

**Guidance for Transitioning Prior
Learning & Experience from
ICM HIGHER SPECIALIST TRAINING
to the new 2021 ICM Curriculum & LLP**

Change log

This document outlines the guidance for incorporating prior learning & experience from ICM Higher Specialist Training to the new ICM Curriculum and Lifelong Learning Platform for doctors completing postgraduate training in Intensive Care Medicine in the UK.

This is Version 1.0. As the document is updated, version numbers will be changed, and content changes noted in the table below.

Version number	Date issued	Summary of changes

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1. Purpose

The purpose of this document is to offer guidance for transitioning, and to incorporate prior learning and training acquired within the 2010 ICM curriculum (for those doctors already in the ICM CCT programme) into the new 2021 ICM curriculum and supporting Lifelong Learning Platform (LLP).

2. Background

All Specialty Registrars (StRs) single CCT and dual, will move to the new ICM curriculum on 04 August 2021, except for those within 12 calendar months of attaining their Certificate of Completion of Training (CCT) who wish to remain on the 2010 Curriculum. Doctors working less than full time, out of programme and those on, or returning from, maternity leave or sickness absence, for whom their time left in training is greater than 12 months will have to move to the new ICM Curriculum.

However, since the underpinning syllabus has not changed significantly, those StRs within 12 months of their expected CCT date will be offered the choice to transition to the new curriculum or to remain on the 2010 curriculum.

The 2021 Intensive Care Medicine (ICM) curriculum continues to embrace the concept of 'spiral' learning where outcomes are repeated, expanded and further elucidated as training progresses. This applies to the acquisition of knowledge, skills, attitudes and behaviours.

The new curriculum outcome terminology has changed from acquiring competencies to capabilities leading to the achievement of High Level Learning Outcomes (HiLLOs). There are 14 specific HiLLOs in the ICM curriculum, with 4 generic outcomes and 10 outcomes specific for ICM training. *BUT* even within the ICM specific outcomes, ICM capabilities overlap with capabilities achieved in other acute specialties. This fundamentally underpins the Dual ICM programmes, with the ability to double count and record the same evidence across 2 portfolios.

It is worth remembering, not all of the capabilities underlying each HiLLO have to be individually fulfilled to allow the trainer to sign off a HiLLO. The key (descriptor) capabilities underpinning each HiLLO help guide the overall judgement of whether the HiLLO is met.

The process of transitioning previously achieved competencies into capabilities in the LLP should be straightforward and not burdensome. Importantly, there is no mandatory requirement for the uploading of multiple individual pieces of evidence from the StR's existing NES e-portfolio. This may be achieved by selected items of evidence, eg ESSR reports, favourable ARCP Outcomes, and selected e-portfolio downloads, in discussion with the Educational Supervisor.

From this, the trainer and the Specialty Registrar (StR) can then assess the outstanding capabilities required for individual HiLLO sign offs to complete the relevant Stage of ICM training.

3. Issues to consider

- **THIS IS A GUIDE ONLY. It is not prescriptive nor mandated.**
- Each HiLLO in the ICM curriculum has a number of key capabilities associated with them to act as a DESCRIPTIVE GUIDE to aid sign off by the Educational Supervisor. It is **not** an exhaustive list and the StR does not have to achieve every single capability. This allows some flexibility in linking broadly similar learning outcomes from other core curricula for Stage 1 ICM without having to match exactly the underlying ICM capabilities.

- Stage 1 training in ICM remains an indicative 4 years with 1 year each of Anaesthetics, Medicine and ICM, plus 1 further year.
- All capabilities are 'spiral' in learning, meaning they are added to and developed throughout training.
- To dual accredit, the doctor MUST continue to complete, in full, the requirements set out by their partner specialty's curriculum.
- The pathway through ICM training, particularly in Stage 1, can be very heterogenous, for reasons of entering the programme via different core training routes, variable training routes and flexible working patterns, as well as taking time away from training. Therefore, each StR's training record will need to be viewed individually before determining exactly how they transition into the 2021 curriculum and LLP e-portfolio.
- When assessing where the doctor is in the 2010 curriculum in relation to the new 2021 curriculum at the point of transition, the current 2010 curriculum requirements should be used to judge whether specific blocks (or Stages) of training) are completed.
- Where StRs have completed a Stage (or unit) of training, this will make for transition being fairly straightforward. Since the underpinning syllabus (competencies) are largely unchanged between 2010 and 2021 curricula, if a Stage of training has been completed, the equivalent HiLLOs for that Stage have been met, and the StR can start on the 2021 curriculum in the next Stage.
- Where a unit of training (eg anaesthesia, medicine or a specialty ICM block) is completed, this will discretely translate to a specific HiLLO (ie 10, 11, 12, 13 or 14 respectively) being met.
- Where StRs are mid-Stage, an overview will need to be taken on whether outstanding HiLLOs (that may not yet be completely or discretely met as in the examples given above) have sufficient evidence on the StR's 2010 ePortfolio to support sign off. A pragmatic gap analysis of which HiLLOs still need to be worked on should be identified in the ESSR (2010 documentation) and subsequent Personal Development Plan (PDP) in the 2021 curriculum as to which capabilities should be targeted. The details and level of capabilities expected at each Stage of training can be referred to in the [ICM Curriculum: Supporting Excellence](#).
- Where indicative time periods for specific unit/blocks of training will not be met at the time of transition, but the ES considers that the 2010 competencies are met, then a pragmatic view that the HiLLO is met can be taken. This similar approach was taken when considering COVID derogations; it would not be expected to shorten training periods further than those set out in the derogation guidance. Both trainer and StR should pragmatically appreciate that reductions in programme lengths may not be straightforward to facilitate if clinical services or rota arrangements will be undermined, potentially at short notice. However, the StR is able to focus on other training opportunities or targets to the benefit of their overall progression as an ICM doctor.
- The documentation recommended to be uploaded to the doctor's LLP needs to ensure an adequate trail of triangulating information to be available for subsequent trainers to review. Importantly, the information available should adequately show the doctor's engagement with and demonstration of the GMC's Good Medical Practice requirements to allow adequate appraisal and revalidation to continue practicing safely.

4. Guidance for transitioning 2010 curriculum evidence to the 2021 ICM Curriculum & LLP

4.1. Doctors at the end of Stage 1 ICM

This refers to doctors who, at ARCP or at an Educational Review, are considered to have met the requirements (of the 2010 curriculum) for completing Stage 1. They will have completed the indicative time in training in medicine, anaesthesia and ICM. They will have met all 97 competencies at the required level, and have the required number (10) of the Top 30 cases evidenced to support this. All other ARCP checklist (2010 curriculum) requirements will have been satisfactorily met, such that the panel are content that the StR is ready to enter the next Stage of training.

Such doctors can be considered as meeting the HiLLOs expected for completion of Stage 1.

Evidence to be uploaded in support:

Documents:

Outcome 6 from core training programme (or equivalent)
ESSRs and ARCP outcomes for each subsequent year of training in the UK (or equivalent),
Stage 1 completion certificate
Satisfactory ARCP Outcome from partner specialty (where relevant)
Exam certificates (eg MRCP, Primary FRCA, FRCER (at required level))
Procedural logbook
MSF from each year in higher specialist training including in partner specialty where relevant

Suggestions:

GMP activities evidence: QI, teaching, CPD, governance aspects, reflections (with regards to HiLLOs 1-4)
CPD & course certificates stored accordingly
ALS certificate
Logbooks

4.2. Doctors mid Stage 1

For doctors who are mid Stage 1 at the point of transition, the Educational Supervisor (ES) should write an ES structured report (ESSR) reviewing the evidence in the NES e-portfolio and make a recommendation as to which HiLLOs are met, and which remain to be fulfilled at the expected capability level for Stage 1. This should be supported with oversight by the region's key educators (eg Regional Advisor and Training Programme Director). This report will help inform an ARCP or an Educational Review held near to the point of transition. The decision-making process should be evidenced in the LLP.

For most StRs, the August 2021 transition date will coincide with rotation date changes between training modules (eg Complementary Specialty and ICM blocks).

If a block is considered to have been completed, both in terms of indicative time and achievement of the relevant competencies in the 2010 curriculum, then completion of the relevant HiLLO can be considered met on the new 2021 curriculum.

Example meeting HiLLO 10, Stage 1:

12 months Anaesthetics:

- 6 or 12 month block completed, to make 12 months in total for Stage 1
- Documentation as per RCoA completion of one year of Anaesthetics

- ESSR or end of placement documentation of satisfactory progress and engagement
- Logbook completed supporting experience
- Competencies relevant to this HiLLO signed off (see mapping document in the ICM Curriculum for details)

With regard to mapping to the 2021 ICM curriculum, there are two considerations for ES, RAs & TPDs to consider:

1. Remaining indicative time – this should be clear, from how much time already completed.
2. The progress made by the StR in meeting the 97 more general and professional competencies of the 2010 curriculum.

Both of these factors should be commented on, ideally, in an ESSR to help the decisions made by subsequent ESs when judging progression in respect of the 2021 curriculum. Highlighting which specific (2010) competencies that would still need to be met, and how engaged the StR has been in placements and with evidence gathering will help inform the future judgements. It is worth emphasising that the capabilities are suggestions and not mandatory, and do not all need to be signed off.

For some StRs, who are perhaps 3-6 months from the end of Stage 1, they may already have all the requirements of the curriculum (at Stage 1) completed (ie all 97 competencies green, and more than 10 of 30 Top 30 cases with sufficient evidence that has enabled sign off), in which case, almost all of the HiLLOs may be considered complete for Stage 1. However, perhaps the HiLLOs 1-4 (generic GMP professional HiLLOs) might be left to complete, as there is always refinement to be made in these areas with increasing experience.

Where a StR's training block will bridge the transition date, the ES should be in a good position, having reviewed the 2021 curriculum documentation on HiLLO capability levels, to judge what the StR still has to work on and when the StR subsequently meets the criteria. The 'gap analysis' should be documented on the LLP, with goals set out in the StR's initial PDP.

Evidence to be uploaded in support:

Documents:

Outcome 6 from core training programme (or equivalent)
 ESSRs and ARCP outcomes for each subsequent year of training in the UK (or equivalent)
 ESSR or end of placement documentation indicating completion of specific units of training
 ARCP outcome for a partner specialty (where relevant)
 MSF from each year in higher specialist training, including partner specialty where relevant
 Exam certificates (eg MRCP, Primary FRCA, FRCES (at required level)
 Procedural logbook

Suggestions:

GMP activities evidence: QI, teaching, CPD, governance aspects, reflections (with regards to HiLLOs 1-4)
 CPD certificates stored accordingly
 ALS certificate
 Logbooks

4.3. Doctors at the end of Stage 2 ICM

This refers to doctors who, at an ARCP or educational review near to transition, are considered to have met the requirements (of the 2010 curriculum) for completing Stage 2. They will have completed the indicative time (2 years full time equivalent) in training in specialty ICM blocks and a special skills year. They will have all of the 97 competencies (in

the 2010 curriculum) met at this level, and the required number (20) of the Top 30 cases evidenced to support this. Of note, the Top 30 cases relevant to the Specialty ICM areas of practice should be evidenced. All other ARCP checklist requirements will have been satisfactorily met, such that the panel are content that the StR is ready to enter Stage 3.

Such doctors can be considered as meeting the HiLLOs expected for end of Stage 2.

Evidence to be uploaded in support:

Documents:

ESSRs and ARCP outcomes from Stage 2 training years

Stage 1&2 completion certificates

Satisfactory ARCP Outcome from partner specialty (where relevant)

Exam certificates, including partner specialty exam requirements where applicable, and Final FFICM

MSF from each year in higher specialist training including in partner specialty where relevant

Procedural logbook

Suggestions:

GMP activities evidence: QI, teaching, CPD, governance aspects, reflections (with regards to HiLLOs 1-4)

CPD certificates stored accordingly

ALS certificate

Logbooks

4.4. Doctors mid Stage 2

For doctors who are mid Stage 2 at the point of transition, they may not have a formal ARCP near the time of transition. Ideally the Educational Supervisor (ES) (prior to transition) should consider, when writing an additional ES structured report (ESSR), the evidence presented in the NES e-portfolio in order to make a recommendation as to which HiLLOs could satisfactorily be met, and which remain. This should be supported with oversight by the region's key educators (eg Regional Advisor and Training Programme Director). This report will help inform an ARCP or an Educational Review held near to the point of transition. The decision making process should be evidenced in the LLP.

For most StRs, the August 2021 transition date will coincide with rotation date changes between training modules (eg Specialty ICM blocks).

If a specialty ICM block is considered to have been completed, both in terms of indicative time and achievement of the relevant competencies, then completion of the relevant HiLLO can be considered to be met on the new 2021 curriculum.

Example meeting HiLLO 14, Stage 2:

CTICU specialty ICM block:

- 3 month block completed
- ESSR or end of placement documentation of satisfactory progress and engagement
- Logbook completed supporting experience
- The relevant top 30 cases (ie 21,22,23,24,25 as well as 5,6,7,8) signed off
- Competencies relevant to this HiLLO signed off (see mapping document in the ICM Curriculum for details)

Special Skills Year

If in a partner specialty, then the StR must be cognisant of the relevant College's curriculum requirements. If a single CCT SSY is being undertaken, then a gap analysis comparing the 2010 and 2021 SSY requirements should be undertaken and documented in an ES report.

General principles

With regard to mapping to the 2021 ICM curriculum, there are two considerations for ES, RAs & TPDs to consider:

1. Remaining indicative time – this should be clear, from how much time already completed.
2. The progress made by the StR in meeting the 97 more general and professional competencies of the 2010 curriculum.

Both of these factors should be commented on in an ESSR to help the subsequent decisions made by ESs when judging progression in respect of the 2021 curriculum. The highlighting of which specific (2010) competencies need still to be met and how engaged the StR has been in placements and with evidence gathering will help inform the future judgements. It is worth emphasising that the capabilities are suggestions and not mandatory and do not all need to be signed off.

For some StRs, who are perhaps 3-6 months from the end of Stage 2, they may already have all the requirements of the curriculum (at Stage 2) completed (ie all 97 competencies green, and more than 20 of the Top 30 cases with sufficient evidence that has enabled sign off), in which case, almost all of the HiLLOs may be considered complete. However, perhaps the HiLLOs 1-4 (generic GMP professional HiLLOs) might be left to complete, as there is always refinement to be made in these areas with increasing experience, particularly in preparing for the Stage 3 ICM year.

Where a StR's training block will bridge the transition date, the ES should be in a good position, having reviewed the 2021 curriculum documentation on HiLLO capability levels, to judge what the StR still has to work on and when the StR subsequently meets the criteria.

Evidence to be uploaded in support:

Documents:

ESSRs and ARCP outcomes for each year of training in Stage 2

Stage 1 completion certificate

ESSR and end of placements reports indicating completion of specific specialty ICM blocks

ARCP outcome where relevant for a partner specialty indicating completion of that Special Skills Year

Where appropriate (single CCT), an SSY completion form

Exam certificates (eg MRCP, Primary FRCA, FRCER (at required level))

FFICM certificate if completed

MSF from each year in higher specialist training including in partner specialty where relevant

Procedural logbook

Suggestions:

GMP activities evidence: QI, teaching, CPD, governance aspects, reflections (with regards to HiLLOs 1-4)

CPD certificates stored accordingly

ALS certificate

Logbooks

4.5. Doctors in or commencing Stage 3

Doctors may choose to move to the new curriculum and LLP. Their progress will be considered as the year goes on against the expected capability levels required for each HiLLO. As the judgements are more overall, holistic judgements made by experienced trainers that work with the StR, the burden of evidence required to be linked will be substantially less. Moreover, choosing to transition will remove the need for the StR to individually evidence (and trainers sign off) all 97 competencies and 25+ of the Top 30 cases.

Evidence to be uploaded in support:

Documents:

ESSRs and ARCP outcomes from Stage 2 training years

Stage 1 & 2 completion certificates

Satisfactory ARCP Outcome from partner specialty (where relevant)

Exam certificates, including partner specialty exam requirements, and Final FFICM.

MSF from each year in higher specialist training including in partner specialty where relevant

Procedural logbook

Suggestions:

GMP activities evidence: QI, teaching, CPD, governance aspects, reflections (with regards to HiLLOs 1-4)

CPD certificates stored accordingly

ALS certificate

Logbooks

Glossary

ACCS	Acute Care Common Stem
ALS	Advanced Life Support
ARCP	Annual Review of Competency Progression
CAT	Core Anaesthetic Training
COVID	Coronavirus
CPD	Continuing Professional Development
CTICU	Cardiothoracic Intensive Care Unit
ES	Educational Supervisor
ESSR	Educational Supervisor's Structured Report
FFICM	Fellowship of the Faculty of Intensive Care Medicine
FICM	Faculty of Intensive Care Medicine
GMP	Good Medical Practice
HiLLO	High Level Learning Outcomes
ICM	Intensive Care Medicine
IMT	Internal Medicine Training
LLP	Lifelong Learning Platform
LO	Learning Outcomes
MDT	Multi Disciplinary Team
StR	Specialty Registrar