



# **GUIDANCE ON DUAL CCT PROGRAMMES IN INTENSIVE CARE MEDICINE & EMERGENCY MEDICINE**

**Change log**

This document outlines the dual training programme for doctors completing postgraduate training in Intensive Care Medicine and Emergency 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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**NB: The following guidance discusses the implementation of Dual CCTs in Intensive Care Medicine and Emergency Medicine whilst drawing heavily on information already available online. Further information can be found via the links below, and this document should be read in conjunction with these resources:**

- [FAQs on National Recruitment to ICM](#)
- [FAQs on National Recruitment to Emergency Medicine](#)
- [ICM Curriculum: Supporting Excellence](#)
- [The CCT in Emergency Medicine](#)

## Introduction

This guidance has been compiled by the Faculty of Intensive Care Medicine [FICM] and the Royal College of Emergency Medicine [RCEM] for the benefit of doctors undertaking dual CCTs in Intensive Care Medicine [ICM] and Emergency Medicine [EM] as well as those HEE regions/deaneries, Training Programme Directors and Regional Advisors/Heads of Schools responsible for creating and delivering such programmes.

The FICM and RCEM have undertaken a cross-mapping exercise of both curricula to identify areas of overlap that will allow doctors to acquire the outcomes and capabilities in full of both disciplines via a suitable choice of training attachments and educational interventions whilst avoiding undue prolongation of training.

This guidance deals specifically with those areas in which the two curricula overlap to allow dual-counting of capabilities, and describes the layout and indicative timeframes of a dual CCT programme. More detailed information on the respective capabilities and assessment methods discussed here can be found in [The CCT in Intensive Care Medicine](#) and [The CCT in Emergency Medicine](#).

## Appointment to ICM/Emergency Medicine Dual CCTs

All appointments to the Dual CCT programme should adhere to the [GMC guidance](#) on Dual CCTs and to the ICM and Emergency Medicine CCT person specifications.

In order to dual train in Emergency Medicine and ICM, a doctor would need to complete the ACCS (Emergency Medicine) or the Defined Route of Entry into Emergency Medicine (DRE-EM) programme and pass the MRCEM/FRCEM Intermediate to be eligible to apply to train in both programmes.

## Recruitment Process

Guidance on recruitment for an ICM CCT programme is available here: <http://ficm.ac.uk/national-recruitment-intensive-care-medicine>.

Guidance on recruitment for an Emergency Medicine CCT programme is available here: [https://www.rcem.ac.uk/RCEM/Exams\\_Training/UK\\_Trainees/Applying\\_for\\_Specialty\\_Training/RCEM/Exams\\_Training/UK\\_Trainees/ePortfolio.aspx](https://www.rcem.ac.uk/RCEM/Exams_Training/UK_Trainees/Applying_for_Specialty_Training/RCEM/Exams_Training/UK_Trainees/ePortfolio.aspx)

## Structure of a Dual CCT programme including Emergency Medicine and ICM

Both the Emergency Medicine and ICM CCTs are outcome-based programmes. The single ICM CCT programme has an indicative duration of 7 years; the single CCT in EM an indicative duration of 6 years. The Dual CCT programme in ICM and EM has an indicative duration of 8.5 years. Doctors who do not achieve the capabilities required within this timeframe may require longer.

Below is an *example* programme for Dual CCTs in ICM and EM. It should not be considered as an immutable format. Where a training year is represented by a less than 12/12 block, this is purely to demonstrate the acquisition of Stage requirements on the diagram – doctors would not be expected to mark time in that ST year but could progress within the programme.

**Important point of note:** The order of training blocks ***within an overall training Stage*** (within Core and HST boundaries) is **interchangeable**. For example, the indicative 12/12 required in each of Anaesthesia, Medicine and ICM required for ICM Stage 1 training can be achieved in any CT or ST year before the completion of Stage 1.

Likewise, the Stage 2 Special Skills Year (which in the Dual CCT Programme is the Stage 2 indicative year of Emergency Medicine) can be in either year within that training Stage and the ICM Stage 2 specialist PICM, CICM, NICM modules can occur in any order. The same is true of the indicative 6-month modules that make up the ACCS programme. Decisions will be made at a local level on the arrangement of specific modules within each training Stage.

Doctors can sit the FFICM at any point in Stage 2 training and the FRCEM Final at any point after completion of ST4 in Emergency Medicine, as long as it is successfully passed before they CCT.

The final blocks of training in ICM Stage 3 can also be undertaken in any order.

Areas marked with an \* are those modules agreed by the RCEM and FICM as dual counting across both CCTs.

### Example Dual CCT programme in EM and ICM

Training Stage	EM Core Training		EM Intermediate Training	EM Higher Specialist Training				
	ICM Stage 1			ICM Stage 2	ICM Stage 3			
Year	ACCS 1	ACCS 2	ACCS 3	ST4 - EM / ST3 - ICM	ST5	ST6	ST7	ST8
	6/12 EM; 6/12 IM; 6/12 An; 6/12 ICM		12/12 EM	12/12 EM; 6/12 ICM; 6/12 An any order	3/12 PICM 3/12 CICM 3/12 NICM 3/12 EM 12/12 EM (Special Skills)* any order	12/12 ICM; 6/12 EM any order		
Exams	MRCEM			FFICM Final				
	FRCEM							

**NB:** The order of training blocks within an overall training Stage (within Core and HST boundaries) is interchangeable. For example the 'Special Skills Year can be either of the two years that make up Stage 2 ICM training, and the ICM, Medicine and Anaesthesia blocks required for Stage 1 can occur in any order across the overall training Stage. \* = Dual Counted training.

### Acquisition and dual-counting of capabilities for both CCTs

The text below discusses the rationale for the dual counting of capabilities across each Stage of training.

- **Stage 1**

ICM Stage 1 comprises the first 4 indicative years of training (generally 2 years at Core level and 2 years Higher Specialist Training [HST]). Core EM training is achieved via the ACCS or DRE-EM programmes. The ACCS (Emergency Medicine) programme delivers the full 12 months' Medicine requirement of ICM Stage 1 (6 months each in Internal and Emergency Medicine) and 6 months each in Anaesthetics and ICM. On completion of ACCS (including a pass in the full MRCEM/FRCEM Intermediate exam) trainees can apply for training posts leading to Dual CCTs in ICM and EM. Trainees who have completed the DRE-EM programme may only have completed 3 months in ICM or Anaesthetics.

Dual EM/ICM CCT trainees entering from ACCS will need to complete a further indicative 6 months each of ICM and Anaesthetics to complete Stage 1 of the ICM Curriculum.

Dual EM/ICM CCT trainees entering from DRE-EM may need to complete further training in ICM, Anaesthetics, Internal Medicine and Emergency Medicine to complete an indicative 12 months in each specialty.

- **Stage 2**

Stage 2 ICM covers two indicative years of training, of which an indicative year will be spent in a variety of 'special' areas including paediatric, neurosurgical and cardiothoracic Intensive Care placements.

- **Paeds/Neuro/Cardiothoracic training:** This Stage 2 year requires three indicative 3-month blocks in each of paediatric, neuro, and cardiothoracic ICM. There is an additional indicative 3-month training block within this year, which should be spent in Emergency Medicine.
- **Special Skills Year:** The ICM CCT programme requires that during Stage 2 doctors in training develop and consolidate expertise in a 'Special Skill' directly relevant to ICM practice. For doctors undertaking a dual CCT programme, it is envisaged that the special skills year will consist of an indicative 12 months of their partner CCT programme. Most doctors undertaking dual CCTs in EM and ICM will therefore undertake the required EM training during this year – trainees wishing to undertake more specialised ICM during this year will have to negotiate such training blocks at a local level and may have to extend their training time in order to also complete all the Emergency Medicine capabilities required by their partner CCT.

This overall dual counting of capabilities allows doctors undertaking a dual CCT programme in EM and ICM to undertake ICM Stage 2 without an extension to their training.

- **Stage 3**

Stage 3 ICM consists of a final indicative 12 months of ICM and a final indicative 6 months of EM and these can be completed in any order. The FICM and RCEM accept that the acquisition of higher-level management skills can be achieved across both specialties.

## Assessments

The FICM and RCEM utilise the same types of Supervised Learning Events [SLEs] and Workplace Based Assessment [WpBA] Tools: Acute Care Assessment Tool [ACAT], DOPS [Directly Observed Procedural Skills], Mini-CEX [Mini Clinical Evaluation Exercise], CbD [Case-based Discussion] and Multi-Source Feedback [MSF]. These assessment forms have areas of commonality across both specialties, with some specialty-specific differences in questions and assessment options. The Emergency Medicine CCT also allows for the use of the Audit Assessment Tool [AA], Extended Supervised Learning Events [E or ESLE], Faculty Educational Governance Statements [FEGS], Patient Surveys [PS], Quality Improvement Assessment Tool [QIAT], Teaching Observations [TO], Journal Club Form [JCF], Structured Teaching Assessment Tool [STAT] or Applied Critical Appraisal Form [ACAF].

In those instances where capabilities can be dual-counted, the FICM and RCEM will accept use of one SLE/WpBA for both assessment systems; for example, an assessment completed on the RCEM ePortfolio can be scanned and uploaded to the trainee's ICM ePortfolio, or vice versa. Whilst the assessment of dual-counted capabilities must be tailored to fulfil the requirements of both curricula, it may be appropriate to use one assessment to cover an aspect of both areas of practice.

## Examinations

Entry into a higher training programme in Emergency Medicine requires completion of all the requirements of the ACCS (Emergency Medicine) curriculum and a pass in the MRCEM/FRCEM Intermediate exam. The completion of these requirements also allows entry to HST in ICM and hence a dual CCT.

Dual CCT doctors **must** pass both the FFICM Final and the FRCEM examinations in order to gain both CCTs. The FFICM Final can be taken at any time during Stage 2 ICM, and must be passed before

entry to Stage 3. The FRCEM can be taken any time after completion of ST4 of the EM training programme.

Trainees who do not achieve one of the required final examinations will be ineligible for a CCT in the respective specialty.

### **Annual Review of Competence Progression (ARCPs)**

In order for doctors to progress through training, they must have satisfied the requirements of both Emergency Medicine & ICM ARCP panels (evidenced in their respective portfolios), which may be held separately or in conjunction according to local arrangements. ARCP requirements are within each specialty curricula.

### **Frequently Asked Questions**

Please click [here](#) to be taken to the FAQ section of the FICM website.

Please click [here](#) to be taken to the FAQ section of the RCEM website.