



Single Specialty Intensive Care Medicine Recruitment 2012

JOINT STATEMENT

by the Faculty of Intensive Care Medicine and the Royal College of Anaesthetists

Background

With the introduction of ICM as a separate specialty and the approval by the GMC of the new ICM curriculum, the FICM has had to plan and implement the recruitment process for August 2012. It has been agreed by the DH, COPMeD, the partner Colleges and the GMC that only single specialty recruitment will take place in 2012 and recruitment into the dual CCT programmes will take place in 2013 when entry to the old Joint-CCT programmes will cease.

The new single-CCT ICM programme

Approximately 70 single specialty ICM posts have been identified by the Deans in England and Wales for August 2012. The new single specialty ICM programme requires all trainees to acquire competencies in anaesthesia and in acute medicine within the ICM programme. Thus, candidates entering the ICM programme from Core Medical Training will require novice anaesthetic training equivalent to CT1, and those from Core Anaesthetic Training will require training in acute medicine. Whereas with the old Joint-CCT programmes this 'complementary' speciality training was often accessed by using training slots in anaesthesia or medicine, it must now be provided 'in-programme'. Even if it were appropriate to do so, it will not be possible for ICM to continue to 'borrow' training slots because CT1 recruitment for anaesthesia for 2012 is well advanced. 359 CAT and 152 ACCS (Anaesthetic) posts have been identified and have been advertised and the process for anaesthesia recruitment has been agreed by all key stakeholders and is being implemented. As such it is untenable to ring-fence CT1 Anaesthetic for ST3 ICM training from these identified vacancies.

Position

Deaneries that have ST3 ICM programmes will have identified the necessary funding stream to support all aspects of the programme and it is therefore accepted that the RCoA and FICM are not required to identify novice training rotations to support the programmes.

It is agreed by both the FICM and RCoA that this should be the case for all single specialty ICM programme for future years.