

The Faculty of  
Intensive Care Medicine



**DISCOVER ICM**

**A CAREER IN INTENSIVE CARE MEDICINE**

# A CAREER IN ICM

This resource aims to give you a quick and easy introduction to a career in Intensive Care Medicine (ICM), providing direct information and links to useful online resources.

**Find out ...** what it is like to be an Intensivist

**Learn about ...** how to apply for a career in ICM and what it is like to train in ICM

**Hear from ...** those who have trained and now practice in ICM

**Access ...** FAQs on national recruitment and ICM terminology



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## WHAT IS INTENSIVE CARE MEDICINE?

ICM specialists (intensivists) are involved in all aspects of care of the critically ill. Intensivists provide organ system support along with the investigation, diagnosis, treatment and management of acute illness. As an intensivist you will have contact with patients from all specialties and work with a multitude of healthcare professionals throughout the hospital. ICM frequently provides outreach services, teaching and training in the management of critically unwell patients to other hospital departments. Intensivists frequently attend, assess, monitor and review deteriorating patients in the Emergency Department and other inpatient areas.

As an intensivist you will develop the ability to treat an extensive and diverse range of life-threatening conditions. Intensive care is not limited in the conditions which it accepts and this makes each day unique. It will combine diagnostic uncertainty and the intellectual challenge this brings with the ability to manage and support specific organ systems.

In management of the critically unwell patient you will use;

- Various medications such as inotropes, vasopressors and sedatives
- Novel and developing equipment such as ventilators, renal replacement therapy and ultrasound
- Practical skills like endotracheal intubation, chest drain insertion and central venous access
- Various bedside assessment modalities such as echocardiography and chest ultrasound
- Transfer skills including use of air and road transfer
- Knowledge of patient safety, ethics and end-of-life care to support patients and their families.

## WHY DO DOCTORS CHOOSE TO BECOME INTENSIVISTS?

When consultants and trainees were asked this question the most common reasons given were:

- **Acute nature of clinical cases**
- **Practical skills**
- **Variety of patients**
- **Looks at the big picture**
- **Instant results**
- **Requires lateral thinking**
- **Teamwork and multidisciplinary working**
- **Role models**
- **Research opportunities**

## WHAT CURRENT DOCTORS SAY ABOUT INTENSIVE CARE MEDICINE

### Dr Ally Rocke's experience as a junior clinical fellow in Intensive Care

*"It was my first exposure to ventilated patients and the first few weeks were daunting, however I was not overwhelmed and very well supported by the clinical team. My confidence and willingness to adopt responsibilities grew quickly, and I began to review critical care referrals, understand new complexities of pathophysiology and site invasive lines."*

Read more about Ally's experience [here](#)



### Dr Leo Khoo's experience as a ST7 in Intensive Care and Emergency Medicine

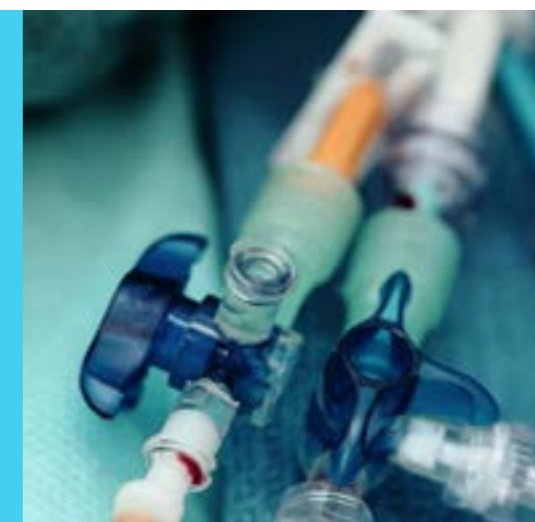
*"Being trained in both specialties has given me valuable skills to manage such complex medical patients. With further airway and anaesthetics skills which I have acquired from intensive care training, I am more comfortable in dealing with airway emergencies and performing both interhospital and intrahospital transfer of sick patients. Undoubtedly my communication with family members has also improved significantly when breaking bad news in ED."*

Read more about Leo's experience [here](#)

### Dr Sarah Marsh's experience as a consultant in Intensive Care

*"If you have a thirst for knowledge, like to live life on the edge some days and have the appetite to work hard to achieve your goals then ICM may be for you. If you can turn an end of life discussion into a bearable moment for a family by holding their hand and listening, and in your next breath intubate a multi-trauma patient in ED then ICM could be your speciality."*

Read more about Sarah's experience [here](#)



# DISCOVERING THE SPECIALTY: A CAREER IN INTENSIVE CARE MEDICINE



## DO I WANT TO WORK IN INTENSIVE CARE

Intensive Care Medicine is a life changing experience for both patients and families. Supporting patients and their loved ones through probably the worst experience of their life can be both incredibly rewarding and challenging. Click [here](#) to discover our career decision resources.



A good way to find out if ICM is for you is to get first-hand experience of working in ICM. There are many options for trying out ICM prior to applying for the training scheme. These include:

- Undertaking ICM as a special study/ optional or research module during undergraduate medical school training
- Undertaking a taster week in ICM during Foundation Year Two
- Undertaking an FY3 as a clinical fellow in ICM for 6 months or one year
- Undertaking a fellowship in ICM as an Out Of Programme Experience (OOPE) or between core training and specialty training.

There is an extensive online resource of career stories available on the FICM website [here](#).

Intensive Care Medicine, unlike many other specialties is expanding. The need for consultants continues to grow year on year. At present competition for ICM training posts varies from region to region and year to year. FICM has a network of Regional ICM Advisors and Faculty Tutors in each hospital who will be able to advise you on your career options and decisions. We would advise you to make contact with your local RA or Faculty Tutor as early as possible to consider your options for training in ICM.

## WHERE SHOULD I GET CAREER ADVICE

The best people to speak to about working in Intensive Care Medicine are the consultants and trainees working within the specialty. You can visit the Intensive Care Department within your hospital and ask to speak to one of the doctors working there. If they are unable to help you directly they will be able to point you in the right direction as to who to contact and how to contact them for advice e.g. the local Faculty Tutor or Regional Advisor.

There is more information on seeking career advice available on the FICM website [here](#) and career resources can be found on the website [here](#).

## HOW DO I BECOME AN INTENSIVIST?

You may have had some exposure to ICM during your undergraduate or foundation training, but your career towards ICM will begin by picking one of the core programmes that leads to specialist ICM training. Click [here](#) to visit a webpage with full details on core training for ICM and further links.

Selection to specialist training takes place following the completion of core training. See the National Recruitment section below for more information.

## IN WHAT WAYS CAN I TRAIN IN ICM?

There are multiple ways to train in ICM to help you develop a portfolio career. The section below explains these in detail:

**Single CCT training:** It has been possible to train exclusively in Intensive Care Medicine since 2012.

The single CCT involves 3 stages:

In **stage 1** trainees will learn to diagnose and manage a wide range of problems both within and outside the Intensive Care Unit. This will involve an attachment of at least 12 months to a general ICU.

In **stage 2** you will not only consolidate the ICM training achieved in ST3 and ST4 but gain experience in 3 major areas of specialist intensive care. It will also allow you will to undertake a special study year to gain experience in a special skill directly relevant to ICM practice. The options here are incredibly varied and examples include advanced ultrasound, research, quality improvement and ECMO.

**Stage 3** is the final year of training in which trainees progressively increase their level of autonomy so that they are capable of becoming independent and leading the ICM MDT and planning patient care.

Further Guidance on the Curriculum for ICM can be found [here](#).

**Dual CCT training:** It is also possible to dual train in ICM and a second specialty. There are currently five GMC approved dual programmes: **Acute Medicine, Anaesthetics, Emergency Medicine, Renal Medicine and Respiratory Medicine**. Dual training can bring its own benefit to training with a number of transferrable skills, varied work and complimentary curriculums.

Dual trainees will need to acquire the full competencies of both disciplines but by a suitable choice of training attachments and educational interventions this can be achieved without undue prolongation of training.

Whilst the numbers choosing to do single CCT is increasing, dual training remains the most common option with survey data from interviewees at the last three recruitment rounds showing that the number of trainees wanting to undertake a Dual CCTs programme was on average 93%.

Dual Programme Guidance is available [here](#).

**Academic training:** Research training is recognised as an essential component in creating a high quality specialist workforce for intensive care medicine. The curriculum in intensive care medicine provides the framework for several levels of research training, from a common core to advanced academic scholarship. In keeping with this the Faculty supports the development of modular clinical academic training in ICM.

More information regarding academic training can be found [here](#).

**Less Than Full Time:** Over the past decade the number of doctors in this type of flexible training has increased. Doctors wishing to work on a less than full-time basis do so for a variety of reasons. This is supported by the Faculty and the Deaneries / LETBs. LTFT differs from full-time training only in the period of time over which it is undertaken.

Further information can be found [here](#).

## WHY INDIVIDUALS CHOSE TO SINGLE OR DUAL TRAIN

*"I am an NIHR clinical lecturer and single CCT in ICM. Research is a great companion to clinical practice in ICM. The clinical environment is hugely stimulating and full of unanswered questions. Having dedicated research time gives me the space to explore areas of interest, learn new research skills and work collaboratively with researchers within the NHS, academia and industry."*

**Tom Hellyer, Single CCT ICM and NIHR Clinical Lecturer, North East**



*"I chose single specialty training for several reasons. Firstly, I have always found it to be the most interesting and fulfilling work, so I didn't want to dilute the ICU work with another specialty. It also gives me plenty of opportunity to pursue my interests in expedition medicine and sport. I'm particularly excited that during stage 2, I will be able to choose my subspecialty for the special skills year. Looking to the future, I also feel safe that as the ICM grows, there will be an increasing number of appropriate consultant posts for me and that the job plans will suit me."*

**Charlie Cox, Single CCT ICM, London**

*"Being a standalone ICM trainee allows me to focus on training within one of the most exciting and evolving specialties in medicine. The decision to switch from dual training with anaesthesia was an easy one. Being a Less than full time (LTFT) trainee allows me to have a good work-life balance and the flexibility within the ICM training programme accommodates this. I am really looking forward to my Special Skills year in Stage 2 and being able to choose what that year entails and tailor it to my future career as an ICM consultant."*

**Rachel Ward, Single CCT ICM + LTFT, Yorkshire and Humber**



*"I've made the conscious decision of joining ICM training with Acute Medicine and it has been a blast in so many ways. The unique skill set that you would have and bring to both working environments is invaluable. I have found my training enjoyable as there's never a dull moment yet always a grateful patient whom your holistic management skills have helped during their journey to recovery. You'll see a range of illness from acutely unwell patients with chronic disease to critically unstable patients with different medical and surgical pathologies (often coexisting), the best bit is that you can positively influence both groups of patients with your medical critical care hat on.*

*As an intensivist - medic, I found what I bring to the table is not only important to my patients but also well valued by my colleagues. With a growing aging complex population the demand on both medicine and intensive care services is expanding and combining the art of medicine with the science of intensive care is well worth taking on as a career."*

**Ola Abbas, Dual ICM and Acute Medicine, North West**

# NATIONAL RECRUITMENT: ALL YOU NEED TO KNOW

## HOW MANY RECRUITMENT EPISODES WILL THERE BE ANNUALLY?

ICM currently recruits once a year for an August start to ST3+ posts. The exact recruitment timetable varies from year to year. The proposed timeline for 2020 recruitment is shown below:

Key Date	Activity
Tuesday 21st January 2020	Advert Goes Live
Wednesday 29th January 2020	Applications Open 10am
Wednesday 19th February 2020	Applications Close 4pm
Tuesday 25th February 2020	Interviewers Training Day
17th, 18th, 19th March 2020	Interview Dates

## WHAT CORE TRAINING DO I NEED TO UNDERTAKE TO APPLY FOR INTENSIVE CARE TRAINING?

There is no core programme for ICM. Suitable core training programmes from which you can apply for ST3+ ICM are:

- Acute Care Common Stem
- Core Anaesthetic Training
- Core Medical Training

Equivalence for these core programmes MUST be sought through the respective College's process (Royal college of Anaesthetists, Royal College of Emergency Medicine, Royal College of Physicians). The FICM does NOT manage equivalence to College's core programmes.

## WHERE CAN I FIND THE TIMETABLE FOR THE NEXT ICM NATIONAL RECRUITMENT?

Please click [here](#) for the timetable.

## WHO CO-ORDINATES RECRUITMENT?

The Intensive Care Medicine National Recruitment Office (ICMNRO), part of Health Education England, working across West Midlands, co-ordinates the nationally agreed and quality assured process for recruitment to ST3+ Intensive Care Medicine (ICM) Specialty Training Programmes on behalf of the Faculty of Intensive Care Medicine (FICM). For ICM training posts an applicant makes one application for all participating Health Education England (HEE) Local Offices, NHS Education for Scotland (NES), Northern Ireland Medical & Dental Training Agency (NIMDTA) and Health Education and Improvement Wales (HEIW). Health Education West Midlands (HEWM) acts as the National Recruitment Office for all UK-wide national recruitment, managing applications, interviews and offers. FICM leads on all matters of interview content and policy through the Careers, Recruitment and Workforce (CRW) Committee.

## WHERE IS RECRUITMENT TAKING PLACE?

Interviews will be held in Birmingham for all posts across all regions across England, Northern Ireland, Wales and Scotland.



### HOW MANY POSTS ARE GOING TO BE RECRUITED IN THE NEXT RECRUITMENT ROUND?

The number of available training posts varies from year to year. The number of posts available for each region is discussed by the RAs in ICM with their Local Education Training Boards/Deaneries. The number of available posts from 2019 was:

Region/Country	Number of Posts
East Midlands	10
East of England	8
Kent, Surrey and Sussex	10
London	27
North East	5
North West – Mersey	6
North West – North West	20
South West – Peninsula	4
South West – Severn	7
Thames Valley	10
Wessex	8
West Midlands	7
Yorkshire and Humber	15
Northern Ireland	5
Scotland East	1
Scotland North	3
Scotland South East	4
Scotland West	6
Wales	8

The UK ICM competition ratios\* over the past 3 years are as follows:

	2018	2017	2016
Competition Ratio	1.73	1.42	1.59

*\*Please note this is a national figure and competition between regions varies considerably between years and regions, due to the multiple routes of entry into ICM training\**

### WHERE SHOULD I APPLY TO?

As with all jobs, personal circumstances and preference will affect where you would and would not want to live and work. Posts will be available in all training regions of the UK. Applicants should only preference regions they are happy to work in. More information on the regions, their training programmes and individual hospital trusts is available [here](#).

### WHERE CAN I FIND FURTHER INFORMATION AND RECRUITMENT GUIDANCE ON THE INTERNET?

For general ICM recruitment matters please click [here](#).

For the ICM application process: The HEWM website portal is [here](#).

For general medical recruitment and selection please click [here](#).

### IS THERE A PERSON SPECIFICATION?

The Person Specification for 2019 is available on the HEE website. Updates will be made for the 2020 Person Specification and you are therefore strongly advised to revisit [this URL](#) when applying.

### WHAT FORMAT DOES NATIONAL RECRUITMENT TAKE?

Applications must be made through the Oriel system; applications are not accepted in any other way. Oriel can be accessed [here](#).

The application form will contain a number of self-assessment questions that need to be answered accurately and honestly. The self-assessment is reviewed during the interview process; you will be required to provide evidence to support your score, please click [here](#) for more information.

All applications will be assessed against the essential criteria outlined in the national ST3 ICM person specification. Applicants failing to meet essential criteria will not progress to interview (selection centre).

On the day of the selection centre, applicants will undertake a total of five stations. There will be three standardised 10 minute stations, one 20 minute Portfolio station and one 30 minute Reflective Practice station performed under exam conditions. At each of the standardized and portfolio stations there will be two consultant assessors. The three standardized stations consist of:

- Clinical scenario station (10 minute station + 20 minute preparation)
  - Assessing problem solving, diagnosis, decision making, situational awareness and judgement, organisation and planning, response to questioning, active listening, managing others, team work and verbal communication
- Presentation station (10 minute station + 10 minute preparation)
  - Assessing working under pressure, time management, organisation and planning, presentation content, written communication, specific knowledge of ICM training programme, verbal communication, commitment to specialty, professionalism, conceptual thinking
- Task prioritisation station (10 minute station + 10 minute preparation)
  - Conceptual thinking, problem solving, communication skills, professional integrity, time management, decision making, managing others, team working, empathy and sensitivity, reflective practice

The Portfolio station is designed to assess past achievements, commitment to specialty and career progression to date. Applicants need to bring hard copies of their portfolio with evidence supporting their self-assessment score.

The Reflective Practice station is a written assessment of written communication, description of new experiences, evaluation of knowledge gained, recognition of experience value, identification of your own role in the experience, recognition of gaps in knowledge, evidence of experiential learning, appreciation of behaviour skills and the value of reflective practice.

For an applicant to be deemed appointable (i.e. considered for an offer) they must score a minimum total of 194 points across the five stations. Any applicant that does not meet the minimum score will not be eligible to be offered a post.

It is important to note that no one station is more important than the others and applicants that do not score highly in one station can still score well enough in the others to be offered a place.

For further information please click [here](#).

For an example of a previous candidate's experience please click [here](#).

### 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 2018) and then apply for another CCT programme at a second recruitment episode (e.g. Anaesthetics in August 2019). 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 region.

### TO ACCESS DUAL CCTS PROGRAMMES SHOULD I APPLY FOR ICM OR THE PARTNER SPECIALTY FIRST? IS THERE A TIME LIMIT?

Doctors will be able to apply for either ICM or the partner specialty first (Acute medicine, Anaesthetics, Emergency medicine, Renal medicine, Respiratory medicine) and it is expected doctors may initially 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 accept an offer from 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 programme offer. From the 2016 recruitment round onwards, trainees are only able to apply for Dual CCTs if they are not beyond the end of ST5 in their initial specialty of appointment at the time of interview for ICM. The August 2015 intake was therefore the last opportunity for trainees above ST5 in a partner specialty to apply for a Dual CCTs programme with ICM.

### I'M AN ST3 IN GASTROENTEROLOGY CAN I STILL DO A DUAL PROGRAMME WITH ICM?

Following the publication of the GMC's *Improving the National Consistency and Approval of Dual CCT Training Programmes*, they have stipulated that Dual CCTs Programmes can only be formed in pre-agreed pairings. If you would like the FICM to consider a Dual CCTs Programme in a specialty other than the 5 already agreed, you will need to ask your Specialty Advisory Committee or College to approach the Faculty.

### I'M UNDERTAKING ANAESTHETICS/ACUTE MEDICINE/EMERGENCY MEDICINE HIGHER TRAINING, IF I UNDERTAKE ICM DOES THIS HAVE TO BE IN THE SAME REGION?

The Deans, the Faculty and its trustee Colleges have agreed that the two CCTs should be undertaken in the same region.

### HOW DO I DECLARE MY INTENTION TO DUAL TRAIN 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 National Training Number (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 region* (see question above).

Those wishing to resign from their first NTN and take an NTN in different specialty in the same or a different region (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, Faculty and Colleges have agreed to introduce an upper limit to entry to a second CCT programme of ST5. Trainees will not be able to apply for second CCT (and form a Dual CCT programme) if they are beyond the end of ST5 in their first specialty of appointment at the time of interview for ICM. This returns to the same principles of recruitment to the Joint CCT and is made to ensure the complex arrangements for Dual CCTs programmes remain manageable.

### CAN I DEFER ENTRY ON GAINING AN ST3 ICM POST?

Deferments to start date will only be considered for statutory reasons as stated in the Gold Guide, for example maternity leave or ill health.





# ABOUT THE FACULTY

The Faculty of Intensive Care Medicine was founded in 2010 and has well over 3,000 members, making it the largest organisation of critical care medical professionals in the UK. The Faculty is the professional and statutory body for the specialty of intensive care medicine and the doctors who lead critical care services. All Intensive Care doctors, including trainees are required to register with the faculty, as is the case for specialties with royal colleges.

The Faculty champions services that protect patients, ensure the wellbeing of the clinicians, and aspires to excellence. Read more about our aims and values [here](#).

The faculty produces a biannual newsletter 'Critical Eye'. This features news from across the United Kingdom and includes a message from the dean, information about events and work being undertaken by the faculty. To review current and previous issues please click [here](#).

The faculty in conjunction with the Department of Health and Social Care (DHSC) and e-learning for healthcare have produced e-learning for Intensive Care Medicine modules covering the FICM syllabus, please click [here](#).

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*Selection of photographs  
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