

The Joint CCT in Intensive Care Medicine

Guidance to Deans relating to complementary specialty training

Introduction

A Certificate of Completion of Training in Intensive Care Medicine (ICM) is currently available only as a Joint CCT with anaesthesia, an acute medical specialty, surgery or emergency medicine. The ICM aspect of the joint curriculum was approved by the Postgraduate Medical Education and Training Board (PMETB) in January 2007. In addition to training in ICM and the specialty of primary appointment there is a curricular requirement to complete periods of training and the acquisition of competences in certain other related specialties.

Components of the Joint CCT in ICM

The curriculum approved by PMETB for application from August 2007 recognises that trainees will acquire competences at differing rates, and introduces the concept for some components of the programme of a variable, or indicative, period of training. It is possible of course that in local management of training a trainee will be expected to train for a set, or normal period.

The components, with indicative and normal periods, where appropriate, in parentheses, required for a Joint CCT in ICM with a specialty of primary appointment are:

- 1 All the components of the CCT of the specialty of primary appointment.
- 2 Preliminary training in ICM (3 months).
- 3 Complementary specialty training in anaesthesia (4-8 months, normally 6 months).
- 4 Complementary specialty training in acute medicine (4-8 months, normally 6 months)¹.
- 5 Core training in ICM (4-8 months, normally 6 months).
- 6 Enhanced training in ICM (8-18 months, normally 12 months).

Access to Complementary Specialty Training

Appointments to the Joint CCT programme will be made during Specialty Training Years 2-5 by competitive appointment. The components of the specialty of primary appointment are defined at initial appointment to that programme. Those of ICM training are established at appointment to the ICM programme. Those trainees appointed to the ICM programme may lack either one or two components of complementary specialty training. Suitable posts to allow the acquisition of those components of the CCT in ICM should therefore be available from the pool of training posts badged as Fixed Term Specialty Training Appointments. It may be possible also to use an FTSTA post to allow the acquisition of competences of core training in ICM. Separate advice has been issued on the use of FTSTA appointments for training in ICM. The CCT in ICM programme proper will comprise the whole of Step 2 training as a minimum.

Recommendation

Postgraduate Deans are asked to note that trainees accepted for training in ICM as part of a Joint CCT with a specialty of primary appointment should have priority in access to unfilled training opportunities in complementary specialty training that they require for completion of the Joint CCT programme. Such training will be able to be planned some months in advance.

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¹ Acute Medicine is here understood to mean any training post with an acute 'take' responsibility. It should also be noted that three months training in Emergency Medicine can be substituted for three months of acute medicine.