Principles of a Training Capacity Assessment

The Faculty of Intensive Care Medicine

VERSION 1.0
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Contents

Revision log

This document aims to provide helpful guidance for undertaking a Training Capacity Assessment for an Intensive Care Unit in the UK.

This is **Version 1.0.** As the document is updated, version numbers will be changed, and content changes noted in the table below.

Version	Date issued	Summary of changes
1.0	July 2025	Initial version.

Introduction

It is recommended that the training capacity of an Intensive Care Unit (ICU) be assessed on a regular basis. This assessment should consider not only Intensivists in Training (IiTs) and the existing resident medical workforce, but also the introduction of any additional staff requiring education and supervision. These may include doctors in training (from specialties requiring ICM placements, or Foundation Programmes), Specialty and Specialist (SAS) doctors, Locally Employed Doctors (LEDs), and trainee advanced critical care practitioners (tACCPs).

Regular reviews should incorporate feedback from local, regional, and national surveys, along with any reported concerns regarding the ability to meet training requirements.

This guidance has been co-authored by the Chairs of the Faculty's Training, Assessment & Quality (FICMTAQ) and Careers, Recruitment & Workforce (FICMCRW) Committees, with input from Intensivists in Training (IiT) and ACCP representatives.

The model of activity for ICUs across the UK varies significantly, shaped by local service demands, geography, and the composition of the multidisciplinary team. IiTs follow a bespoke training pathway to become Consultants and leaders in the specialty, influenced by their core training background and the specific requirements of their Single, Dual, or Triple CCT programmes.

While a single standardised formula for all ICUs is not practical, this document outlines the key principles for conducting a Training Capacity Assessment (TCA). It should be used in conjunction with the latest editions of:

- FICM's Guidelines for the Provision of Intensive Care Services (GPICS)
- Conference Of Postgraduate Medical Deans' (UK) (COPMeD) Gold Guide

The Faculty of Intensive Care Medicine (FICM) is responsible for setting training standards for both IiTs and tACCPs. FICM's GPICS guidance includes recommendations on the consultant workforce required to deliver safe and effective care. Statutory Education Bodies (often referred to as Deaneries) are responsible for delivering training for doctors through recognised programmes, supported by established quality assurance processes.

An accompanying Training Capacity Assessment Form is available to support Clinical Directors, Faculty Tutors, and Regional Advisors in undertaking this review. It offers a structured template to capture relevant workforce data, supervision arrangements, and educational opportunities. This tool can assist in identifying both current strengths and areas for development. The form is advisory, not mandatory, and should be adapted to local context and governance arrangements.

Step 1: Factors to consider when beginning a Training Capacity Assessment

a) Review the current state of training within the ICU

This should be the starting point of the TCA process. Baseline data is often collected by Clinical Directors for submission to the Operational Delivery Networks (ODNs). If an ICU is unable to meet the current training needs of its IiTs, the relevant regional school (ICM or Anaesthesia) should be informed to ensure suitable provision for the planned training programmes. The ICM Regional Advisor (RA) should also be involved. Any additions to the workforce, including tACCPs and/or residents from partner specialties, should be postponed until sufficient support is in place to meet the training requirements. As is a tenet of the scheme, doctors should only be brought into the service via the medical training initiative (MTI) if there is training capacity to support their education, training and supervision.

Any proposed expansions to existing educational provision and supervision should be discussed with the ICM RA, Training Programme Director (TPD), and Clinical Director, considering both educational capacity and service delivery requirements.

b) Assess the number of consultants recognised as Educational or Clinical Supervisors

This should include those formally recognised by the GMC **and** with appropriate and proportionate job-planned time allocated to support all learners[1].

c) Ensure there are sufficient Faculty Tutors

The number of Faculty Tutors should be sufficient to effectively oversee the delivery of training and education for all doctors in training within the service.

d) Confirm there is a named consultant lead for ACCPs/tACCPs

This individual should oversee the delivery of education, training, and ongoing professional development of ACCPs and tACCPs within the department.

e) Evaluate the availability of daily educational opportunities

Consider the volume and variety of cases, acuity of case mix, admission and referral numbers, access to relevant procedures, ultrasound mentorship, and follow up clinics. These all contribute to a meaningful learning environment.

f) Consider the total number of learners requiring supervision each day

The total number of individuals needing training time and supervision each day will be influenced by factors such as rota gaps, rest days before and after on-call shifts, annual and study leave, Self-Development Time (SDT), and the supervisory capacity of permanent staff (Consultants, SAS doctors, & senior ACCPs, etc.).

g) Review the training needs of the current cohort of IiTs

Assess their stage of training and ensure the department has the capacity to deliver supervision and meet the curriculum requirements. Maintaining their existing skills and competence should take precedence.

h) Account for the training needs of other learners in the department

This includes SAS doctors, locally employed doctors (LEDs) and other healthcare professionals. All staff should have equitable access to training and development opportunities relevant to their needs.

[1] FICM. Support for Medical Educators

i) **Ensure appropriate leadership and supervision for clinical care**

Patient care must be led by a named duty Consultant or Specialist Intensivist, and all learners must be supervised accordingly. The number of consultants in the service should align with GPICS recommendations.

j) **Consider the availability of additional training resources and personnel**

This may involve resuscitation training officers, senior IiTs, SAS Doctors, senior ACCPs, echocardiographers and other relevant professionals who can contribute to the educational offering.

Step 2: Evaluating Your Current Workforce

The 2021 ICM Curriculum defines three stages of training, outlining the knowledge, skills, and experience that Intensivists in Training must acquire over an indicative seven-year period (full-time equivalent). These training outcomes are achieved and assessed in a variety of settings, including but not limited to intensive care units, operating theatres, inpatient wards, radiology and emergency departments, as well as out-of-hospital environments, such as critical care transfer services.

A key strength of Intensive Care Medicine is its diverse cohort of IiTs, drawn from a variety of core programmes such as Acute Care Common Stem, Anaesthesia and Internal Medicine Training. These doctors are therefore at different stages of both clinical experience and ICM training with their supervision requirements based on their prior experience. These supervision requirements should be regularly reviewed and assessed with the Faculty Tutor to ensure appropriate support as they progress through the curriculum. A unit's ability to deliver effective supervision, whilst also ensuring that the curriculum's needs are met must be prioritised when evaluating whether additional training capacity exists.

Beyond IiTs, it is also essential to assess the unit's ability to **support all learners** across the multidisciplinary team. This includes ACCPs, SAS doctors, locally employed doctors (LEDs) and others, reflecting the broader move toward a multiprofessional substantive critical care workforce.

Supervision Requirements

1) **Intensivists in Training (IiTs)**

The ICM curriculum clearly outlines the required supervision levels across the three stages of training. Stage 1 IiTs typically require more direct supervision, while those in higher stages may be able to supervise more junior colleagues. However, the duty Intensivist always retains overall supervisory responsibility. The level of supervision should be adjusted based on factors such as the IiT's capabilities, the acuity of the patient, and the clinical setting (e.g. remote locations).

2) **Other Residents in Training Programmes**

Doctors in Training (DiTs) from Emergency Medicine, Anaesthesia and Internal Medicine, as well as Foundation Doctors undertaking ICM placements have their own curricula and supervision requirements. These must be considered when assessing training capacity, and the same core principles of supervision apply as for IiTs.

3) **Locally Employed (LED) and SAS Doctors working in Intensive Care**

LEDs and SAS doctors working in Intensive Care are employed by the trust or health board and often have individual training requirements. While they work under different terms and conditions, it is strongly recommended that they receive the same access to learning opportunities and clinical/educational supervision as IiTs and other DiTs.

4) **ACCPs & tACCPs**
Units must ensure they have sufficient consultant capacity to deliver structured educational supervision for trainee ACCPs, in addition to meeting the demands of day-to-day clinical supervision during shifts.

Step 3: Actions for Clinical Directors and Faculty Tutors

1) **Ensure appropriate training capacity, resources** and funding are in place to deliver the ICM curriculum and provide the necessary supervision and experience for all Intensivists in Training, and other learners within the unit.[2,3]
2) **Work collaboratively to assess and maintain oversight of all learners' educational needs,** ensuring equitable access to supervision, development opportunities, and protected training time across all staff groups.
3) **Undertake an internal review of the unit's training capacity at least annually,** and whenever new learners are being considered. This review should incorporate findings from relevant quality assurance mechanisms, such as resident surveys, feedback reports, and external reviews.

Step 4: Final Principles

High-quality training within Intensive Care Units depends on having a sufficient number of consultants, supported by engaged Clinical and Educational Supervisors and Faculty Tutors. The capacity of these individuals to deliver training is finite; adequate time and resources must be clearly allocated within job plans to ensure the delivery of training is both transparent and sustainable.

Historically, this training capacity has guided the number of training posts allocated within regions and must continue to be safeguarded. Any plans to recruit additional staff, particularly those outside of the ICM CCT Training Programme, must include confirmation from both the Faculty Tutor and Clinical Director that such changes will not compromise the ability of IiTs to access all aspects of the curriculum available within the unit.

If Faculty Tutors have concerns about their unit's training capacity, they should raise this with their DME, and with their TPD or RA for support. This allows for early identification of issues and facilitates discussions with the employing Trust/Health Board, Statutory Education Body and/or Faculty where additional support may be needed.

Similarly, if an IiT has concerns regarding their access to appropriate training opportunities or clinical experiences, these should be escalated as appropriate to their Educational Supervisor, Faculty Tutor and Training Programme Director for timely resolution.

2 COPMed Gold Guide
3 FICM & ICS - Guidelines for the Provision of Intensive Care Services

Glossary

Abbreviations	Meaning
ACCP	Advanced Critical Care Practitioner
ACCS	Acute Care Common Stem
CCT	Certificate of Completion of Training
CS	Clinical Supervisor
DiT	Doctor in Training
EM	Emergency Medicine
ES	Educational Supervisor
FICM	Faculty of Intensive Care Medicine
FICMCRW	FICM's Careers, Recruitment & Workforce Committee
FICMTAQ	FICM's Training, Assessment & Quality Committee
FT	Faculty Tutor (local appointment, approved by FICM)
GMC	General Medical Council
HEIW	Health Education and Improvement Wales
ICM	Intensive Care Medicine
ICU	Intensive Care Unit
IiTs	Intensivists in Training
IMT	Internal Medicine Training
LED	Locally Employed Doctor
MTI	Medical Training Initiative
NES	NHS Education for Scotland
NHSE	NHS England
NIMDTA	Northern Ireland Medical and Dental Training Agency
RA	Regional Advisor (FICM appointment)
SAS	Specialty & Specialist Doctor
SDT	Self-Directed Time
SEB	Statutory Education Body
tACCP	Trainee Advanced Critical Care Practitioner
TCA	Training Capacity Assessment
TPD	Training Programme Director (SEB appointment, responsible to Head of School and Post-Graduate Dean)

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