 15 to reflect choice of DOPS. Evidence of progression of successful completion.
Log book cases	Unit Admission data allows yearly leaning outcomes to be fulfilled Individual cases provide suitable case mix to achieve yearly learning outcome.
Log book Airway skills	A total of more than 30 cases with evidence of progression of skill.
Exam	N/A
ES report	Satisfactory report.
Audit	At least 1 audit completed during each Stage of training.
Expanded Case summaries	2 cases must have been completed by end Stage 3 (of at least Level 4 standard).
WPBA	At least 5 'Top 30' Cases as **CBD**s, **CEX** or both, demonstrating at least 5 competencies each.
	DOPS: chosen to reflect agreed CoBaTrICE competency assessments.
	MSF: 1 per year.
Morbidity and Mortality meetings	Attend at least 4 and evidence of reflection from 1 meeting.
Journal clubs	Present at least once
External meetings as approved in PDP	Reflection on content
Management meetings	Attend at least 2.

Frequently Asked Questions:

Please click here to be taken to the FAQ section of the FICM website.