



FUTURE OF THE CCT IN INTENSIVE CARE MEDICINE

Since its inception, the *CCT in Intensive Care Medicine* has operated as a joint CCT programme with the CCTs of its parent specialties: anaesthesia, medicine, emergency medicine and surgery. This model of training was approved by both the Specialist Training Authority [STA] in 2001 and the Postgraduate Medical Education & Training Board [PMETB] in 2007.

Move to Standalone ICM CCT

However, PMETB – since merged with the General Medical Council [GMC] – did *not* approve the updated curriculum submission that was put to them for 2010. This is because, according to section 3 of the Order that founded PMETB*, ICM is a single separate recognised specialty and so requires a single, standalone CCT programme. The current *joint* CCT does not meet this requirement.

The IBTICM has therefore agreed to create a standalone ICM CCT programme for submission to the GMC early next year, to come into force in August 2011. The Board was very insistent that trainees coming into ICM should still have the ability to CCT in both ICM and their parent specialty – the GMC have agreed that full “dual” CCT training is entirely acceptable, and the Board expects that in future ICM trainees will normally undertake dual CCT training. However, obtaining full dual CCTs will likely result in an extension to a trainee’s overall training programme.

The IBTICM is fully committed to maintaining the multi-disciplinary nature of ICM training in the UK.

Interim approval for 2010 ICM CCT submission

The GMC has granted interim approval for the 2010 ICM CCT submission, to run from August 2010 until August 2011. The 2010 submission is an updating of the joint CCT programme to meet the GMC’s *17 Standards for Curricula*. It is based on the CoBaTrICE training programme and is identical to the ICM training material contained within the 2010 *CCT in Anaesthetics*.

Trainees currently in the ICM CCT programme

The GMC have agreed that trainees currently undertaking ICM joint CCT training will be allowed to complete the programmes to which they have been appointed. Recruitment to ICM CCT posts will also continue during the 2010 transitional period between the joint and standalone CCT programmes. Any further transitional arrangements will be publicised as and when they are agreed.

Consultation process

The IBTICM is committed to a full consultation with the intensive care community as it progresses with the standalone ICM CCT. Please check the IBTICM website, www.ibticm.org, for updates.

Yours faithfully,

Simon Baudouin
Chairman, IBTICM