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**JFICMI - Pathways and Regulations for Intensive Care Medicine (ICM) Training**

**1 Introduction**

Intensive Care Medicine (ICM) training is structured in Ireland as ‘supra-specialty’, competency based, training which is currently of 2 years duration. Supra-specialty training is envisaged as training which is undertaken in addition to the achievement of full accredited training in a post-graduate medical ‘base-specialty’. Currently, these base specialties are Anaesthesia, Internal and Emergency Medicine and Surgery. The corresponding pathways to ICM training are outlined below in accordance with the particular specialty background of the prospective Intensive Care Medicine post-graduate trainee doctor.

At the successful completion of supra-specialty training in ICM, a doctor will have acquired the additional competencies to allow consultant practice in ICM – in addition to the competencies (already attained) in his / her base-specialty. Such a doctor will have achieved a standardised set of ICM competencies (compatible with European Board-approved Cobatrice competencies) which will allow full practise in ICM, regardless of the background base-specialty of the doctor.

The table below summarises the said two years of supra-specialty training. Although full training entails two years, successful completion of Year 1 and success at the JFICMI’s Fellowship exam confers eligibility in Ireland to practise as a Consultant with a Special Interest in Intensive Care Medicine. To date however, this facility has only been utilised for Consultant appointments in Anaesthesia. Furthermore, year 1 as described, may be achieved as a special interest year (SIY) in ICM during the course of base-specialty training but as yet in Ireland, this facility has only been established for the Anaesthesia training pathway – see pathways outlined below.

**2. Table of training pathways to Intensive Care Medicine specialisation.**

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| **Base Specialty Pathway** | **Year 1 of ICM ‘supra-specialty’ training** | **Year 2 of ICM ‘supra-specialty’ training / Post base-specialty CST Training.** |
| **1. Anaesthesia** | 1 year of formal training in ICM which may be taken within the total standard (usually 6 years) of Anaesthesia CST training - usually termed Special Interest year (SIY) in ICM.  6 months ICM training to be within final 2 years of specialist Anaesthesia training (SAT)  Complementary training (6 months medicine) is desirable during the totality of ICM training. If not completed at Special Interest year (SIY) level, it may be considered and undertaken at post CST (Year 2) level - see notes below.  FJFICMI to be completed at the end of year 1. | Comprises one year of ICM ‘post-base specialty CST’ training.  Open to all trainees who have completed year 1 of ‘supra-specialty’ training and have passed the JFICMI examination  Competencies to be attained are as outlined in the JFICMI Competency document, with a particular focus on professionalism, clinical leadership as befits a ‘pre-consultant’ year..  By the end of training, year 2 supra-specialty trainees should have completed 24 months of dedicated ICM training to include:  -sign off of all the 12 domains of ICM competency - see Faculty’s competency document (appx 5, 5a)  -basic ICM echocardiography competence  -successful attendance at a BASIC\* course  -successful attendance at an IDAP\*\* course  -6 mths complementary training (or equivalent)  -achievement of a prospectively approved:  Audit or research project with associated presentations and publication(s) - may be in press  **or**  Additional relevant training / accreditation  e.g. TTE (advanced level), ECMO, other  **For surgery trainees specifically:** complementary medicine training (as is desirable) will need to be done (if it is undertaken) in year 2 (post CST year) of total ICM training  **For Anaesthesia trainees specifically:** complementary training will normally be in (Internal) Medicine which is preferably undertaken in ICM-related specialties e.g. Cardiology, Respiratory Medicine, Nephrology, Infectious Diseases / Clinical Microbiology or Neurology and entail a regular on-call clinical commitment.  \* Basic Assessment & skills in Intensive Care  \*\* Irish Donor Awareness Programme |
| **2. Medicine** | 1 year of formal training in ICM which may be taken within the total standard (usually 6 years) of medicine CST training  6 months ICM training to be within final 2 years of Medicine SpR training.  Complementary Anaesthesia training (6 months or equivalent) is required prior to JFICMI exam - see notes below.  FJFICMI to be completed at the end of year 1. |
| **3. Surgery** | 1 year of formal training in ICM which may be taken within the total (usually greater than 6years) of Surgical training  6 months ICM training to be within final 2 years of Surgery SpR specialist training.  Complementary Anaesthesia training (6 months or equivalent) is required prior to JFICMI exam - see notes below.  FJFICMI to be completed at the end of year 1 |
| **4. Mono-specialty pathway to ICM training.**  **(Not applicable to ICM training in Ireland.)** | A minimum training time of   * 2 years full time ICM, * 1 year medicine, * 1 year anaesthesia, * 1 year analogous to post CST (supra-specialty year 2) training for defined specific ‘pre-consultant’ or complementary training e.g. additional anaesthesia or medicine (depending on specialty background of the trainee), echo, research and competency development in Professionalism, leadership, management or other as would be relevant to a ‘pre-consultant / transition’ year.   A total of 5 years required to attain the competencies specified in the Faculty’s competency document.  The precise requirements for monospecialty training will be those specified and utilised by the JFICMI Credentials Committee in assessing applications for equivalence of training – See Credentials Committee criteria (appx 3a) | |

**3 Notes:**

**a) Current Training pathways and regulations**

Year 1 of supra-specialty ICM training is characterised by the acquisition of the competencies specified (see website) and success at a summative Fellowship exam (Clinical plus Viva) which is undertaken (FJFICMI) at the end of year 1. As summarised in the Table above, Year 1 may be achieved as a special interest year (SIY) in ICM as is established for the Anaesthesia training pathway outlined above.

The Fellowship exam is primarily Clinical in nature but an MCQ / Short answer question format is also a required part of the exam – See appendices 8, 8a, 8b, 8c, 8d, 8e, 8f. Success at the FJFICMI is an entry requirement to year 2 of ‘supra-specialty’ (post base-specialty CST) training.

During year 2 of ‘supra-specialty’ training, there is no further exam in ICM but publications / project or other accreditation (TTE etc) is required - as is suitable to a pre-consultant year of training – see table above for detail. Those who have not achieved the year 1 of ICM training during their base specialty training will be eligible to apply for ‘supra-specialty’ training Fellow positions but they will need to complete two years of supra-specialty, competency based training (as described above) in ICM to be eligible for CSCST in ICM.

During the course of ICM training, the trainee’s JFICMI supervisor of training will be required to submit a summary of the trainee’s progress at a minimum of 6 monthly intervals. The JFICMI’s on-line competency assessment and log-book recording capacity may be utilized as a mechanism of providing such reports but independent contact is encouraged if required. Supervisors of Training are requested to provide an earlier report to the Faculty’s Exams and Training committee if there is a concern among the hospital’s cohort of trainers that an issue with the training of a particular trainee requires attention.

Before the end of required duration of supra-specialty training, the trainee will ensure that records of all signed off competency achievements and of other required steps of training e.g. satisfactory attendance at BASIC and IDAP courses are submitted to the Faculty with a view to an exit interview with an Exams and Training committee subgroup. Following satisfactory conclusion of the exit interview process, the Board of the JFICMI will provide a Certificate of Satisfactory Completion of Specialist Training (CSCST) in Intensive care Medicine on the recommendation of the Exams and Training committee.

The pattern and requirements of the Training programme in ICM in Ireland is under continuing review by the Exams and Training Committee of the Faculty. Examples of recent changes have been the introduction of the requirement for success at both BASIC and IDAP courses and the achievement of a basic level of competency at echocardiography during ICM training. Examples of further changes that are under consideration are more specific definition of the roles of the JFICMI Refresher Course series and the requirement for participation in a Transport Medicine course as part of the acquisition of the Competency in Transport of the Critically Ill.

**b) Current Training Outcomes and Career Structure:**

1. The successful completion of one year of ICM training (as above), which includes success at the FJFICMI exam, allows eligibility (in Ireland) for a ‘consultant with a special interest in ICM’ position provided also that CST in base specialty is achieved. This career option is only utilised / available in Anaesthesia at present.
2. The successful completion of a pre-approved second ‘supra-specialist’ year of ICM training (see guidance above) will allow accreditation as a completed trainee in ICM. Such status will allow eligibility for specialist registration in ICM with the Medical Council of Ireland and eligibility to apply for a Consultant in Intensive Care Medicine position.

**c) Complementary Training** (part of the totality of Intensive Care Medicine training)

**Principle**

ICM requires a broad and in-depth knowledge of many medical disciplines incl. acute medicine, emergency medicine, anaesthesia and an understanding of the nature, indications and complications of many surgical procedures. Complementary training affords the opportunity for the ICM Trainee to gain broader exposure and competence in the ICM-related competencies which are normally inherent to disciplines other than the trainee’s base-specialty.

Complementary training is both desirable and a recommendation of the JFICMI, the ultimate concept being that a trainee who has completed training in ICM, regardless of the trainee’s background base specialty, will have attained the Faculty-prescribed set of competencies which are required of any trainee completing ICM training.

**Practicalities**

High impact training positions in all disciplines are highly sought after and are largely reserved for trainees in the relevant training scheme, with very limited if any opportunity for 6 month secondments from other training schemes.

The JFICMI and its predecessor, the Irish Board of Intensive Care Medicine has long recognised this difficulty particularly for anaesthesia trainees in ICM, such that one year of ICM training in an accredited site(s) is increasingly regarded as offering broad exposure to general medicine. This further recognises that a 6 month post in general medicine prior to entry into anaesthesia is often at a very junior training level, and may be of questionable value for an ICM graduate. A further complementary training period of 6 months medicine in a suitable specialty post of suitable seniority and supervision has long been accepted as desirable but its categorisation as ‘mandatory’ is increasingly questioned during the total of two years (minimum) of supra-specialty training in Intensive Care Medicine. It remains a desirable component of total ICM training and is preferred by the Faculty, where it is achievable. However, due to considerations outlined above, it is not a mandatory part of training but, if it is not achieved, an alternative ‘equivalent’ training (see below) is required for all trainees, regardless of base-specialty background.

Anaesthesia training for non-anaesthesia trainees in ICM faces this difficulty, the preferred complementary requirement being for 6 months of anaesthesia training. It is notable that with such a limited period of training, an anaesthesia trainee would remain within a highly supervised clinical practice, particularly for complex airway or physiological derangements as one might experience in acute surgical events, obstetric anaesthesia, ICM on-call etc. An intensive care specialist graduating from a non-anaesthesia base-specialty pathway must therefore further invest, in particular, in airway-related anaesthesia skills to develop and maintain these competencies.

**Current regulations for complementary training**

1. **ICM Trainees with Anaesthesia as base-specialty:**

A complementary training period of 6 months medicine in a suitable specialty training post of suitable seniority and supervision is desirable, but not mandatory. Such training would normally be anticipated to be undertaken in ICM-related specialties such as Cardiology, Respiratory Medicine, Nephrology, Infectious Diseases / Clinical Microbiology or Neurology and entail a regular on-call clinical commitment.

For those trainees who do not undertake such specific complementary training, it is required that their training while working in JFICMI accredited ICU and Hospital training positions will provide the trainee with exposure to a broad range of medical disciplines within a suitable teaching environment while undergoing ICM training in ICU. Their programme of continuing medical education must include a wide range of general medicine topics and access to the Medicine specialty PCS / CME programme as applies to Internal Medicine training in the Hospital. Specific access to certain skills and training opportunities e.g. Bronchoscopy, echocardiography, laboratory microbiology may also be incorporated as relevant.

It is incumbent on accredited training hospitals to implement the availability of such complementary or equivalent training for ICM trainees and assessment of the availability of such resource will be part of the JFICMI’s Accreditation process of such hospitals.

1. **ICM Trainees with Internal or Emergency Medicine as base-specialty:**

* Internal Medicine trainees:

A complementary training period of 6 months anaesthesia is desirable, but not mandatory. If it is undertaken, the trainee should ensure the acquisition of the Airway skills documented below (and have achieved signed off competency as documented under the ICM required domains of competence) and have achieved logbook evidence of at least 100 tracheal intubations as below.

For those not undertaking such complementary training, they will be required to have trained in an accredited centre for ICM training which must include the ‘equivalent’ training of one day per week (r equivalent) of dedicated anaesthesia training. The trainee, over the course of year 1 of ICM training must achieve 100 intubations (2 per week approx). Of these 100 intubations, at least 20 must be undertaken in emergency circumstances (emergency anaesthesia, emergency department, cardio-pulmonary resuscitation, intensive care patients). Competence with general airway management is required and attendance at a Difficult Airway course is desirable.

It is incumbent on accredited training hospitals to implement the availability of such complementary or equivalent training for ICM trainees and assessment of the availability of such resource will be part of the JFICMI’s Accreditation process of such hospitals.

* Emergency Medicine trainees:

A complementary training period of 6 months anaesthesia is desirable, but not mandatory. If it is undertaken, the trainee should ensure the acquisition of the Airway skills documented below and have achieved signed off competency (as documented under the ICM-required domains of competence) and have achieved logbook evidence of at least 100 tracheal intubations as below.

For those not undertaking such complementary training, they will be required to have trained in an accredited centre for ICM training which must include the ‘equivalent’ training of one day per week (or equivalent) of dedicated anaesthesia training. The trainee, over the course of year 1 of ICM training must achieve 100 intubations (2 per week approx). Of these 100 intubations, at least 20 must be undertaken in emergency circumstances (emergency anaesthesia, emergency department, cardio-pulmonary resuscitation, intensive care patients). Competence with general airway management is required and attendance at a Difficult Airway course is desirable.

It is incumbent accredited training hospitals to implement the availability of such complementary or equivalent training for ICM trainees and assessment of the availability of such resource will be part of the JFICMI’s Accreditation process of such hospitals.

**iii.** **ICM Trainees with Surgery as base-specialty:**

A complementary training period of 6 months anaesthesia remains desirable, but not mandatory. For those not undertaking such complementary training, they will be required to have trained in an accredited centre for ICM training which must include the ‘equivalent’ training of one day per week(or equivalent) of dedicated anaesthesia training. The trainee, over the course of year 1 of ICM training must achieve 100 intubations (2 per week approx). Of these 100 intubations, at least 20 must be undertaken in emergency circumstances (emergency anaesthesia, emergency department, cardio-pulmonary resuscitation, intensive care patients). Competence with general airway management is required and attendance at a Difficult Airway course is desirable. During the totality of ICM training, a period of up to 6mths training in medicine (as specified to be desirable for trainees with an Anaesthesia base-specialty background) is desirable for Surgery trainees also, but not mandatory. If is undertaken however, it will need to be done during the second year of supra-specialty training i.e. after the FJFICMI exam has been successfully completed. The specialties recommended for such a period of complementary training are as outlined above for Anaesthesia trainees

It is incumbent on accredited training hospitals to implement the availability of such complementary or equivalent training for ICM trainees and assessment of the availability of such resource will be part of the JFICMI’s Accreditation process of such hospitals.