

London School of Intensive Care Medicine Bulletin

DECEMBER 2023



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End of year round up Dr Charlotte Anderson - Head of School

It has been a busy year for all, and I hope everyone has the opportunity for some well-deserved downtime over the festive period! We have come a long way since becoming London School of ICM (LSICM) in 2022 and in this edition of the school bulletin I want to draw your attention to some of the successes and changes that have occurred over the last year as well as highlight some new activities and opportunities to enhance the ICM training experience in London.

Welcome to the new LSICM Trainees: In August we welcomed 31 new trainees to ICM training in London. It was great to meet you all at the ICM induction in Sep '23; I hope everyone has settled in well.

School Conference: The first London School of Intensive Care Medicine Conference: London Intensivists in Training (LIIT) 2023, was a great success in March. Thank you to everyone involved for your support and valuable contributions making this a memorable occasion; the trainee sessions (presentations and chiring) were of an impressively high standard and the School was extremely fortunate so many trainers devoted their personal time to share their enthusiasm and expertise. Special mentions need to go to Dr Jack Parry-Jones (FICM Vice-Dean who travelled to London to deliver the key-note speech – fascinating to hear the plans for a College of ICM) and the trainee reps Alastair, Tig and Jo for coordinating the event in collaboration with Dr's Dave Melia (Simulation TPD) and Alex Rosenberg, the TPDs and HET team.

The trainee reps are now busy planning the LIIT 2024 Annual Conference – please read on for more information from them and put the date in your diary (14th March 2024).

Faculty Engagement Event for LSICM Senior Trainers: LSICM held the first School Faculty engagement event for senior trainers (TPD's, FT's and RA's) in April. Thank you to all who attended. It generated lots of great ideas and discussion on how LSICM can best support trainers in continuing and advancing the high quality ICM training London has to offer.

New Academic TPD: Welcome to Dr Nish Arulkumaran who joined the team as the Academic TPD for Intensive Care Medicine. For any academic training/career advice related queries Nish can be contacted by email: n.arulkumaran@nhs.net

Stage 1 TPD: Thank you to Dr Jenny Townsend who stepped down in October 2023. She will be missed by everyone in LSICM but we wish her all the best in her new life on the South Coast. I am pleased to advise that Dr Louise Ma will be taking over the Stage 1 TPD role in February 2024. Until then Dr's Viplaw Shukla and Russ Hewson will be supporting the stage 1 trainees.

LSICM Simulation & Education Fellows: We regularly advertise for simulation and education fellows to support the school in a variety of educational projects. These are great opportunities to explore your interest in education and build your CV, including working towards an educational qualification. A simulation fellow role is due to be advertised soon – if this is something you may be interested in please contact Dr Melia – davidjohn.melia@nhs.net

Echo training: LSICM is conducting a scoping exercise to ascertain how the school can support equitable access to echo training for trainees in the region. Dr's Jon Aron and Richard Fisher (Consultant Intensivists, St George's and King's College Hospital respectively) have kindly agreed to lead the project. Please look out for their communications – all input gratefully received.

Getting ready to be a consultant: LSICM recognises the transition from trainee to consultant can be daunting and we are developing a programme of activity to support this step. Please read on for more information from Dr Shukla (Stage 3 TPD) & Dr Kat Elliott (ICM Trainee) as well as insights and tips from Dr Ankit Kumar on undertaking an "acting up" experience.

Congratulations: The following doctors have secured an ARCP outcome 6 (gained all the competencies for the programme) so far in the last academic year – Many congratulations!

- Abdullah Bashir
- Adrian Perera

- Ajay Gandhi
- Ankit Kumar
- Benjamin Avery
- Elizabeth Taylor
- Guy Bower
- Hannah Williams
- James Powys Lybbe
- Jessie Payne
- Julian Siah
- Laurence Sharifi
- Lucy Style
- Maresa Santi
- Mark Earl
- Matthew Willis
- Michael Hoy
- Mostafa Nooreldeen
- Peter Watson
- Rathai Anandanadesan
- Sara Sharp
- Sunil Patel
- Tamer Montaser
- Tawhida Hussain
- Thomas Georgiou
- Thomas Leith
- Thomas Parker
- Timothy Knowles
- Victoria Bennett
- Zoe Brummell

TPD Announcements

Getting in Touch

Please be aware that with the merger with NHSE WT&E all TPDs and Head of School have new email addresses. To get in touch please see our contact details at the bottom of the LSICM webpage: <https://london.hee.nhs.uk/specialty-schools/intensive-care-medicine>

Stage 1 TPD Update: Jenny Townsend

Jenny has stepped down as Stage 1 TPD but kindly provided an update before she left.

Recruitment: We recruited 31 new trainees to the program in 2023 and worked hard with partner specialties across London to ensure optimal placements for all new LSICM trainees. It is a

complex process; thanks to everyone involved for your patience and help with this – much appreciated.

ARCPs: We have run a successful round of ARCPs with less outcome 5's than normal down to everyone's hard work and some fab ESSRs – happy to receive feedback on how we can make the process even better - please get in touch with the TPDs.

Support: Just a reminder to everyone doing exams, navigating training and life that NHS Education and Training have a fab support portal that can help with all sorts of things from coaching, career advice and exam prep. Take a look:

<https://lasepgmdesupport.hee.nhs.uk/support/home>

Moving on... It is with mixed emotion that I have moved on from the Stage 1 TPD role. I am moving to the south coast for family reasons. I would like to take this opportunity to thank all the trainees, trainers, HEE staff, TPDs and Head of School for their help and support whilst I have learnt this role.

Stage 2 & Lead TPD Update: Russell Hewson

Specialty training

Hopefully the specialty modules are continuing to be a good experience. I'm aware that this part of training can be tricky, often involving multiple moves between training units. Unfortunately, to deliver the best clinical training, moves through a variety of centres may be unavoidable but we do what we can to mitigate this wherever possible.

Special Skills Years (SSY's)

SSYs continue to be an important and valued part of the curriculum and we have been able to plan some that we haven't previously been able to offer (either in programme or as an OOPT). I remain very keen to be creative in the ways these are offered. For instance, Imperial are offering an exciting joint site SSY between CXH and SMH. Always keen to hear about plans/ideas for offering other SSYs in the future.

Out Of Programme (OOP)

We continue to afford OOP time as much as possible. Sometimes the guidance changes rapidly, but we remain keen to support what we are able to and currently we have close to 100% approval at the panel. Please follow the application guidance on the support portal and talk to your TPD.

<https://lasepgmdesupport.hee.nhs.uk/support/solutions/folders/7000009261>

ARCPs

To echo Jenny from above, despite doing almost twice as many ARCPs in May than in January we have seen less outcome 5's. Thanks to all of you, supervisors and trainees alike, for the hard work in getting portfolios up to date. The HET team has compiled some more generic advice sent with the ARCP dates, but a couple of repeated tips from me; you always need a Form R (even when on statutory leave), and if you are dual with anaesthetics make sure that the ESSR is an ICM one and any evidence to be presented is on the ICM side of the LLP otherwise it may not be seen by the ICM ARCP panel. We have raised this issue with the FICM LLP team but for the moment some duplication in both anaesthesia and ICM portfolios remains necessary.

Clarity re Stage 2 training and progression for Dual Anaesthesia and ICM Trainees

Following a number of queries, we have sought clarity from FICM regarding stage 2 completion and curriculum coverage for stage 2 dual anaesthesia /ICM trainees.

Many transitioning trainees will still be on a bespoke training pathway with their paediatrics, cardiac, neuro or GICM modules falling within their stage 3 anaesthesia, the below advice is not really applicable to them, but worth being aware of to prevent further confusion.

For dual anaesthetic/ICM trainees who will have completed their stage 2 general ICM, paediatrics, cardiac and neuro anaesthesia/ICM blocks before progressing into stage 3 anaesthesia, (which is usually scheduled before stage 3 ICM) -

- Please be aware that all stage 2 curricular HiLLO's must be complete to transition into any stage 3 training post (anaesthesia or ICM).
- The FRCA and FFICM are stage 2 curricular requirements, however it is recognised by RCOA/FICM and the GMC that undertaking 2 specialty exams in a short period may not be achievable for some. In view of this a trainee is permitted to progress to a stage 3 post in anaesthesia (if they wish) without the FFICM and vice versa, on the proviso all other curricular requirements for both specialities are met.
- In London the dual anaesthesia/ICM programme is designed with ICM in the final year of stage 3 training. Should a dual anaesthesia/ICM trainee reach the end of stage 2 with only the FFICM outstanding then an ICM ARCP panel can support the trainee in their ambition to progress by affording an outcome 2 at ARCP.
- For some, progressing to a stage 3 anaesthetic training post without the FFICM may not be desirable or the best way to support them in securing the FFICM and stage 3 anaesthesia capabilities. Please will any trainee who knows they will not have secured the FFICM before the end of stage 2 make contact with me to discuss how the programmes can best support you. I hope it goes without saying that we are keen to help you navigate the complexities of dual training as seamlessly as possible - so please get in touch!

As this is complex, I have already contacted two people I am aware this affects who are having January ARCPs, but please feel free to check if you are unsure. To be explicit, **if you have not completed your stage 2 ICM or specialty anaesthesia placements you are not expected to have completed your stage 2 HiLLOs nor your FFICM.**

Finally, I wanted to thank Jenny for all of her work this year, you'll be missed!

[Stage 3 ICM TPD Update: Vip Shukla](#)

First of all, many thanks to everyone for their hard work and meticulous planning for a wonderful first London ICM Trainee Conference. The topics were rightly chosen and generated excellent discussion.

Earlier this year Kat Elliott, LSICM education fellow, conducted a survey of newly appointed consultants to identify the challenges they face in their early years. Not surprisingly it came down to ethics, legal, management and leadership issues. We are working to identify the current good courses/workshops already delivered by different units in London so we can signpost them to stage 3 trainees (and new consultants) as well as set up new courses/workshops where there are gaps in training experience.

The GSTT team under the leadership of Dr Katie Lane, Faculty Tutor at GSTT, runs a series of seminars/lectures via MS Teams covering a wide range of topics including ethical and legal. We highly recommend these lectures/seminars particularly to stage 3 trainees. From time-to-time further information, including joining instructions with MS Teams links, will be circulated so please keep an eye on your inbox.

An acting up experience can be a valuable way of preparing for your future consultant role. Please read on for Dr Kumar's experience. If this is something that appeals to you please read the NHSE WT&E guidance and get in touch to discuss further:

<https://lasepgmdesupport.hee.nhs.uk/support/solutions/folders/7000009240>

Academic TPD Update: Nish Arulkumaran

Academic Trainee Rep

An academic trainee representative for LSICM has been appointed – Welcome to Dr Timothy Snow.

Simulation Lead TPD Update – Dave Melia

The school is rolling out a Simulation Day which is likely to become a mandatory part of Stage 2 ICM training in London. The aim is to cover both difficult to reach areas of the curriculum, and common high stakes scenarios. It is a great way to evidence multiple HiLLOs in one day of education and training. Please look out for communications and sign up.

LSICM will also be advertising a simulation fellow position to support the school's simulation strategy next year – please get in touch if you are interested.

Trainee rep updates

London Intensivists in Training (LIIT) Annual Conference 2023

Thank you to everyone who came to the first London Intensivists in Training Conference in March 23. We had a great time and hopefully you did too. We wanted to thank a few others:

- To the Registrars in training (Marie Buckel, Sunil Patel and Jennifer Gosling) who organised and chaired each session; we consequently had some fantastic speakers enlightening us on the current state of play in a wide range of topics.
- To Benjamin Post and Dominic Marshall who delivered an exhilarating debate on whether Artificial Intelligence should be able to decide who to admit to the ICU
- To Dr Jack Parry-Jones (FICM Vice-Dean) who came all the way from Cardiff to be there
- To our TPD's, Head of School, Mubeen and the rest of the HEE team who worked hard to make it a great day.

Congratulations again to **Priyanka Jain** who won the prize for best trainee presentation and thank you to **Emma Collins**, **Timothy Snow** and **Harriet Hall** for your excellent presentations as well.

London Intensivists in Training (LIIT) Annual Conference 2024

Thursday 14th March 2024

Mary Ward House, 5-7 Tavistock Place London, WC1H 9SN

Please register by clicking on the link below and book study leave:

<https://lasepgmdeevents.hee.nhs.uk/events/specialty-conferences/514fbd78-b0b6-4a51-aa8d-00fba84f25c4>

We have three exciting sessions on advanced mechanical ventilatory support, Global Health and ICM, and Trauma. There will also be a Pro-Con debate regarding the use of steroids in severe pneumonia and key-note speech from Dr Sarah Marsh (WICM Vice-Chair).

We are accepting abstracts for 10-minute oral presentations on a QI or Research project, interesting case etc. If you are interested, then please send a 150-word abstract to j.strul@nhs.net. There will be a cash prize for the winning presentation.

Please note the conference will be exclusively face-to-face with no option to attend virtually.

We will open registration to members of other relevant training programmes in the coming months so please book your place now to avoid disappointment.

Looking forward to seeing you there!

Alastair, Jo and Tig

“Act Up” during Stage 3 Training



Dr Ankit Kumar MBBS MRCP FRCA FFICM

Consultant in Anaesthesia and Intensive care medicine – Barking, Havering & Redbridge University hospitals NHS Trust

In the dynamic and challenging world of healthcare, the decision to "act up" as an Intensive Care Unit (ITU) consultant is a significant step in a trainee doctor's career. It marks a pivotal moment where one transitions from the supportive cocoon of training to the forefront of decision-making, all while still enjoying the protective umbrella of being a trainee. In this article, I share my personal experience to shed light on why I chose to act up, the intricate process involved, and the invaluable lessons learned during this transformative period.

1. Why I Decided to Act Up

As a senior trainee, I recognised that acting up as an ITU consultant was the next logical stage in my professional development and would be crucial in helping me develop my non-technical skills. It presented an opportunity to formally take charge of a unit, make critical decisions, lead family conversations and manage junior trainees. Acting up provided the perfect balance, allowing me to lead while still benefiting from the guidance and support that comes with being a trainee.

2. The Process Unveiled

My journey toward acting up commenced two years before the actual role began. Strategic planning of placements is crucial, with the final placement ideally at a hospital that supports the transition. It's beneficial if it's a department in which you have previously worked, but it must be a hospital capable of accommodating stage 3 trainees. The application process, conducted through the Health Education England (HEE) portal, requires careful coordination with training program directors (both, if a dual trainee), local departmental leads, and faculty tutors. The application must be submitted no later than four months before the planned acting-up date. Once all stakeholders give their approval, the application is subject to provisional approval by the head of the school.

Completing both portfolios before the acting-up date is imperative, and final approval is granted after a thorough review of the portfolios by the training program director a few weeks before the commencement of the role.

3. Navigating the Role

Once approved, collaboration with the department is essential to determine the specifics of the acting up process. Whether filling a consultant vacancy or shadowing a consultant's job plan, the

choice is influenced by both the trainee and the department. Importantly, HEE continues to pay the trainee's basic salary. The specific terms of payment are negotiated between the trainee and the department. In my case, I spent half my time paired with another consultant who was immediately available for support and half covering vacant consultant shifts. This mutually beneficial agreement led to payment as a consultant under a 10 PA contract.

4. Balancing Responsibilities

Despite the acting up period, the trainee must continue preparing for the final Annual Review of Competency Progression (ARCP). Collecting evidence, keeping the portfolio up to date, and meeting the usual requirements ensure a smooth progression in training and, ultimately, Certificate of completion of training.

5. The Rewards of the Journey

The acting up experience proved to be profoundly rewarding. The autonomy to make decisions was coupled with daily support, providing a unique balance that fostered both independence and growth. Exposure to non-resident on-calls enhanced my decision-making skills, while the safety net of readily available help ensured patient care remained paramount.

Leadership skills flourished, and communication with both medical staff and families reached new heights. The additional non-clinical time afforded the opportunity to delve into governance, mortality and morbidity reviews, and service development, broadening my perspective and skill set.

In conclusion, acting up as an ITU consultant is a transformative experience for trainee doctors. While the decision involves careful planning and collaboration, the rewards are immeasurable. The journey not only hones clinical skills but also cultivates leadership, resilience, and effective communication – all essential elements for a successful medical career. Aspiring doctors considering this path should be prepared for a challenging yet immensely fulfilling adventure that shapes them into well-rounded, confident healthcare professionals.

HET updates

School Webpage

We have been working hard on the school webpage which will help signpost you towards useful information for ICM Training in London (including contacts). Please [click here](#)

ARCPs

ARCPs this year has seen our learning curve with the LLP flattening out and things have become more streamlined resulting in less outcome 5s. However, a few notes below:

The **Educational Supervisor Structured Report** is a key document and must cover the date range from the last ARCP. All evidence (including form R) needs to be linked before it is "signed off" in order to be visible. For that reason, it should be done as the very last thing when preparing for an ARCP. At the time of writing the LLP does not automatically notify Faculty Tutors that an ESSR

requires ratification so please ensure you inform your FT of an impending ARCP and ESSR (with plenty of notice!). Other guidance is available both from the Faculty of Intensive Care Medicine and London School of ICM webpages, including a presentation that we did for the trainers to introduce the new curriculum which is still relevant.

Dual anaesthetic/ICM trainees please be aware that evidence on the anaesthetic side of the LLP cannot be seen by your ICM trainers. We have requested this functionality but it may not happen quickly so everything will need to be evidenced and visible in your ICM portfolio.

Any issues with the **LLP** that can't be resolved with your local trainers would be worth raising with your TPD, who might be able to give advice gleaned from elsewhere, or for more technical things contact llp@ficm.ac.uk.

ICM ARCPs are held quarterly. The majority are conducted in January & May; however, we are trying to align them with critical progression points e.g. end of stage. This may mean a marginally earlier or later ARCP than you may have previously expected.

Please keep an eye out for your ARCP notification and get in contact with the NHS England Operations team or your TPD if you have any concerns. If you are a dual trainee, please be aware you can collect evidence for both your portfolios regardless of which speciality you are currently working in. You will also have an ARCP in both specialties on an annual basis.

All ARCPs are in absentia, and this is unlikely to change. However, it is very helpful for you to be contactable by mobile phone on the day for post ARCP feedback if needed.

Provisional ARCP Dates

Winter ARCPs 2024	
16 Jan 2024	Notification sent to Trainees due a Winter ARCP *
22 Jan 2024	Notification sent to Trainees due a Winter ARCP*
25 Mar 2024	Timetable to be confirmed – trainees not notified yet
Summer ARCPs 2024	
7 May 2024	Dates to be confirmed and trainees to be notified
9 May 2024	Dates to be confirmed and trainees to be notified
22 May 2024	Dates to be confirmed and trainees to be notified
11 July 2024	Wash-up / late CCT Trainees

** If you think you are due a Winter ARCP and have not received notification, please contact the HET team and TPD.*

LTFT Dual Trainees

Could dual trainees ensure that they discuss all LTFT and OOP requests with TPDs in both specialties. Please also inform both HET Operations Teams about statutory leave.

OOPs

We now have an established Out of Programme panel process. Please refer to the OOP section of the London ICM webpage.

Events & Courses

Regional Training Days (RTDs) and Simulation Training

These are listed on the regional training day section of the ICM Webpage. Please remember to regularly review this section on the school website and enrol on future events.

Please [click here](#) for the website link.

Currently not all registration links and Topics are available, however please keep an eye on this page as registration links for RTDs and Simulation will be added closer to the time.

ICM London RTDs in 2024	
Dates*	Topic
6 Feb 2024	tbc
5 Mar 2024	tbc
2 April 2024	tbc
7 May 2024	Renal
4 Jun 2024	tbc
2 July 2024	tbc
3 Sep 2024	tbc
1 Oct 2024	tbc
5 Nov 2024	tbc
3 Dec 2024	tbc

Please contact Dr Gonzalo de la Cerda (Regional Training Day Lead) for issues regarding the RTDs (gonzalo.de-la-cerda@hee.nhs.uk)

All recordings will be added to the ICM School MS Teams channel. If you have any problems, please submit a query through the PGMDE Support Portal.

ICM London Simulation 2024	
Dates*	Venue
1 May 2024	

7 June 2024	The Education Academy, Basement Dental Hospital, Royal London Hospital, Whitechapel, E1 1FR
8 July 2024	
13 Aug 2024	
5 Feb 2024	The UCH Education Centre, 1 st Floor West, 250 Euston Road, NW1 2PG
11 April 2024	
30 May 2024	
24 Sep 2024	

Dr David Melia (Simulation Lead)

*All Dates are subject to change please ensure you check the website for any updates.

Getting in Contact

If you have any questions or queries, please do get in touch with the HET team here at HEE, either [via the PSP portal](#) or School line:

School Line. 0207 866 3237



“Season's Greetings”

