
5 October 2011

This note sets out the GMC's way forward in relation to the single Intensive Care Medicine CCT curriculum & assessment system (version 1.14)

1. The GMC will approve the single ICM curriculum and assessment system effective from 5 October 2011 subject to the transition arrangements from the 'joint' to the single ICM curriculum having been clarified by the Faculty of Intensive Care Medicine.
2. Entry into the current 'joint' Intensive Care Medicine (ICM) (2007 & 2010 curricula versions) curricula and assessment systems will cease on 31st July 2013. The 'joint' curriculum will remain approved by the GMC until all trainees have exited training.
3. Existing trainees on the 'joint' ICM curriculum will continue if they wish to do so. Trainees wishing to move from the 'joint' ICM curriculum to the single ICM curriculum will have to resign their joint CCT appointment and reapply for the new programme.
5. The GMC confirms that for the new single ICM curriculum, in order to be awarded a CCT, entry into specialty training will be through Core training in anaesthetics, acute care common stem and core medicine. Those trainees who wish to enter from a surgical route will need to follow the CESR(CP) route or re-enter through an approved core specialty.
6. The curriculum and assessment system for the single ICM specialty needs to be approved by the GMC to provide equivalence routes for doctors not in CCT programmes including CESR(CP) trainees.

7. Recruitment to the single ICM curriculum must begin in winter 2011.
8. Assessment through the full CESR route will begin as soon as the curriculum is approved by GMC (provisionally winter 2011).
9. From winter 2011 trainees already enrolled in a specialty training programme that meets the core requirements for entry into ICM can apply for the new 2011 ICM programme leading to a CCT, providing they have not completed more than 18 months of that CCT at the time of starting the second. If appointed, their training will be recognised through the CCT route for both specialties. This is on the proviso that, for the purposes of dual CCTs, the GMC would recognise the relevant programme(s) and would allow trainees entering later to have those competences recognised for the award of the CCT in the same manner as trainees starting both programmes simultaneously at ST3. In effect, the GMC has agreed that it is possible for trainees to be appointed and to start either specialty component (i.e. Anaesthetics, Acute Internal Medicine, Renal Medicine, Cardiology, Respiratory Medicine, Intensive Care Medicine) of a dual CCT up to 18 months after the beginning of higher specialty training in the first CCT. These individuals would then receive a CCT in both specialties once they had completed training, achieved all the necessary curriculum competences and the assessments in both specialties. Both CCTs will need to be awarded at the same time.
10. Trainees wishing to obtain dual certification in another CCT specialty and in the single ICM specialty will be able to obtain a proportion of the other specialty competences and assessments during ICM training, and vice-versa. The shared competences and forms of assessment have been identified by a joint working group between the relevant college (i.e. JRCPTB, Royal College of Anaesthetists and the College of Emergency Medicine) and the FICM, and are documented in the dual CCT guidance produced by the relevant college and the Faculty of Intensive Care Medicine.