New look Trainee Eye coming March 2018

8th Edition: September 2017

- Welcome!
- FICM website
- ICM Curriculum Changes
- Flexible Career Paths
- FFICM examination information
- ICM ePortfolio
- e-ICM
- Meeting the Vice Dean and Head of Faculties
- FFICM PREP Course
- Quality Report
- New Starter Document
- FICM Annual Meeting
- LTFT Matters 2017
- FICM/FPM/RCoA Annual Transparency Data: The Cost of Training
- Consultations
- GPICS
- Critical Eye
- Standing update for new trainees
- Contacting the Faculty

- The Future

WELCOME!

Welcome to the Eighth edition of Trainee Eye, the newsletter for ICM trainees sent by the Faculty of Intensive Care Medicine.

The aim of this newsletter is to open up channels of communication, and also highlight information that is directly relevant to trainees, and also to the wider ICM community.

FICM WEBSITE

We hope you are finding the new FICM Website (https://www.ficm.ac.uk) easy to navigate and informative for training and exams. We would welcome your thoughts on the content for trainees, and topics you feel we should add in the future. Get in touch by emailing us here

ICM CURRICULUM CHANGES

The following changes have been approved by the GMC:

Quality Improvement
The requirement to undertake Audits have been replaced by participation in a Quality Improvement project, this is to reflect a general shift in undertaking QI projects rather than audits across specialties.

Removal of expanded case summaries:
Expanded case summaries have now been removed from the ICM curriculum. Quality Improvement Projects, which have replaced audit requirements, will ensure a trainee's academic writing skills are maintained. This will also reduce some assessment burden on trainees.

A trainee who is part way through a stage of training should have completed pro-rata 1 expanded case summary per year of training in their Stage up until 2nd August 2017 and thereafter will not be required to complete any further expanded case summaries (but will be required to provide evidence of participation in a QIP for their 2017-18 ARCP). Anyone appointed to an ICM NTN from August 2017 does no need to complete any case summaries.

Flexible Career paths

“Have you worked flexibly? Taken OOPE/OOPT, done an unusual fellowship, taken parental leave, a sabbatical, worked for a national body or a local LETB or done something else that you think constitutes 'working flexibly!?'

The faculty are engaged in a piece of work looking at flexible career paths. This is not just looking for people who may work part time (although we do want to hear from them as well) basically anything that is slightly off the well-trodden path.

We would love to hear either an anecdote, but preferably a short video or audio clip perhaps just 1-2 minutes in length, telling your story. Part of this process is to engage the wider medical body to see what is possible whilst combining a career in intensive care medicine.

If interested please send to videos/audio clips to ficm@rcoa.ac.uk

If we like them they may (with your permission) be posted on the FICM website"

FFICM Examination Information

Please note the next FFICM MCQ will take place at the RCoA on Tuesday 9th January 2018. The application window for this sitting opens on the 16th October 2017 and closes on the 23rd November 2017.

ICM e-Portfolio

If your Educational supervisor needs access to the ICM e-portfolio they can e-mail us at ficm@rcoa.ac.uk. We will then assign them the role of ICM Educational Supervisor. You will then be able to link your ES to your admin post.

If you wish to get in touch with the ePortfolio trainee representatives, Hywel Garrard and Dafydd Williams you can do via email here

Although the Faculty has editing-admin control over information added to the portfolio, we do not have any control over the back-end software that runs the system; this is entirely controlled by NES. If you contact the NES helpdesk please be aware that they refer ***all*** queries to the colleges/faculties as a matter of routine, even if the issue is a back-end one. Faculty staff will do our best to help you with any problem you are experiencing, but please be aware that if the issue is software related we will be unable to fix them and will have to raise a central helpdesk problem with the NES programmers to resolve the issue.

---

e-ICM (e-Learning for Intensive Care Medicine)

There is new a website resource containing all the key information (registration, module content, release dates) about this resource: https://www.ficm.ac.uk/news-events-education/e-icm

e-ICM is a joint venture between e-Learning for Healthcare (e-LfH) and FICM. The programme provides 10 modules of resources covering the FICM syllabus including e-learning sessions, links to open access review articles and guidelines. Whilst the resources will be particularly useful for trainees undertaking Stage 1, they will also be of interest and use to anyone caring for the critically ill or preparing for the FFICM examination. To access e-ICM you must first register with e-LfH. You will then be able to complete the modules and link them to your ICM curriculum in your e-portfolio.

Meeting with Vice Dean and Head of Faculties

Your Trainee Representatives, Jamie Plumb (**JP**) and Richard Gould (**RG**), met with Alison Pittard (**AP**, Vice Dean) and Daniel Waeland (**DW**, Head of FICM and FPM) for a chat about the Faculty, training and workforce.

Recruitment and Training

RG: What role does the faculty have in determining the number of trainee posts in the country?

DW: A complex question. Ultimately the home nation governments and HEE decide how much funding they are prepared to release each year. Our role is to provide evidence to move that number in the right direction. This can be arming RAs negotiating with their local deanery with data, sending a delegation to regional meetings to make the case or the detailed reports from our workforce engagements.

RG: How are trainee numbers divided up amongst the deaneries?

AP: Now that is an interesting one! I think to answer that correctly I probably have to delve back in time a bit. The first group to oversee training in ICM was the Joint Advisory Committee in Intensive Care (JACIT) and is why people still talk about "jacket" posts. There were about 12 of these posts nationally, funded centrally and the funding had to be applied for. This meant those hospitals that were keen to train intensivists had these posts. This morphed into the joint training programme and more posts were created, occasionally through central funding, but often by individual trusts funding them. Hence there was a huge geographical variation in training numbers based, really, on local interest.

RG: How did that change with the new ICM CCT?

AP: With the new programme regions had to commit to how many posts they were prepared to fund. The outcome was dependent on a number of factors including how their current posts were funded, what their training capacity was and what their local workforce projections were. Obviously the latter is a variable difficult to quantify and this is what has led to regional differences in trainee numbers.

RG: So can trainee numbers be increased?

AP: To increase numbers there has to be funding and as there is no extra money they can only be increased at the expense of another specialty, which did happen initially with anaesthetic posts being converted into ICM posts. However I don't think "the powers that be" really appreciate the manpower crisis we face and we are trying to highlight the urgent need to increase numbers nationally.

JP: Does the Faculty have any control over what goes into the ICM curriculum?

AP: Yes. We have a lot of control. All the specialty specific stuff is down to us. The GMC accept we are the experts and assume that what we put in is essential, appropriate and achievable. There are a few things we have no control over and have to do what we're told! But actually the majority of things that have been mandated are either already in our curriculum such as research, professionalism etc or are easy to add, e.g. new legislation.

JP: Are there any curriculum changes being considered at the moment?

AP: One of the things we've been trying to add to the curriculum recently is ECHO. We have had pressure put on us to include it but the GMC state that if it is in there it has to be deliverable to all and our trainers say that some regions could not achieve this at present. So the Faculty are caught in

the middle. Ultimately in this case we had to say no for the present but it won't be long before it is included. The main change to the curriculum for 2018 will be the introduction of Generic Professional Capabilities and incorporating recommendations from the GMC's "SCAR" report. For trainees and trainers the main difference will be in the format of the curriculum, there being little need to add anything as it was already fit for purpose. As all curricula need to be outcomes based you'll be pleased to hear that the assessment burden will be reduced.

DW: We've just finished a curriculum review process with the GMC, which will see some minor changes, including the removal of case summaries – hopefully some positive news there! At present the GMC are reasonably discouraging specialties from making major changes to their curricula in advance of the large upcoming cross-specialty review that Alison mentions above, SCAR (Standards for Curricula and Assessment Review). This will see curricula transform from competency to outcome based. This has considerable potential benefits for ICM, which is based on an outcomes framework (Cobatrice). I am personally positive that this will allow us to reduce assessment burden whilst being able to retain training quality. The process for the review begins this month and will carry on for some months. Updates will follow and trainees will form a key stakeholder group for reviewing the new look curriculum.

JP: Does the faculty set the FICM exam questions?

AP: Indirectly. The management of the exam is devolved to those who have the appropriate expertise. Each section of the exam has a group of examiners, including a chair, responsible for its organisation, development, question writing, paper setting and standard checking. There is an exam board that includes the subgroup leads, chair of the exam and exam dept staff. This group takes a strategic view of what is going on and reports to the Board via the Training, Assessment and Quality (TAQ) committee, which the chair of the exam is a member of.

RG: Will there be more faculty run exam courses for trainees?

DW: Yes. We hope to run them twice a year (in spring and autumn) from 2018.

RG: Is the e-portfolio structure likely to change soon?

DW: Yes. How much depends on factors currently beyond our control. By 2019 we will have moved to either a new NES platform or another provider. IT systems are very expensive, and with money being no limiting factor, we would have an e-portfolio that does everything trainees and trainers want and more, but we have to live within our means. We will always strive to get the best we can get for you from the resources we can work with. At present we're listening to feedback on the current system and making changes.

RG: How can a trainee suggest improvements to their training?

DW: In a number of ways:

- The annual FICM trainee survey is a foundation of our quality nexus. It allows us to get far more specific data for the ICM programme that the GMC survey and is poured over in some detail by TAQ and fed back to Regional Advisors (RAs).
- Speaking to your RAs and Faculty Tutors. They are our regional training network and approve local training programmes and meet with the Faculty.
- Through Jamie and Richard. If you don't want to approach us directly, your elected Trainee Representatives can speak to us confidentially.
- Directly. It's always difficult to shake the reputation as an austere standards body, but we're very approachable and always pleased to help!

RG: What do you see the role of Trainee Representatives within the Faculty?

AP: You are a fantastic resource for trainees and for us as a Faculty. You are our eyes and ears. We really need to know what it's like for trainees working in ICM around the country. If we don't we assume that everything is OK. I hope that we come across as being approachable but I do appreciate it can be a bit daunting contacting someone within the Faculty and you can act as a go between in such circumstances. You advise us on our developments and let us know if there will be an impact on trainees so that we make appropriate decisions.

JP: What is the difference between a Regional Advisor (RA) and a Faculty Tutor (FT)?

AP: Every hospital that has an ICU approved for training must have a FT. They will work in that unit and are responsible for ensuring standards for training are maintained. They understand the training requirements by being familiar with the FICM website, receiving up to date information or new guidance from the RA and attending annual meetings. The RA has more of a strategic role. They usually are appointed to match the geography of the LETB and will "line manage" the FT's in that region. RA's meet regularly and the lead RA is co opted onto the Faculty Board so they are able to influence its functioning through feedback from the network of FT's and RA's.

JP: How does one become an RA or FT?

DW: FTs are recruited locally through the RA. RAs are advertised by the Faculty among the FTs and other training leads (i.e. TPD). We would expect FTs to have good experience of educational supervision and, naturally, a firm commitment to training and trainee welfare. RAs would have served a good period of time as FTs. We hope current doctors in training will want to keep involved in the world of training by becoming FTs and RAs one day.

Workforce and Welfare

RG: What is being done to prevent trainees 'dropping out' of the programme?

DW: We want to ensure attrition does not become a problem in three ways. Firstly, by improving, wherever possible, the quality of training received. Secondly, by reducing assessment burden and trying to keep training flexible (and working with other specialties on the national stage to encourage this). Lastly, with the work mentioned above, by improving mechanisms for trainees to both experience reasonable work-life balance and support throughout their training.

RG: How is the risk of 'burn out' being addressed?

AP: Burnout is a real issue and some of the reasons it occurs are outwith our control e.g. retirement age, organisational constraints etc. Through our workforce census and other feedback mechanisms we aim to create a picture of what the problems are and hopefully get an idea of what people think are potential solutions. The nature of ICM is often stressful and it may be that the Faculty can develop support networks for example. If it is felt that "senior" consultants need different working patterns or responsibilities this is likely to be something that is felt by other acute specialties and would be taken to the Academy for discussion. CRW are taking forward a suite of projects on this and related themes in 2017 and 2018. Our annual meeting next year, "Mind the Gap" focuses on health and wellbeing and it would be great to see some of you there.

RG: Does the Faculty think a newly appointed ICM consultant will be able to work until 67 years of age?

AP: Difficult one. I think a new consultant could work until 67 but do they want to? This issue is relatively new due to the pension changes and isn't restricted to ICM. Personally I think that we need to create a transition of working practice throughout consultant life from clinical work at the

beginning moving through to teaching and training later on. I truly believe that educational supervision needs to be separated from clinical responsibilities so that the focus is on training alone. As you progress through your consultant career you acquire a wealth of knowledge and experience that, given the time, could be a huge benefit in a training environment both on the shop floor but also acting as a source of backup for more recently appointed consultants. The problem with such a model would be working out how the transition would work in practice but as I said this is a personal view.

DW: It's one of many areas the Careers, Recruitment and Workforce Committee (under Danny Bryden) will be taking forward over the coming months.

FFICM Prep Course

From 2018 the PREP course will move to twice a year – March/April 2018 and September/October 2018. For further information please keep an eye on Twitter and our FICM website.

Quality Report

Thank you to all of you that completed the FICM trainee survey in 2017. We had a fantastic response rate and the information provided is really important for Training and Quality going forward. Summary of results will be provided to you later in the year.

New Starter Document

A new document has been produced to send to new trainees starting on the ICM programme. This provides a comprehensive bite size guide on what the Faculty provides for new trainees. Please see attached document.

FICM Annual Meeting

The 2018 FICM Annual Meeting will be held on Thursday 24th May at the RCoA in London. Next year, the event will be themed around work/life balance, health and wellbeing and how to sustain a lifelong career in ICM. We already have some excellent speakers confirmed and more details will be available later this year.

LTFT Matters 2017

An invitation to all with an interest in LTFT Training https://www.rcoa.ac.uk/education-and-events/joint-rcoaaagbi-meeting-less-full-time-matters

---

FICM /FPM/RCoA Annual Transparency data: the cost of training

The Royal College of Anaesthetists (RCoA), Faculty of Pain Medicine (FPM) and Faculty of Intensive Care Medicine (FICM) ensure that trainees, members and fellows are provided with an appropriate

breakdown of costs of supporting trainees and in the provision of the examinations that form part of the relevant training programmes.

The https://www.ficm.ac.uk/news-events-education/news/ficmfpmrcoa-transparency-data-cost-training is now available for review.

CONSULTATIONS

The FICM keep abreast of relevant consultations from various organisations. Recent consultations to Which the FICM have commented include:

- PHE: Adult Influenza Critical Care Guidance
- Wales Cardiac Network: Out of Hospital Cardiac Arrest in Wales
- NICE: Trauma
- NICE: Rehabilitation after Critical Illness
- BTS: Non-Invasive Ventilation

GUIDELINES FOR THE PROVISION OF INTENSIVE CARE SERVICES (GPICS)

Work is underway for the major review and update of GPICS. Version 2 is expected to be published in Autumn 2018.

Guidelines for the Provision of Intensive Care Services (GPICS)

CRITICAL EYE

The latest edition of Critical Eye is now online and can be viewed here:
Critical Eye: Issue 12- July 2017
https://www.ficm.ac.uk/sites/default/files/critical-eye-12-summer-2017-sized_0.pdf

---

STANDING UPDATE FOR NEW TRAINEES

FFICM examination information

The Faculty has decided that it will, on a case-by-case basis, listen to requests from trainees who wish to sit the MCQ component of the FFICM in the very late phase of their Stage 1 training. This is on the proviso that the MCQ sitting in question falls in the **last few weeks** of the trainee's Stage 1 training and that the trainee's Regional Advisor confirms that the trainee is on course to complete all of their required Stage 1 competencies.

Details about the FFICM examination, including the regulations, dates and fees can be found here

Training

Please be advised that once you have finished a training stage you will need to inform your ICM Regional Advisor or Training Programme Director. They will then go into your e-portfolio and complete the relevant Training stage certificate. The RA and TPD will then inform the Faculty whereby we will then open up your next training stage on your e-portfolio.

ICM Regional Advisors

The ICM Regional Advisors are instrumental to the delivery of your ICM training, liaising with your TPDs and negotiating with other specialties on your behalf to ensure that you obtain the training that you require to get your CCT. As you have registered with the Faculty, and you needed to liaise with your Regional Advisor, to do this you will most likely know who they are already, however if you don't, these are all listed here. If you do not already have their contact details then please do let the Faculty know and we can provide them – it's always good to have these to hand in case you have any urgent enquiries.

Contacting the Faculty

The Faculty would recommend that if you have any queries regarding your training, you contact your ICM Faculty Tutor and Regional Advisor in the first instance. This is because they will have a greater understanding of local issues which may be affecting you, and they are more likely to be able to advise on a solution as a consequence. However, the Faculty are very happy to advise where possible and we would encourage trainees to get in touch via the FICM inbox: ficm@rcoa.ac.uk

---

The Future

We hope that you have found this Faculty update useful. Please do let us know your thoughts on this. If you have any ideas of what might be useful to include in the future then please do get in touch – we would welcome your suggestions!

Best wishes,

FICM