

# THE INTERCOLLEGIATE BOARD FOR TRAINING IN INTENSIVE CARE MEDICINE

## TRAINING IN INTENSIVE CARE MEDICINE (ICM)

Training in ICM in the UK is supervised by the Intercollegiate Board for Training in Intensive Care Medicine (IBTICM), which includes representatives of the Royal Colleges of Anaesthetists, Physicians and Surgeons. The training programme is intended to be taken within a main specialty training programme (anaesthesia, medicine, surgery, A & E medicine) but might require an extension to the main programme (almost certainly in the case of training in surgery).

The training requirements are:

- Basic training - 3 months' ICM as an SHO (which, if commenced from February 2002 onwards, must be in blocks of a minimum of one month to count for the purpose of the IBTICM programme).
- complementary specialty training – 6 months' acute general medicine for an anaesthetist, 6 months' anaesthesia for a physician, both for a trainee surgeon. This training is probably best done at SHO level. Up to 3 months A & E Medicine can be counted towards the requirement for training in general medicine.
- 6 months' general adult ICM as an SpR, in blocks of no less than 3 months, in recognised units (*this completes intermediate training, for those who intend a sessional commitment in ICM*).
- 12 further months SpR ICM, again in blocks of no less than 3 months, in recognised units (*advanced training, for doctors intending a major or full-time commitment to ICM*).

The Intercollegiate Board is prepared to accept basic and complementary specialty training undertaken overseas, provided the post(s) were recognised for training purposes by the appropriate supervisory body. Overseas SpR training in ICM can also be counted, but to a maximum of 6 months, and only towards the advanced year of training. To count, SpR training overseas must be approved prospectively by the IBTICM and PMETB.

The training programme has been described in more detail in guidance documents issued by IBTICM, now redrafted on a competencies basis. The documents are on the Board's Website: [www.ibticm.org](http://www.ibticm.org). The essential blocks of training remain as set out above. There are five parts to the documents: Part I sets out the principles and curriculum, Part II is the Educational Training Record (ETR, or 'log book'), to be read in conjunction with, in turn, Part III (SHO level training, including the complementary specialty training), Part IV (Intermediate training), Part V (Advanced training) and Part VI (Cardiopulmonary Resuscitation). The Educational Training Record must be used for all training components, and, as indicated, 10 expanded case summaries must be completed during the six months of SpR training in ICM for intermediate training (an example summary is included in the ETR).

Intensive Care Medicine is now a specialty and requirements have been drawn up for the training (in duration, equivalent to the full advanced programme training described above) which will lead to a CCT in ICM. Designated posts, to be advertised for competitive entry, are being established to offer the SpR training in ICM. Entry requirements will be completion of SHO training in ICM, and possession of an NTN or VTN in the main specialty. Training in the complementary specialty(ies) will be required, and ideally should be completed prior to

entry - further training to gain the required competencies may be allowed but this will extend the overall training programme. Up to six months of SpR training in ICM prior to entry to a CCT post may be allowed to count towards the CCT programme, provided it was undertaken to IBTICM specification.

**Award of the CCT in ICM will only be recommended on satisfactory completion of a specialist training programme in a main specialty.**

For those trainees who stop at intermediate level, and those who complete advanced training outside a designated CCT post, the Board will continue to offer confirmation by formal letter that the requirements of the relevant training programme have been fulfilled.

There is also an **optional** examination – the Diploma in Intensive Care Medicine, held twice a year and open to trainees who have completed intermediate training, or other training acceptable to the Intercollegiate Board. The main elements of the examination are a dissertation (4,000 to 6,000 words) and vivas on the dissertation, expanded case summaries from the trainee's educational training record (ETR), and data interpretation. Candidates who have a higher degree, in a subject relevant to intensive care medicine, may, at the discretion of the Examiners, be exempted from the dissertation section of the examination.

Trainees who are serious about a career in ICM should discuss their intentions with their specialty Advisors, and with the Regional Advisor in ICM, and can register their interest with the Intercollegiate Board. Registration forms for this purpose are held by RAs in ICM. Subsequent entry to a CCT post will require completion of a further registration form.