

Anaesthesia ES update session – Balancing Dual Anaesthesia and ICM

(Jan 2026)

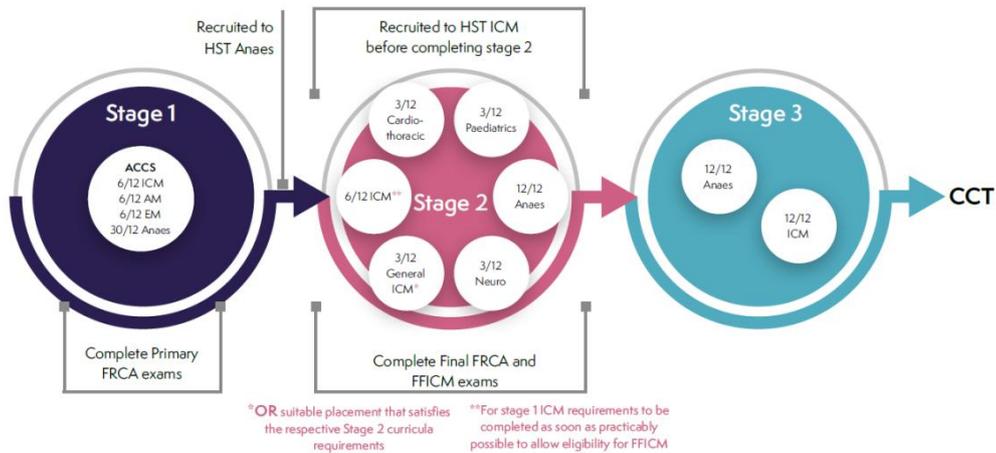
Recruitment

- Usual background for Anaesthesia / ICM Duals is either Core Anaesthesia or ACCS
- (Alternative ICM training options are: Single-stream, Dual with EM, Triple with Acute & General Med, Respiratory & General Med or Renal and General Med) – You may supervise these colleagues in theatres in their Anaesthesia year
- Recruitment is once a year (August start)
- The cut-off grade for application currently sits at ST5
- Residents can be appointed to both training programmes at the same time or sequentially. However, the offers for Anaesthesia and ICM posts must be in the same region (Y&H).
- ACCS and Core Anaesthesia trainees can apply for single-stream ICM after 2 years of Anaesthesia. However, they cannot yet apply for Anaesthesia at that point, as they will still be one year short of the Anaesthesia requirements.
- ICMRO website has requirements, person specs and scoring matrix (or signpost to ICM Faculty Tutors or TPDs)
- Our school runs an annual careers evening in January. ESs can signpost interested residents.

Dual training path

- Dual training is well-established, structured and supported by both Colleges
- Duration is longer: Indicative 8.5 years (post Foundation stage) vs 7 years in single stream
- Details of stage 1 and 2 depend on the type of core programme upon entry
- TPDs make a bespoke training plan for each new dual resident
- Stage 1 ICM
 - 1 year each of Anaesthesia, Medicine (EM counts for this too) and ICM
 - 4th year from partner specialty (for Anaesthesia Duals this is obvs Anaesthesia)
- Stage 2
 - 12 months general Anaesthesia
 - 9 months specialty rotations (Neuro, Cardiac, Paeds): covers Anaes and ICM
 - 3 months ICM
 - Both FRCA and FFICM Final exams
- Stage 3
 - 1 year Anaesthesia
 - 1 year ICM (this is the SIA year for dual trainees)
- See a sample training path below. More detail in joint RCoA/FICM guidance

ACCS (Anaes) to dual, recruited to Anaes first
All timescales are indicative



The reality of dual training

- It's busy
- Two curricula - tight timelines and clear requirements for each
- Two portfolios – luckily both on the LLP
 - Lots of overlap in clinical and non-clinical capabilities
 - ICM domains are called HiLLOs, can cross-reference lots with HALOs
- Two ESs (or one)
- Two TPDs
- Two ARCPs, run as Dual ARCPs on same day
 - Require two ESSRs (to capture input from ES and College Tutors in each specialty)
- Two teaching programmes (regional and local)
- Abundance of opportunity in two specialties
- Two sets of final exams!
- The ICM programme appointment is for a pan-deanery post:
 - We match most individual placements to the location of the Anaesthesia rotation (East, West or South)
 - Some placements may require out of hub postings (Paediatric ICM in Leeds or Sheffield, Burns special interest in Pinderfields, Liver ICM in Leeds etc.)
 - Longer commutes may result during some periods of training

Common challenges

- Training duration and fatigue
- Conflicting priorities across specialties (a useful theatre list vs regional teaching in ICM etc...)
- Exam burden
- Added life events: mat leave, kids, LTFT, sick leave, carers or family responsibilities etc

- Sometimes extended time out of one specialty -> impact on confidence
- Identity conflict - “Where do I belong?”
- Increased portfolio and admin work
- Stage 2 is the main crunch-time!
 - Super crammed. 2 busy portfolios, 2 full exams
 - Often coinciding with other life events / challenges
 - Lack of headspace. Trying to develop special interests and thinking about CV building and where to work
 - Riskiest time for burn-out and consideration to drop one specialty

Some signs of trouble

- Long periods without contact from resident
- Disengagement with meetings and portfolio work
- ARCP issues
- Exam failure
- Overly ambitious plans / overload with additional projects
- Conflict at work
- Importantly: Residents are often high-performing and may be quietly in trouble!

How the ES and TPDs can support

- Early discussion of overall career goals and timelines
- Help with pace
- Regular check-ins, including welfare
- Encourage mapping evidence across when working in one specialty
- Signpost to mentors or peers (trainee reps: resources, peer exam groups, ideas for career management etc.) - We have piloted trainee buddies, allocated by the reps at the point of joining dual programme
- Encourage contact with TPDs
- Professional support on deanery website if needed
- If in doubt, check in with the TPDs!
- Some ideas on what TPDs / Head of School may consider
 - Modify rotation planning
 - Flexibility around individual postings
 - LTFT, OOPs (including career breaks)
 - Allow to carry one exam forward into stage 3 (but need to have all HALOs and HiLLOs completed in stage 2 time)
 - Support each resident for their individual needs and interests
 - This includes support for resigning from one or both programmes - we can help with making this a positive step and keeping some future career options open

Further resources

- Chat to the TPDs or Regional Advisors
- RCoA and FICM curricula and websites
- Joint training guidance: [ICM_DUAL_CCTs_2021_-_Anaesthetics_0.pdf](#)
- Gold guide