The Faculty of Intensive Care Medicine

FICM guidance for StRs and Educational Supervisors, with focus on writing ESSRs and preparation for ICM ARCPs

ICM Curriculum: Supporting Excellence – ARCP Checklist

	Stage 1 (ST3/4)	Stage 2 (ST5/6)	Stage 3 (ST7)
	Supervised Learning Events (formative assessments)		
CBD Mini-CEX DOPS ACAT	*Adequate breadth and quality of assessments must be conducted to allow trainers to make valid judgements of the doctor's performance across all areas of the curriculum (see the assessment blueprint). The focus should be on the **quality of feedback and evidence of learning from assessment**. The emphasis is on the quality of assessment rather than numbers, and incorporating feedback from multiple assessors. **Not** pass/fail.*		
MSF	1 per year	1 per year	1 per year
	Assessments of Performance (summative assessments)		
	*Satisfactory completion of these assessments as judged by Educational Supervisor is **compulsory** to allow progression*		
	End of Stage Training Certificates		
Training Certificates	Stage 1 Training Certificate	Stage 2 Training Certificate	Stage 3 Training Certificate
	Examinations		
FFICM MCQ		Required for progression	
FFICM OSCE/SOE		Required for progression	
	Capability levels		
	Doctors must have met the required capability levels for each HiLLO for the stage of training as indicated by the capability blueprint (see the HiLLOs Grid) and evaluated by the ES to progress to the next stage of training or to the award of CCT. Educational Supervisors will not be able to complete these without sufficient evidence (e.g. adequate variety and quality of SLEs, a diverse educational portfolio and logbook of procedures). *For doctors who are mid-stage, then the requirement is to demonstrate engagement with their training requirements, spiral learning and progression in all the HiLLOs, without necessarily reaching the required capability level for the end of stage.*		
Capabilities (see blueprint)	Meets requirements for stage of training	Meets requirements for stage of training	Meets requirements for stage of training
	Other Requirements for progression / ARCP		
Procedures log	A logbook of procedures performed relevant to stage of training and experience is required for each year of training. The logbook should also indicate level of supervision required, or whether supervising/teaching others. The format is not stipulated by FICM.		
ES Structured Report	Satisfactory report for each year of training required for progression Completed by ICM Educational supervisor.		
End (or near end) of Placement Reports	Satisfactory End of Placement Report (written by the placement supervisor) for each ICM programme placement during the year (including medicine, anaesthesia, subspecialty ICM blocks). If the CS and ES is the same person, the ESSR should incorporate specific reference to the placement.		

NB: Specific Statutory Education Bodies (SEBs) may require additional evidence, such as Form Rs

Above is the FICM checklist for what is required for ARCP – this is the national decision-making tool that panels will use.

This document aims to provide support and clarification around process to help = in the preparation for ARCP by ESs and StRs.

Guidance for Completing the ESSR Form in the FICM LLP

Some General Principles:

StR's Responsibility:
StRs initiate the form. Care should be taken to ensure that everything which needs to be seen by the ES and subsequently the ARCP panel is linked and viewable via the ESSR form.

ES's Responsibility:
The ESSR is a key document for the ARCP panel to review. The judgements and comments included by the ES are crucial to the decision making process of the ARCP panel. Therefore, the ES needs to take the time to closely review the evidence presented, check what has been included and is viewable (and guide where things may be missing). They should also comment on the StR's progression in the relevant sections of the form. Qualitative, factual, objective comments and feedback on progression is needed, both for the decision making and for the StR's development – commentary on their progression through training should be included, with an indication of what supports that judgement.

The ESSR form has 15 sections in the LLP which are described below:

1) Overview

Start Date & End Date. The period the ESSR forms covers.

2) Placements in Programme

Placements over the last year. Please remember to fill in placements in dual speciality as these are still relevant to ICM training. Adding notes summarising placements is also very helpful.

Hospital	Role	ES	From	To	LTFT	Notes
Bedrock Infirmary	ST5	Fred Flintstone	2021-08-04…	2021-11-02…	No	Stage 1 ICM-Acute Med
Bedrock Infirmary	ST5	Fred Flintstone	2021-11-04…	2022-02-01…	No	ST5 Anaesthetics-Gen Duties

3) Examinations

Please note all stage 1 trainees are required to have FRCA Part 1 MCQ/OSCE/VIVA or MRCP completed, full MRCEM/FRCEM intermediate exam before progression to stage 2. All are required to have FFICM before progression to stage 3. ANY ISSUE NEEDS documenting in section 16 - ES comments.

4) Milestones

Self-propagated

5) Personal development plan

A PDP should be included that indicates the StR's short, medium and longer term goals. There should be a comment on whether objectives have been achieved or not, with reflections

Personal development plan	Number of goals	Number of goals completed
ST6 2021-2022 ICM PDP	6	5

Supervisor's comments
Barney has completed the majority of his goals this year. The only one outstanding is completion of his QIP which he hopes to finish in the next few months.

6) Supervisory Meeting

Please add a description of what was discussed i.e. 'catch up' or 'ESSR completion'.

Title	Date	Description
Mid-year ES Meeting	20 Jan 2022	I met with Betty today. We discussed: New ICM portfolio and reviewed old portfolio assessments and evidence against new curriculum areas, creating a document for upload to the new portfolio Plans for FICM OSCE due to be attempted in April 2022 Plans for next 6/12 – PICU and NICU requirements, including organising time in OT. MSF for ICM and Anaes

This section can be populated by the StR from the documented supervisory meetings. A different way of working is needed by the ES (and StR) in recording these supervisory meetings, in that the StR initiates them – two approaches to this: write it together at the meeting, or to copy & paste from an email exchange detailing and agreeing what was discussed between ES to StR.

7) Review Unit progress

Please be cautious of signing off HiLLO with very little evidence presented, e.g. one SLE. There is no prescriptive number of SLEs but it should be ensured that the scope of the HiLLO's key capabilities are covered. The Faculty suggest that quality is better than quantity, requiring a broad breadth and depth depending on the stage of training. In the later stages there may be more CbDs ACEXs and ACATs where a broad discussion has occurred. See Faculty guidance for more detail here.

The ES needs to make judgements on the StRs progression for each HiLLO. You should sign off HiLLOs towards the end of a stage, or the period of time you are providing supervision for, when all evidence is available, with commentary on the evidence considered.

When a HiLLO is not signed off/partially completed PLEASE comment on evidence gathered towards the HiLLOs in general. For example - Any not done? Any gaps/issues? Etc.

7) Review Unit Progress

Supervisors Comments

Has a variety of assessments for each HiLLO. Due to the structure of HiLLO vs modules, and the fact that Wilma is nearing the end of stage 2 ICM, she is currently in the process of signing them off. I fully anticipate them all to be signed off in time for Wilma to commence stage 3 training.

Learning outcome with LOC forms	Assessor	Date
HiLLO 1 Professionalism	Fred Flintstone	20 June 2022

Patient Safety and Quality Improvement: Wilma has completed 2 QI projects and been involved with patient safety discussions. Has had discussions with patients about specific risks around their management and included these. (SLEs: CBD x 2 and CEX x 1)

HiLLO 3 Research and data interpretation	Fred Flintstone	26 June 2022

Teaching & training: has done lots of teaching and set up a training course. Wilma runs the regional exam viva and OSCE practice programme and OSCE course.
Resuscitation, stabilisation and transfers: Core part of job. Evidenced by numerous SLEs (SLEs: ACAT x 2, CBD x 3, DOPS 2 and CEX x 3)
...

Examples of evidence: see the HiLLO and capability blueprints. This can include SLEs, e-learning, CPD activities, MCR, MSF, Simulation, and personal observations (of the ES).

For non-ICM units, it is key to seek triangulating evidence from the clinical supervisor of that unit. So, an end-of-unit placement report (local format to be used) is required that provides information on the StR's progress, engagement and activities during that placement.

8) Supervised Learning Events

Most are linked to HiLLOs so won't necessarily appear here. Only the ones not linked to a HiLLO appear in this section of the ESSR Form and they should ideally be linked in the future. This again is an area where a comment on how many SLEs have been done or what is needed for a particular HiLLO would be useful. Also, a discussion of generic HiLLOs if not already discussed would be useful here.

It is important that the StR shows engagement with their training, including its evidencing. This is a key professional responsibility. This includes engaging with seeking assessments.

It is in either section 7 or 8 of the ESSR Form that the ES should comment on the procedural logbook which is a **mandatory requirement** of the curriculum. For example, doctors need to evidence the number of intubations/airway procedures/tracheostomies. No. of lines. No. of BSDT etc.

Supervisor's comments

1080 cases in total, 461 of which with indirect supervision.
Since last ARCP, Bam-bam has completed his final 6 months of medicine, and has then been working in anaesthesia for the last 7 months. He has done 218 cases in that time, 124 of them with indirect supervision. Included in that are various practical procedures: 100 intubations, 20 TIVA cases, 31 arterial lines, 11 CVC insertions, 8 fibreoptic intubations, 2 double lumen tubes and 2 chest drain insertions. On top of his previously excellent range of procedures and regional blocks (including nearly 200 central neuraxial procedures) done in their intermediate training, this represents an excellent progression and range of experience.

9) Multisource Feedback

1 is required per year. PLEASE cut and paste key relevant comments and give the no. of respondents so the panel has an idea of feedback received and the number questioned. If the StR or ES consider it helpful, an additional MSF may be conducted (e.g. for work within a non-ICM module or where training in a partner specialty).

Title	Date opened	Date closed	Number of responses
ST5 Anaes MSF	1 Feb 2022	19 Feb 2022	17
ST5 ICM MSF	3 May 2022	20 May 2022	15

Supervisor's comments
Pebbles has completed 2 MSFs in the last year (Anaesthesia and ICU at Bedrock Infirmary). They are both excellent.
MSF during anaesthesia time at Bedrock Infirmary. 17 respondents. Top rating of Good in every domain. Comments include:
· Great senior trainee, very good at organising the team and making sure enough support throughout the junior team.
· I look forward to working with Pebbles as a consultant.
· Pebbles is a great role model for junior trainees. She is extremely knowledgeable and has excellent communications skills with patients and staff alike.
· Pebbles is an asset to any team she works in. An absolute joy. Her leadership during difficult clinical scenarios has been exemplary. Her clinical ability is excellent. Great breadth of knowledge. It has been a great pleasure working with her. I wish her all the best in her career.

MSF during ICM at Bedrock Infirmary. 15 respondents. Excellent or Good in all domains. Comments include:
…

10) Consultant Source Feedback

These are treated the same as an MSF summary above - number of respondents and general comments. These are really important for the ES if they do not work with their trainee. It is this feedback that will help ESs sign off the HiLLOs. Multiple Consultant Reports (MCRs) will become **mandatory** in the near future and a comment on how many and the type of feedback received will be important here.

Title	Start Date	End Date
PICU Consultant Feedback	5 Jan 2022	23 Jan 2022
ICU MCR Summary	13 May 2022	30 May 2022

Supervisor's comments

MCR (ICM)
Pebbles has completed an ICM MCR with 9 respondents. There are no concerns and, in some HiLLOs, she exceeds expectations with overall performance being judged as managing complex cases with limited assistance or expert (consultant) practice.
A sample of comments:
- Already operating at a level in excess of her training grade.
- Great team leadership skills
- Managing cases of increasing complexity independently
- Has excellent clinical knowledge
- Excellent trainee, ready for the next stage of training
- Excellent knowledge, skills and attitude. Kind and Caring. Confident and able. Works well with others. Pleasure to work with.

In addition, Pebbles has received an email from a PICU Consultant thanking her for her support during a difficult case in PICU.

It is not expected that MCRs are needed from every single unit of training; they should be done when working in ICM, assessed by consultant intensivists able to comment on their progression as an intensivist in training.

11) Non Clinical Activities

Particular comment on the Generic HiLLOs 1-4 is a good idea here. It is helpful to identify here what the doctor has done during the period being assessed. For example - What courses have they attended? What teaching have they delivered? What QI project has been planned/completed with outcomes etc.

Title	Category	Date	Learning Outcome
ATLS course	Educational courses/ Conferences/events	15Sept 21	Airway management, Resuscitation, stabilisation and transfers, investigation and management of the critically ill
FICM exam teaching	Teaching	13 Oct 21	Neuroradiology and neuro critical care
GMC survey	Quality Improvement	2 Feb 22	Professionalism, Patient safety & quality improvement
Trauma SIM day	Simulation training	13 March 22	Resuscitation, stabilisation and transfers, investigation and management of the critically ill, Perioperative medicine, Leadership and management
…			

12) Absences

Self-propagated

ES may wish to comment, factually and constructively, but also with confidentiality in mind.

13) Form R

Self-propagated.

GMC revalidation process runs in parallel to the ARCP process, and is considered at the same time by the ARCP panel.

The ES should provide triangulating commentary that they have reviewed the Form R, and on any declarations that have been made by the StR, e.g. resolution of complaints, involvement in/reflections on and support provided for any incidents the StR has been directly involved in.

14) Details of any concerns/investigations

Please use this section of teh ESSR Form to summarise any issue documented in Sections 12 or 13. If the trainee has filled out a Form R with an incident, please detail it here (Incident, investigation, outcome, reflection) so the ARCP panel can consider.

15) Comments

Learner's Comments
ICM StR's chance to explain how the year has gone, challenges and achievements.

Supervisor's comments
Time for the ES to indicate their views on the StR's progression covering everything above if you have not put it in the place it should be, and give the ARCP panel an overview of the StR's year. It is really important that achievements or difficulties are discussed here to inform the panel.

Faculty Tutor comments
The FT should cross-check whether the ESSR has been adequately completed by both the StR and ES, and provide any additional comments they feel they can to the document.

SUMMARY

In essence the ESSR form is an assessment to allow an independent panel to have as CLEAR an idea possible as to what has been achieved in the last year of training, so an informed judgment can be made as to progression.

It is up to the StR and the ES to provide the detail to enable the ARCP Panel to make their decision in a timely manner.