The Faculty of Intensive Care Medicine

Quality Management of Training Report 2022

KEY MESSAGES

1. Timing of transition to the new curriculum was difficult. Doctors in training and trainers are to be commended for their determination and commitment.

2. Burnout post-pandemic is a real consideration.

3. We have increasing numbers of Less than full time (LTFT) and single CCT doctors.

4. The FFICM oral exam has resumed its face-to-face format.

5. Despite challenges and recent changes postgraduate training in ICM remains popular and continues to grow.

SECTION 1: INTRODUCTION

Sarah Clarke, Quality Lead

Welcome to the ninth Quality Management of Training Report from the Faculty of Intensive Care Medicine. Quality Assessment for the FICM sits within the Training, Assessment and Quality Committee (FICMTAQ) and oversees the collection of data which allows the FICM to quality manage its training programme.

As with other specialties, we look towards a variety of indicators to QA our programme (below). A clear link between changes in training and improvement in the quality of consultants is difficult to prove, but by obtaining data from a variety of sources, we can monitor the process of training, and help guide sensible and effective changes by measuring the results.

In addition to the overview of UK training presented here, detailed breakdowns of data on both ICM Specialty Registrars (StRs) and GMC feedback is available to Regional Advisors (RAs), and this is one of the main drivers for improvement at the regional and local level.

SECTION 2: FICM TRAINING SURVEY 2022

Sarah Clarke, Quality Lead

Each year, except for 2020, all FICM StRs undergoing CCT training scheme receive a link to a 'Survey Monkey' questionnaire. Unlike the GMC survey (which collects data at only the one point in the year), the FICM survey collects detailed data on all attachments undertaken that year. Neither does it have the GMC's requirement of three responses before providing a report by hospital.

The main beneficiaries are the regional training programmes. Each ICM RA obtains useful, granular information about which attachments the StR finds helpful, and those that are less than ideal. This allows the RA to make changes to the training programme and address issues as they arrive. Without doubt the regional running of the programmes is better managed by the lead Trainers 'on the ground'.

2.1 OVERVIEW OF 2022 RESULTS

Thank you once again to all our doctors in training who completed the survey. It provides the FICM with invaluable data with which we can improve our training programmes. Notably the 2022 survey captured the first cohort of doctors in training following the introduction of the 2021 curriculum.

This year, we had 297 responses from StRs in the ICM programme for the year, and 92 replies from doctors on a dual CCT programme who were working in their partner specialty for the entire year. We therefore received a total of 389 responses to the survey in 2022, an outstanding effort by all and clearly reflects the engagement of our doctors in training in ICM. We are extremely grateful for the submissions; we are all too aware of the pressures StRs are under, and the perceived survey burden, so a big 'thank you' to all of you: we are listening.

It should be noted that the transition to the new curriculum occurred in August 2021 for the great majority of our doctors in training. There was no survey conducted in 2020 (as a result of the pandemic) and prior to this, ratings were differently categorised to 'excellent, appropriate and inappropriate' so this data is no longer displayed as a comparator. Instead, we have attempted to improve the ratings' descriptors to 'excellent, good, reasonable, poor and very poor'.

Respondents are surveyed on **all** their placements during the year, and the summary results are tabulated below. This overview markedly masks variation between posts and regions themselves, and although not published here, the underlying important detail is given to the ICM Regional Advisors for their use, action and communication with lead trainers in their locations.

Results generally remain consistent with previous years (and the 'old' curriculum), though some 'down-grading' of positive rankings are observed, particularly in Stage 2. However, it is important to acknowledge that Medicine in Stage 1 and Paediatric ICM in Stage 2 have had further ratings decline overall, and though the numbers are small and in specific regions, this has influenced the overall picture. We recognise this is an area where regional performance must improve.

How would you rate the standard of training in this placement?

		2021%	2021	2022%	2022
ICM Stage 1	**Excellent**	36%	73	35%	50
	Good	41%	82	46%	68
	Reasonable	15%	30	16%	24
	Poor	7%	14	2%	3
	Very Poor	1%	3	2%	3
Anaesthetics Stage 1	**Excellent**	36%	48	37%	40
	Good	44%	60	35%	35
	Reasonable	14%	19	20%	20
	Poor	4%	5	5%	5
	Very Poor	2%	3	1%	1
Medicine Stage 1	**Excellent**	16%	8	11%	4
	Good	29%	15	24%	9
	Reasonable	27%	14	39%	15
	Poor	20%	10	21%	8
	Very Poor	8%	4	5%	2
Cardiothoracic Stage 2	**Excellent**	30%	25	21%	18
	Good	40%	33	46%	39
	Reasonable	22%	18	26%	22
	Poor	6%	5	5%	4
	Very Poor	1%	1	2%	2
Neurosciences Stage 2	**Excellent**	37%	29	31%	23
	Good	44%	35	43%	32
	Reasonable	14%	11	23%	17
	Poor	5%	4	0%	0
	Very Poor	0%	0	3%	2
Paediatrics Stage 2	**Excellent**	38%	28	26%	21
	Good	34%	25	28%	23
	Reasonable	21%	15	28%	23
	Poor	5%	4	14%	11
	Very Poor	1%	1	4%	3
ICM Stage 2	**Excellent**	48%	32	35%	21
	Good	44%	29	33%	20
	Reasonable	6%	4	23%	14
	Poor	2%	1	7%	4
	Very Poor	0%	0	2%	1
Special Skills Year Stage 2	**Excellent**	56%	9	50%	10
	Good	31%	5	35%	7
	Reasonable	0%	0	15%	3
	Poor	13%	2	0%	0
	Very Poor	0%	0	0%	0
ICM Stage 3	**Excellent**	46%	26	44%	18
	Good	41%	23	37%	15
	Reasonable	11%	6	15%	6
	Poor	2%	1	5%	2
	Very Poor	0%	0	0%	0

2.2 EXTRA QUESTIONS

This year, we concentrated on rest facilities, LTFT training, and transition to the new curriculum and LLP. We also asked about burnout and requested suggestions around FFICM resources.

2.2.1 During your time on ICU do you have access to rest facilities during and after your shift?

The majority of ICM StRs have access to rest facilities; however, this should be improved until *everyone* has access to them during and after shifts. We remain committed to the 'Fight Fatigue' campaign and continue to represent our views to NHSE and the devolved nations.

During your time on ICU do you have access to rest facilities **during** your shift?

Yes	No access	Don't know
77%	16%	8%

During your time on ICU do you have access to rest facilities **after** your shift?

Yes	No access	Don't know
56%	22%	22%

2.2.2 Less Than Full Time Training (LTFT)

In 2022, 67 respondents (19%) advised that they were currently working LTFT with 13 (4%) actively engaged in applying for less than full time training and a further 76 (22%) respondents were considering future applications. The predominant reason for wanting to work LTFT was childcare, and the majority chose 80% as a proportion of whole time equivalent, but 70%, 60% and 50% were also active options.

2.2.3 New Curriculum and Lifelong Learning Platform

We asked a series of questions surrounding the transition to the new 2021 ICM curriculum and the transition to the LLP.

How did you find the transition to the new curriculum?	
Straightforward	27%
Minorly inconvenient	40%
Complicated	32%

With regard to implementing the Life Long Learning Platform: How have you found it?	
Straightforward	30%
Minorly inconvenient	37%
Complicated	32%

With regard to SLE assessments: What is your opinion of the change of their focus to documented formative learning events?	
Helpful	42%
Not helpful	16%
Unsure	38%

What is your view of the multi-consultant report (MCR)?	
Helpful	30%
Not helpful	14%
Unsure	35%

In your opinion should MCR be added to the ICM curriculum assessment strategy?	
Yes	48%
No	39%
n/a	13%

Do you feel confident that trainers will be able to make appropriate judgements on progression of training in the new curriculum?	
Yes	70%
No	26%

Do you feel confident that training on the new curriculum will prepare you for CCT and beyond?	
Yes	74%
No	20%

We recognise the timing of transition to the new curriculum was fraught, as we emerged from the pandemic, and this contributed to significant stress burden for doctors in training. This was also reflected in the free text comments. The GMC had mandated the timings of new curricula, and we recognise that it was not ideal, but beyond FICM control. It is hoped that the ever-increasing items of curriculum guidance on the Faculty website will improve these ratings overall. We do recognise the current limitations and functionality of the LLP, and this is an ongoing major project with the RCoA.
Considering the views on the Multiple Consultant Report along with those from the RAs survey (see below), we have taken the decision to implement this into our assessment strategy and will be submitting to the GMC in the near future.

It is heartening to see that our future colleagues believe their trainers can make judgements on them, and that the majority of StRs think they will be ready to achieve their CCT. This also fits with the concept that capabilities are best assessed within an overall package of care, rather than as an isolated event.

2.2.4 Burnout

Do you consider that you may have been or are exhibiting elements of burnout?	
Yes	33%
No	37%
Possibly	30%

Have you needed to take any of the following steps to address burnout?	
Take sick leave	6%
Resign dual CCT	1%
OOP	6%
LTFT	13%
None of the above	77%

The burnout questions were new to the 2022 survey, and though difficult to avoid leading questions, the responses and free text comments are very helpful in identifying needs and resources to support doctors in training. Free text responses included work-life balance, exam burden, medicine placements and inflexibility of training. They also feed into a greater StR narrative with NHSE and the GMC. The fact that up to two-thirds of our doctors in training are declaring degrees of burnout is alarming, though not unsurprising, and we must heed this data. We recognise they have been through so much in the last three years, and we want (and need) a healthy workforce of colleagues.

2.2.5 Additional General Comments

Many general comments received in the survey unfortunately describe scenarios and conditions which are beyond our control: rota designs, contracts, pay, working conditions. However, this does not mean we cannot represent views to NHSE, and it is incumbent on regions and programmes to ensure that established standards and regulations are complied with.

In the comments section of previous surveys, the number of assessments required in the training programme was the overriding concern for ICM StRs. We are delighted to see that this theme has dropped out of the 2022 survey, though burden of paperwork, the LLP and dual training is a notable regular feature. As is the disadvantage perceived by our non-anaesthetic dual trainees and the Single CCT doctors in training. With the welcome increase in non-anaesthetic representation on our programmes, embedding of the new curriculum, and representation of our new StR committee, we hope that this discrepancy will start to reduce.

The exam is reported on regularly in the free comments section, relating to burden, stress and timing. As described below, this is an area of constant engagement by the exams committee and the increasing number of exam resources is just one area to address these concerns. In line with previous years, there were comments regarding the incompatibility of different training e-Portfolios for doctors undertaking dual CCT programmes. This is something that is clearly an unnecessary burden. We recognise that all colleges and faculties would ideally have the same training platform however, it would depend on all the respective bodies agreeing with this approach, collaborating resources and funding. Unfortunately, this conflicts with the autonomy of the Royal Colleges and Faculties in selecting the platform that best suits their needs. We will continue to improve things moving forward..

To counterbalance some of the above, we are also grateful for the positive comments our doctors in training offered in the free text. It is heartening to see "I loved my Stage 2", and "Love it" and of the new curriculum "more straightforward", "transition was ok" and "MCR is useful".

2.2.6 FFICM Suggestions

In the 2022 FICM Trainee survey, we asked for suggestions as to how the Faculty can improve the FFICM exam and curriculum resources. We received many great suggestions covering aspects of both online and physical resources, through to sites we could potentially review and learn from. It was good to hear that many of you were happy with the additional resources launched online in 2022, and used these in conjunction with other resources on FICM Learning such as the Case Reviews,. However, we recognise that the online bank of resources must be continually reviewed and updated. The message was clear that the momentum should remain and in 2022, a short life working party was established at the Faculty to work on these resources. 2023 will see the ownership of this resource pass to FICMTAQ. In conjunction with the StR sub-committee, FICMTAQ will continue to review and update these resources as required, and the suggestions received from the 2022 survey have been shared with them accordingly.

SECTION 3: GMC TRAINEE SURVEY 2022

Sarah Clarke, Quality Lead

3.1 THE ROLE OF THE GMC

The GMC is responsible for ensuring both undergraduate and postgraduate training standards are upheld and does this though its Quality Assurance Framework, of which one aspect is its annual trainee and trainer survey. All doctors in training are required to complete the GMC trainee survey, and evidence of this is required at ARCP.

2022's GMC survey was published differently this year, with overall four-nation training programme scrutiny unavailable. As such, only the regional results are visible, and go beyond the scope of this report. Granular detail at trust and regional level is available, to complement the trainee survey results for our region's lead trainers.

We can share published data on our Programme Specific Questions (PSQs).

3.2 PROGRAMME SPECIFIC QUESTION RESULTS FROM THE GMC SURVEY 2022

The questions were answered by 394-410 doctors in training at ST3+ who were in an ICM post at the time of completion (it therefore excludes those in complementary training posts on our programme, and explains why the number of respondents does not correspond with the total number on our CCT in ICM programme). The results are self-explanatory and are to be considered along with the results of the FICM trainee survey above.

What is your preferred consultant appointment?	
Teaching Centre	54%
Large DGH	42%
Smaller or rural unit	4%

Are you planning to continue with ICM long term?	
Yes	88%
No	1%
I'm not sure	11%

Would you consider dual training if you had the choice again?	
Yes	70%
No	30%

Concerning the implementation and transition to the new 2021 ICM curriculum, how has the process been for you?	
Very easy	6%
Easy	26%
Somewhat burdensome	51%
Difficult	17%

On balance have the intentions i.e. minimising burden of assessment, ownership of personal development, of the move to the new curriculum been realised?	
Completely	7%
Mostly	47%
Not quite	30%
Not at all	16%

SECTION 4: REGIONAL ADVISOR REPORTS 2022

Andrew Sharman, Lead RA

The 2022 annual Regional Advisor (RA) survey was conducted over the summer months. The RAs submitted reports via the online SurveyMonkey platform, with specific information being requested on topical matters as detailed below.

The results were discussed at the Annual Regional Advisors' Meeting, held in September 2022 at which the great majority of RAs were able to attend via the now familiar MS Teams platform. The following key themes were highlighted from the survey and the meeting:

1. The total number of doctors in training for CCT in ICM is 1167. 73 are pursuing a CESR route. Four left their complimentary specialty to continue in ICM training. 24 left ICM training for a variety of reasons.

2. Training numbers remain high on the agenda of concerns. A workforce survey was completed to answer questions regarding consultant gaps in rotas, expected consultant retirements and expected doctors in training to complete in the next five years. Overall, it showed a slight excess of doctors completing training to fill the gaps expected. There was wide regional variation in the number of StRs completing training with the West of the country and London being mainly in excess, whereas the East of the country having a paucity of StRs in the next five years. This does not take into account the proposed expansion of many regions intensive care bed stock or the fact some StRs will not be full time in intensive care or indeed may leave the specialty. It was noted that posts have been cut in many regions and that many colleagues are thinking of earlier retirement. By far the biggest concern in the regions was the lack of consultant intensivists to fill rota gap and retirements. This is coupled with increasing burnout amongst colleagues and early retirement.

3. A specific question in the RAs survey this year addressed burnout. Worryingly there is an all-too-common theme amongst RAs and their colleagues, of work and life related pressures causing an element of burnout. The significant pressures of the last two years have taken their toll and many are considering life choices moving forwards. There is a general lack of energy and reluctance to take on other roles-the deputy lead RA role remains unfilled at time of writing. Many of the pressures on our colleagues are institutional. Although hard to fix, recognition of their toll on our colleagues needs addressing.

4. Job descriptions sign off for new consultant posts is a major part of a RA's role. Increasingly, there seems to be a pressure to agree job descriptions that do not meet the guidance set by the Faculty. Particular areas of concern are no examination and limited training time in ICU. This reflects the increasing pressure many trusts are under-particularly smaller hospitals- to fill rotas where a deficit of consultant intensive care trained colleagues exist.

5. Notable successes across the regions regarding training included the recommencement of regional and local teaching programmes, including exam based courses and the reengagement and enthusiasm of the StRs despite a tough previous two years due to the pandemic.. There is still

a need for more exam-based resources but it must be acknowledged the amount of work and time that has been undertaken to produce the resources available on the Faculty website. Moving forward there remains a need to increase this obviously valuable and appreciated resource.

6. The new curriculum has become embedded in training. For dual anaesthetic StRs, the new RCoA curriculum requires most to transition to the new curriculum, to undertake a top up year and complete modules in pain, obstetrics and regional anaesthesia. This change has placed additional organisational demands on the trainees and trainers. The LLP is requiring some adjustment and learning for all. The Educational Supervisor Summary Report (ESSR) form is an example of where slight changes would benefit ARCP panels assessing the FICM curriculum, to allow information to be more assessable.

7. There are still issues in many regions regarding appropriate medical experience. Many doctors in training find this year challenging. Many complain of service provision over training and lack of relevant specialty placements.

8. A recent development on the new curriculum will be the implementation of the multi-consultant report form-MCRF. The educational supervisor circulates this form to all consultants in the intensive care unit where the StR is working. The consultants' feedback on clinical and non-clinical skills. The educational supervisors can correlate this information, feed it back to the StR and together they can direct training in areas that could need further development. This is due to be presented to the GMC this year and once ratified, will then be added to the LLP, and become electronic rather than a word document.

9. There continues to be variability in the recognition for both RAs and Faculty Tutors in pay. This is a worrying development. The work of these individuals is paramount to the success of any training rotation. The inconsistent recognition needs addressing if we are to maintain recruitment and standards of these essential individuals.

10. On a positive note, the formation and involvement of the StR Sub-Committee on the FICM board and their input into training matters has been a positive and welcome development. Their work to ensure the StR voice is heard by the Faculty, on training and examinations this year for example, is a real step forward to allowing a much more inclusive, open and forward thinking environment. This will hopefully ensure changes are really to the benefit of the doctors in training. The two-way communication can only be seen as positive development. I look forward to listening and working with the trainees representatives. On this note, they are presenting at the Training Management and Leadership annual meeting in February 2023.

The RAs are to be commended for their dedication to their doctors in training and trainers during this prolonged challenging period. Their consistency in approach through active discussion and engagement with each other and FICMTAQ has strengthened their role in the Faculty, ensuring quality training and a robust, ever-expanding CCT programme. They continue to provide a vital conduit between the Faculty and key educators and doctors in training in the regions they oversee.

SECTION 5: EXAMINATION DATA 2022

Victoria Robson, Chair FFICM Examiners

2022-23 was the 10th year of FFICM examinations, which have been held twice a year (except for one sitting which was cancelled at short notice during the Covid pandemic restrictions). From 128 candidates at the two oral component exams in 2013-14, we examined 360 in April and October 2022, and the number of examiners is now 64. Because of the moving date for Easter, the Spring 2023 oral exam will also fall in this academic year.

5.1 FFICM MULTIPLE CHOICE (MCQ)

The 2022 FFICM MCQ papers in January and June were held online using the virtual TestReach platform, with candidates in a venue of their choice. Following the success of using this system during the pandemic, a decision has been made to continue using it, so that candidates no longer have to travel to London for the MCQ exam. TestReach is a well-established remote exam delivery system and has a number of features such as remote proctoring to prevent cheating.

The pass mark for the MCQ is set by the MCQ subgroup of examiners, using the Angoff process applied to each individual question. In January 2022, 147 of 161 candidates (91%) passed, which was an unusually high pass rate. This paper contained both true/false MCQs and single best answer (SBA) questions. June 2022 was the first to contain all SBA questions. The gradual change from all true/false to all SBA questions has been made at the request of the GMC. 122 candidates appeared in June, of which 69% passed.

5.2 FFICM ORAL EXAMINATIONS

A candidate must pass the MCQ to be eligible for the oral components and sits both oral components on the same occasion. If they are successful in only one component, they may resit only the component which they failed.

Oral examinations returned to face-to-face format, having been online during pandemic restrictions. At the April oral exam, we asked all examiners, candidates and staff to wear a surgical facemask to reduce the risk of Covid transmission.

In April 2022, 213 candidates appeared for one or more of the oral components, which was the largest number of candidates ever to be examined in an FFICM oral diet, and it took four full days to complete. All eligible applicants for the oral exams were accommodated. The examiners are rightly proud that by providing additional oral examination days, no candidates have ever been deferred due to insufficient capacity in FFICM. 147 candidates appeared in October 2022 (which is the largest number at an Autumn sitting).

5.3 FFICM Structured oral examinations (SOE)

The structured oral exam has eight questions, each marked by two examiners. The pass mark is determined using borderline regression with cross-check by Hofstee method.

In April, 166 candidates appeared for SOE, 119 passed giving a pass rate of 72%. In October, 97 of 122 candidates passed (79%) which is a higher than usual pass rate.

Currently structured oral questions are marked using a 0/1/2 scale. A further large-scale trial of a proposed new marking scheme for the SOE was undertaken in April. This scheme awards marks individually for each of the five stems in each SOE question, rather than marking the question as a whole. The data from this will be analysed before any decision to change the mark scheme is taken, and candidates will be informed on any such proposed change via the FICM website. The proposed marking scheme will not change the candidates' exam experience.

5.4 FFICM OBJECTIVE STRUCTURED ORAL EXAMINATION (OSCE)

The OSCE has 12 stations plus a 'test' station which does not contribute to the candidates' overall score. The exam pass marks (set using the Angoff method) on each day were 161-167 of 240 possible marks. The Practique iPad-based marking system was used for the first time in the OSCE in April. This proved to be a success, with only minor technical issues.

In April, 208 candidates sat the OSCE; 153 passed, giving a pass rate of 74%. 83 of 132 OSCE candidates in October passed (63%). Overall, of the 213 candidates in April, 138 (65%) have now passed both components as have 90 of the 147 October candidates (61%) so are to be congratulated on achieving the Fellowship qualification.

Particular congratulations are due to the 21-22 exam prize-winners and the five highly commended exam candidates from October 21 and April 22 oral exams who all met the criteria of scoring in the top 10% of the MCQ, in the top 10% of the OSCE and 32/32 marks in their SOE exams on first attempts.

A number of exam visitors, all ICM consultants who are involved in training, attended to watch the oral exams in progress; they commented on the overall fairness of the exam, wide range of questions from the curriculum and that the standards of questions were as they expected. They saw some very well-prepared candidates, some less so and some who seemed very nervous and likely were not performing at their best. The visitors felt that examiners were all polite and consistent in their approach.

One lay visitor also attended in April. The lay visitor was particularly interested in the communication station of the OSCE, and felt it was important to test this. He commented on both excellent and poorer communication skills demonstrated by some candidates in this station.

Following the low pass rate of the October 2021 OSCE, a number of additional candidate resources have been added onto the Faculty website in order to assist candidates to prepare. These include a detailed exam syllabus, additional sample questions with answers, videos of borderline and good passes in oral components, lists of previous topics not answered well, and guidance articles on how to best answer ECG, imaging and simulation questions.

Examiners undertake a substantial amount of work between the exam sittings with question writing, question revising, and standard setting, all of which are essential. They also provide guidance interviews for candidates who have failed an oral section at least twice. Senior examiners also provide

training and support for new examiners. The workload has been particularly high recently and has included learning to use and the transfer of questions to new question banking systems for TestReach and Practique, and the undertaking to review and re-standard set the whole OSCE bank. I am grateful to them for the time they contribute to this. I am particularly grateful to the exam section leads- Jonathan Coles (MCQ), Barbara Philips (SOE) Anthony Bastin (OSCE) and to the deputy chair Jerome Cockings for the work they do in preparing and running the exam and of course to the team at RCoA exams department.

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