The Faculty of Intensive Care Medicine

The Royal College of Anaesthetists
Educating, Training and Setting Standards in Anaesthesia, Critical Care and Pain Management

GUIDANCE ON DUAL CCTS PROGRAMMES IN INTENSIVE CARE MEDICINE and ANAESTHESIA

Contents

Note:
The following discusses the implementation of Dual CCTs in Intensive Care Medicine and Anaesthesia 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 further resources:

- FAQS on National Recruitment to ICM
- *The CCT in Intensive Care Medicine* (2011), Parts I-IV

Revisions

V1.0: October 2011
V1.1: August 2012 – Updated to include Dual CCTs FAQ material

Introduction

Following the approval by the General Medical Council [GMC] of the standalone *CCT in Intensive Care Medicine* (2011), this guidance has been compiled by the Faculty of Intensive Care Medicine [FICM] and the Royal College of Anaesthetists [RCoA] for the benefit of trainees undertaking Dual CCTs in Intensive Care Medicine [ICM] and Anaesthesia, as well as those deaneries, Training Programme Directors and Regional Advisors responsible for creating and delivering such programmes.

The GMC guidance on Dual CCTs states that "Dual CCTs are available if the trainee can demonstrate achievement of the competencies/outcomes of both the approved curricula"[1]. To this end, the FICM and RCoA have undertaken a cross-mapping exercise of both curricula to identify areas of overlap that will allow trainees to acquire the full competencies 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 competencies, and describes the layout and indicative timeframes of a Dual CCTs programme. More detailed information on the respective competencies and assessment methods discussed here can be found in *The CCT in Intensive Care Medicine* and *The CCT in Anaesthetics*.

Appointment to ICM/Anaesthesia Dual CCTs

GMC guidance on Dual CCTs states that "appointment to Dual CCTs programmes must be through open competition", and that "both potential trainees and selection panels must be clear whether the appointment is for single or Dual CCTs/s"[2]. All appointments should adhere to this guidance and to the ICM and anaesthesia CCT person specifications.

The ICM CCT programme may follow one of three Core programmes: ACCS [Acute Care Common Stem], CAT [Core Anaesthetic Training] and CMT [Core Medical Training]. Core Medical Trainees who subsequently wished to undertake Dual CCTs in anaesthesia and ICM would need to apply for CAT in order to meet the requirements of *The CCT in Anaesthetics* and re-enter at CT1. However, their previous time in CMT could be counted toward the 12 months' medicine required for Stage 1 of ICM CCT training (in blocks of no less than 3 months[3]), should they later be appointed to an ICM CCT programme.

Recruitment Process

Guidance on ICM recruitment to ICM CCTs has been developed and is published online at http://ficm.ac.uk/national-recruitment-intensive-care-medicine . Further information relevant to Dual CCTs recruitment will follow in due course.

Summary of the standalone ICM CCT programme

The salient points below are summarised from the full ICM CCT curriculum. A full diagrammatic breakdown of the ICM CCT programme, as it relates to each of its designated Core programmes, can be found below.

The ICM single CCT:

- is **7 years** in duration (including time in Core training)
- can be entered by trainees at ST3 level following completion of one its designated Core training programmes: **ACCS**, **Core Anaesthesia Training** or **Core Medical Training**. Completion of the

1 http://www.gmc-uk.org/education/postgraduate/6790.asp

2 *Ibid*.

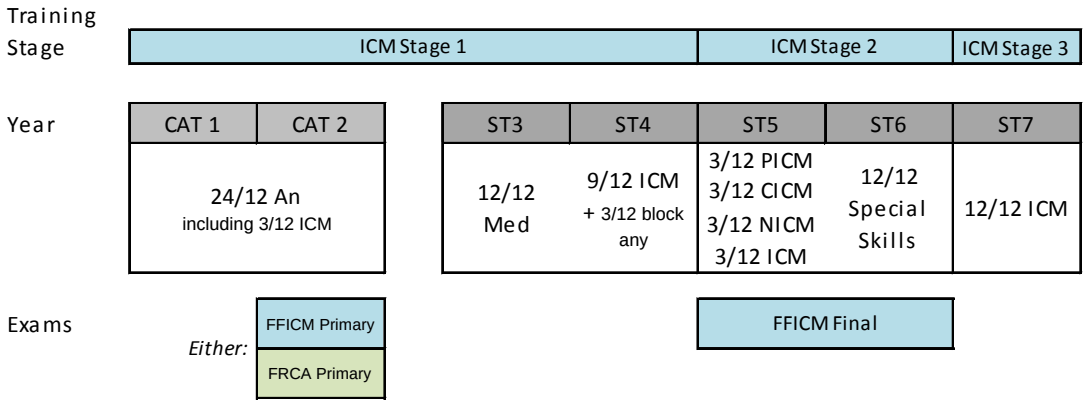
3 *The CCT in Intensive Care Medicine*, FICM, 3rd Edition August 2011 v1.0, p.I-17.

core programme **includes** passing the relevant primary examination: FRCA Primary, MRCP, MCEM. There will in time be an FFICM Primary examination, but this will develop over the coming years.

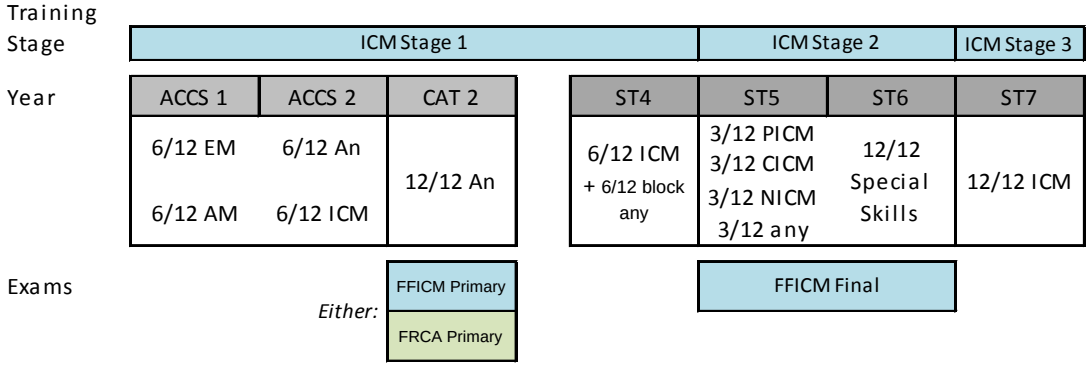
- is broken down into **3 Stages** of training:
  - **Stage 1:** (CT1-ST4) comprises the first 4 years of training (generally 2 years at Core level and 2 years Higher Specialist Training [HST]), with a minimum of 12 months' training each in ICM, anaesthesia and medicine (of which 6 months can be in Emergency Medicine) within this overall 4 years; the additional 12 months in this Stage is for exposure to acute specialist training and addresses the fact that not all of the ICM multiple cores are of the same length and content; anaesthesia Dual trainees will therefore spend this time training in anaesthesia (single ICM CCT trainees may undertake this time in any of the acute specialties – depending on the needs of the service and local availability – and so are marked as 'any' in the single ICM CCT diagram below). These modules can be broken down into blocks of a minimum 3/12 each and can be undertaken in any order as local needs require.
  - **Stage 2:** (ST5-6) includes exposure to sub-specialist modules (3/12 minimum each of Paediatric, Neuro and Cardiac ICM) and the 12/12 'Special Skills' year. For all Dual CCTs trainees, their Special Skills year will be spent in their partner specialty; in this instance, undertaking Higher level anaesthesia. To complete Stage 2, ICM trainees must pass the **FFICM Final Examination**. The first sitting of this exam will be in Spring 2013.
  - **Stage 3:** (ST7) a final 12/12 block of advanced level Intensive Care Medicine, acquiring high level management skills.

Fig 1: **Example standalone CCT in Intensive Care Medicine programme for Anaesthetic core trainees**

Entry from CORE ANAESTHESIA:



Entry from ACCS(ANAESTHESIA)



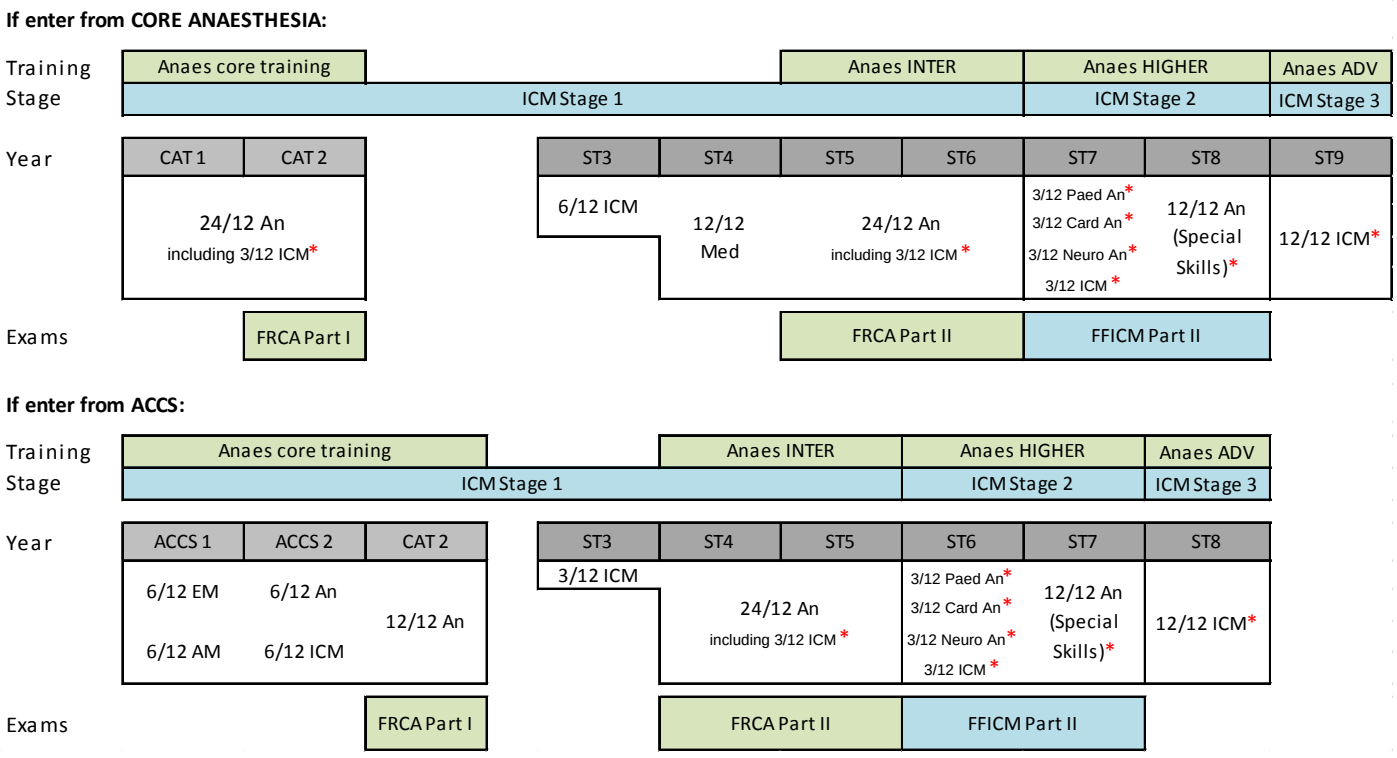
Elements of the above programme have been agreed by the RCoA and FICM to be dual countable toward a CCT in Anaesthetics and a CCT in Intensive Care Medicine – these are detailed below.

Structure of a Dual CCTs programme including Anaesthesia and ICM

Both the anaesthetic and ICM CCT programmes have an indicative duration of 7 years; a Dual CCTs programme in ICM and Anaesthesia has an indicative minimum duration of **8.5 years**. It is technically possible for trainees entering via ACCS (Anaesthesia) to complete in 8.25 years, due to their completing 6/12 ICM within their Core programme rather than the 3/12 standard to all CAT trainees. This is reflected in the diagram below, which deals with the minimum requirements of the two CCTs. However, the FICM and RCoA accept that as a functional necessity of workforce planning trainees entering via ACCS(Anaesthesia) may also complete an 8.5 year programme depending on local arrangements.

Important point of note: The order of training blocks within an overall training Stage (within Core and HST boundaries) is **interchangeable**. For example: in the Core Anaesthesia route below, the 12/12 of Medicine does not have to take place in ST4 – it must be completed before the trainee can exit Stage 1 ICM, but there is total leeway at local level to arrange the order of the training (with a minimum 3/12 block length) via negotiation between Anaesthesia and ICM TPDs. Likewise, the 'Special Skills' year can be either of the two years that make up Stage 2 training. Trainees can sit the FFICM examination at any point in Stage 2 training. Areas marked with an * are those modules agreed by the RCoA and FICM as dual counting across both CCTs.

Fig 2: **Example Dual CCTs programme in Anaesthesia and Intensive Care Medicine**



Dual counting competencies for both CCTs

As demonstrated by the * notations above, once trainees have completed **Stage 1 training**, the entirety of Stage 2 and Stage 3 ICM is dual-countable with Higher and Advanced level Anaesthesia. During Stage 1, both the 3/12 Basic and 3/12 Intermediate ICM blocks undertaken by all Anaesthesia trainees can be counted toward the CCT in ICM.

- **Stage 1 ICM and Basic/Intermediate Anaesthesia**
  Stage 1 includes the trainee's Core programme and the beginning of their Higher Specialty Training. Stage 1 must be 4 years minimum in duration (for all Dual CCTs trainees this will happen by default), of which 3 must consist of 12/12 each in ICM, Anaesthesia and Medicine (for ACCS trainees 6/12 each of Acute and Emergency Medicine may count toward the Medicine requirement). Basic level Anaesthesia comprises the full 2 years of Core Anaesthetic Training, which includes 3 months of basic level ICM. At completion of CAT (including a pass in the FRCA Primary) trainees can apply for training posts leading to Dual CCTs in Anaesthesia and ICM. Intermediate level Anaesthesia then includes a further 3 months of ICM at ST3/4 level. Dual CCTs trainees entering from CAT will therefore need to complete a further 6 months of ICM and the required 12 months of medicine to complete Stage 1 ICM. Dual CCTs trainees entering from ACCS (Anaesthesia) will have completed the required 12 months of medicine and 12 months of anaesthesia as part of ACCS (Anaesthesia), along with generally 6 months of ICM. These trainees will therefore need to complete a further 6 months of ICM to complete Stage 1[4].

- **Stage 2 ICM and Higher Anaesthesia**
  Stage 2 ICM covers 2 years of ICM training in a variety of "special" areas including paediatric, neurosurgical and cardiothoracic ICM. Stage 2 also allows 12 months for the trainee to develop special skills that will "add value" to the service. *The CCT in Anaesthetics* requires trainees to complete 3 months of Higher level ICM, which can be dual counted toward the ICM CCT.

  - **Paeds/Neuro/Cardio blocks:** Stage 2 requires a 3 month block in each of these areas. The purpose of these attachments is not to produce specialist intensivists but to introduce trainees to these areas so that if and when they take up a consultant post in ICM they will be useful members of the team able to recognise, resuscitate, stabilise and transfer critically ill patients who require specialist care and treatment. There are required modules in these specialist areas in the anaesthesia curriculum and ICM competencies can be acquired during anaesthesia attachments; assuming the requisite ICM assessments are also completed it will not be necessary to have formal specialist attachments to ICM.

    This year of Stage 2 contains one more 3 month block, which can be spent in either general ICM (appropriate to Stage 2 learning outcomes) or further training in one of the above specialist areas. Dual CCTs trainees may spend this additional 3 months in general adult ICM to meet the Higher level ICM requirements of *The CCT in Anaesthesia*, unless this has already been achieved earlier in their dual programme.

  - **Special Skills year:** The ICM CCT programme requires that during Stage 2 trainees develop and consolidate expertise in a 'Special Skill' directly relevant to ICM practice. For Dual CCTs trainees, it is envisaged that the special skills year will consist of 12 months of their partner CCT programme. Most trainees undertaking Dual CCTs in Anaesthesia and ICM will therefore undertake the required Higher level anaesthesia training during this year – trainees wishing to undertake more specialised ICM during this year will have to negotiate such training blocks at local level and extend their training time in order to also complete all the Higher level anaesthesia required by their partner CCT.

  This overall dual-counting of competencies allows dual anaesthesia and ICM CCT trainees to undertake Stage 2 without extension of their training.

[4] The FICM recognises that whilst an arrangement of two 6 month blocks is the most common combination for the ICM/anaesthesia year of ACCS (and is recommended by the Faculty), some regions allow trainees to divide this time into blocks of 3 and 9 months (weighted to either discipline). ACCS trainees undertaking only 3 months in one of the specialties during ACCS would need to undertake a further 9 months of it before completing Stage 1.

- **Stage 3 ICM and Advanced Anaesthesia**
  The anaesthesia CCT programme allows for 12 months of ICM training as an anaesthetic Advanced module; this time can therefore be dual-counted to allow Dual CCTs trainees to undertake Stage 3 ICM without extension of their training.

Assessments

The FICM and RCoA utilise the same forms of workplace-based assessment [WPBA]: DOPS [Directly Observed Procedural Skills], Mini-CEX [Mini Clinical Exercise] (called either A-CEX or I-CEX respectively), CbD [Case-based Discussion] and Multi-Source Feedback [MSF]. These assessment forms have been designed for commonality across both specialties, with some specialty-specific differences in questions and assessment options. The ICM CCT also allows for the use of the Acute Care Assessment Tool [ACAT]; this assessment is acceptable for ICM CCT competencies but not the anaesthetic CCT.

The FICM does not currently have an e-Portfolio system, but is actively investigating all available options. However, in those instances where competencies can be dual-counted, the FICM and RCoA will accept use of one WPBA for both assessment systems; for example an assessment completed on the RCoA's e-Portfolio that is then printed out and placed into the trainee's ICM portfolio, or an ICM WPBA which is scanned and uploaded to the RCoA e-Portfolio. Whilst the assessment of dual-counted competencies 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 ICM HST requires completion of one of the prescribed core training programmes, using that core's GMC-approved curricula and assessment system and including successful completion of the relevant primary examination for that programme. This exam pass must occur before entry to HST. Trainees wishing to enter Dual CCTs in ICM and Anaesthesia therefore **must** pass the Primary FRCA exam[5] in order to meet the requirements of both curricula – they are not required to also pass the FFICM Primary. Trainees passing the Faculty's FFICM Primary **only** would be eligible for a single CCT in ICM, but **not** Dual CCTs with anaesthesia.

Dual CCTs trainees **must** pass both the Final FRCA and FFICM Final in order to gain both CCTs. The Final FRCA is taken during Intermediate level anaesthesia training, and must be passed before entry to Higher training. The FFICM Final can be taken at any time during Stage 2 ICM, and must be passed before entry to Stage 3. Dual CCTs trainees are advised to coordinate carefully with their respective RAs to avoid exam congestion. Trainees who do not achieve one of the required Final examinations will be ineligible for a CCT in the respective specialty.

Dual CCTs programmes in ICM and Anaesthesia

Below is an *example* programme for Dual CCTs in ICM and anaesthesia. These should not be considered as immutable formats – there is scope within the construction of the two curricula to allow for trainees undertaking the required modules *within an overarching Stage of training* rather than specific years. For example, the 12/12 required in each of anaesthesia, medicine and ICM for 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 can be in either year within that training Stage. The same is true of the 6/12 modules that make up the ACCS programme. Decisions will be made at local level on the arrangement of specific modules within each training Stage. Where a training year is represented by a less than 12/12 block, this is purely to demonstrate acquisition of Stage requirements on the diagram – trainees would not be expected to mark time in that ST year but could progress within the programme.

[5] This refers specifically to the UK Primary FRCA – trainees passing any other exam, such as FFARSCI, are eligible for appointment to a CESR[CP] (Combined Programme) in anaesthesia, not a CCT. Such trainees would also only be eligible for appointment to a CESR[CP] in ICM, unless they also passed the Primary FRCA or Primary FFICM.

The indicative minimum timeframe for Dual CCTs training in anaesthesia and ICM is 8.5 years (trainees entering from ACCS (Anaesthesia) *may* achieve the required competencies in 8 years and 3 months). Trainees who do not achieve the competencies required within this timeframe will require an extended period of training.

ARCP Decision Aids

The section below outlines the ARCP Progression Grids that should be used at the trainee's Annual Review of Competence Progression [ARCP] meeting. They are built upon the ARCP guidance within *The CCT in Intensive Care Medicine*, and are shown in this format for ease of use by trainers. However, they are slightly amended to take account of the lengthened training required to obtain Dual CCTs.

ICM Stage 1

Assessments	ICM remainder of Stage 1 training
Log book procedures	A total of more than 30 over the 3 year period (with an average of 10/year) to reflect choice of DOPS. Evidence of progression of skill.
Log book cases	Unit Admission data should be available to support yearly leaning outcomes Individual cases provide suitable case mix to achieve yearly learning outcome
Log book Airway skills	A total of more than 30 cases (with an average of 10/year) with evidence of progression of skill.
Exam	Possession of one of the designated core exams is needed for entry to HST in ICM.
ES report	Satisfactory report for each year.
Audit	At least 1 audit completed during each Stage of training.
Expanded Case summaries	A total of at least 4 cases must have been completed by end Stage 1 (of at least Level 2 standard).
WPBA	A total of at least 10 general 'Top 30' cases as **CBD**s, **CEX** or both must have been completed by the end of Stage 1. Up to 5 CoBaTrICE competencies can be covered in each assessment.
	DOPS: chosen to reflect agreed CoBaTrICE competency assessments.
	MSF: A total of 2 from separate years of training
Morbidity and Mortality meetings	Attend at least 6 and evidence of reflection from 3 meeting.
Journal clubs	Present at least twice during Stage 1
External meetings as approved in PDP	Reflection on content.
Management meetings	No mandatory requirement but attendance encouraged.

ICM Stage 2

Assessments	ICM Stage 2 training (minimum 24/12 duration) including paediatric; cardiothoracic and neurosurgery attachments
Log book procedures	A total of more than 15 to reflect choice of DOPS. Evidence of progression of successful completion. A logbook should be maintained but no target numbers are required during the special skills modules.
Log book cases	Unit Admission data allows yearly leaning outcomes to be fulfilled Individual cases provide suitable case mix to achieve yearly learning outcome. A case logbook should be maintained during the special skills modules.
Log book Airway skills	A total of more than 30 cases with evidence of progression of skill.
Exam	Final FFICM must be obtained before progressing to Stage 3.
ES report	Satisfactory report for each year.
Audit	At least 1 audit completed during each Stage of training.
Expanded Case summaries	A total of at least 4 cases must have been completed by end Stage 2 (of at least Level 3 standard).
WPBA	At least 4 'Top 30' Cases as **CBD**s, **CEX** or both demonstrating at least 5 competencies each. At least 6 'Top 30' Cases from the special modules list (at least 2 from the paediatric, cardiac and neurology list) as **CBDs**, **CEX** or both. Up to 5 CoBaTrICE competencies can be covered in each assessment.
	DOPS: chosen to reflect agreed CoBaTrICE competency assessments.
	MSF: 1 per year.
Morbidity and Mortality meetings	Attend at least 4 and evidence of reflection from 1 meeting.
Journal clubs	Present at least twice
External meetings as approved in PDP	Reflection on content
Management meetings	No mandatory requirement but attendance encouraged.

ICM Stage 3

Assessments	ICM Stage 3 training (12/12 ICM attachment)
Log book procedures	A total of more than 15 to reflect choice of DOPS. Evidence of progression of successful completion.
Log book cases	Unit Admission data allows yearly leaning outcomes to be fulfilled Individual cases provide suitable case mix to achieve yearly learning outcome.
Log book Airway skills	A total of more than 30 cases with evidence of progression of skill.
Exam	N/A
ES report	Satisfactory report.
Audit	At least 1 audit completed during each Stage of training.
Expanded Case summaries	2 cases must have been completed by end Stage 3 (of at least Level 4 standard).
WPBA	At least 5 'Top 30' Cases as **CBD**s, **CEX** or both, demonstrating at least 5 competencies each.
	DOPS: chosen to reflect agreed CoBaTrICE competency assessments.
	MSF: 1 per year.
Morbidity and Mortality meetings	Attend at least 4 and evidence of reflection from 1 meeting.
Journal clubs	Present at least once
External meetings as approved in PDP	Reflection on content
Management meetings	Attend at least 2.

Frequently Asked Questions:

Is it *<u>*a*</u>* Dual CCT or Dual CCTs?
The GMC do not recognise any such entity as ***a*** Dual CCT. There are Dual CCTs. There is the opportunity for trainees who wish to train in ICM to also concurrently train in another CCT specialty. These curricula and their respective recruitment and assessment processes are completely independent of each other, but as a result of common competencies shared by the curricula the total training time can be shortened by virtue of a Dual CCTs Programme. It cannot be emphasised enough that it is **the programme that is dual.** There is a commonly held misconception that trainees can be appointed to ***a*** Dual CCT: this is not the case. A trainee must be appointed to both primary specialty programmes which lead to a CCT in fair and open competition according to their suitability to train in that specialty as laid down in the eligibility criteria of the respective curriculum and according to that specialty's selection process.

When do Dual CCTs programmes start?
Dual CCTs will only be recruited to for August 2013 onwards. The Dual Programmes are complex and require appropriate time to be developed and installed. Thus, **Dual Programmes will only be recruited to for August 2013**. All those appointed to ICM for August 2012 will be able to apply for a partner specialty in the recruitment episode for August 2013 starts.

How will recruitment take place to Dual Programmes?
Recruitment will initially take place by stepped recruitment: doctors will apply for one CCT programme at one recruitment episode (e.g. ICM in August 2012) and then apply for another CCT programme at a second recruitment episode (e.g. anaesthetics in August 2013). 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. This programme will be agreed by the TPDs (and relevant colleagues) from both specialties in the region.

Will recruitment to Dual Programmes always be by stepped recruitment? Can both CCTs be recruited to simultaneously?
The Department of Health has mandated that ICM national recruitment takes place through the UK Offers System (UKOFFS) when it goes live in 2013. The mechanics of UKOFFS necessitate stepped recruitment but the Faculty will continue to liaise with UKOFFS to see whether recruitment for Dual Programmes could also happen simultaneously. This will be discussed with the partner specialties as part of our ongoing development work on Dual CCTs Programmes.

Will stepped recruitment allow trainees to get a CCT in both specialties or a CESR-CP?
The GMC have agreed that as long as the trainee starts the second of their CCT Programmes within 18 months of starting their first CCT Programme, they will be able to demonstrate continuity of training and be considered for a CCT rather than a CESR-CP. It is the start date rather than the interview date that will be counted for the purposes of certification.

What about trainees who were already ST3 or above before August 2012?
The Faculty strongly encourages doctors in ST3 or above prior to the introduction of the standalone ICM CCT in August 2012 to continue to apply for the Joint CCT.

Can trainees entering Anaesthesia ST3 after August 2013 apply for any of the remaining Joint CCT posts?
The Faculty and RCoA would strongly urge against any such trainee being advised to compete for the Joint CCT. The continuation of the Joint CCT into an overlap period with the new curriculum was to allow trainees already beyond ST3 in August 2012 (and thus too far advanced to apply for the new standalone programme) the opportunity to have access to ICM training. It is also worth noting that these ST4 and 5 trainees will inevitably be more appointable to the Joint programme than trainees who did not enter ST3 until August 2012.

Why can we not 'badge' Dual CCTs posts? For example advertise two Duals in Anaesthesia/ICM and one each in Acute Medicine/ICM and Emergency Medicine/ICM?

Please note: Arrangements for Dual recruitment are still being discussed between the FICM, the RCoA, the other partner Colleges, the Deans and the Department of Health.

The Faculty and the College appreciates the difficulties Dual CCTs Programmes may lead to for TPDs and Deans. We are in discussions currently with all our partner Colleges (RCoA, CEM and JRCPTB), the DH and the Deans to finalise a system that allows the best doctors to be recruited to ICM fairly and openly. Importantly, entry into the standalone ICM is entirely open to any trainee who has completed one of the designated Core programmes – these appointments are not 'badged'. Whilst you may get 4 ICM doctors with a CAT background in one year, in a second year you may get 4 with a CMT background (although naturally fluctuations of this kind are extremely unlikely).

The concept of 'badging' posts does not fit in well with the principles of fair and open competition on which the entirety of specialist medical recruitment is now predicated. In a system of 'badged' posts, the programme is set and the trainees are recruited according to programme availability. For example, a dual programme consisting of Anaesthesia and ICM would only be able to recruit doctors into ICM training who already possess an NTN in Anaesthesia. This would exclude doctors with both a medicine background from applying for training in ICM, even though those candidates may have scored higher in interview than anaesthetic trainees who finished below them, but were offered ST3 posts in ICM because there were a greater number of Anaesthetic/ICM programme vacancies. Under those circumstances we could end up not recruiting the most suitably qualified doctors to ICM.

All interested parties are urged to check the National Recruitment pages of the FICM website, including the Frequently Asked Questions – these will be updated immediately with any further developments.

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 and it is expected doctors may apply for both at the same recruitment episode in order to increase their appointment opportunities (please read this with reference to 'Will recruitment to Dual Programmes always be by stepped recruitment?' above). They will, however, in the event of being successful at both interviews have to choose one or other specialty. It will be down to local regions to advise their applicants based on their individual circumstances about which specialty they should apply for first.

Will the second CCT have to be in the same Deanery as the first?
The Faculty has provisionally agreed that the two CCTs should be undertaken in the same Deanery. Initial feedback from ICM RAs has indicated that this may need to be reviewed. This is being discussed with the partner specialties, Deans and trainee representatives to ensure the final decision takes into account all factors and does not become unmanageable for those involved.

Will Dual CCTs trainees have two NTNs?
Yes. To support workforce planning in intensive care, it is vital that, unlike the current situation, ICM has its own set of National Training Numbers.

How will I know which NTN the trainee is using at any one time?
NTNs are, in essence, merely identifiers of how many trainees exist in each specialty. Therefore, whilst a Dual CCTs trainee would *hold* two NTNs, they would not need to *use* both of them. As long as both are allocated, one NTN would simply be greyed out against their name. For practicalities of delivery, the RCoA and FICM recommend that whichever specialty the trainee enters first, be it ICM or Anaesthesia, that particular NTN be used on their documentation throughout training.

Which specialty's trainers are responsible for which parts of the Dual CCTs Programme?
Broadly speaking, this will remain the same as under the current Joint CCT system; when trainees are undertaking modules of full-time ICM, they will fall under the remit of ICM trainers, and vice-versa for anaesthesia. ICM trainers and TPDs will also assume responsibility for the planning of Dual Anaesthesia/ICM trainees' medicine modules, as dictated by the individual trainee's requirements after completing their respective Core training, whilst working with their Anaesthetic TPD counterparts to arrange the timing of those modules within the overall Dual Programme. In those areas where competencies are dual counted, such as neuro anaesthesia, trainees may remain under the remit of the Anaesthesia trainers; however it will be up to those trainees to ensure that the relevant assessments are completed and portfolios maintained to demonstrate the acquisition of both curriculums' competencies as part of the ARCP process.

Will we be expected to complete two sets of assessment documents for each learning encounter?
No. The RCoA and FICM have agreed to each accept the other's WPBA materials as part of the dual counting of assessments. The various WPBA assessments have been designed to be as closely aligned as possible; the RCoA and Faculty will examine this further over the coming months. Trainees will be expected to maintain individual portfolios for each programme demonstrating achievement of each curriculum's learning outcomes.

Which of the two TPDs is responsible for Dual CCTs trainees who get into difficulties?
This will need to be managed by deaneries at local levels. Much will depend on whether the difficulties in question are purely anaesthetic or ICM related. If the problems occur in those areas where competencies overlap, the respective Training Programme Directors will need to work together to resolve the problems.

How many Dual CCTs trainees will I have in my region? Will I be overwhelmed with ICM trainees?
The number of possible Dual programmes in each region will be set and managed by deaneries. However, as a maximum, each region can by default only ever have as many Dual CCTs as it has single ICM posts. The dual element may come from an ICM ST3 trainee applying for a CCT post in a partner specialty, or vice versa from a trainee who is for example already ST3 in anaesthesia applying for one of the advertised ICM posts.

How will I know when my Dual trainees are going off to do a component of their ICM CCT? This will lead to gaps in my rotations.
The Faculty and RCoA have structured the requirements of Dual Programmes to be as flexible as possible to deliver at local level, and it will be necessary for Anaesthesia and ICM TPDs to work very closely together to plan rotations. There will of course be gaps in rotations (there always are) but these will be identifiable in advance and can be planned for; an Anaesthesia TPD will know that in the event of one of his ST3 Anaesthetists being successful in applying for one of the two standalone ICM CCT posts in his region, that this trainee will leave his rotations for 12 months of medicine training. However, as discussed above, the requirements of Stage 1 ICM are not linked specifically to ST years, so there will be room within the combined programme for the two TPDs to arrange movement of trainees through the units. In addition, as demonstrated by the diagram above, once the trainee has achieved the requirements of Stage 1 ICM, the degree of dual-counting and competency overlap between the two curricula mean that any such movement will be minimal and no different to those arrangements currently in place for the Joint CCT programme.

How should I manage gaps in my rotation caused by trainees undertaking Dual CCTs?
Gaps in rotations may be managed by various methods. Deaneries will manage the amount of Dual Programmes in their regions to best ensure a consistent supply of trainees. Alternatively, as each CCT is fully funded (see RCoA/FICM joint statement, below) and combining the programmes will result in a saving, there should be funding available for LAT appointments to fill gaps. It will be necessary for Anaesthesia and ICM TPDs to work very closely together to maintain rotations.

Will I as an Anaesthetic TPD be expected to organise medical posts for ICM trainees?
No. Candidates entering the ICM programme from Core Medical Training will require novice anaesthetic training equivalent to CT1, and those from Core Anaesthetic Training will require training in medicine. Whereas with the old Joint-CCT programmes this 'complementary' speciality training was often accessed by using training slots in anaesthesia or medicine, it must now be provided 'in-programme'. This has been made clear in a 2011 joint statement by the RCoA and FICM, which was circulated to both COPMeD and the Deanery Business Managers prior to the regions submitting their post numbers for ICM 2012 recruitment. ICM TPDs will manage the ICM-specific components of the dual programme, such as the medicine requirement. ICM TPDs will also work closely in tandem with anaesthetic TPDs in the planning and organisation of dual programmes to meet the learning outcomes required of both curricula.

Where should Dual CCTs trainees fulfil their Out Of Hours commitments?
The Faculty and RCoA advise that, as should be the case currently, out-of-hours experience be anchored by the location of the in-hours training. Thus, when doing anaesthesia, the OOH experience would be in anaesthesia, and vice versa for ICM. For those modules which are dual counted, trainees must fulfil the curriculum competency requirements for both specialties and OOH work is intrinsic to both areas. For example, experience in neuro anaesthesia will often include experience in neuro ICM, and the on-call may therefore be experienced in both. The detail should be agreed by the respective speciality Tutors, with referral to the regional training committees if in doubt. In the event of disagreement which cannot be resolved, the default would be 50:50. It is accepted that in some hospitals trainees undertaking blocks of anaesthesia may be required to cover the ICU on-call as a function of service requirements.

Will there be jobs for single trained intensivists when they exit training?
The Faculty is currently undertaking significant workforce planning in conjunction with the RCoA and CfWI (Centre for Workforce Intelligence). It is envisaged that, certainly in the early days of the new CCT programme, the vast majority of trainees will opt to apply for Dual training. At the present time ICM is perceived by CfWI as a specialty where an increase in CCT holders will be required.

What about trainees who enter standalone ICM training and are then unsuccessful in applying for a second CCT? Are they then 'trapped' in standalone ICM?
Whilst such trainees would indeed have to remain solely in ICM training, it is highly unlikely that this eventuality would occur. Trainees already in one partner specialty HST applying to enter the other with over a year of experience are likely to be very strong candidates; this would be analogous to ACCS (Anaesthesia) trainees applying for ST3 Anaesthesia, who do not suffer in comparison to CAT applicants. Equally, trainees are not *entitled* to dual training – they must apply for each component in open competition, as with any primary specialty. This is precisely the case with the current Joint CCT.

What about trainees who enter ST3 Anaesthesia and are then unsuccessful in applying for ICM? Is there still the possibility for them to train in intensive care?
Trainees undertaking blocks of ICM outside of the ICM CCT programme are expected to register as **Affiliate Trainees** of the Faculty (this replaces the former route of 'General Registration'). If the trainee entered HST **before** August 2012, they will be expected to demonstrate that they have undertaken training commensurate to Intermediate level ICM as defined by the *Joint CCT in Intensive Care Medicine* curriculum. If the trainee entered HST **after** August 2012, they will be expected to demonstrate that they have undertaken training commensurate with Stage 1 level ICM as defined by the standalone *CCT in Intensive Care Medicine* curriculum and as detailed in this guidance. Such trainees could then apply for Affiliate Fellowship of the Faculty (no post nominals). If these Affiliate Fellows then wished to undertake further training to Stage 2 level, they could sit the FFICM Final examination for full Fellowship of the Faculty, with the post nominals FFICM.