

trainee eye

2nd Edition; September 2014

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Welcome!

Welcome to the second edition of Trainee Eye, the newsletter for ICM trainees sent by the Faculty of Intensive Care Medicine. Welcome especially to the new trainees who were appointed to the ICM programme this year and who have started their programme in August.

The Faculty sends out a bi-annual e-newsletter to all registered ICM trainees, whether they are trainees on the old (Joint) system, or trainees who have been appointed to the new programme, either as Single or Dual ICM CCT trainees. 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.

Since the introduction of the new Single and Dual ICM CCT, the Faculty has been working hard to satisfy all necessary requirements, including those of the GMC and other partner specialties in order to create a workable and successful training programme. This has been done via the FICM Training and Assessment Committee (TAC) and also the FICM Board. Locally we rely heavily on the hard work of the ICM Regional Advisors and also Faculty Tutors, who are based within ICM training units. As the programme is still in its infancy, there are continuous updates and processes being implemented in order to ensure that trainees, trainers, Faculty Tutors and Regional Advisors alike, are supported and following due process. For updates on these, please see the [FICM website](#).

FICM website

The FICM website is currently being updated to include further information for ICM trainees so please do keep an eye on this. The Faculty will request updated unit briefs for units providing ICM training at the close of 2014 and it is hoped that this will be available in early 2015. This is done through close liaison with the ICM Regional Advisors and Faculty Tutors. For more information please see [here](#).

FFICM examination information

As with many sections of the FICM website, the examination pages have been revamped, hopefully making it easier to locate the appropriate information. Since the last edition of *Trainee Eye* it has been agreed by the Chair of the FFICM Final examination and the Training and Assessment Committee (TAC) that the FFICM Chairman's report be published on the FICM website. The document gives an overview of the topics covered in the previous diet, as well as information about the standard setting process and the overall results for the diet. The document can be found [here](#).

The Faculty have been approached (directly and via the Trainee Representative) by a number of Single and Dual ICM trainees enquiring if they are able to sit the FFICM examination whilst in Stage 1 of training. The matter was taken to the Training and Assessment Committee (TAC) for discussion. Whilst the committee were sympathetic to the arguments put forward by trainees, they have agreed that the examination regulations would not be relaxed at this time, but will be subject to review in the future. The reasons for reaching this decision are:

- The level at which the FFICM examination is set. Trainees are unlikely to pass the examination until they have obtained the full diverse experience of Stage 1. The Faculty would not wish to encourage trainees to sit an examination, investing not only financially but also in revision time, and using up examination attempts for an examination that they may not have the experience or knowledge to pass.
- As well as the knowledge and experience argument above, the FFICM is to be sat in Stage 2, as this will not coincide with the timescales for sitting other specialty examinations. This is particularly relevant to dual CCT trainees. The Faculty would not want a situation where a trainee would be prevented from progressing in their training (i.e. from Stage 1 to Stage 2) as they have failed to pass both relevant examinations. For example, if the Faculty allowed a Dual Anaesthesia and ICM trainee to sit the FFICM examination in Stage 1, and in so doing, the trainee failed to pass the FRCA, the trainee would not be able to progress to Stage 2 of their dual programme. Sitting two specialty examinations concurrently would be a huge undertaking, and the risk of not succeeding in one would have wider repercussions.

However, 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.

Trainees are reminded that the FFICM examination is compulsory for Single and Dual ICM CCT trainees, but not for Joint trainees, who may sit the examination voluntarily. The Faculty would recommend that Joint trainees wishing to sit the examination complete Intermediate level ICM training (which includes the complementary medicine module) before sitting.

Details about the FFICM examination, including the regulations, dates and fees can be found [here](#).

ICM ePortfolio

The ICM ePortfolio has now launched and can be accessed via www.nhseportfolios.org. Single and Dual trainees who are registered with the Faculty will have access to the system via their existing NHS ePortfolio account (or new details will have been emailed to you if you didn't have an existing account). If you have ICM CCT trainee colleagues who have not yet been added to the system, it will likely be because they have not yet [registered with the Faculty](#) – please encourage them to do so.

Prior to the launch of the ePortfolio system, the Faculty had been in touch with Regional Advisors and Faculty Tutors, to confirm the names and details of all relevant personnel (i.e. Supervisors, TPDs etc) so that these individuals could be added to the system. Whilst we are confident at this stage that many people are on the system, we are in no doubt that there will be some individuals about whom we have not been informed. If you are trying to locate an Educational Supervisor and are unable to find them on the system, please ask the individual in question to contact the Faculty (via ficm@rcoa.ac.uk) confirming the following details so that we can get them added:

- NHS ePortfolio username (they will likely have one if they have used the system before, for example with foundation trainees or trainees in other medical specialties)
- GMC Number
- Email address (**must** be that attributed to their current ePortfolio account, if they have one)

Whilst the Faculty are at present coordinating the addition of Supervisors, this will be delegated out to Deaneries in the near future. The Faculty will continue to administer trainees, Regional Advisors and Faculty Tutors. Please note that access to the ePortfolio is not granted to Joint trainees as the ePortfolio system maps to the new curriculum and assessment system.

It has been agreed by the Training and Assessment Committee and the FICM ePortfolio Working Group that trainees will not be asked to retrospectively fill in the ePortfolio (although trainees who wish to do this can do so). Instead it has been agreed that trainees will need to start using the system in full when they progress to their next training stage (i.e. from Stage 1 to Stage 2).

The Faculty have produced a guidance document which outlines how the ePortfolio system works, and is available from the FICM website [here](#).

In time, we will also produce an FAQ document which will be available from the FICM website. However from initial trainee feedback the most recurring questions at present are:

I cannot find my current Educational Supervisor on the system to add to my post

Local ES roles are not allocated by the Faculty (unlike RA or FT roles); as such we are reliant on the ES information provided by deaneries or on deanery administrators to allocate the ES role (which they have the ability to do). However, if the Faculty is informed of additional Educational Supervisors and provided with the required email address for them then we are happy to add them to the system.

When I first log in to the ePortfolio I cannot see my posts

Posts are not added centrally by the Faculty; it is up to the individual trainee to add their post details to the system.

Why does the ICM ePortfolio system not link directly to the RCoA ePortfolio?

The ICM ePortfolio is part of the NHS ePortfolio system built by NES (NHS Education for Scotland), and to which many other specialties are signed up, including the ICM partner specialties of Emergency and Acute Medicine, among others. The RCoA ePortfolio is a separate system built by a private contractor. For various reasons it was not felt at the time of construction that the RCoA

could accommodate the ICM curriculum within the anaesthetic portfolio. Trainees undertaking ICM in conjunction with a partner specialty will be obliged to maintain two separate portfolios, one for each specialty. This is because two separate ePortfolio systems (even two which are both designed and run by NES) are not designed to interact directly with each other. The Faculty recognises that this is not an ideal situation, and steps have been taken to make the transfer of information between two systems as easy as possible. Trainees may output (in PDF format) an assessment from their partner specialty portfolio and upload it to the ICM portfolio; this can then be 'tagged' within the system both to identify which kind of assessment it is (e.g. DOPS, CEX, Professional Activity, etc) and also to which ICM curriculum competencies it applies. Trainees with portfolios for two NES specialties (e.g. ICM and Acute Medicine) can, provided they have the same username for both, switch between the two using the 'Select Roles' tab.

The Faculty are not, at present planning to run training sessions for ICM trainees on the ePortfolio system, however there are sessions run by NES (who host NHS ePortfolio) which will provide a broad overview of the functionality of the system (note that this is generic training for all specialties and not specific to the ICM ePortfolio). Details of this can be found at: <http://bit.ly/ePevents2014>

As with all things new, it may be that the system is not perfect right away. If you experience any problems with the system, **first** check the User Guidance document. If your issue is not resolved in the guidance document, please do let the Faculty know and we will do our best to assist. If emailing, please do provide as much information as possible, and if possible a screen shot, so we can get a clearer idea of what the issue might be. If we do not know the answer ourselves, we will liaise with NHS ePortfolio in order to resolve the matter.

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.

FICM Trainee Representation

Following the recent election, Dr Mike McAlindon will step down as FICM Trainee Representative in October 2014.

Dr McAlindon will be succeeded by, the current Trainee Rep Elect, Dr David Garry, who will in turn be replaced as Trainee Rep Elect by Dr Ian Kerslake.

Our thanks to Dr McAlindon for his hard work during his term of office and a warm welcome to Dr Garry and Dr Kerslake. Our new trainee reps have kindly written introductions below.

Dr David Garry

FICM Trainee Representative

I am a Specialty Registrar (ST7) in Anaesthesia and Intensive Care Medicine in Oxford, now part of Health Education Thames Valley. I graduated from Cambridge in 2003, where I met and married my wife, who is also a trainee anaesthetist. We moved to Oxford in 2005 where

we still live with our two children. In the last few years I have developed an interest in critical care echocardiography. I recently completed a 12 month fellowship that resulted in British Society of Echocardiography accreditation in transthoracic echocardiography. I am very interested in its use for bedside management, teaching and training. I currently lead bedside FICE (Focused Intensive Care Echocardiography) teaching on a weekly basis. I am currently completing a systematic review on diastolic dysfunction in the critically ill. I am passionate about Intensive Care Medicine, and truly believe that as trainees we can play an important role in its development in the UK. Prior to my current role as FICM Trainee Representative I had the privilege of serving as the ICM Trainee Representative and Intensive Care Society Trainee Linkman for Health Education Thames Valley (2012-2013) which highlighted the needs of trainees at a Deanery level. My time spent with the Faculty so far has been immensely rewarding. The Faculty is made up of a number of committees, such as the Training and Assessment Committee, or the Workforce Advisory Group, each meeting on a regular basis. Additionally, members of the Board are co-opted onto a large number of other committees, such as the Academy of Medical Royal Colleges. I have now attended half a dozen meetings, but remain amazed at the amount of work that goes on behind the scenes. The Faculty has achieved an astonishing amount in such a short period of time, and there are many more exciting developments on the horizon, such as the General Provision of ICM Services (GPICS). So far Mike has been singlehandedly ensuring trainee representation across the board, and has truly done a fantastic job. The increased requirement of trainee representation has required the appointment of two Trainee Representatives to succeed him, and it is an honour to assume this role along with Ian. I hope that we can continue Mike's excellent work, ensuring that UK intensive care trainees have a voice that is heard.

We hope that the trainee body will make use of your new representatives as a key conduit for raising with the Faculty any concerns or issues you may be facing.

Dr Ian Kerslake

FICM Trainee Representative Elect

My name is Ian Kerslake, and I am really looking forward to taking over from David as 'Trainee Rep Elect' from October. I'm based in Bristol, in the Severn Deanery, and have just finished my Advanced ICM year on the old Joint CCT programme. It's been a pretty tough year with a lot to get to grips with, as well as getting through the FFICM. I'm just about to go back into anaesthesia to finish off spiral training. I've been Trainee Rep for ICM in Severn for the past 18 months or so, and am really looking forward to getting stuck in at the Faculty. When I'm not at work I spend a lot of my time trying to control two young children, fairly unsuccessfully (although c-Beebies is doing a pretty good job as I type this!). I'm always really happy to hear about any training issues that you feel could be improved upon, so drop me a line if there's anything you want taken to the Faculty, and I'll make sure your voice is heard!

National Recruitment update

As those of you who were appointed to the Single or Dual ICM training programme will know, recruitment is now conducted centrally for England, Northern Ireland and Wales via the West Midlands Deanery. At present, recruitment for Scotland has been undertaken separately, via SMT, however it is hoped that this will change in the future (maybe even as soon as 2015). 107 of 112 posts were filled in the 2014 national recruitment round for ICM. This fill rate (96%) is higher than that of 2013 (88%) and much higher than 2012 (72%). Year-on-year we are seeing an increase in the number of posts available which is extremely encouraging for the specialty. Preparation is well underway for the 2015 recruitment round.

Trainees should be aware that from 2016, it will not be possible to be appointed into a dual programme after ST5. This has been agreed with all partner specialties. If you, or any of your training colleagues will be in ST6 or above in 2016, and you wish to undertake a dual programme, your last opportunity to do this will be in the 2015 recruitment round. This has been publicised by the Faculty via the newsletter *Critical Eye* which can be found [here](#) and has been disseminated to RAs, however if it affects you, or someone you know, please do make them aware. For more information about the National Recruitment process please see [here](#).

Behind the scenes – Trainee Registration

Those of you who have recently registered with the Faculty will be aware that the summer months are extremely busy for the Faculty in regards to processing registration forms and this has resulted in some delays in processing these applications and also providing access to the ePortfolio system (which is now part of the registration process). We are sorry for trainees who have experienced these delays.

At the time of registration, the Faculty check all the previous training information and future plans, to ensure that the training meets the requirements of the training programme. It is our intention to spot any potential issues early so that these might be rectified before significant problems are caused. We may, as part of this process, ask you to clarify particular details. We also confirmed our understanding in your registration letter. Please do ensure that you check this and notify us of any errors in this as soon as possible.

It is important that as trainees, you keep the Faculty informed of your training plans, so that we can continue to monitor these against the requirements for your training programme. Please do send these details to the FICM via: ficm@rcoa.ac.uk

Faculty News

Consultations

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

- HEE - Beyond Transition: A sustainable future for Health Education England - Realising Our Potential.
- NICE - Care of the Dying Adult
- CQC - Guidance for providers on meeting the fundamental standards and on CQC's enforcement powers
- PICS - Standards Review

The CCT in Intensive Care Medicine

The 2014 update of [The CCT in Intensive Care Medicine](#) curriculum has been approved by the GMC.

All trainees on the new ICM training programme will now move onto this curriculum, the vast majority of which is unchanged from the previous 2011 edition.

| [A full list of the curriculum updates can be found here](#); however some key changes include:

- A new *Part V: Special Skills Training*, which details the options open to trainees during their Special Skills Year.
- Updates to *Part II: Assessment System* to better explain the assessment ethos of the ICM CCT and provide improved guidance on the number of WPBAs required to measure progression, along with updated outcome paperwork, revised ARCP decision aids and training Stage checklists. The section on the FFICM Final examination within *Part I: Handbook* has also been completely updated.
- Updates to reflect the fact that Pre-Hospital Emergency Medicine is now a subspecialty of ICM.

Trainees with any queries regarding the curriculum update are welcome to [contact the Faculty](#).

Workforce

The Faculty's 2014 workforce census closed with a response rate just shy of 40%. Some initial data crunching has taken place and will be included in the RA Workforce Pack (as below).

The Regional Advisor Workforce Park has been produced for local use by the RA and will be distributed during September. This summarises all the various aspects of workforce data and literature we have to give the RA some workforce 'muscle' when negotiating new posts.

The Faculty submitted a number of pieces of data and evidence to Health Education England during their recent Call for Evidence on workplace planning.

The FICM Workforce Advisory Group (chaired by Professor Tim Evans) will be producing a report for the October meeting of the Faculty Board, which will put forward a statement for workforce for the specialty. The report will be widely available once it has been signed off.

Core Standards for ICUs (CSICU)

The *Core Standards for Intensive Care Units* document has now been live for 10 months. The Faculty and the Society remains in ongoing discussing with some units and specialist areas of practice regarding the timeframe and complexities of achieving the standards set out within.

Guidelines for the Provision of Intensive Care Services (GPICS)

CSICU has acted as the founding stone for the wider GPICS document. Much like the Guidelines for the Provision of Anaesthetic Services, GPICS will set out both standards (as taken from CSICU) and aspirational recommendations in a number of key areas of intensive care services.

GPICS will describe: the structure of the service including physical facilities and staffing; processes of the critical care service and the patient's pathway; the activity of the critical care service including aspects of disease management and prevention as well as specialised critical care and other additional key components of the service ranging from operational delivery networks to contingency planning.

GPICS will be of particular relevance to clinicians involved in management and the design of critical care services, hospital managers, commissioners, adult critical care operational delivery networks and the adult critical care clinical reference group. However, GPICS also includes clinical chapters and will therefore also be of interest to those who undertake clinical audit to improve their practice and for revalidation.

We aim to send to stakeholders towards the end of 2014 for publication within the first quarter of 2015. The document will be regularly reviewed and updated.

Critical Eye

The Faculty secretariat will begin working on the January edition of *Critical Eye* in October. If you would like to contribute, please contact the [Faculty](#).

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 do so 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,

The FICM Team