Royal College of Anaesthetists

The Faculty of Intensive Care Medicine

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Stage-based progression of doctors in dual training

Background

As the number of doctors undertaking dual training programmes in Anaesthesia and Intensive Care Medicine increases, differing interpretations of the existing guidance document *Guidance On Dual CCTs Programmes In Intensive Care Medicine And Anaesthesia* are being discovered.

Issue

Although spiral learning principles are being applied appropriately within each of the specialities, in some cases units of training are not necessarily being delivered contemporaneously with comparable units in the other specialty.

For example, some doctors in training have undertaken stage 2 ICM units of training prior to being awarded their Intermediate Level Training Certificate (ILTC). This is problematic as these units count towards both programmes simultaneously and therefore doctors in training are being signed off on some elements of higher anaesthetic training prior to having completed their intermediate anaesthetic training.

Also, some trainees have been undertaking some higher anaesthetic training after their advanced ICM year. Whilst it is acceptable within the anaesthetic training programme to deliver higher and advanced training as a single flexible block, this is not the case in a dual programme and advanced ICM is intended to be a doctor in training's last placement in their training programme.

Procedure

The key points of note are that:

- Core and intermediate anaesthetic training is contemporary to stage 1 ICM training (although this does not negate the application of spiral learning with the individual training programmes).
- Higher anaesthetic training is contemporary to stage 2 ICM training and should only be commenced once both the ILTC and the Stage 1 ICM certificate have been completed.
- Advanced training is intended to be a doctor in dual training's final year in training and should only be commenced once a Stage 2 ICM certificate has been completed. A Stage 2 certificate requires that the special skills year

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(General Duties units of higher anaesthetic training) has been completed. NB the advanced year is ICM training only and should not include any other advanced anaesthetic units.

We understand, however, that the allocation of training rotations is not always this clear cut and there will always be exceptions. We would, of course, strongly advocate developing constructive relationships with respective individuals in the other dual specialty in order to plan effectively. Where unavoidable complications arise then prospective approval should be sought from the College and the Faculty, by contacting either party. The College and the Faculty have agreed to be pragmatic in the assessment of any such requests and every effort will be made to avoid negatively impacting on doctors in training. These will be assessed on a case-by-case basis. Retrospective approval will also be considered for those whose training history does not necessarily comply with the guidance given above.

It is also proposed that a review of the guidance document is undertaken to ensure that any such misinterpretation is avoided in the future.

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