

**GUIDANCE ON DUAL CCT
PROGRAMMES IN
INTENSIVE CARE MEDICINE
&
ANAESTHETICS**

Change log

This document outlines the dual training programme for doctors completing postgraduate training in Intensive Care Medicine and Anaesthetics in the UK.

This is Version 1.0. As the document is updated, version numbers will be changed, and content changes noted in the table below.

Version number	Date issued	Summary of changes

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NB: The following guidance discusses the implementation of Dual CCTs in Intensive Care Medicine and Anaesthetics whilst drawing heavily on information already available online. Further information can be found via the links below, and this document should be read in conjunction with these resources:

- [FAQs on National Recruitment to ICM](#)
- [FAQs on National Recruitment to Anaesthetics](#)
- [ICM Curriculum: Supporting Excellence](#)
- [The CCT in Anaesthetics](#)

Introduction

Following the approval by the General Medical Council [GMC] of the standalone CCT in *Intensive Care Medicine* (2021), this guidance has been compiled by the Faculty of Intensive Care Medicine [FICM] and the Royal College of Anaesthetists [RCoA] for the benefit of doctors undertaking Dual CCTs in Intensive Care Medicine [ICM] and Anaesthetics, as well as those deaneries, Training Programme Directors and Regional Advisors responsible for creating and delivering such programmes.

The FICM and RCoA have undertaken a cross-mapping exercise of both curricula to identify areas of overlap that will allow doctors to acquire the outcomes and capabilities in full of both disciplines via a suitable choice of training attachments and educational interventions whilst avoiding undue prolongation of training.

This guidance deals specifically with those areas in which the two curricula overlap to allow dual-counting of capabilities and describes the layout and indicative timeframes of a Dual CCT programme. More detailed information on the respective capabilities and assessment methods discussed here can be found in [The CCT in Intensive Care Medicine](#) and [The CCT in Anaesthetics](#).

Appointment to ICM & Anaesthetics Dual CCTs

All appointments to the Dual CCT programme should adhere to the [GMC guidance](#) on Dual CCTs and to the ICM and Anaesthetics CCT person specifications.

In order to dual train in Anaesthetics and ICM, a doctor would need to complete either Core Anaesthetic Training (CAT) or the ACCS (Anaesthetics) programme and pass the Primary FRCA to be eligible to apply to train in both programmes.

Recruitment Process

Guidance on recruitment for an ICM CCT programme is available here: <http://ficm.ac.uk/national-recruitment-intensive-care-medicine>.

Guidance on recruitment for an Anaesthetic CCT programme is available here: <https://www.rcoa.ac.uk/training-careers/considering-career-anaesthesia/recruitment-anaesthesia>

Appointment to both programmes is expected before the end of Stage 2.

Structure of a Dual CCT programme including ICM and Anaesthetics

Both the Anaesthetic and ICM CCTs are outcome-based programmes and each have an indicative duration of 7 years. Following, a comprehensive mapping exercise, the capabilities and outcomes that can be achieved in both curricula have been identified. As a result of this 'dual counting', a Dual CCT programme in ICM and Anaesthetics has an indicative duration of 8.5 years. Doctors entering via ACCS (Anaesthetics) will also complete the Dual programme in an indicative 8.5 years. See the diagrams below for details. Doctors who do not achieve the capabilities required within this timeframe will require longer.

Below is an *example* programme for Dual CCTs in ICM and Anaesthetics. These should not be considered as immutable formats. Where a training year is represented by a less than 12/12 block, this is purely to demonstrate the acquisition of Stage requirements on the diagram – doctors would not be expected to mark time in that ST year but could progress within the programme.

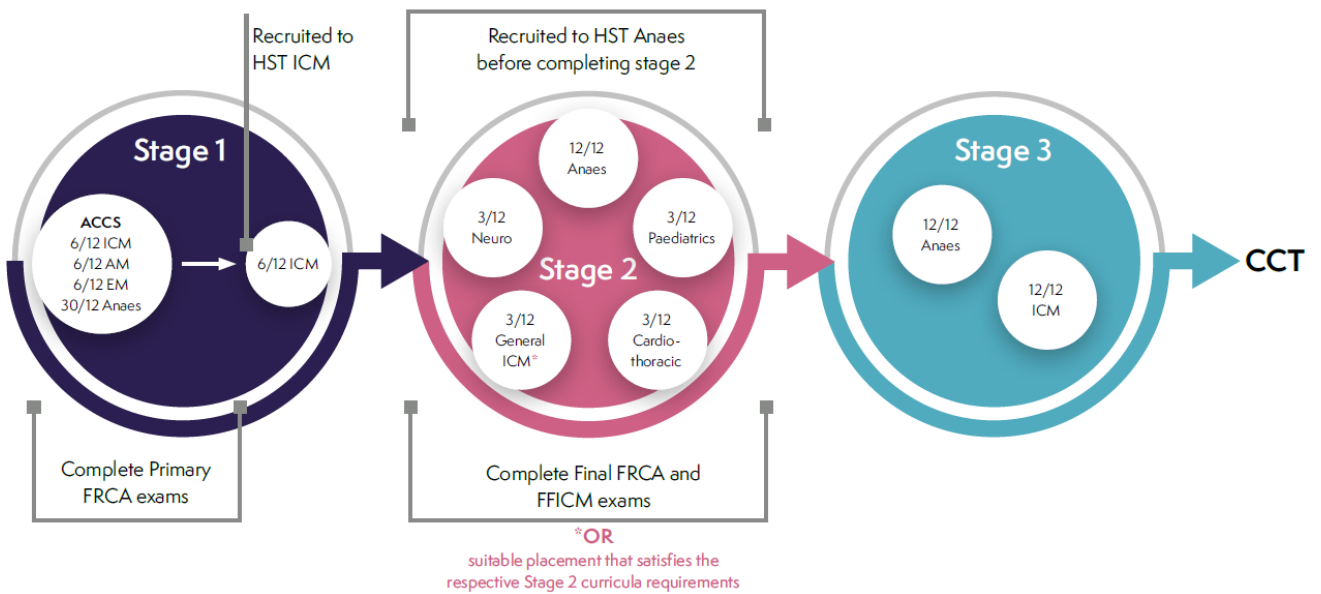
Important point of note: The order of training blocks **within an overall training Stage** (within Core and HST boundaries) is **interchangeable**. For example: in the Core Anaesthetic Training (CAT) route below, the 12/12 of Medicine does not have to take place in one block but it must be completed before the doctor can exit Stage 1 ICM. There is total flexibility at local level to arrange the order of the training (with a minimum 3/12 block length) via negotiation between Anaesthetics and ICM TPDs. This is true also of the 6/12 modules that make up the ACCS programme, in that there may be 2 x 3

month blocks. Likewise, the 'Special Skills' Year (which in the Dual CCT Programme is the Stage 2 indicative year of Anaesthetics) can be either of the two years that make up Stage 2 training. Doctors can sit the FFICM and Final FRCA examinations at any point in Stage 2 training. Areas marked with an * are those modules agreed by the RCoA and FICM as dual counting across both CCTs.

Illustrative examples of Dual CCT programmes in ICM and Anaesthetics

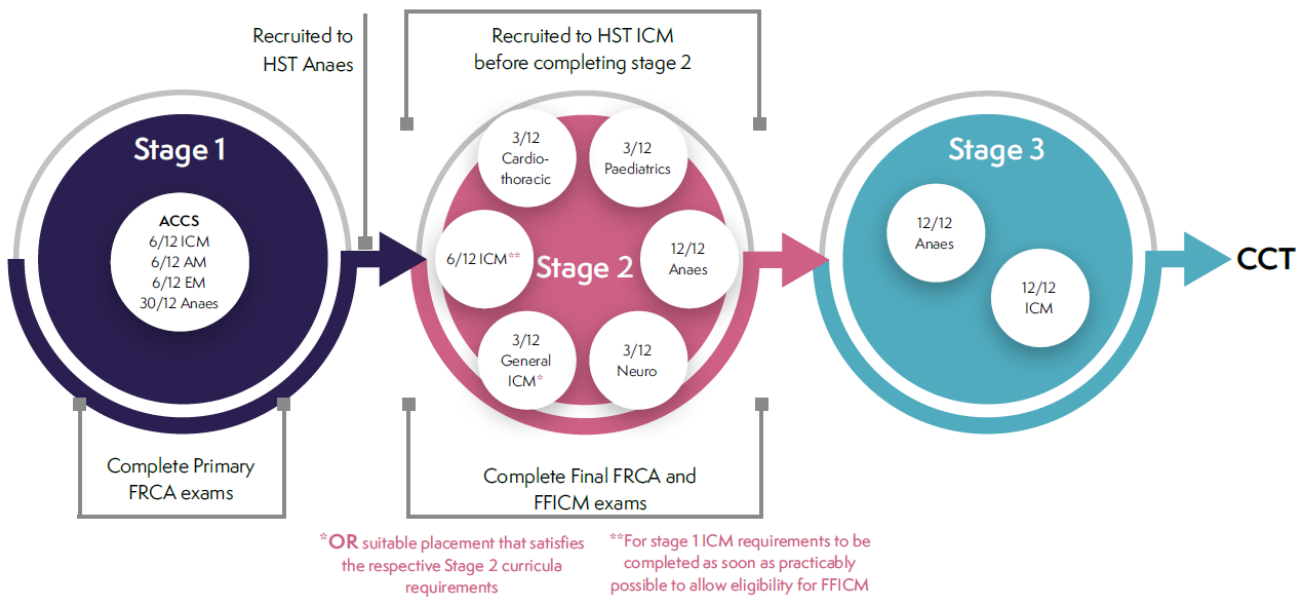
ACCS (Anaes) to dual, recruited to ICM first

All timescales are indicative



ACCS (Anaes) to dual, recruited to Anaes first

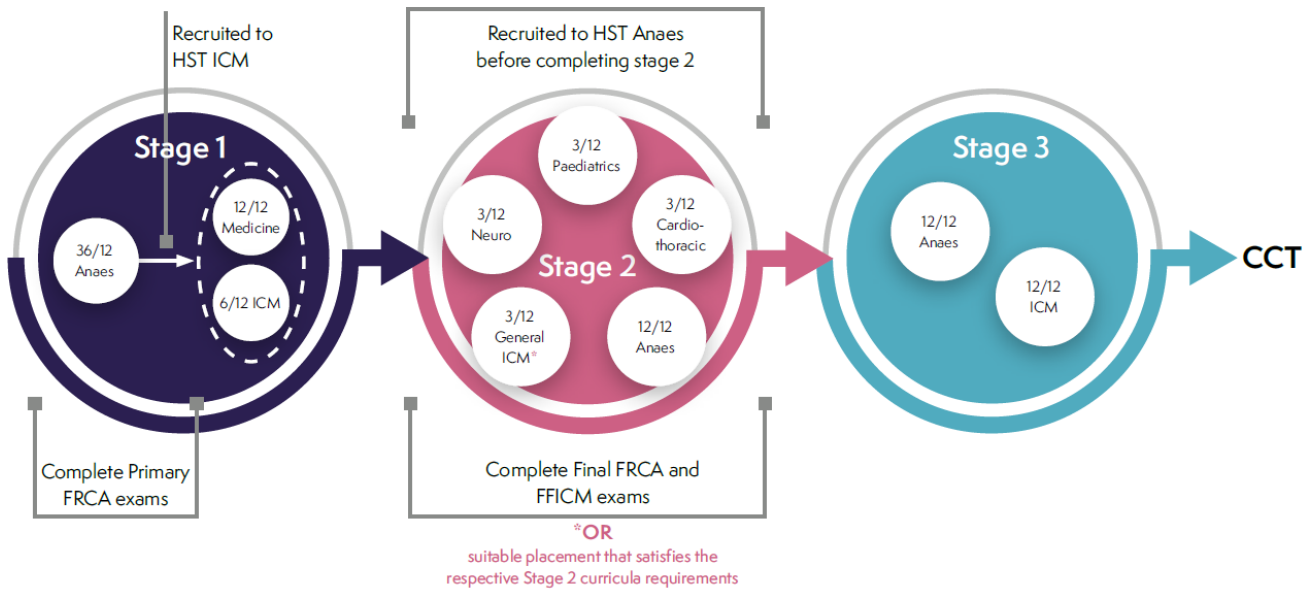
All timescales are indicative



Due to complex individual training histories and different rates of progression, adding a linear representation of the ST training years would be unhelpful. As per the [FICM Guidance](#); in counting the years of training, it is agreed that the training years start at admission to the first Specialty Training Programme, and years are added linearly as they are completed irrespective of the responsibility levels reached in the individual specialties, assuming that satisfactory outcomes have been achieved.

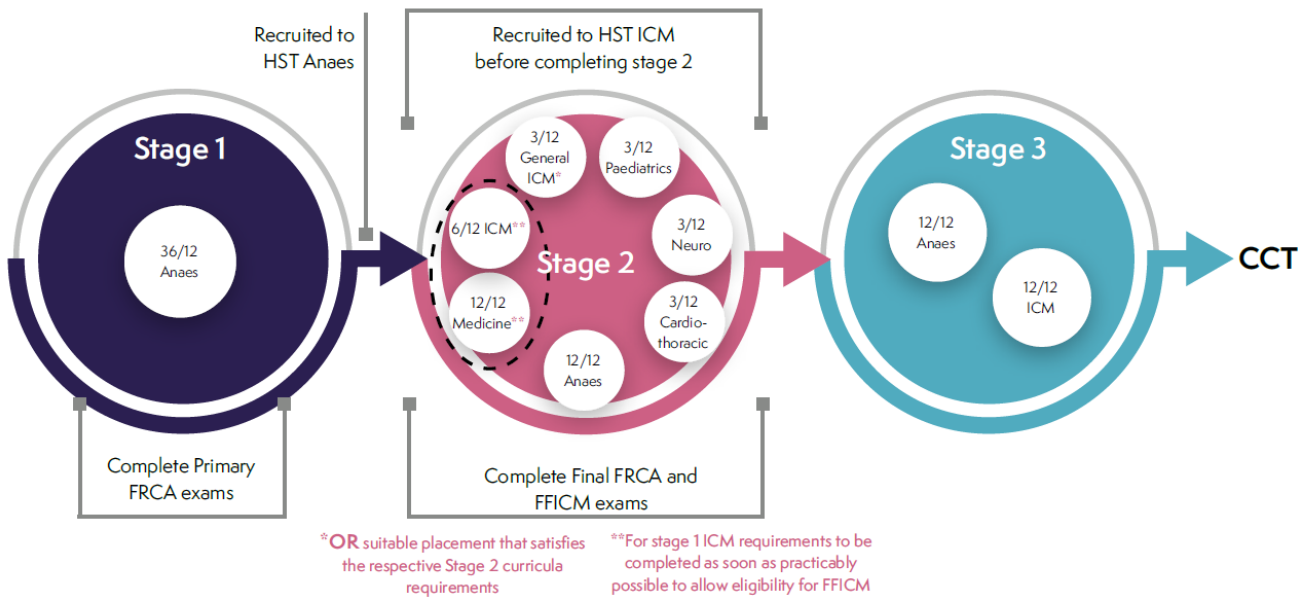
Stage 1 Anaes to dual, recruited to ICM first

All timescales are indicative



Stage 1 Anaes to dual, recruited to Anaes first

All timescales are indicative



Dual counting capabilities for both CCTs

As demonstrated by the * notations in the diagrams above, once doctors have completed **Stage 1 training**, the entirety of Stage 2 and Stage 3 ICM is dual-countable with Stage 2 and Stage 3 Anaesthetics.

- **Stage 1 ICM and Stage 1 Anaesthetics**

At completion of CAT (including a pass in the FRCA Primary), doctors can apply for training posts leading to Dual CCTs in Anaesthetics and ICM.

Stage 1 includes the doctor's Core Programme and the beginning of their Higher Specialty Training (HST). Stage 1 ICM is an indicative 4 years minimum in duration and for all Dual CCT doctors this will happen by default, 3 of these years must consist of indicative 12/12 month blocks each in ICM, Anaesthetics and Medicine (for ACCS doctors 6/12 each of Internal Medicine and Emergency Medicine may count toward the Medicine requirement). The final 12 months can be in any of the above specialties.

Dual CCT doctors entering from CAT will therefore need to complete any remaining specific ICM training placements to make up the 12 months required, and the necessary 12 months of Medicine to complete Stage 1 ICM. Dual CCT doctors entering from ACCS (Anaesthetics) will have completed the required 12 months of Medicine and 12 months of Anaesthetics as part of the ACCS (Anaesthetics) programme, along with 6 months of ICM. These doctors will therefore need to complete a further 6 months of ICM to complete Stage 1.

- **Stage 2 ICM and Stage 2 Anaesthetics**

Stage 2 covers two indicative years of training, of which an indicative year will be spent in a variety of 'special' areas including paediatric, neurosurgical and cardiothoracic Intensive Care and Anaesthetics placements.

- **Paeds/Neuro/Cardio blocks:** Stage 2 in both Anaesthetics and ICM for doctors following a dual CCT programme, requires an indicative 3 month block in each of these areas. The purpose of these attachments for the respective curricula is not to produce specialists but to introduce doctors to these areas so that if and when they take up a consultant post in ICM/Anaesthetics they will be useful members of the team able to recognise, resuscitate, stabilise and transfer critically ill patients who require specialist care and treatment. Training in Stage 2 ICM/Anaesthetics specialist modules should be dual counted for both programmes. The requirements are flexible so that doctors following the dual CCT programme can pick up the capabilities of the respective curricula in either their Anaesthetics or ICM attachments. This is possible since many capabilities are common to both programmes and can be acquired while on placements in theatre or on the intensive care unit. The minimum time spent in either should be that which is required to achieve those capabilities unique to either theatre or ICU and the remaining time in the module may be spent in either location.

Doctors on a Dual CCT programme spend the remaining 3 months in General ICM or a suitable placement that will satisfy the respective Stage 2 curricula requirements of their Dual programme.

For a Dual CCT in ICM and Anaesthetics, the second year of Stage 2 comprises an indicative 12 months of Stage 2 Anaesthetics (this is referred to as the Special Skills Year in the ICM CCT curriculum).

This overall dual counting of capabilities allows dual Anaesthetics and ICM CCT doctors to undertake their respective Stage 2s concurrently without an extension to training, unless a doctor has joined the Dual programme later on in one of their specialty training programmes (though not later than the end of Stage 2).

- **Stage 3 ICM and Stage 3 Anaesthetics**

Stage 3 of the Dual CCT Programme is an indicative two years of which an indicative 12 months is spent in Anaesthetics and an indicative 12 months in ICM. We recommend the specialty Stage 3 years are completed as full 12-month blocks; however, they can be completed in any order. A CCT is awarded in both specialties when all of the respective curricula's outcomes and capabilities have been attained. There will be one overall CCT date for the dual programme on completion.

Assessments

The FICM and RCoA utilise the same forms of formative assessments called Supervised Learning Events [SLEs]: DOPS [Directly Observed Procedural Skills], Mini-CEX [Mini Clinical Evaluation Exercise] (called either A-CEX or Mini-CEX respectively), CbD [Case-based Discussion] and Multi-Source Feedback [MSF]. These assessment forms have been designed for commonality across both specialties, with some specialty-specific differences in questions and assessment options. The ICM CCT also allows for the use of the Acute Care Assessment Tool [ACAT]. The Anaesthetics CCT also allows for the use of the Anaesthesia Quality Improvement Project Assessment Tool (A-QIPAT).

In those instances where capabilities can be dual-counted, the FICM and RCoA will accept use of one SLE for both assessment systems; for example an assessment completed within the Anaesthetics training programme can be uploaded (where appropriate) as evidence to the Lifelong Learning Platform for both Anaesthetics and ICM portfolios, or vice versa. Whilst the assessment of dual-counted capabilities must be tailored to fulfil the requirements of both curricula, it may be appropriate and entirely reasonable to use one assessment to cover an aspect of both areas of practice.

Examinations

Entry into a higher training programme in Anaesthetics requires completion of all Stage 1 requirements of the Anaesthetics curriculum and a pass in Primary FRCA. The completion of these requirements also allows entry to HST in ICM and hence a dual CCT.

Dual CCT doctors **must** pass the Final FRCA and FFICM Exams in order to move into the respective specialty's Stage 3. That is, in order to commence the Stage 3 clinical placement the relevant Final exam must be passed. Eg doctors must pass the Final FRCA to do Stage 3 Anaesthetics and similarly must pass the FFICM to undertake the Stage 3 ICM year. This allows training to progress if one of the Final exams is not completed.

Annual Review of Competence Progression (ARCPs)

In order for doctors to progress through training, they must have satisfied the requirements of both Anaesthetics & ICM ARCP panels (evidenced in their respective portfolios), which may be held separately or in conjunction according to local arrangements. ARCP requirements are within each specialty curricula.

Frequently Asked Questions:

Please click [here](#) to be taken to the FAQ section of the FICM website.
Please click [here](#) to be taken to the FAQ section of the RCoA website