The Royal College of Anaesthetists

The College of Emergency Medicine

The Royal College of Paediatrics & Child Health

The Royal College of Physicians

RCPE
The Royal College of Physicians of Edinburgh

The Royal College of Physicians and Surgeons of Glasgow

The Royal College of Surgeons of Edinburgh

The Royal College of Surgeons of England

Part II

The CCT in
Intensive Care Medicine

Assessment System

The Faculty of
Intensive Care Medicine

Contents

1. Principles of Assessment

This Assessment System should be read in tandem with and implemented as per the precepts of Part I*, section 5 of this curriculum manual.*

The ICM CCT has an assessment system that in some ways differs from that used in some of its partner specialties. Anaesthetic assessment for example, samples from its curriculum and has an indicative minimum number of workplace-based assessments (WPBA) in each training module. The ICM CCT requires trainees to demonstrate increasing competency in all domains of the curriculum and each of its 97 competencies. Sub-domain competence progression is judged on a descriptive scale of 1 to 4 (novice to independent practitioner – see section 2 below); competencies are revisited throughout each of the three ICM Stages of training with increasing target levels of achievement.

1.1 Training Stage Records

This manual contains Training Records for each of the three Stages of ICM training. They are designed to provide outcome paperwork enabling trainees to demonstrate their acquisition of competencies against the levels required by Training Progression Grid. **Trainees using the ICM ePortfolio will find that it already serves this function, and so do not need to use the enclosed Training Records.** However it is recognised that not all ICM trainees will immediately be using ePortfolio – for example, trainees who are halfway through a Stage of training may maintain a paper-based portfolio until they have completed that Stage before moving to the electronic system. These Training Records are also available separately on the FICM website (www.ficm.ac.uk) in editable Word format.

1.2 How many workplace-based assessments?

The purpose of the ICM WPBAs is not merely to tick off each individual competence but to provide a series of snapshots of work, from the general features of which it can be inferred whether the trainee is making the necessary progress, not only in the specific work observed, but in related areas of the application of knowledge and skill. The number of observations of work required will not be fixed but will depend on the individual trainee's performance. The Faculty's aim is always to maintain training standards and quality without developing undue 'assessment burden' for trainers and trainees.

As a minimum standard, trainees must have ***at least*** **one** piece of satisfactory assessment evidence for every competency required for sign-off at a particular Stage of training, though it is expected that trainees will ultimately have multiple assessment mapping to multiple competencies. Some sections of the curriculum (i.e. Practical Procedures) it is expected that more will be required, at the discretion of local trainers. Where a trainee performs unsatisfactorily more assessments will of course be needed.

Each piece of evidence can potentially be used to support multiple competencies. A single patient encounter involving a history, examination, differential diagnosis and construction and implementation of a management plan could assess many of the competencies together. For example, a trainee may see a patient in the acute admission unit, assess them, start investigations, diagnose their pneumonia, start the patient on antibiotics and bring them to the ICU where they may need respiratory support. In such a scenario the trainee can, via the use of CBD, DOPS or CEX, bundle together assessment of competencies such as:

- **1.1** Adopts a structured and timely approach to the recognition, assessment and stabilisation of the acutely ill patient with disordered physiology;
- **2.1** Obtains a history and performs an accurate clinical examination;
- **2.2** Undertakes timely and appropriate investigations;
- **2.5** Obtains and interprets the results of blood gas samples;

- **3.1** Manages the care of the critically ill patient with specific acute medical conditions;
- **4.2** Manages antimicrobial drug therapy;
- **5.1** Administers oxygen using a variety of administration devices;
- **5.8** Performs arterial catheterisation

It is the responsibility of the trainee to provide sufficient evidence of satisfactory performance and satisfactory progress in their annual review. They will need evidence of performance in each block of training or section of the curriculum they have undertaken. This may increase the number of assessments they need. It is the Educational Supervisor's responsibility to help the trainee to understand what that evidence will be in their specific circumstances. The Educational Supervisor will then write a summary of the learner's performance for the ARCP.

Once again it must be stressed that there is no single, valid, reliable test of competence and the ARCP will review all the evidence, triangulating performance measured by different instruments, before drawing conclusions about a trainee's progress.

1.2.1 Repetition of competencies

It is recognised that due to the spiral learning principles (see 3.1.1) upon which the curriculum was constructed, competencies reoccur throughout all three Stages of training. In some cases, i.e. if the competency in question is a very basic one, trainees will reach level 4 very quickly (conversely whilst in some highly specialised areas such as Paediatric Intensive Care Medicine they will never reach level 4 at all). As such there are numerous cases where the expected 1-4 training level for a particular competence does not change from one Stage to the next – these are clearly marked on the individual Stage Training Records below.

In these instances – to avoid the aforementioned assessment burden – Educational Supervisors must still sign-off each competency but trainees need not provide additional WPBA or assessment evidence if they have demonstrated maintenance of their skills and knowledge in these specific competencies. Additional assessments in these competencies *may* be conducted if required, at the trainers' discretion, if it is felt that the trainees' maintenance of these competencies is uncertain or requires 'topping up'.

1.3 Additional Assessments

It is also recognised that trainees may use other methods than WPBAs to demonstrate their acquisition of competencies, such as logbook evidence and attendance at educational events. These can be recorded in the trainee's portfolio (a code system is provided on each Stage record; on ePortfolio these can be scanned, uploaded, and assigned to the relevant curriculum competencies).

2. Competency level descriptors

Both trainees and trainers need to ensure that training is both comprehensive and that progression of training is occurring at a satisfactory rate. The curriculum uses a Training Progression Grid, which includes the CoBaTrICE domains, to both define and measure progress. This is combined with a simple and intuitive measure of level of competence which uses the intensity of supervision required to identify achievement.

The level descriptors are as follows:

Level	Task orientated competence	Knowledge orientated competence	Patient management competence
1	Performs task under direct supervision.	Very limited knowledge; requires considerable guidance to solve a problem within the area.	Can take history, examine and arrange investigations for straight forward case (limited differential diagnosis). Can initiate emergency management and continue a management plan, recognising acute divergences from the plan. Will need help to deal with these.
2	Performs task in straightforward circumstances, requires help for more difficult situations. Understands indications and complications of task.	Sound basic knowledge; requires some guidance to solve a problem within the area. Will have knowledge of appropriate guidelines and protocols.	Can take history, examine and arrange investigations in a more complicated case. Can initiate emergency management. In a straightforward case, can plan management and manage any divergences in short term. Will need help with more complicated cases.
3	Performs task in most circumstances, will need some guidance in complex situations. Can manage most complications, has a good understanding of contraindications and alternatives.	Advanced knowledge and understanding; only requires occasional advice and assistance to solve a problem. Will be able to assess evidence critically.	Can take history, examine and arrange investigations in a more complex case in a focused manner. Can initiate emergency management. In a most cases, can plan management and manage any divergences. May need specialist help for some cases.
4	Independent (consultant) practice.	Expert level of knowledge.	Specialist.

By the completion of the ICM training programme all trainees will be expected to have achieved level 4 competency in the majority of the CoBaTrICE competences, as detailed on the grid. In order to provide both a measure of progress to trainees and trainers and also to provide an indication of where in the training programme individual competencies are best achieved we have produced an ARCP decision aid. This provides ARCP panels with guidance about the progress and evidence of progress expected for individual trainees.

3. ICM CCT Training Progression Grid

The following grid demonstrates the progression of competency expected of trainees in each curriculum domain throughout the Stages of ICM training. The grid acknowledges that trainees will reach Level 4 in some fundamental competencies earlier in their training (e.g. infection control, aspects of professionalism), and will not reach Level 4 in some highly specialised areas of intensive care (e.g. Paediatric Intensive Care Medicine, burns).

Domain and Competencies	Stage of Training					
	Stage 1				Stage 2	Stage 3
Domain 1: Resuscitation and management of the acutely ill patient	**ACCS**	**CAT**	**CMT**	**ST**		
1.1 Adopts a structured and timely approach to the recognition, assessment and stabilisation of the acutely ill patient with disordered physiology	2	1	2	3	4	4
1.2 Manages cardiopulmonary resuscitation - ALS recommended	3	3	3	3	4	4
1.3 Manages the patient post resuscitation	1	1	1	2	4	4
1.4 Triages and prioritises patients appropriately, including timely admission to ICU	1	1	1	2	3	4
1.5 Assesses and provides initial management of the trauma patient	1	1	0	2	3	4
1.6 Assesses and provides initial management of the patient with burns	0	0	0	1	2	3
1.7 Describes the management of mass casualties	1	0	0	1	2	3
Domain 2: Diagnosis, Assessment, Investigation, Monitoring and Data Interpretation	**ACCS**	**CAT**	**CMT**	**ST**	**Stage 2**	**Stage 3**
2.1 Obtains a history and performs an accurate clinical examination	2	1	2	3	4	4
2.2 Undertakes timely and appropriate investigations	2	1	2	3	3	4
2.3 Performs electrocardiography (ECG / EKG) and interprets the results	2	2	2	3	4	4
2.4 Obtains appropriate microbiological samples and interprets results	2	1	2	3	4	4
2.5 Obtains and interprets the results from blood gas samples	2	2	2	3	4	4
2.6 Interprets imaging studies	2	1	2	3	4	4
2.7 Monitors and responds to trends in physiological variables	2	2	1	3	4	4
2.8 Integrates clinical findings with laboratory investigations to form a differential diagnosis	1	1	2	2	3	4
Domain 3: Disease Management	**ACCS**	**CAT**	**CMT**	**ST**	**Stage 2**	**Stage3**
3.1 Manages the care of the critically ill patient with specific acute medical conditions	1	1	1	2	3	4
3.2 Identifies the implications of chronic and co-morbid disease in the acutely ill patient	1	1	2	2	3	4
3.3 Recognises and manages the patient with circulatory failure	1	1	1	2	3	4
3.4 Recognises and manages the patient with, or at risk of, acute renal failure	1	1	1	2	3	4
3.5 Recognises and manages the patient with, or at risk of, acute liver failure	1	1	1	2	3	4
3.6 Recognises and manages the patient with neurological impairment	1	1	1	2	3	4
3.7 Recognises and manages the patient with acute gastrointestinal failure	1	1	1	2	3	4
3.8 Recognises and manages the patient with severe acute respiratory failure / acute lung injury syndromes (ALI / ARDS)	0	0	0	2	3	4
3.9 Recognises and manages the septic patient	1	1	1	2	3	4

3.10 Recognises and manages the patient following intoxication with drugs or environmental toxins	1	1	1	2	3	4
3.11 Recognises life-threatening maternal peripartum complications and manages care	1	1	1	2	3	4
Domain 4: Therapeutic interventions / Organ support in single or multiple organ failure	**ACCS**	**CAT**	**CMT**	**ST**	**Stage 2**	**Stage3**
4. 1 Prescribes drugs and therapies safely	2	2	2	3	3	4
4.2 Manages antimicrobial drug therapy	2	2	2	3	3	4
4.3 Administers blood and blood products safely	2	2	1	3	4	4
4.4 Uses fluids and vasoactive / inotropic drugs to support the circulation	2	2	1	3	4	4
4.5 Describes the use of mechanical assist devices to support the circulation	0	0	0	1	2	3
4.6 Initiates, manages, and weans patients from invasive and non-invasive ventilatory support	1	1	0	2	4	4
4.7 Initiates, manages and weans patients from renal replacement therapy	0	0	0	2	3	4
4.8 Recognises and manages electrolyte, glucose and acid-base disturbances	1	1	1	3	4	4
4.9 Co-ordinates and provides nutritional assessment and support	2	2	2	3	4	4
Domain 5: Practical procedures	**ACCS**	**CAT**	**CMT**	**ST**	**Stage 2**	**Stage 3**
5.1 Administers oxygen using a variety of administration devices	2	2	2	3	4	4
5.2 Performs emergency airway management	1	2	0	2	3	4
5.3 Performs difficult and failed airway management according to local protocols	0	2	0	2	2	3
5.4 Performs endotracheal suction	2	2	0	3	4	4
5.5 Performs fibreoptic bronchoscopy and BAL in the intubated patient	0	0	0	2	3	4
5.6 Performs percutaneous tracheostomy	0	0	0	1	3	4
5.7 Performs chest drain insertion	2	1	2	2	3	4
5.8 Performs arterial catheterisation	1	1	0	3	4	4
5.9 Performs ultrasound techniques for vascular localisation	1	1	0	2	4	4
5.10 Performs central venous catheterisation	1	1	0	2	4	4
5.11 Performs defibrillation and cardioversion	2	2	2	3	4	4
5.12 Performs transthoracic cardiac pacing, describes transvenous	0	0	0	2	3	4
5.13 Describes how to perform pericardiocentesis	1	1	1	1	2	3
5.14 Demonstrates a method for measuring cardiac output and derived haemodynamic variables	1	1	2	3	4	4
5.15 Performs lumbar puncture (intradural / 'spinal') under supervision	2	2	1	3	4	4
5.16 Manages the administration of analgesia via an epidural catheter	1	1	0	3	4	4
5.17 Performs abdominal paracentesis	0	0	0	1	2	3
5.18 Describes Sengstaken tube (or equivalent) placement	1	1	1	2	2	3
5.19 Performs nasogastric tube placement	3	3	3	4	4	4
5.20 Performs urinary catheterisation	3	3	3	4	4	4
Domain 6: Perioperative care	**ACCS**	**CAT**	**CMT**	**ST**	**Stage2**	**Stage3**
6.1 Manages the pre- and post-operative care of the high risk surgical patient	0	1	0	2	4	4
6.2 Manages the care of the patient following cardiac surgery	0	0	0	1	3	3
6.3 Manages the care of the patient following craniotomy	0	0	0	1	3	3

6.4 Manages the care of the patient following solid organ transplantation	0	0	0	1	3	3
6.5 Manages the pre- and post-operative care of the trauma patient under supervision	1	1	0	2	3	4
Domain 7: Comfort and recovery	**ACCS**	**CAT**	**CMT**	**ST**	**Stage 2**	**Stage 3**
7.1 Identifies and attempts to minimise the physical and psychosocial consequences of critical illness for patients and families	1	1	1	3	4	4
7.2 Manages the assessment, prevention and treatment of pain and delerium	2	2	2	3	4	4
7.3 Manages sedation and neuromuscular blockade	2	2	0	2	4	4
7.4 Communicates the continuing care requirements, including rehabilitation, of patients at ICU discharge to health care professionals, patients and relatives	1	1	0	3	4	4
7.5 Manages the safe and timely discharge of patients from the ICU	1	1	1	2	3	4
Domain 8: End of life care	**ACCS**	**CAT**	**CMT**	**ST**	**Stage 2**	**Stage 3**
8.1 Manages the process of withholding or withdrawing treatment with the multi-disciplinary team	1	1	1	2	3	4
8.2 Discusses end of life care with patients and their families / surrogates	1	1	1	2	3	4
8.3 Manages palliative care of the critically ill patient	0	0	0	2	4	4
8.4 Performs brain-stem death testing	0	0	0	1	4	4
8.5 Manages the physiological support of the organ donor	0	0	0	1	3	4
8.6 Manages donation following cardiac death	0	0	0	1	3	4
Domain 9: Paediatric care	**ACCS**	**CAT**	**CMT**	**ST**	**Stage 2**	**Stage 3**
9.1 Describes the recognition of the acutely ill child and initial management of paediatric emergencies	0	0	0	1	3	3
9.2 Describes national legislation and guidelines relating to child protection and their relevance to critical care	1	1	1	3	3	3
Domain 10: Transport	**ACCS**	**CAT**	**CMT**	**ST**	**Stage 2**	**Stage 3**
10.1 Undertakes transport of the mechanically ventilated critically ill patient outside the ICU	1	1	0	2	4	4
Domain 11: Patient safety and health systems management	**ACCS**	**CAT**	**CMT**	**ST**	**Stage 2**	**Stage 3**
11.1 Leads a daily multidisciplinary ward round	1	0	2	2	3	4
11.2 Complies with local infection control measures	3	3	3	3	4	4
11.3 Identifies environmental hazards and promotes safety for patients and staff	2	2	2	3	4	4
11.4 Identifies and minimises risk of critical incidents and adverse events, including complications of critical illness	1	1	1	2	3	4
11.5 Organises a case conference	0	0	0	2	3	4
11.6 Critically appraises and applies guidelines, protocols and care bundles	2	2	2	2	3	4
11.7 Describes commonly used scoring systems for assessment of severity of illness, case mix and workload	1	1	1	3	4	4
11.8 Demonstrates an understanding of the managerial and administrative responsibilities of the ICM specialist	0	0	0	2	3	4
Domain 12: Professionalism	**ACCS**	**CAT**	**CMT**	**ST**	**Stage 2**	**Stage 3**

12.1 Communicates effectively with patients and relatives	2	2	2	3	4	4
12.2 Communicates effectively with members of the health care team	2	2	2	3	4	4
12.3 Maintains accurate and legible records / documentation	2	2	2	4	4	4
12.4 Involves patients (or their surrogates if applicable) in decisions about care and treatment	1	1	1	3	4	4
12.5 Demonstrates respect of cultural and religious beliefs and an awareness of their impact on decision making	2	2	2	4	4	4
12.6 Respects privacy, dignity, confidentiality and legal constraints on the use of patient data	2	2	2	4	4	4
12.7 Collaborates and consults; promotes team-working	2	2	2	3	4	4
12.8 Ensures continuity of care through effective hand-over of clinical information	2	2	2	4	4	4
12.9 Supports clinical staff outside the ICU to enable the delivery of effective care	2	2	2	3	4	4
12.10 Appropriately supervises, and delegates to others, the delivery of patient care	1	1	1	2	3	4
12.11 Takes responsibility for safe patient care	2	2	2	4	4	4
12.12 Formulates clinical decisions with respect for ethical and legal principles	1	1	1	2	3	4
12.13 Seeks learning opportunities and integrates new knowledge into clinical practice	2	2	2	4	4	4
12.14 Participates in multidisciplinary teaching	3	3	3	4	4	4
12.15 Participates in quality improvement under supervision	2	2	2	3	4	4

INTENSIVE CARE MEDICINE – STAGE 1 TRAINING RECORD

Name of Trainee:		Hospital(s):		GMC Number:			
Date of Stage 1 ST entry: (DD/MM/YYYY)				Core programme completed:		ACCS	
						CAT	
						CMT	

Instructions

Number each assessment in your portfolio (e.g. for DOPS D1, D2 etc). Complete the table columns 'Trainee Evidence' by identifying in the relevant item(s) of evidence in your portfolio by its code (D1, D2 etc). **At least** 1 piece of suitable evidence is required for each of the relevant competencies. One assessment can be used to cover multiple curriculum competencies. The 'WPBA' column describes what type of workplace-based assessment is suitable for each competency, as defined by *The CCT in Intensive Care Medicine*. Other types of evidence may be used to demonstrate competencies, as described in 'Additional Assessment Tools Key' below. Competencies may be signed off by Educational Supervisors throughout the training Stage. Please ensure that the numbering of evidence items in this table matches that in your portfolio.

'Stage 1 Target Level' indicates the final competency level for this Stage of training. Trainees should **not *normally*** be marked higher than these levels at the end of the Stage unless in exceptional circumstances with accompanying evidence. 'Entry Level' indicates the level at which the trainee entered the particular training year as dictated by the Core programme they have completed. **Please see the full Syllabus for details of the knowledge, skills and behaviours which make up each competency.** Achievement Levels for some competencies may not change between training grades – these have been highlighted. In these instances Educational Supervisors must still sign-off each competency but trainees need not provide additional WPBA or assessment evidence if they have demonstrated maintenance of their skills and knowledge in these specific competencies. Additional assessments in these competencies may be conducted if required, at the trainers' discretion.

Competency Level Descriptors

Level	Task orientated competence	Knowledge orientated competence	Patient management competence
1	Performs task under direct supervision.	Very limited knowledge; requires considerable guidance to solve a problem within the area.	Can take history, examine and arrange investigations for straight forward case (limited differential diagnosis). Can initiate emergency management and continue a management plan, recognising acute divergences from the plan. Will need help to deal with these.
2	Performs task in straightforward circumstances, requires help for more difficult situations. Understands indications and complications of task.	Sound basic knowledge; requires some guidance to solve a problem within the area. Will have knowledge of appropriate guidelines and protocols.	Can take history, examine and arrange investigations in a more complicated case. Can initiate emergency management. In a straightforward case, can plan management and manage any divergences in short term. Will need help with more complicated cases.
3	Performs task in most circumstances, will need some guidance in complex situations. Can manage most complications, has a good understanding of contraindications and alternatives.	Advanced knowledge and understanding; only requires occasional advice and assistance to solve a problem. Will be able to assess evidence critically.	Can take history, examine and arrange investigations in a more complex case in a focused manner. Can initiate emergency management. In a most cases, can plan management and manage any divergences. May need specialist help for some cases.
4	Independent (consultant) practice.	Expert level of knowledge.	Specialist.

Workplace-Based Assessment Tools Key

D	Direct Observation of Procedural Skills [DOPS]	**C**	Case-Based Discussion [CBD]	**T**	Acute Care Assessment Tool [ACAT]
I	ICM Mini-Clinical Evaluation Exercise [I-CEX]	**M**	Multi-source Feedback [MSF]	**S**	Simulation

Additional Assessment Tools Key - These can be used in 'Trainee Evidence' as appropriate for the competency being assessed

L	Anaesthetic List Management Tool [ALMAT]	**EE**	Educational Event	**G**	Logbook page … [*include page ref, i.e. G22*]

Domain and Competencies	Entry Levels			Stage 1 Target Level	Level Achieved	Assessment Tools	Trainee Evidence	Educational Supervisor	
	ACCS	CAT	CMT					Sign-off	Date
Domain 1: Resuscitation and management of the acutely ill patient									
1.1 Adopts a structured and timely approach to the recognition, assessment and stabilisation of the acutely ill patient with disordered physiology	2	1	2	3		I, C, M, T, S			
1.2 Manages cardiopulmonary resuscitation – ALS recommended	3	3	3	3		I, M, T, S			
1.3 Manages the patient post resuscitation	1	1	1	2		I, M, T, S			
1.4 Triages and prioritises patients appropriately, including timely admission to ICU	1	1	1	2		C, M, T			
1.5 Assesses and provides initial management of the trauma patient	1	1	0	2		D, I, M, T, C, S			
1.6 Assesses and provides initial management of the patient with burns	0	0	0	1		D, I, M, T, C			
1.7 Describes the management of mass casualties	1	0	0	1		C			
Domain 2: Diagnosis, Assessment, Investigation, Monitoring and Data Interpretation									
2.1 Obtains a history and performs an accurate clinical examination	2	1	2	3		I, M			
2.2 Undertakes timely and appropriate investigations	2	1	2	3		I, C, M			
2.3 Performs electrocardiography (ECG / EKG) and interprets the results	2	2	2	3		D, I, C			
2.4 Obtains appropriate microbiological samples and interprets results	2	1	2	3		D, C			
2.5 Obtains and interprets the results from blood gas samples	2	2	2	3		D, C			
2.6 Interprets imaging studies	2	1	2	3		I, C			
2.7 Monitors and responds to trends in physiological variables	2	2	1	3		I, T, S			
2.8 Integrates clinical findings with laboratory investigations to form a differential diagnosis	1	1	2	2		I, C, T, S			
Domain 3: Disease Management									
3.1 Manages the care of the critically ill patient with specific acute medical conditions	1	1	1	2		D, I, C, M, T, S			
3.2 Identifies the implications of chronic and co-morbid disease in the acutely ill patient	1	1	2	2		C			
3.3 Recognises and manages the patient with circulatory failure	1	1	1	2		I, C, T, S			
3.4 Recognises and manages the patient with, or at risk of, acute renal failure	1	1	1	2		I, C, T			
3.5 Recognises and manages the patient with, or at risk of, acute liver failure	1	1	1	2		I, C, T			
3.6 Recognises and manages the patient with neurological impairment	1	1	1	2		I, C, T, S			
3.7 Recognises and manages the patient with acute gastrointestinal failure	1	1	1	2		I, C, T			
3.8 Recognises and manages the patient with severe acute respiratory failure / acute lung injury syndromes (ALI / ARDS)	0	0	0	2		I, C, T			
3.9 Recognises and manages the septic patient	1	1	1	2		I, C, T			
3.10 Recognises and manages the patient following intoxication with drugs or environmental toxins	1	1	1	2		I, C, S			
3.11 Recognises life-threatening maternal peripartum complications and manages care	1	1	1	2		I, C, S			
Domain 4: Therapeutic interventions / Organ support in single or multiple organ failure									
4. 1 Prescribes drugs and therapies safely	2	2	2	3		D, C, M			
4.2 Manages antimicrobial drug therapy	2	2	2	3		I, C, M			
4.3 Administers blood and blood products safely	2	2	1	3		D, C, M			
4.4 Uses fluids and vasoactive / inotropic drugs to support the circulation	2	2	1	3		I, C			
4.5 Describes the use of mechanical assist devices to support the circulation	0	0	0	1		C			

4.6 Initiates, manages, and weans patients from invasive and non-invasive ventilatory support	1	1	0	2		D, C, T			
4.7 Initiates, manages and weans patients from renal replacement therapy	0	0	0	2		D, I, C, T			
4.8 Recognises and manages electrolyte, glucose and acid-base disturbances	1	1	1	3		I, C, T, S			
4.9 Co-ordinates and provides nutritional assessment and support	2	2	2	3		I, C, T			
Domain 5: Practical procedures									
5.1 Administers oxygen using a variety of administration devices	2	2	2	3		D, S			
5.2 Performs emergency airway management	1	2	0	2		D, S			
5.3 Performs difficult and failed airway management according to local protocols	0	2	0	2		D, S			
5.4 Performs endotracheal suction	2	2	0	3		D			
5.5 Performs fibreoptic bronchoscopy and BAL in the intubated patient	0	0	0	2		D, M			
5.6 Performs percutaneous tracheostomy	0	0	0	1		D, M, S			
5.7 Performs chest drain insertion	2	1	2	2		D			
5.8 Performs arterial catheterisation	1	1	0	3		D, C			
5.9 Performs ultrasound techniques for vascular localisation	1	1	0	2		C			
5.10 Performs central venous catheterisation	1	1	0	2		D, C			
5.11 Performs defibrillation and cardioversion	2	2	2	3		D, C, S			
5.12 Performs transthoracic cardiac pacing, describes transvenous	0	0	0	2		D, C			
5.13 Describes how to perform pericardiocentesis	1	1	1	1		C			
5.14 Demonstrates a method for measuring cardiac output and derived haemodynamic variables	1	1	2	3		D, C			
5.15 Performs lumbar puncture (intradural / 'spinal') under supervision	2	2	1	3		D, S			
5.16 Manages the administration of analgesia via an epidural catheter	1	1	0	3		I			
5.17 Performs abdominal paracentesis	0	0	0	1		D			
5.18 Describes Sengstaken tube (or equivalent) placement	1	1	1	2		C			
5.19 Performs nasogastric tube placement	3	3	3	4		D			
5.20 Performs urinary catheterisation	3	3	3	4		D			
Domain 6: Perioperative care									
6.1 Manages the pre- and post-operative care of the high risk surgical patient	0	1	0	2		C, M, T			
6.2 Manages the care of the patient following cardiac surgery	0	0	0	1		C			
6.3 Manages the care of the patient following craniotomy	0	0	0	1		C, T			
6.4 Manages the care of the patient following solid organ transplantation	0	0	0	1		C			
6.5 Manages the pre- and post-operative care of the trauma patient under supervision	1	1	0	2		C. T			
Domain 7: Comfort and recovery									
7.1 Identifies and attempts to minimise the physical and psychosocial consequences of critical illness for patients and families	1	1	1	3		M, C			
7.2 Manages the assessment, prevention and treatment of pain and delirium	2	2	2	3		D, I, C, M, T			
7.3 Manages sedation and neuromuscular blockade	2	2	0	2		D, I, C, M, T			
7.4 Communicates the continuing care requirements, including rehabilitation, of patients at ICU discharge to health care professionals, patients and relatives	1	1	0	3		M, T, S			
7.5 Manages the safe and timely discharge of patients from the ICU	1	1	1	2		M, T			
Domain 8: End of life care									

8.1 Manages the process of withholding or withdrawing treatment with the multi-disciplinary team	1	1	1	2		C, M				
8.2 Discusses end of life care with patients and their families / surrogates	1	1	1	2		C, M, D				
8.3 Manages palliative care of the critically ill patient	0	0	0	2		C, M, T				
8.4 Performs brain-stem death testing	0	0	0	1		D, S				
8.5 Manages the physiological support of the organ donor	0	0	0	1		I, C				
8.6 Manages donation following cardiac death	0	0	0	1		C, T, S				
Domain 9: Paediatric care										
9.1 Describes the recognition of the acutely ill child and initial management of paediatric emergencies	0	0	0	1		I, C, S				
9.2 Describes national legislation and guidelines relating to child protection and their relevance to critical care	1	1	1	3		C				
Domain 10: Transport										
10.1 Undertakes transport of the mechanically ventilated critically ill patient outside the ICU	1	1	0	2		D, I, C, M				
Domain 11: Patient safety and health systems management										
11.1 Leads a daily multidisciplinary ward round	1	0	2	2		M				
11.2 Complies with local infection control measures	3	3	3	3		C, M				
11.3 Identifies environmental hazards and promotes safety for patients and staff	2	2	2	3		C, M				
11.4 Identifies and minimises risk of critical incidents and adverse events, including complications of critical illness	1	1	1	2		C, M				
11.5 Organises a case conference	0	0	0	2		C, M				
11.6 Critically appraises and applies guidelines, protocols and care bundles	2	2	2	2		C				
11.7 Describes commonly used scoring systems for assessment of severity of illness, case mix and workload	1	1	1	3		C				
11.8 Demonstrates an understanding of the managerial and administrative responsibilities of the ICM specialist	0	0	0	2		C, M				
Domain 12: Professionalism										
12.1 Communicates effectively with patients and relatives	2	2	2	3		D, M, T, S				
12.2 Communicates effectively with members of the health care team	2	2	2	3		D, M, S				
12.3 Maintains accurate and legible records / documentation	2	2	2	4		D, M, T				
12.4 Involves patients (or their surrogates if applicable) in decisions about care and treatment	1	1	1	3		C, M, T				
12.5 Demonstrates respect of cultural and religious beliefs and an awareness of their impact on decision making	2	2	2	4		C, M, T				
12.6 Respects privacy, dignity, confidentiality and legal constraints on the use of patient data	2	2	2	4		C, M				
12.7 Collaborates and consults; promotes team-working	2	2	2	3		M				
12.8 Ensures continuity of care through effective hand- over of clinical information	2	2	2	4		C, M, T, S				
12.9 Supports clinical staff outside the ICU to enable the delivery of effective care	2	2	2	3		C, M, T				
12.10 Appropriately supervises, and delegates to others, the delivery of patient care	1	1	1	2		C, M, T				
12.11 Takes responsibility for safe patient care	2	2	2	4		D, C, M, T				

12.12 Formulates clinical decisions with respect for ethical and legal principles	1	1	1	2		C, M, T			
12.13 Seeks learning opportunities and integrates new knowledge into clinical practice	2	2	2	4		M			
12.14 Participates in multidisciplinary teaching	3	3	3	4		M			
12.15 Participates in quality improvement under supervision	2	2	2	3		M			

End of Year Meeting sign-off: (complete as applicable for number of years required in Stage 1 ST training – copy and paste additional years if necessary)

1

Trainer Signature: _____ Trainer Name (Print): _____ Trainer GMC Number: _____ Date (DD/MM/YYYY) | | | |

(*ICM Clinical Supervisor, ICM Educational Supervisor or FICM Tutor*)

Trainee Signature: _____ Trainee Name (Print): _____ Trainee GMC Number: _____ Date (DD/MM/YYYY) | | | |

Comments:

2

Trainer Signature: _____ Trainer Name (Print): _____ Trainer GMC Number: _____ Date (DD/MM/YYYY) | | | |

(*ICM Clinical Supervisor, ICM Educational Supervisor or FICM Tutor*)

Trainee Signature: _____ Trainee Name (Print): _____ Trainee GMC Number: _____ Date (DD/MM/YYYY) | | | |

Comments:

INTENSIVE CARE MEDICINE – STAGE 2 TRAINING RECORD

Name of Trainee:		Hospital(s):		GMC Number:	

Date of Stage 2 entry: (DD/MM/YYYY) | | | |

Instructions

Number each assessment in your portfolio (e.g. for DOPS D1, D2 etc). Complete the table columns 'Trainee Evidence' by identifying in the relevant item(s) of evidence in your portfolio by its code (D1, D2 etc). **At least** 1 piece of suitable evidence is required for each of the relevant competencies. One assessment can be used to cover multiple curriculum competencies. The 'WPBA' column describes what type of workplace-based assessment is suitable for each competency, as defined by *The CCT in Intensive Care Medicine*. Other types of evidence may be used to demonstrate competencies, as described in 'Additional Assessment Tools Key' below. Competencies may be signed off by Educational Supervisors throughout the training Stage. Please ensure that the numbering of evidence items in this table matches that in your portfolio.

'Stage 2 Target Level' indicates the final competency level for this Stage of training. Trainees should **not *normally*** be marked higher than these levels at the end of this Stage unless in exceptional circumstances or if they have developed these competencies through additional training (for example a Special Skills year in Paediatric or Cardiac ICM). 'Entry from Stage 1' indicates the level at which the trainee entered Stage 2 from Stage 1. **Please see the full Syllabus for details of the knowledge, skills and behaviours which make up each competency.** Achievement Levels for some competencies may not change between training Stages – these have been highlighted. In these instances Educational Supervisors must still sign-off each competency but trainees need not provide additional WPBA or assessment evidence if trainers are satisfied they have demonstrated maintenance of their skills and knowledge in these specific competencies. Further assessments in these competencies may be conducted if required, at the trainers' discretion.

Competency Level Descriptors

Level	Task orientated competence	Knowledge orientated competence	Patient management competence
1	Performs task under direct supervision.	Very limited knowledge; requires considerable guidance to solve a problem within the area.	Can take history, examine and arrange investigations for straight forward case (limited differential diagnosis). Can initiate emergency management and continue a management plan, recognising acute divergences from the plan. Will need help to deal with these.
2	Performs task in straightforward circumstances, requires help for more difficult situations. Understands indications and complications of task.	Sound basic knowledge; requires some guidance to solve a problem within the area. Will have knowledge of appropriate guidelines and protocols.	Can take history, examine and arrange investigations in a more complicated case. Can initiate emergency management. In a straightforward case, can plan management and manage any divergences in short term. Will need help with more complicated cases.
3	Performs task in most circumstances, will need some guidance in complex situations. Can manage most complications, has a good understanding of contraindications and alternatives.	Advanced knowledge and understanding; only requires occasional advice and assistance to solve a problem. Will be able to assess evidence critically.	Can take history, examine and arrange investigations in a more complex case in a focused manner. Can initiate emergency management. In a most cases, can plan management and manage any divergences. May need specialist help for some cases.
4	Independent (consultant) practice.	Expert level of knowledge.	Specialist.

Workplace-Based Assessment Tools Key

D	Direct Observation of Procedural Skills [DOPS]	**C**	Case-Based Discussion [CBD]	**T**	Acute Care Assessment Tool [ACAT]
I	ICM Mini-Clinical Evaluation Exercise [I-CEX]	**M**	Multi-source Feedback [MSF]	**S**	Simulation

Additional Assessment Tools Key - These can be used in 'Trainee Evidence' as appropriate for the competency being assessed

L	Anaesthetic List Management Tool [ALMAT]	**EE**	Educational Event	**G**	Logbook page … [*include page ref, i.e. G22*]

Domain and Competencies	Entry from Stage 1	Stage 2 Target Level	Level Achieved	Assessment Tools	Trainee Evidence	Educational Supervisor	
						Sign-off	Date
Domain 1: Resuscitation and management of the acutely ill patient							
1.1 Adopts a structured and timely approach to the recognition, assessment and stabilisation of the acutely ill patient with disordered physiology	3	4		I, C, M, T, S			
1.2 Manages cardiopulmonary resuscitation – ALS recommended	3	4		I, M, T, S			
1.3 Manages the patient post resuscitation	2	4		I, M, T, S			
1.4 Triages and prioritises patients appropriately, including timely admission to ICU	2	3		C, M, T			
1.5 Assesses and provides initial management of the trauma patient	2	3		D, I, M, T, C, S			
1.6 Assesses and provides initial management of the patient with burns	1	2		D, I, M, T, C			
1.7 Describes the management of mass casualties	1	2		C			
Domain 2: Diagnosis, Assessment, Investigation, Monitoring and Data Interpretation							
2.1 Obtains a history and performs an accurate clinical examination	3	4		I, M			
2.2 Undertakes timely and appropriate investigations	3	3		I, C, M			
2.3 Performs electrocardiography (ECG / EKG) and interprets the results	3	4		D, I, C			
2.4 Obtains appropriate microbiological samples and interprets results	3	4		D, C			
2.5 Obtains and interprets the results from blood gas samples	3	4		D, C			
2.6 Interprets imaging studies	3	4		I, C			
2.7 Monitors and responds to trends in physiological variables	3	4		I, T, S			
2.8 Integrates clinical findings with laboratory investigations to form a differential diagnosis	2	3		I, C, T, S			
Domain 3: Disease Management							
3.1 Manages the care of the critically ill patient with specific acute medical conditions	2	3		D, I, C, M, T, S			
3.2 Identifies the implications of chronic and co-morbid disease in the acutely ill patient	2	3		C			
3.3 Recognises and manages the patient with circulatory failure	2	3		I, C, T, S			
3.4 Recognises and manages the patient with, or at risk of, acute renal failure	2	3		I, C, T			
3.5 Recognises and manages the patient with, or at risk of, acute liver failure	2	3		I, C, T			
3.6 Recognises and manages the patient with neurological impairment	2	3		I, C, T, S			
3.7 Recognises and manages the patient with acute gastrointestinal failure	2	3		I, C, T			
3.8 Recognises and manages the patient with severe acute respiratory failure / acute lung injury syndromes (ALI / ARDS)	2	3		I, C, T			
3.9 Recognises and manages the septic patient	2	3		I, C, T			
3.10 Recognises and manages the patient following intoxication with drugs or environmental toxins	2	3		I, C, S			
3.11 Recognises life-threatening maternal peripartum complications and manages care	2	3		I, C, S			
Domain 4: Therapeutic interventions / Organ support in single or multiple organ failure							
4. 1 Prescribes drugs and therapies safely	3	3		D, C, M			
4.2 Manages antimicrobial drug therapy	3	3		I, C, M			
4.3 Administers blood and blood products safely	3	4		D, C, M			
4.4 Uses fluids and vasoactive / inotropic drugs to support the circulation	3	4		I, C			
4.5 Describes the use of mechanical assist devices to support the circulation	1	2		C			
4.6 Initiates, manages, and weans patients from invasive and non-invasive ventilatory support	2	4		D, C, T			
4.7 Initiates, manages and weans patients from renal replacement therapy	2	3		D, I, C, T			

4.8 Recognises and manages electrolyte, glucose and acid-base disturbances	3	4		I, C, T, S			
4.9 Co-ordinates and provides nutritional assessment and support	3	4		I, C, T			
Domain 5: Practical procedures							
5.1 Administers oxygen using a variety of administration devices	3	4		D, S			
5.2 Performs emergency airway management	2	3		D, S			
5.3 Performs difficult and failed airway management according to local protocols	2	2		D, S			
5.4 Performs endotracheal suction	3	4		D			
5.5 Performs fibreoptic bronchoscopy and BAL in the intubated patient	2	3		D, M			
5.6 Performs percutaneous tracheostomy	1	3		D, M, S			
5.7 Performs chest drain insertion	2	3		D			
5.8 Performs arterial catheterisation	3	4		D, C			
5.9 Performs ultrasound techniques for vascular localisation	2	4		C			
5.10 Performs central venous catheterisation	2	4		D, C			
5.11 Performs defibrillation and cardioversion	3	4		D, C, S			
5.12 Performs transthoracic cardiac pacing, describes transvenous	2	3		D, C			
5.13 Describes how to perform pericardiocentesis	1	2		C			
5.14 Demonstrates a method for measuring cardiac output and derived haemodynamic variables	3	4		D, C			
5.15 Performs lumbar puncture (intradural / 'spinal') under supervision	3	4		D, S			
5.16 Manages the administration of analgesia via an epidural catheter	3	4		I			
5.17 Performs abdominal paracentesis	1	2		D			
5.18 Describes Sengstaken tube (or equivalent) placement	2	2		C			
5.19 Performs nasogastric tube placement	4	4		D			
5.20 Performs urinary catheterisation	4	4		D			
Domain 6: Perioperative care							
6.1 Manages the pre- and post-operative care of the high risk surgical patient	2	4		C, M, T			
6.2 Manages the care of the patient following cardiac surgery	1	3		C			
6.3 Manages the care of the patient following craniotomy	1	3		C, T			
6.4 Manages the care of the patient following solid organ transplantation	1	3		C			
6.5 Manages the pre- and post-operative care of the trauma patient under supervision	2	3		C. T			
Domain 7: Comfort and recovery							
7.1 Identifies and attempts to minimise the physical and psychosocial consequences of critical illness for patients and families	3	4		M, C			
7.2 Manages the assessment, prevention and treatment of pain and delirium	3	4		D, I, C, M, T			
7.3 Manages sedation and neuromuscular blockade	2	4		D, I, C, M, T			
7.4 Communicates the continuing care requirements, including rehabilitation, of patients at ICU discharge to health care professionals, patients and relatives	3	4		M, T, S			
7.5 Manages the safe and timely discharge of patients from the ICU	2	3		M, T			
Domain 8: End of life care							
8.1 Manages the process of withholding or withdrawing treatment with the multi-disciplinary team	2	3		C, M			
8.2 Discusses end of life care with patients and their families / surrogates	2	3		C, M, D			
8.3 Manages palliative care of the critically ill patient	2	4		C, M, T			

8.4 Performs brain-stem death testing	1	4		D, S			
8.5 Manages the physiological support of the organ donor	1	3		I, C			
8.6 Manages donation following cardiac death	1	3		C, T, S			
Domain 9: Paediatric care							
9.1 Describes the recognition of the acutely ill child and initial management of paediatric emergencies	1	3		I, C, S			
9.2 Describes national legislation and guidelines relating to child protection and their relevance to critical care	3	3		C			
Domain 10: Transport							
10.1 Undertakes transport of the mechanically ventilated critically ill patient outside the ICU	2	4		D, I, C, M			
Domain 11: Patient safety and health systems management							
11.1 Leads a daily multidisciplinary ward round	2	3		M			
11.2 Complies with local infection control measures	3	4		C, M			
11.3 Identifies environmental hazards and promotes safety for patients and staff	3	4		C, M			
11.4 Identifies and minimises risk of critical incidents and adverse events, including complications of critical illness	2	3		C, M			
11.5 Organises a case conference	2	3		C, M			
11.6 Critically appraises and applies guidelines, protocols and care bundles	2	3		C			
11.7 Describes commonly used scoring systems for assessment of severity of illness, case mix and workload	3	4		C			
11.8 Demonstrates an understanding of the managerial and administrative responsibilities of the ICM specialist	2	3		C, M			
Domain 12: Professionalism							
12.1 Communicates effectively with patients and relatives	3	4		D, M, T, S			
12.2 Communicates effectively with members of the health care team	3	4		D, M, S			
12.3 Maintains accurate and legible records / documentation	4	4		D, M, T			
12.4 Involves patients (or their surrogates if applicable) in decisions about care and treatment	3	4		C, M, T			
12.5 Demonstrates respect of cultural and religious beliefs and an awareness of their impact on decision making	4	4		C, M, T			
12.6 Respects privacy, dignity, confidentiality and legal constraints on the use of patient data	4	4		C, M			
12.7 Collaborates and consults; promotes team-working	3	4		M			
12.8 Ensures continuity of care through effective hand- over of clinical information	4	4		C, M, T, S			
12.9 Supports clinical staff outside the ICU to enable the delivery of effective care	3	4		C, M, T			
12.10 Appropriately supervises, and delegates to others, the delivery of patient care	2	3		C, M, T			
12.11 Takes responsibility for safe patient care	4	4		D, C, M, T			
12.12 Formulates clinical decisions with respect for ethical and legal principles	2	3		C, M, T			
12.13 Seeks learning opportunities and integrates new knowledge into clinical practice	4	4		M			
12.14 Participates in multidisciplinary teaching	4	4		M			
12.15 Participates in quality improvement under supervision	3	4		M			

End of Year Meeting sign-off: (complete as applicable for number of years required in Stage 2 training – copy and paste additional years if necessary)

1

Trainer Signature: _____ Trainer Name (Print): _____ Trainer GMC Number: _____ Date (DD/MM/YYYY) | | | |

(*ICM Clinical Supervisor, ICM Educational Supervisor or FICM Tutor*)

Trainee Signature: _____ Trainee Name (Print): _____ Trainee GMC Number: _____ Date (DD/MM/YYYY) | | | |

Comments:

2

Trainer Signature: _____ Trainer Name (Print): _____ Trainer GMC Number: _____ Date (DD/MM/YYYY) | | | |

(*ICM Clinical Supervisor, ICM Educational Supervisor or FICM Tutor*)

Trainee Signature: _____ Trainee Name (Print): _____ Trainee GMC Number: _____ Date (DD/MM/YYYY) | | | |

Comments:

INTENSIVE CARE MEDICINE – STAGE 3 TRAINING RECORD

Name of Trainee:		Hospital(s):		GMC Number:	

Date of Stage 3 entry: (DD/MM/YYYY)

Instructions

Number each assessment in your portfolio (e.g. for DOPS D1, D2 etc). Complete the table columns 'Trainee Evidence' by identifying in the relevant item(s) of evidence in your portfolio by its code (D1, D2 etc). **At least 1** piece of suitable evidence is required for each of the relevant competencies. One assessment can be used to cover multiple curriculum competencies. The 'WPBA' column describes what type of workplace-based assessment is suitable for each competency, as defined by *The CCT in Intensive Care Medicine*. Other types of evidence may be used to demonstrate competencies, as described in 'Additional Assessment Tools Key' below. Competencies may be signed off by Educational Supervisors throughout the training Stage. Please ensure that the numbering of evidence items in this table matches that in your portfolio.

'Stage 2 Target Level' indicates the final competency level for this Stage of training. Trainees should **not *normally*** be marked higher than these levels at the end of this Stage unless in exceptional circumstances or if they have developed these competencies through additional training (for example a Special Skills year in Paediatric or Cardiac ICM). 'Entry from Stage 2' indicates the level at which the trainee will have entered Stage 3 from Stage 2. **Please see the full Syllabus for details of the knowledge, skills and behaviours which make up each competency.** Achievement Levels for some competencies may not change between training Stages – these have been highlighted. In these instances Educational Supervisors must still sign-off each competency but trainees need not provide additional WPBA or assessment evidence if trainers are satisfied they have demonstrated maintenance of their skills and knowledge in these specific competencies. Further assessments in these competencies may be conducted if required, at the trainers' discretion.

Competency Level Descriptors

Level	Task orientated competence	Knowledge orientated competence	Patient management competence
1	Performs task under direct supervision.	Very limited knowledge; requires considerable guidance to solve a problem within the area.	Can take history, examine and arrange investigations for straight forward case (limited differential diagnosis). Can initiate emergency management and continue a management plan, recognising acute divergences from the plan. Will need help to deal with these.
2	Performs task in straightforward circumstances, requires help for more difficult situations. Understands indications and complications of task.	Sound basic knowledge; requires some guidance to solve a problem within the area. Will have knowledge of appropriate guidelines and protocols.	Can take history, examine and arrange investigations in a more complicated case. Can initiate emergency management. In a straightforward case, can plan management and manage any divergences in short term. Will need help with more complicated cases.
3	Performs task in most circumstances, will need some guidance in complex situations. Can manage most complications, has a good understanding of contraindications and alternatives.	Advanced knowledge and understanding; only requires occasional advice and assistance to solve a problem. Will be able to assess evidence critically.	Can take history, examine and arrange investigations in a more complex case in a focused manner. Can initiate emergency management. In a most cases, can plan management and manage any divergences. May need specialist help for some cases.
4	Independent (consultant) practice.	Expert level of knowledge.	Specialist.

Workplace-Based Assessment Tools Key

D	Direct Observation of Procedural Skills [DOPS]	**C**	Case-Based Discussion [CBD]	**T**	Acute Care Assessment Tool [ACAT]
I	ICM Mini-Clinical Evaluation Exercise [I-CEX]	**M**	Multi-source Feedback [MSF]	**S**	Simulation

Additional Assessment Tools Key - These can be used in 'Trainee Evidence' as appropriate for the competency being assessed

L	Anaesthetic List Management Tool [ALMAT]	**EE**	Educational Event	**G**	Logbook page … [*include page ref, i.e. G22*]

Domain and Competencies	Entry from Stage 2	Stage 3 Target Level	Level Achieved	Assessment Tools	Trainee Evidence	Educational Supervisor	
						Sign-off	Date
Domain 1: Resuscitation and management of the acutely ill patient							
1.1 Adopts a structured and timely approach to the recognition, assessment and stabilisation of the acutely ill patient with disordered physiology	4	4		I, C, M, T, S			
1.2 Manages cardiopulmonary resuscitation – ALS recommended	4	4		I, M, T, S			
1.3 Manages the patient post resuscitation	4	4		I, M, T, S			
1.4 Triages and prioritises patients appropriately, including timely admission to ICU	3	4		C, M, T			
1.5 Assesses and provides initial management of the trauma patient	3	4		D, I, M, T, C, S			
1.6 Assesses and provides initial management of the patient with burns	2	3		D, I, M, T, C			
1.7 Describes the management of mass casualties	2	3		C			
Domain 2: Diagnosis, Assessment, Investigation, Monitoring and Data Interpretation							
2.1 Obtains a history and performs an accurate clinical examination	4	4		I, M			
2.2 Undertakes timely and appropriate investigations	3	4		I, C, M			
2.3 Performs electrocardiography (ECG / EKG) and interprets the results	4	4		D, I, C			
2.4 Obtains appropriate microbiological samples and interprets results	4	4		D, C			
2.5 Obtains and interprets the results from blood gas samples	4	4		D, C			
2.6 Interprets imaging studies	4	4		I, C			
2.7 Monitors and responds to trends in physiological variables	4	4		I, T, S			
2.8 Integrates clinical findings with laboratory investigations to form a differential diagnosis	3	4		I, C, T, S			
Domain 3: Disease Management							
3.1 Manages the care of the critically ill patient with specific acute medical conditions	3	4		D, I, C, M, T, S			
3.2 Identifies the implications of chronic and co-morbid disease in the acutely ill patient	3	4		C			
3.3 Recognises and manages the patient with circulatory failure	3	4		I, C, T, S			
3.4 Recognises and manages the patient with, or at risk of, acute renal failure	3	4		I, C, T			
3.5 Recognises and manages the patient with, or at risk of, acute liver failure	3	4		I, C, T			
3.6 Recognises and manages the patient with neurological impairment	3	4		I, C, T, S			
3.7 Recognises and manages the patient with acute gastrointestinal failure	3	4		I, C, T			
3.8 Recognises and manages the patient with severe acute respiratory failure / acute lung injury syndromes (ALI / ARDS)	3	4		I, C, T			
3.9 Recognises and manages the septic patient	3	4		I, C, T			
3.10 Recognises and manages the patient following intoxication with drugs or environmental toxins	3	4		I, C, S			
3.11 Recognises life-threatening maternal peripartum complications and manages care	3	4		I, C, S			
Domain 4: Therapeutic interventions / Organ support in single or multiple organ failure							
4. 1 Prescribes drugs and therapies safely	3	4		D, C, M			
4.2 Manages antimicrobial drug therapy	3	4		I, C, M			
4.3 Administers blood and blood products safely	4	4		D, C, M			
4.4 Uses fluids and vasoactive / inotropic drugs to support the circulation	4	4		I, C			
4.5 Describes the use of mechanical assist devices to support the circulation	2	3		C			
4.6 Initiates, manages, and weans patients from invasive and non-invasive ventilatory support	4	4		D, C, T			
4.7 Initiates, manages and weans patients from renal replacement therapy	3	4		D, I, C, T			
4.8 Recognises and manages electrolyte, glucose and acid-base disturbances	4	4		I, C, T, S			

4.9 Co-ordinates and provides nutritional assessment and support	4	4		I, C, T			
Domain 5: Practical procedures							
5.1 Administers oxygen using a variety of administration devices	4	4		D, S			
5.2 Performs emergency airway management	3	4		D, S			
5.3 Performs difficult and failed airway management according to local protocols	2	3		D, S			
5.4 Performs endotracheal suction	4	4		D			
5.5 Performs fibreoptic bronchoscopy and BAL in the intubated patient	3	4		D, M			
5.6 Performs percutaneous tracheostomy	3	4		D, M, S			
5.7 Performs chest drain insertion	3	4		D			
5.8 Performs arterial catheterisation	4	4		D, C			
5.9 Performs ultrasound techniques for vascular localisation	4	4		C			
5.10 Performs central venous catheterisation	4	4		D, C			
5.11 Performs defibrillation and cardioversion	4	4		D, C, S			
5.12 Performs transthoracic cardiac pacing, describes transvenous	3	4		D, C			
5.13 Describes how to perform pericardiocentesis	2	3		C			
5.14 Demonstrates a method for measuring cardiac output and derived haemodynamic variables	4	4		D, C			
5.15 Performs lumbar puncture (intradural / 'spinal') under supervision	4	4		D, S			
5.16 Manages the administration of analgesia via an epidural catheter	4	4		I			
5.17 Performs abdominal paracentesis	2	3		D			
5.18 Describes Sengstaken tube (or equivalent) placement	2	3		C			
5.19 Performs nasogastric tube placement	4	4		D			
5.20 Performs urinary catheterisation	4	4		D			
Domain 6: Perioperative care							
6.1 Manages the pre- and post-operative care of the high risk surgical patient	4	4		C, M, T			
6.2 Manages the care of the patient following cardiac surgery	3	3		C			
6.3 Manages the care of the patient following craniotomy	3	3		C, T			
6.4 Manages the care of the patient following solid organ transplantation	3	3		C			
6.5 Manages the pre- and post-operative care of the trauma patient under supervision	3	4		C. T			
Domain 7: Comfort and recovery							
7.1 Identifies and attempts to minimise the physical and psychosocial consequences of critical illness for patients and families	4	4		M, C			
7.2 Manages the assessment, prevention and treatment of pain and delirium	4	4		D, I, C, M, T			
7.3 Manages sedation and neuromuscular blockade	4	4		D, I, C, M, T			
7.4 Communicates the continuing care requirements, including rehabilitation, of patients at ICU discharge to health care professionals, patients and relatives	4	4		M, T, S			
7.5 Manages the safe and timely discharge of patients from the ICU	3	4		M, T			
Domain 8: End of life care							
8.1 Manages the process of withholding or withdrawing treatment with the multi-disciplinary team	3	4		C, M			
8.2 Discusses end of life care with patients and their families / surrogates	3	4		C, M, D			
8.3 Manages palliative care of the critically ill patient	4	4		C, M, T			
8.4 Performs brain-stem death testing	4	4		D, S			

8.5 Manages the physiological support of the organ donor	3	4		I, C			
8.6 Manages donation following cardiac death	3	4		C, T, S			
Domain 9: Paediatric care							
9.1 Describes the recognition of the acutely ill child and initial management of paediatric emergencies	3	3		I, C, S			
9.2 Describes national legislation and guidelines relating to child protection and their relevance to critical care	3	3		C			
Domain 10: Transport							
10.1 Undertakes transport of the mechanically ventilated critically ill patient outside the ICU	4	4		D, I, C, M			
Domain 11: Patient safety and health systems management							
11.1 Leads a daily multidisciplinary ward round	3	4		M			
11.2 Complies with local infection control measures	4	4		C, M			
11.3 Identifies environmental hazards and promotes safety for patients and staff	4	4		C, M			
11.4 Identifies and minimises risk of critical incidents and adverse events, including complications of critical illness	3	4		C, M			
11.5 Organises a case conference	3	4		C, M			
11.6 Critically appraises and applies guidelines, protocols and care bundles	3	4		C			
11.7 Describes commonly used scoring systems for assessment of severity of illness, case mix and workload	4	4		C			
11.8 Demonstrates an understanding of the managerial and administrative responsibilities of the ICM specialist	3	4		C, M			
Domain 12: Professionalism							
12.1 Communicates effectively with patients and relatives	4	4		D, M, T, S			
12.2 Communicates effectively with members of the health care team	4	4		D, M, S			
12.3 Maintains accurate and legible records / documentation	4	4		D, M, T			
12.4 Involves patients (or their surrogates if applicable) in decisions about care and treatment	4	4		C, M, T			
12.5 Demonstrates respect of cultural and religious beliefs and an awareness of their impact on decision making	4	4		C, M, T			
12.6 Respects privacy, dignity, confidentiality and legal constraints on the use of patient data	4	4		C, M			
12.7 Collaborates and consults; promotes team-working	4	4		M			
12.8 Ensures continuity of care through effective hand- over of clinical information	4	4		C, M, T, S			
12.9 Supports clinical staff outside the ICU to enable the delivery of effective care	4	4		C, M, T			
12.10 Appropriately supervises, and delegates to others, the delivery of patient care	3	4		C, M, T			
12.11 Takes responsibility for safe patient care	4	4		D, C, M, T			
12.12 Formulates clinical decisions with respect for ethical and legal principles	3	4		C, M, T			
12.13 Seeks learning opportunities and integrates new knowledge into clinical practice	4	4		M			
12.14 Participates in multidisciplinary teaching	4	4		M			
12.15 Participates in quality improvement under supervision	4	4		M			

End of Year Meeting sign-off: (complete as applicable for number of years required in Stage 3 training – copy and paste additional years if necessary)

1

Trainer Signature: _____ Trainer Name (Print): _____ Trainer GMC Number: _____ Date (DD/MM/YYYY) | | | |

(*ICM Clinical Supervisor, ICM Educational Supervisor or FICM Tutor*)

Trainee Signature: _____ Trainee Name (Print): _____ Trainee GMC Number: _____ Date (DD/MM/YYYY) | | | |

Comments:

2

Trainer Signature: _____ Trainer Name (Print): _____ Trainer GMC Number: _____ Date (DD/MM/YYYY) | | | |

(*ICM Clinical Supervisor, ICM Educational Supervisor or FICM Tutor*)

Trainee Signature: _____ Trainee Name (Print): _____ Trainee GMC Number: _____ Date (DD/MM/YYYY) | | | |

Comments:

Special Skills Year Completion Form

This form should be completed by a trainee's Educational Supervisor in the ICM ePortfolio following the Special Skills Year in Stage 2. Trainees should store within their paper-based portfolio or scan and upload it to the ePortfolio system

Name of Trainee _____

ICM NTN _____ ST Year of Training _____ Year within Stage 2 _____

Single ICM CCT ☐ Dual CCTs ☐ Partner Specialty (if Dual): _____

Dates of SSY: From: (DD/MM/YYYY) _____ To: (DD/MM/YYYY) _____

Full Time ☐ LTFT ☐ % if LTFT _____

In Programme ☐ OOPT ☐ Location _____

Absence other than annual/study leave: Yes ☐ (if 'Yes' no. of days) _____ No ☐

SSY Module Title

* Have all Educational Objectives for this module been met? Yes ☐ No ☐
* Have all module competencies been achieved at the appropriate level? Yes ☐ No ☐
* Is there appropriate evidence (WPBA/additional) to support this? Yes ☐ No ☐

If the answer to any of the above 3 questions is 'No', please document what is outstanding and what is required to achieve them (additional training may be required):

Any other qualifications achieved/planned as a result of the SSY? Yes ☐ No ☐

If yes, please detail:

Have any Quality Improvement projects been undertaken? Yes ☐ No ☐

Please give detail:

If the answer to all questions marked with an asterisk is "yes" the trainee can be signed of as having successfully completed the Special Skills Module.

	Educational Supervisor	Trainee
Signature		
Name (PRINT)		
Date (DD/MM/YYYY)		

4. ARCP decision aids

4.1 Core Training

ICM trainees will enter higher ICM training by one of three CT routes. Each of these CT programmes already has GMC approval which includes a comprehensive assessment and ARCP process. The ICM CCT will therefore use and accept the appropriate ARCP process in its assessment system for CT1 and 2. A prerequisite for entry to higher ICM training (ST3) is the successful completion of the relevant CT programme and ARCP assessment.

Before the start date of ST3 ICM training the ICM trainee must meet with the ICM RA or their Deputy so a pre-ST3 training progression discussion can occur. This is not an assessment process but the trainee should bring with them their training portfolio and evidence to allow the RA to determine their training needs in ST3 and ST4. The trainee and RA should map their existing training onto the required ST4 competency outcomes using the principle learning outcomes Table (see *Part I*, section 3.4) and Training Progression Grid. This will not be a complex process as in broad terms the training needs will be mostly defined by the content of the trainee's core training scheme (i.e. whether Anaesthesia, Medicine or ACCS).

4.2 Dual CCTs training

The Faculty and its trustee colleges have collaborated on comprehensive guidance documents for each of the dual CCTs partner specialties with agreed competency-mapping, which are all available on the FICM website. Where appropriate these guidance documents also contain information relating to ARCPs and the particular requirements that may arise when combining two independent curricula into one extended training programme.

4.3 ICM Higher Specialist Training

The following grid identifies the type and quantity of evidence that ICM trainees need to acquire during their training in order to satisfy the ARCP process and therefore progress to the next training level. Trainers should note that the content of training years is interchangeable within Stage 1 (ST3-4) and Stage 2 (ST5-6).

ARCPs are required each year to determine if the trainee is able to progress to the next training year. ICM training is complicated as time is spent acquiring competence in other specialties as well as ICM. Some competences can only be acquired during an ICM module but many can be acquired in any of the acute specialties. It is important for trainees on dual programmes to cross reference competencies so they can be double counted. Those trainees on single CCT programmes will acquire the competences within the ICM programme but may well be undertaking acute medicine or anaesthesia modules. For the purpose of the ARCP the trainee will be expected to have achieved the competences on a pro rata basis e.g. Stage 1 is usually of 24 months duration and hence at the ARCP after the first year the trainee will be expected to have achieved 50% of what is required to complete Stage 1 in order to be given an outcome 1. The requirements for the Special Skills year of Stage 2 are defined by the module selected. For dual trainees these will usually be the requirements of the partner specialty curriculum and must be achieved in order to complete the Stage.

For most competencies a piece of evidence will be an assessment. However in some cases (such as Domains 11 and 12) other evidence, such as feedback from teaching delivered, completion of a course, or a quality improvement project, may be accepted. Where the competence has been tested formally (i.e. ALS) only one piece of evidence may be required. (Possession of a qualification for which the competence is only part of the curriculum (i.e. FFICM, FFARCS etc) is not acceptable for this).

By the end of:	Stage 1	Stage 2	Stage 3
Curriculum Coverage (Generic)	Satisfactory evidence of progression to achieve/maintain relevant level in **ALL** competences by the planned completion date for Stage. This will require each competence have **at least** 1 relevant piece of evidence.	Satisfactory evidence of progression to achieve/maintain relevant level in **ALL** competences by the planned completion date for Stage. This will require each competence have **at least 1** relevant piece of evidence. Completed and signed-off Special Skills module by Stage end.	Satisfactory evidence of progression to achieve/maintain relevant level in **ALL** competences.
Curriculum Coverage (Specific WPBAs)	Appropriate competence level to be attained, as outlined in the Training Progression Grid; multiple competencies may be assessed by each WPBA.		
Top 30 cases	At least 10 'Top 30' cases to be covered utilising CBDs and/or CEX. (5 per year)	At least 10 'Top 30' cases to be covered utilising CBDs and/or CEX and/or ACAT, with a minimum of 6 from the special modules list (at least 2 from paeds, cardiac and neuro).	At least 5 'Top 30' cases to be covered utilising CBDs and/or CEX and/or ACAT.
DOPS	Logbook evidence of performance of at least 10 of the procedures listed. 30 DOPS (15 per year of training) to demonstrate maintenance or progression of competence.	Logbook evidence of performance of at least 10 of the procedures listed, at relevant level, during specialist ICM modules. 15 DOPS to demonstrate maintenance or progression of competence. A logbook of procedures should be maintained during the special skills module but there are no indicative numbers.	There are no indicative numbers, however it is expected that practical skills will be incorporated into more complex WPBAs.
Log Book report[1]	Log book report for each year of training.	Log book report for each year of training.	Log book report for each year of training
Airway Skills	Logbook evidence of more than 30 intubations (15 per year). CEX/DOPS to demonstrate appropriate progression, maintenance or achievement of competence at relevant level.	Logbook evidence of more than 30 intubations (15 per year). CEX/DOPS/ACAT to demonstrate appropriate progression, maintenance or achievement of competence at relevant level.	There are no indicative numbers, however it is expected that airway skills will be incorporated into more complex WPBAs.
MSF	1 for each year spent in this Stage.	1 for each year spent in this Stage (minimum of 2).	1 for each year spent in this Stage (minimum of 1).
Examinations	Possession of one of the designated core exams is required for entry into ST3	Final FFICM is required in order to progress to Stage 3	N/A

Quality Improvement	Have played a significant role in at least 1 Quality Improvement project	
ES Report[2]	Satisfactory report required for each year of training.	
Teaching delivered[2]	Record of all teaching delivered, at least 1 formal/ year, including feedback. Need not all be ICM but ICM teaching should be pro rata.	
M&M meetings[2]	Attend at least 4 a year with evidence of reflection from 1 each year	
Journal Club[2]	Present at least once during each year of training	
External meetings as approved in PDP[2]	Reflection on content.	
Management meetings	No mandatory requirement but attendance encouraged	Attend at least 2

4.4 Training Requirement Checklists

The following checklists are designed to be used in conjunction with the above ARCP Decision Aids to help trainers and trainees progress through the ICM programme. Requirements are not delineated for specific ST years, as ICM training programmes allow modules to be moved within the training Stage to best assist local delivery; in addition trainees undertaking dual CCTs will find that each Stage of training extends accordingly and so individual ST descriptors would not be relevant or helpful. Whilst these lists deal with overall training Stages, trainees must be able to demonstrate progression toward these requirements at any interim development reviews.

4.4.1 Stage 1

These requirements attempt to take into account the multiple routes of entry to ICM training. They assume that the trainee has completed an appropriate Core programme and do not require detailed evidence of all aspects of this training. However, this does not mean that a trainee cannot use relevant assessments or evidence from this period to help complete these requirements. If a trainee wishes to count training outside these programmes, but before appointment to the ICM programme, then this should be assessed as per post appointment training.

- Certificate of completion of either ACCS, CAT or CMT
- 4 years of post-Foundation training including
    - 1 year ICM
    - 1 year Anaesthesia
    - 1 year Medicine (may include up to 6 months EM)
- **Competences:** All Stage 1 competences signed off at required level, with appropriate assessments/ evidence.
- **Examination:** One of:
    - MRCP (UK)(Full)
    - Primary FRCA
    - FRCEM Primary (or MRCEM Part A after August 2012) AND FRCEM Intermediate SAQ (or MRCEM Part B after August 2012) AND FRCEM Intermediate SJP; OR MRCEM obtained prior to August 2018
    - Or equivalence of one of the above certified by the relevant College
- **Educational supervisor reports:** Satisfactory reports for all blocks of training after Core training.
- **Top 30 cases:** At least 10 covered by CBD or CEX,
- **Logbook:**
    - *Procedures:* At least 10 covered with evidence of progression of skills
    - *Airway Procedures:* 15 per year after initial anaesthesia attachment year, with evidence of progression.
- **WPBAs:** Sufficient to cover curriculum sign-offs
- **MSF:** One for each year of training after appointment to ICM programme.
- **Teaching Delivered:** 1 formal teaching event per year after appointment to ICM programme
- **Quality Improvement project:** Participation in a Quality Improvement project from any point of training
- **Journal Club presentation:** 1 per year after appointment to ICM programme.

4.4.2 Stage 2

Stage 2 requires trainees to develop their specialist area skills of Intensive Care Medicine, as well as undertake a 'Special Skills Year' module of training (see *Part V*). Dual CCTs trainees will normally undertake

this Special Skills Year within their partner specialty programme; detailed guidance documents for each of the agreed, competency-mapped dual programmes are available via www.ficm.ac.uk, but are not duplicated within this curriculum manual for reasons of practicality. Trainees must pass the FFICM Final examination before moving on to Stage 3 training.

- **Competences:** All Stage 2 competences signed off at required level, with appropriate assessments/ evidence.
- **Special Skills Year:** Completion and sign-off of an approved SSY module by the end of the training Stage, with all relevant learning outcomes and competencies.
- **Examination:**
  - FFICM Final examination by end of the training Stage;
- **Educational supervisor reports:** Satisfactory reports for all blocks of training.
- **Top 30 cases:** At least 10 covered by CBD or CEX,
- **Logbook:**
  - *Procedures:* At least 10 covered with evidence of progression of skills
  - *Airway Procedures:* 15 per year, with evidence of progression.
- **WPBAs:** Sufficient to cover curriculum sign-offs
- **MSF:** One for each year of training after appointment to ICM programme.
- **Teaching Delivered:** 1 formal teaching event per year after appointment to ICM programme
- **Quality Improvement project:** Participation in a Quality Improvement project from any point of training
- **Journal Club presentation:** 1 per year after appointment to ICM programme.

4.4.3 Stage 3

Stage 3 requires trainees to consolidate their competencies and acquire high-level management and administrative skills, progressively achieving autonomy so that they are competent to take up a consultant post in ICM.

- **Competences:** All Stage 3 competences signed off at required level, with appropriate assessments/ evidence.
- **Educational supervisor reports:** Satisfactory reports for all blocks of training.
- **Top 30 cases:** At least 5 covered by CBD or CEX,
- **Logbook:**
  - *Procedures & Airway Procedures:*
    No indicative numbers – skills should be demonstrated as part of more complicated WPBAs
- **WPBAs:** Sufficient to cover curriculum sign-offs
- **MSF:** One for each year of training after appointment to ICM programme.
- **Teaching Delivered:** 1 formal teaching event per year after appointment to ICM programme
- **Quality Improvement project:** Participation in a Quality Improvement project from any point of training
- **Journal Club presentation:** 1 per year after appointment to ICM programme.

5. Top 30 cases

The trainee and assessor should agree on the CoBaTrICE competences that will be covered by a WPBA before the assessment. This should be a trainee driven process. The FICM have prepared 30 illustrative cases, with CoBaTrICE mapping, to assist in this process. Over the course of training at least 25 of these 30 cases should be covered as WPBA of various types to further ensure a comprehensive coverage of the curriculum.

The cases are chosen because they are both important and common. The exact clinical details will vary and trainees do not have to exactly match the cases. In addition the CoBaTrICE mapping is only a suggestion and other mapping can be performed as appropriate for the assessment of progress.

Paediatric ICM, Cardiac ICM and Neuro ICM cases are best undertaken during those designated training modules.

	Area of Practice	Competencies
	General Approach	
1.	Recognition, assessment and management of the acutely ill adult presenting with respiratory failure.	1.1 2.1 2.2 2.4 2.5 2.6 2.7
	Respiratory Failure	
2.	Acute exacerbation of COPD with type 2 respiratory failure. Requires ventilation: NIV or intubation and ventilation.	3.1 3.2 4.6
3.	ARDS: titration of optimal ventilator strategies.	2.5 3.8 5.1 5.2 7.3
	Shock / CVS	
4.	Shock due to acute severe haemorrhage e.g. upper GI bleed incorporating major haemorrhage management and definitive diagnosis and treatment.	1.1 3.1 3.3 4.3 4.4 11.2
5.	Low flow shock due to pulmonary embolism or acute MI: thrombolysis and /or PCI.	1.1 2.3 3.3 4.1 4.4 5.13 7.4
6.	Acute left ventricular failure: emergency department presentation or post-op surgical patient with fluid excess and recently stopped epidural. Could be in GI, vascular, cardiac surgical context.	1.1 1.4 5.1 5.14 11.3

7.	Post cardiac arrest, cooling and cardiorespiratory support.	1.3 2.3 2.8 4.4 7.1 7.3 11.4
8.	New atrial fibrillation in the ICU patient: assessment and management.	2.3 3.1 4.1 4.8 11.6
Sepsis and GI		
9.	Septic shock presenting de novo. Assessment, management, diagnostic work up.	3.4 2.8 3.9 4.2 5.4
10.	Acute GI perforation/sepsis including use of TPN.	2.4 2.6 2.8 3.7 3.9 4.9 6.1 7.2
11.	Acute pancreatitis with pre-renal AKI.	3.4 3.7 4.9 5.19
12.	Acute liver failure following paracetamol overdose.	3.5 3.10 4.8 7.1 10.1
Reduced conscious level / Neuro		
13.	Acute meningitis/encephalitis.	1.1 2.1 2.2 2.8 3.1 3.6 4.2
14.	Traumatic brain injury in ED, low GCS needs intubated, ventilated, transfer to scan, acute SDH: evacuated and now in ICU, post-op management.	3.6 5.2 6.3 6.5 7.3
15.	Subarachnoid haemorrhage, coning, organ donation (BSD or following cardiac death).	8.1-8.6

16.	Acute onset peripheral muscle weakness with respiratory failure: Guillain Barre Syndrome, myasthenia gravis, botulism, tetanus.	3.6 4.6 5.15 7.1 7.2
17.	Status epilepticus following self-poisoning.	3.6 3.10 5.2
	Paediatric ICM	
18.	One week old baby collapse at home. Diagnosis, immediate management and stabilisation.	9.1 3.9 2.8 3.1 4.1
19.	10 year with severe cerebral palsy, severe kyphoscolisios. Respiratory deterioriation despite maximal oxygen by facemask. Further management, including discussion with paediatricians/parents about appropriate management.	3.2 9.1 12.1 4.6 4.9
20.	Collapse of 18 month old ex-prem (24 weeks). Diagnosis and further management.	9.1 3.6 5.1 10.1
	Cardiac ICM	
21.	Patient post cardiac surgery on balloon assist with renal failure.	3.3 3.4 4.4 4.5 5.12 5.14 6.2
22.	Aortic dissection.	2.6 4.4 6.1 6.2
23.	Acute rhythm disturbance requiring pacemaker.	2.2 2.7 3.3 4.1 5.14
24.	Post operative patient following lung resection surgery.	2.5 3.2 4.6 6.1
25.	Cardiothoracic trauma case.	1.5 2.6 3.3 3.8 5.7 5.13

Specialist		
26.	HELLP syndrome.	3.5 3.11 4.4 6.1 7.1
27.	Acquired immune deficiency.	2.8 3.2 4.2 4.9 7.1 11.2 11.3
28.	Diabetic patient with ketoacidosis precipitating cause.	2.8 3.1 2.5 2.7 4.4 4.8
29.	Trauma to leg with compartment syndrome, rhabdomyolysis, hyperkalaemia and AKI requiring renal replacement therapy and surgery.	1.5 3.4 4.7 4.8 6.1
30.	Neutropenic sepsis in patient with haematological malignancy.	2.4 2.7 3.9 4.4 11.2

6. Blueprint of Workplace-based Assessments mapped against curriculum competencies

Domain 1: Resuscitation and initial management of the acutely ill patient							
Competence	*Description*	**ACAT**	**CBD**	**DOPS**	**I-CEX**	**MSF**	**SIM**
1.1	Adopts a structured and timely approach to the recognition, assessment and stabilisation of the acutely ill patient with disordered physiology	√	√		√	√	√
1.2	Manages cardiopulmonary resuscitation	√			√	√	√
1.3	Manages the patient post resuscitation	√			√	√	√
1.4	Triages and prioritises patients appropriately, including timely admission to ICU	√	√			√	
1.5	Assesses and provides initial management of the trauma patient	√	√	√	√	√	√
1.6	Assesses and provides initial management of the patient with burns	√	√	√	√	√	
1.7	Describes the management of mass casualties		√				
Domain 2: Diagnosis, Assessment, Investigation, Monitoring and Data Interpretation							
Competence	*Description*	**ACAT**	**CBD**	**DOPS**	**I-CEX**	**MSF**	**SIM**
2.1	Obtains a history and performs and accurate clinical examination				√	√	
2.2	Undertakes timely and appropriate investigations		√		√	√	
2.3	Performs electrocardiography (ECG / EKG) and interprets the results		√	√	√		
2.4	Obtains appropriate microbiological samples and interprets results		√	√			
2.5	Obtains and interprets the results from blood gas samples		√	√			
2.6	Interprets imaging studies		√		√		
2.7	Monitors and responds to trends in physiological variables	√			√		√
2.8	Integrates clinical findings with laboratory investigations to form a differential diagnosis	√	√		√		√
Domain 3: Disease Management							
Competence	*Description*	**ACAT**	**CBD**	**DOPS**	**I-CEX**	**MSF**	**SIM**
3.1	Manages the care of the critically ill patient with specific acute mental conditions	√	√	√	√	√	√
3.2	Identifies the implications of chronic and co-morbid disease in the acutely ill patient		√				
3.3	Recognises and manages the patient with circulatory failure	√	√		√		√
3.4	Recognises and manages the patient with, or at risk of, acute kidney injury	√	√		√		
3.5	Recognises and manages the patient with, or at risk of, acute liver failure	√	√		√		
3.6	Recognises and manages the patient with neurological impairment	√	√		√		√
3.7	Recognises and manages the patient with acute gastrointestinal failure	√	√		√		
3.8	Recognises and manages the patient with acute lung injury syndromes (ALI / ARDS)	√	√		√		
3.9	Recognises and manages the septic patient	√	√		√		

3.10	Recognises and manages the patient following intoxication with drugs or environmental toxins		√		√		√
3.11	Recognises life-threatening maternal peripartum complications and manages care under		√		√		√
Domain 4: Therapeutic interventions / Organ support in single or multiple organ failure							
Competence	*Description*	**ACAT**	**CBD**	**DOPS**	**I-CEX**	**MSF**	**SIM**
4.1	Prescribes drugs and therapies safely		√	√		√	
4.2	Manages antimicrobial drug therapy		√		√	√	
4.3	Administers blood and blood products safely		√	√		√	
4.4	Uses fluids and vasoactive / inotropic drugs to support the circulation		√		√		
4.5	Describes the uses of mechanical assist devices to support the circulation		√				
4.6	Initiates, manages, and weans patients from invasive and non-invasive ventilatory support	√	√	√			
4.7	Initiates, manages and weans patients from renal replacement therapy	√	√	√	√		
4.8	Recognises and manages electrolyte, glucose and acid-base disturbances	√	√		√		√
4.9	Co-ordinates and provides nutritional assessment and support	√	√		√		
Domain 5: Procedures							
Competence	*Description*	**ACAT**	**CBD**	**DOPS**	**I-CEX**	**MSF**	**SIM**
5.1	Administers oxygen using a variety of administration devices			√			√
5.2	Performs emergency airway management			√			√
5.3	Performs difficult and failed airway management according to local protocols			√			√
5.4	Performs endotracheal suction			√			
5.5	Performs fibreoptic bronchoscopy and BAL in the intubated patient under supervision			√		√	
5.6	Performs percutaneous tracheostomy			√		√	√
5.7	Performs chest drain insertion			√			
5.8	Performs arterial catheterisation		√	√			
5.9	Performs ultrasound techniques for vascular localisation		√				
5.10	Performs central venous catheterisation		√	√			
5.11	Performs defibrillation and cardioversion		√	√			√
5.12	Performs transthoracic cardiac pacing describes transvenous		√	√			
5.13	Describes how to perform pericardiocentesis		√				
5.14	Demonstrates a method for measuring cardiac output and derived haemodynamic variables		√	√			
5.15	Performs lumbar puncture (intradural / 'spinal') under supervision			√			√
5.16	Manages the administration of analgesia via an epidural catheter				√		
5.17	Performs abdominal paracentesis			√			
5.18	Describes Sengstaken tube (or equivalent) placement		√				
5.19	Performs nasogastric tube placement in the intubated patient			√			

5.20	Performs urinary catheterisation			√			
Domain 6: Perioperative Care							
Competence	*Description*	**ACAT**	**CBD**	**DOPS**	**I-CEX**	**MSF**	**SIM**
6.1	Manages the pre- and post-operative care of the high risk surgical patient	√	√			√	
6.2	Manages the care of the patient following cardiac surgery under supervision		√				
6.3	Manages the care of the patient following craniotomy under supervision	√	√				
6.4	Manages the care of the patient following solid organ transplantation under supervision		√				
6.5	Manages the pre- and post-operative care of the trauma patient under supervision	√	√				
Domain 7: Comfort and Recovery							
Competence	*Description*	**ACAT**	**CBD**	**DOPS**	**I-CEX**	**MSF**	**SIM**
7.1	Identifies and attempts to minimise the physical and psychosocial consequences of critical illness for patients and families		√			√	
7.2	Manages the assessment, prevention and treatment of pain and delirium	√	√	√	√	√	
7.3	Manages sedation and neuromuscular blockade	√	√	√	√	√	
7.4	Communicates the continuing care requirements, including rehabilitation, of patients at ICU discharge to health care professionals, patients and relatives	√				√	√
7.5	Manages the safe and timely discharge of patients from the ICU	√				√	
Domain 8: End of life care							
Competence	*Description*	**ACAT**	**CBD**	**DOPS**	**I-CEX**	**MSF**	**SIM**
8.1	Manages the process of withholding or withdrawing treatment with the multidisciplinary team		√			√	
8.2	Discusses end of life care with patients and their families / surrogates		√	√		√	
8.3	Manages palliative care of the critically ill patient	√	√			√	
8.4	Performs brain-stem death testing			√			√
8.5	Manages the physiological support of the organ donor		√		√		
8.6	Manages donation following cardiac death	√	√				√
Domain 9: Paediatric care							
Competence	*Description*	**ACAT**	**CBD**	**DOPS**	**I-CEX**	**MSF**	**SIM**
9.1	Describes the recognition of the acutely ill child and initial management of paediatric emergencies		√		√		√
9.2	Describes national legislation and guidelines relating to child protection and their relevance to critical care		√				
Domain 10: Transport							
Competence	*Description*	**ACAT**	**CBD**	**DOPS**	**I-CEX**	**MSF**	**SIM**
10.1	Undertakes transport of the mechanically ventilated critically ill patient outside the ICU		√	√	√	√	√
Domain 11: Patient safety and health systems management							
Competence	*Description*	**ACAT**	**CBD**	**DOPS**	**I-CEX**	**MSF**	**SIM**
11.1	Leads a daily multidisciplinary ward round					√	
11.2	Complies with local infection control measures		√			√	

11.3	Identifies environmental hazards and promotes safety for patients and staff		√			√	
11.4	Identifies and minimises risk of critical incidents and adverse events, including complications of critical illness		√			√	
11.5	Organises a case conference		√			√	
11.6	Critically appraises and applies guidelines, protocols and care bundles		√				
11.7	Describes commonly used scoring systems for assessment of severity of illness, case mix and workload		√				
11.8	Demonstrates an understanding of the managerial and administrative responsibilities of the ICM specialist		√			√	
Domain 12: Professionalism							
Competence	*Description*	**ACAT**	**CBD**	**DOPS**	**I-CEX**	**MSF**	**SIM**
12.1	Communicates effectively with patients and relatives	√		√		√	√
12.2	Communicates effectively with members of the health care team			√		√	√
12.3	Maintains accurate and legible records / documentation	√		√		√	
12.4	Involves patients (or their surrogates if applicable) in decisions about care and treatment	√	√			√	
12.5	Demonstrates respect of cultural and religious beliefs and an awareness of their impact on decision making	√	√			√	
12.6	Respects privacy, dignity, confidentiality and legal constraints on the use of patient data		√			√	
12.7	Collaborates and consults; promotes team-working					√	√
12.8	Ensures continuity of care through effective hand-over of clinical information	√	√			√	
12.9	Supports clinical staff outside the ICU to enable the delivery of effective care	√	√			√	
12.10	Appropriately supervises	√	√			√	
12.11	Takes responsibility for safe patient care	√	√	√		√	
12.12	Formulates clinical decisions with respect for ethical and legal principles	√	√			√	
12.13	Seeks learning opportunities and integrates new knowledge into clinical practice					√	
12.14	Participates in multidisciplinary teaching					√	
12.15	Participates in quality improvement under supervision					√	

7. Blueprint of Final FFICM examination mapped against curriculum competencies

Domain 1: Resuscitation and initial management of the acutely ill patient				
Competence	*Description*	**MCQ**	**OSCE**	**SOE**
1.1	Adopts a structured and timely approach to the recognition, assessment and stabilisation of the acutely ill patient with disordered physiology			√
1.2	Manages cardiopulmonary resuscitation		√	√
1.3	Manages the patient post resuscitation			√
1.4	Triages and prioritises patients appropriately, including timely admission to ICU			√
1.5	Assesses and provides initial management of the trauma patient			√
1.6	Assesses and provides initial management of the patient with burns			√
1.7	Describes the management of mass casualties			√
Domain 2: Diagnosis, Assessment, Investigation, Monitoring and Data Interpretation				
Competence	*Description*	**MCQ**	**OSCE**	**SOE**
2.1	Obtains a history and performs and accurate clinical examination		√	
2.2	Undertakes timely and appropriate investigations			√
2.3	Performs electrocardiography (ECG / EKG) and interprets the results	√	√	√
2.4	Obtains appropriate microbiological samples and interprets results	√	√	√
2.5	Obtains and interprets the results from blood gas samples	√	√	√
2.6	Interprets imaging studies		√	√
2.7	Monitors and responds to trends in physiological variables	√	√	√
2.8	Integrates clinical findings with laboratory investigations to form a differential diagnosis	√	√	√
Domain 3: Disease Management				
Competence	*Description*	**MCQ**	**OSCE**	**SOE**
3.1	Manages the care of the critically ill patient with specific acute mental conditions	√	√	√
3.2	Identifies the implications of chronic and co-morbid disease in the acutely ill patient	√	√	√
3.3	Recognises and manages the patient with circulatory failure	√	√	√
3.4	Recognises and manages the patient with, or at risk of, acute kidney injury	√	√	√
3.5	Recognises and manages the patient with, or at risk of, acute liver failure	√	√	√
3.6	Recognises and manages the patient with neurological impairment	√	√	√
3.7	Recognises and manages the patient with acute gastrointestinal failure	√	√	√
3.8	Recognises and manages the patient with acute lung injury syndromes (ALI / ARDS)	√	√	√
3.9	Recognises and manages the septic patient	√	√	√
3.10	Recognises and manages the patient following intoxication with drugs or environmental toxins	√	√	√
3.11	Recognises life-threatening maternal peripartum complications and manages care under	√	√	√
Domain 4: Therapeutic interventions / Organ support in single or multiple organ failure				
Competence	*Description*	**MCQ**	**OSCE**	**SOE**
4.1	Prescribes drugs and therapies safely	√	√	√
4.2	Manages antimicrobial drug therapy	√	√	√
4.3	Administers blood and blood products safely	√	√	√
4.4	Uses fluids and vasoactive / inotropic drugs to support the circulation	√	√	√
4.5	Describes the uses of mechanical assist devices to support the circulation			√

4.6	Initiates, manages, and weans patients from invasive and non-invasive ventilatory support	√		√
4.7	Initiates, manages and weans patients from renal replacement therapy	√		√
4.8	Recognises and manages electrolyte, glucose and acid-base disturbances	√	√	√
4.9	Co-ordinates and provides nutritional assessment and support	√	√	√
Domain 5: Procedures				
Competence	*Description*	**MCQ**	**OSCE**	**SOE**
5.1	Administers oxygen using a variety of administration devices		√	
5.2	Performs emergency airway management		√	
5.3	Performs difficult and failed airway management according to local protocols		√	
5.4	Performs endotracheal suction		√	
5.5	Performs fibreoptic bronchoscopy and BAL in the intubated patient under supervision		√	
5.6	Performs percutaneous tracheostomy		√	
5.7	Performs chest drain insertion		√	
5.8	Performs arterial catheterisation		√	
5.9	Performs ultrasound techniques for vascular localisation		√	
5.10	Performs central venous catheterisation		√	
5.11	Performs defibrillation and cardioversion		√	
5.12	Performs transthoracic cardiac pacing describes transvenous		√	
5.13	Describes how to perform pericardiocentesis		√	
5.14	Demonstrates a method for measuring cardiac output and derived haemodynamic variables		√	
5.15	Performs lumbar puncture (intradural / 'spinal') under supervision		√	
5.16	Manages the administration of analgesia via an epidural catheter		√	
5.17	Performs abdominal paracentesis		√	
5.18	Describes Sengstaken tube (or equivalent) placement		√	
5.19	Performs nasogastric tube placement in the intubated patient		√	
5.20	Performs urinary catheterisation		√	
Domain 6: Perioperative Care				
Competence	*Description*	**MCQ**	**OSCE**	**SOE**
6.1	Manages the pre- and post-operative care of the high risk surgical patient			√
6.2	Manages the care of the patient following cardiac surgery under supervision			√
6.3	Manages the care of the patient following craniotomy under supervision			√
6.4	Manages the care of the patient following solid organ transplantation under supervision			√
6.5	Manages the pre- and post-operative care of the trauma patient under supervision			√
Domain 7: Comfort and Recovery				
Competence	*Description*	**MCQ**	**OSCE**	**SOE**
7.1	Identifies and attempts to minimise the physical and psychosocial consequences of critical illness for patients and families		√	√
7.2	Manages the assessment, prevention and treatment of pain and delirium	√	√	√
7.3	Manages sedation and neuromuscular blockade	√	√	√
7.4	Communicates the continuing care requirements, including rehabilitation, of patients at ICU discharge to health care professionals, patients and relatives		√	
7.5	Manages the safe and timely discharge of patients from the ICU			√
Domain 8: End of life care				
Competence	*Description*	**MCQ**	**OSCE**	**SOE**

8.1	Manages the process of withholding or withdrawing treatment with the multidisciplinary team		√	√
8.2	Discusses end of life care with patients and their families / surrogates		√	√
8.3	Manages palliative care of the critically ill patient	√		√
8.4	Performs brain-stem death testing	√	√	√
8.5	Manages the physiological support of the organ donor	√	√	√
8.6	Manages donation following cardiac death		√	√
Domain 9: Paediatric care				
Competence	*Description*	**MCQ**	**OSCE**	**SOE**
9.1	Describes the recognition of the acutely ill child and initial management of paediatric emergencies		√	√
9.2	Describes national legislation and guidelines relating to child protection and their relevance to critical care			√
Domain 10: Transport				
Competence	*Description*	**MCQ**	**OSCE**	**SOE**
10.1	Undertakes transport of the mechanically ventilated critically ill patient outside the ICU		√	√
Domain 11: Patient safety and health systems management				
Competence	*Description*	**MCQ**	**OSCE**	**SOE**
11.1	Leads a daily multidisciplinary ward round			
11.2	Complies with local infection control measures			√
11.3	Identifies environmental hazards and promotes safety for patients and staff	√	√	√
11.4	Identifies and minimises risk of critical incidents and adverse events, including complications of critical illness	√	√	√
11.5	Organises a case conference			√
11.6	Critically appraises and applies guidelines, protocols and care bundles		√	√
11.7	Describes commonly used scoring systems for assessment of severity of illness, case mix and workload		√	√
11.8	Demonstrates an understanding of the managerial and administrative responsibilities of the ICM specialist			√
Domain 12: Professionalism				
Competence	*Description*	**MCQ**	**OSCE**	**SOE**
12.1	Communicates effectively with patients and relatives		√	
12.2	Communicates effectively with members of the health care team		√	
12.3	Maintains accurate and legible records / documentation		√	
12.4	Involves patients (or their surrogates if applicable) in decisions about care and treatment		√	√
12.5	Demonstrates respect of cultural and religious beliefs and an awareness of their impact on decision making		√	√
12.6	Respects privacy, dignity, confidentiality and legal constraints on the use of patient data		√	√
12.7	Collaborates and consults; promotes team-working		√	√
12.8	Ensures continuity of care through effective hand-over of clinical information		√	√
12.9	Supports clinical staff outside the ICU to enable the delivery of effective care			√
12.10	Appropriately supervises		√	√
12.11	Takes responsibility for safe patient care		√	√
12.12	Formulates clinical decisions with respect for ethical and legal principles		√	√
12.13	Seeks learning opportunities and integrates new knowledge into clinical practice			√
12.14	Participates in multidisciplinary teaching			√
12.15	Participates in quality improvement under supervision			√

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