The Faculty of
Intensive Care Medicine

# General Release: ICM National Recruitment For August 2017

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**Definitions**

***Partner specialties:*** The CCT Programmes that a doctor may do as part of a Joint CCT or Dual CCTs Programmes with ICM. Please see the FAQs on Dual CCTs Programmes for further information https://www.ficm.ac.uk/curriculum-assessment-training/dual-cct-guidance

***The Joint CCT in ICM:*** This is the old ICM CCT curriculum in which modules of intensive care were completed in conjunction with a partner specialty (e.g. Anaesthetics or Respiratory Medicine). Recruitment to this ended on 31st July 2013 (see below for further information); however trainees recruited to the Joint CCT before that date will be allowed to follow the programme through to completion. The Joint CCT in ICM is available here: https://www.ficm.ac.uk/curriculum-assessment-training/joint-cct-curriculum

***The CCT in ICM (2011):*** This is the newly approved CCT curriculum in ICM. It will now be possible to train entirely as an intensivist. The new curriculum allows the accepted cores of Core Anaesthetic Training, Core Medical Training and Acute Care Common Stem (all branches) as entry routes to its higher programme. It is also possible to be appointed to more than one CCT programme – that is, to undertake Dual CCTs Programmes in ICM and in a partner specialty. Please note that there is no Dual CCT *curriculum* – there is only the new ICM programme, which can be undertaken in conjunction with another CCT programme, thus leading to the award of two independent CCTs. Please see below for further information on Dual certification. The new CCT in ICM is available here: https://www.ficm.ac.uk/training-examinations/curriculum-assessment-training

***Dual CCTs Programmes:*** Two independent CCT programmes will allow doctors to train in both ICM and a partner specialty and obtain CCTs in both specialties. Please see the FAQs below for further details.

***Stepped recruitment:*** In order to access Dual CCTs training, it is necessary to be successfully appointed to a programme in ICM and one of the partner specialties in different recruitment episodes (i.e. ICM in August 2017 and then Renal Medicine in August 2018 or vice versa). Further information on stepped recruitment is in the relevant FAQs below.

## *SECTION 1:* BACKGROUND

**Why was the Single CCT in ICM introduced?**
ICM was formerly recruited to and certificated against a Joint CCT. In 2010, PMETB stated that the Joint CCT as an entity did not meet all requirements of their statute and requested that the FICM create a single CCT. Although mandated, the Faculty sees the opportunity as a positive one, allowing for major developments in ICM as a specialty. Uniquely, ICM must design a system that permits trainees to undertake either Single CCT training or Dual CCTs recruitment with a number of partner specialties.

Tight deadlines were set by PMETB (and later its successor, the GMC) and the timeframe has necessitated rapid decision making and has limited the opportunities for extensive consultation. The Faculty has however worked very closely with our partner specialties and with COPMeD, the GMC and the DH.

**What if the FAQs do not answer my query?**
The Faculty hopes this general release of FAQs will answer all major queries relating to ICM National Recruitment for August 2017. If your query is not covered below, please contact us at ficm@rcoa.ac.uk.

## *SECTION 2:* THE RECRUITMENT PROCESS AND DOCUMENTATION FOR AUGUST 2017

**What is the timeline for ICM National Recruitment?**

| *Date* | *Event* |
|---|---|
| **25th January 2017** | Advertisement appears on NHS Jobs, BMJ and Oriel |
| **1st Feb –4p 22nd Feb 2017** | Application window |
| **23rd Feb –2nd March 2017** | Windows for longlisting |
| **From Monday 6th March 2017** | Candidates invited to interview |
| **21st, 22nd, 23rd March 2017** | Interview dates held at **West Bromwich Albion Football Club** |
| **10th April 2017** | First wave of offers |
| **3rd May 2017** | Deadline for holding offers |

**Who is co-ordinating recruitment?**
The FICM is leading on policy matters for National Recruitment and the West Midlands Deanery will act as the coordinating LETB for recruitment. Interviews will take place centrally in Birmingham. Dr Tom Gallacher (from West Midlands) is the Lead for ICM National Recruitment and chairs the FICM Quality Recruitment and Careers Sub-Committee (FICMQRC). The FICMQRC includes representation from the RCoA, the RCEM and the JRCPTB.

**Where can I find further information and recruitment guidance on the internet?**
For general recruitment matters:
https://www.ficm.ac.uk/careers-recruitment-workforce/recruitment
For the application process:
WMD website portal is http://icmnro.wm.hee.nhs.uk

**How many recruitment episodes will there be annually?**
ICM will recruit once a year for an August start.

**What happens if posts are left unfilled?**
A Round 2 may be held where the FICMQRC Sub-Committee agree it would be beneficial however this has not happened in previous years.

**Is there a Person Specification?**
The Person Specification for 2017 is available on the HEE website:
http://specialtytraining.hee.nhs.uk/specialty-recruitment/person-specifications-2013/

**As the interviews are to be held centrally, how will the interviewers be selected?**
Subject to the normal experience required of interviewers, each ICM region will nominate a certain amount of interviewers to ensure an appropriate national spread.

***SECTION 3:*** **DUAL CCTs PROGRAMMES**

**Which specialties have agreed Dual Programmes with ICM?**
Acute Medicine, Anaesthetics, Emergency Medicine, Renal Medicine and Respiratory Medicine. The Dual Programme Guidance is available here: https://www.ficm.ac.uk/curriculum-assessment-training/dual-cct-guidance. Further specialities may have Dual Programme agreements developed over the coming years.

**If a doctor is not undertaking one of the above specialties can he or she still do a Dual Programme with ICM?**
Yes, with notable caveats. Trainees from other specialties who wish to apply for dual training with ICM must prospectively discuss this with representatives from their regions, including the Training Programme Director and LETB/Deanery and approach the FICM to discuss the creation of a dual programme. This would need to be approved with the partner specialty's College and the GMC. This is not a quick or easy process.

**How will recruitment take place to Dual Programmes?**
Recruitment will take place by stepped recruitment. Doctors will apply for one CCT Programme at one recruitment episode (e.g. ICM in August 2017) and then apply for another CCT Programme at a second recruitment episode (e.g. anaesthetics in August 2018). If the doctor is successful in both interviews they will be appointed to a CCT Programme in both specialties and will be able to form a Dual CCTs Programme. The interaction of the two CCTs in the Dual CCTs Programme will be agreed by the TPDs (and relevant colleagues) from both specialties in the regions.

**Will recruitment to Dual Programmes always be by stepped recruitment?**
The centralised and national IT recruitment system necessitates stepped recruitment.

**To access Dual CCTs Programmes should a doctor apply for ICM or the partner specialty first?**
Doctors will be able to apply for either specialty first, except where otherwise noted, and it is expected doctors may apply for both at the same recruitment episode in order to increase their appointment opportunities. It will be down to local regions to advise their applicants based on their individual circumstances about which specialty they should apply for first. Applicants may choose to accept the offer from the specialty where there are less posts / greater competition or the specialty that they are prepared to train in solely, as they may not succeed in getting a second CCT.

**Will the second CCT have to be in the same Deanery as the first?**
The Deans have agreed that the two CCTs should be undertaken in the same LETB/Deanery.

**How do I declare my intention to Dual on the application form?**
Trainees applying for their first CCT programme do not need to declare an intention to Dual although it is always good practice to discuss this with your local TPDs and RAs.

For those already in possession of either an ICM or a partner specialty NTN, the application form has two questions on it relating to ICM Dual Programmes. The first asks for your current NTN and the second asks for your intention to undertake a Dual programme. Please read this section carefully as it will affect how you move through the offers system at a later stage. Those with an NTN applying for a Dual programme will only be eligible to preference and accept a post *in the same Deanery* (see question above). Those wishing to resign from their first NTN and take an NTN in different specialty in the same or a different Deanery (i.e. to resign

Anaesthetics and take up ICM) should not tick the second box indicating their intention to form a Dual programme. Trainees will be expected to declare their intention on the application form at the point of submission.

**What is the final point in a CCT Programme at which a trainee can apply for a second CCT Programme?**
From 2016, the Faculty and Colleges have agreed to limit entry to the second CCT specialty to the end of ST5 – they will be expected to have not moved into ST6 training prior to the August start date. This will bring the new Dual CCTs Programmes in line with the recruitment limit which existed with the old Joint CCT Programme.

**How many trainees will undertake Dual CCTs Programme?**
Based on survey data from interviewees at the last three recruitment rounds, the number of trainees wanting to undertake a Dual CCTs Programme was on average 93%.

## *SECTION 4:* REGIONS AND POSTS

**Where is recruitment taking place?**
Interviews will be held in Birmingham **at West Bromwich Football Club** and include posts from all regions across England, Northern Ireland, Scotland and Wales.

**How many posts are going to be recruited to for August 2017?**
This is currently being discussed by the RAs in ICM with their LETBs/Deaneries. The number of available posts from previous years has been: 72 (2012), 88 (2013), 112 (2014), 137 (2015) and 158 (2016).

**What level of posts are being recruited in August 2017?**
ST3 posts. The CCT in ICM accepts CAT, CMT and ACCS as entry routes to its higher programme. There is no separate ICM core training programme.

**Are the ICM posts advertised for August 2017 Single CCT Programmes?**
All ICM Programmes will by default be for Single CCT Programmes, as for any other primary speciality. However, as indicated above (see Section 3), stepped recruitment will allow a doctor to either bring a CCT in partner specialty with them to form a Dual CCTs Programme or apply for a partner specialty in 2018.

**How will the complementary training required for doctors recruited to ICM who are coming from different core programmes be secured?**
'Complementary speciality training' (anaesthesia for physicians, medicine for anaesthetists) is now an integral part of the new ICM programme. The Deans, ICM TPDs and ICM RAs have been in discussions with all their regional colleagues to ensure funding is available to allow suitable plurality of training. Plurality in this sense means that any applicant, irrespective of their core training, can expect to compete in open competition to any programme and receive a post in ICM if they score highly enough.

## *SECTION 5:* OTHER IMPORTANT QUESTIONS

**What is the Faculty doing in terms of workforce planning?**
The Faculty has established a permanent Workforce Advisory Group (FICMWAG), chaired by Dr Andy Rhodes. At present this group has commissioned an annual census (to be administered by RCP London) which will build on the work of the 2011 census set up by Dr Alasdair Short.

This data will help to create a strong statistical base to support the engagement between members of FICMWAG and the Faculty Board with COPMeD and HEE regarding current workforce provision. FICMWAG has also engaged with the Centre for Workforce Intelligence in their current modelling process.

The Faculty Board and members of FICMQRC work regularly with ICM Regional Advisors in their discussions

with Deans to create new ICM posts.

**Will there be new single ICM consultant jobs?**
The Faculty have no influence over the creation of ICM consultant posts as this remains the remit of Trusts as employers. The latter will create posts to suit their service needs and there are at present many ICM consultant posts which involve an ICM commitment only, these at present tend to be based in larger Trusts. In future demand for single ICM consultants may change as healthcare delivery evolves but this can only be regarded as speculative. The Faculty, however, as a stakeholder will contribute to all discussions surrounding the provision of intensive care including manpower planning to the NHS in all 4 UK administrations (see question above). Data so far gathered from interviewees indicates a strong aspiration (c.93%) for Dual training.

**As RA/TPD what should I do with posts which I had reserved for ICM training but which I no longer need due to the appointed trainees previous experience?**
As a result of the plurality of access from CAT, CMT and ACCS RAs/TPDs should have contingency plans for those posts which they had identified as suitable for ICM training but which will not be required for August 2017 to avoid unfilled posts. An example would be that anaesthesia posts are identified but all appointees are from CAT and thus do not require an anaesthesia post for August 2017 but will require a medicine or ICM post. There is flexibility in the order of Stage 1 training and thus ST3 and ST4 years are reversible which may help with posts allocations. Posts which are still left unfilled after the end of the recruitment round should be returned to the relevant specialty or Trust for recruitment. This can be achieved via the relevant specialty's Round 2 recruitment arrangements or if appropriate appointed to locally. Trusts (in the case of a non-training post conversion) will be informed if their post has been left unfilled no later than the date at which all offers must be accepted or rejected (see table above).

**Why is there a need for plurality of access to ICM?**
There exists a body of opinion that if we were able to recruit to pre-defined Dual CCTs Programmes of ICM and a partner specialty then funding, capacity, service provision and programme administration would be more easily facilitated and controlled. Whilst this may be the case (and it is merely a presumption), let us outline below the reasons why such a recruitment process would be unworkable from the point of view of a fair and equitable selection process, and the added costs and workload of such a solution.

ICM like any other specialty should through their recruitment process select the trainees most suitable to train for a career in ICM. The process itself should be fair and equitable, with equal access to all trainees who meet the required person specification criteria. ICM requires this plurality of access since at present it has no core training programme of its own and so uses the core training programmes of medicine, anaesthesia and the acute care common stem. Each of these require an equal opportunity of access. For trainees applying who already have a CCT in an approved partner specialty (anaesthesia, acute medicine, respiratory medicine, renal medicine and emergency medicine) they too must have an equal opportunity of access. Failure to secure this by having pre-defined dual programmes will mean that trainees appointed to a second CCT programme may not be the most suitable and highest ranked for that programme. They will, however, be appointed over a more capable applicant because the latter does not have the required first CCT e.g. an anaesthesia CCT applicant ranks higher at ICM interview than an acute medicine CCT applicant but the latter is appointed since the pre-defined dual programme is ICM and acute medicine.

By way of example let us take a hypothetical Deanery which for the reasons outlined above wished to establish a dual programme between anaesthesia and ICM for August 2017. Such a post would be open to applicants in ST3 anaesthesia and ST3 ICM (for the sake of simplicity we will ignore the CESR-CP in this illustration) since it is established and accepted that trainees can be appointed to either specialty first.
Thus, we would be required to facilitate 2 selection processes, namely an anesthesia selection process to assess the suitability of the ICM ST3 trainee for appointment to an anaesthesia CCT programme, and an ICM selection process to assess the suitability of an anaesthesia ST3 trainee for appointment to an ICM CCT programme. This has a resource implication which may not be insurmountable, but neither will it result in

appointment to a pre-defined dual programme of anaesthesia and ICM because it has failed to establish which candidate is most suitable for such a combined programme.

The reason we would not identify the most suitable candidate is because we are not comparing the same thing. We are in effect attempting to compare apples with oranges which is patently not possible. We now have the top ranked candidate from the anaesthesia CCT selection process (an ICM ST3) and the top ranked candidate from the ICM selection process (an anesthesia ST3). There is no way of comparing the two which is fair and equitable. Devising a selection process which could be used to rank the two candidates would not be permissible and would be impossible in practice since a single selection process cannot be used to appoint to two completely separate CCT programmes. In the analogy we cannot utilise a single quality assurance and grading process to compare the quality of apples and oranges. Such a system would not only be unfit for purpose but inherently unfair. A candidate who wished to be appointed to a dual programme would not enter the second CCT programme using the same criteria as all other trainees on that programme since all other trainees would not have undergone a second selection process.