

INTENSIVE CARE RECRUITMENT : THE IMPACT OF COVID-19

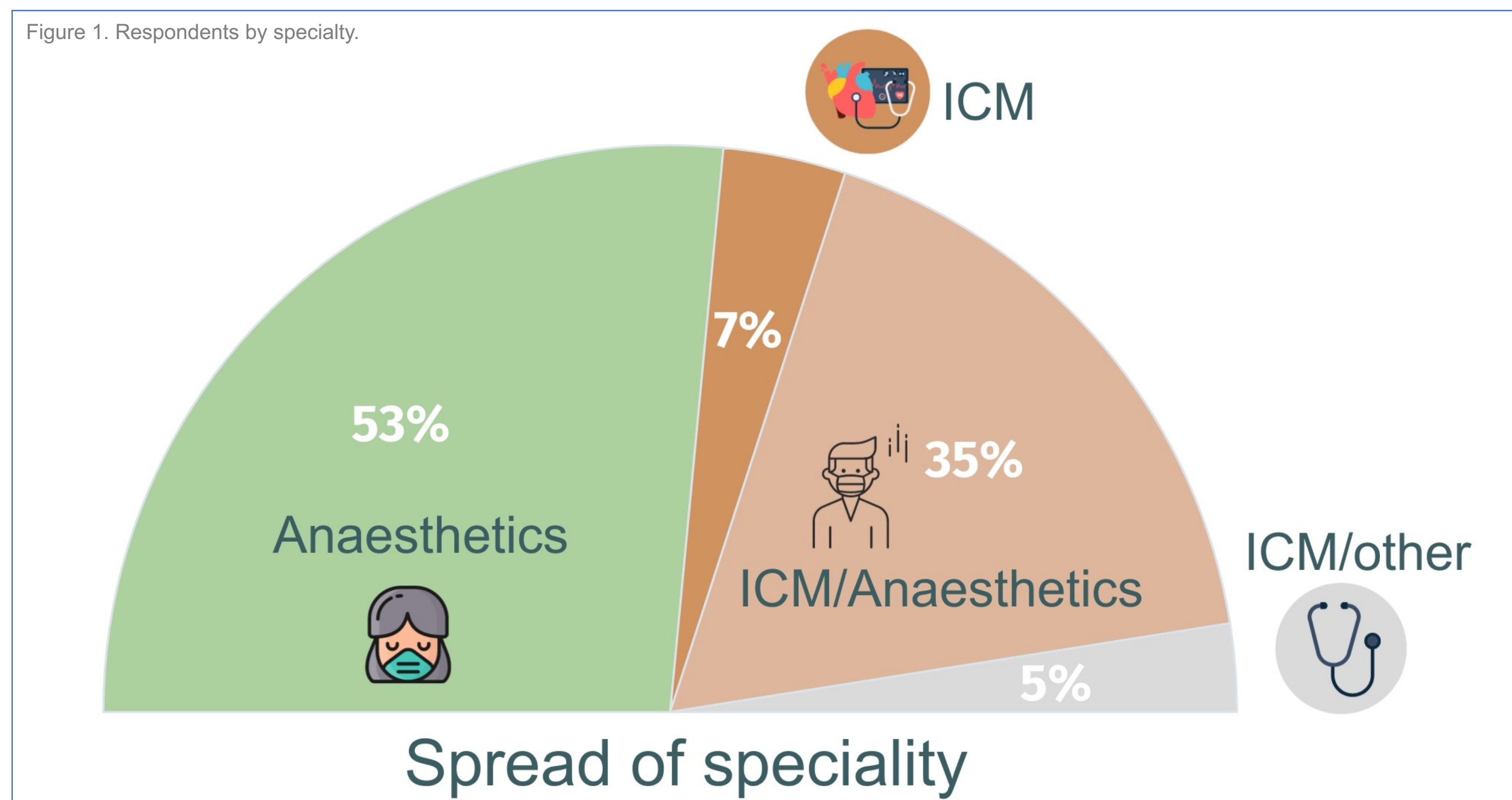
HAVE WE ENCOURAGED OR DISCOURAGED FUTURE INTENSIVISTS?

SQA21

SUMMARY



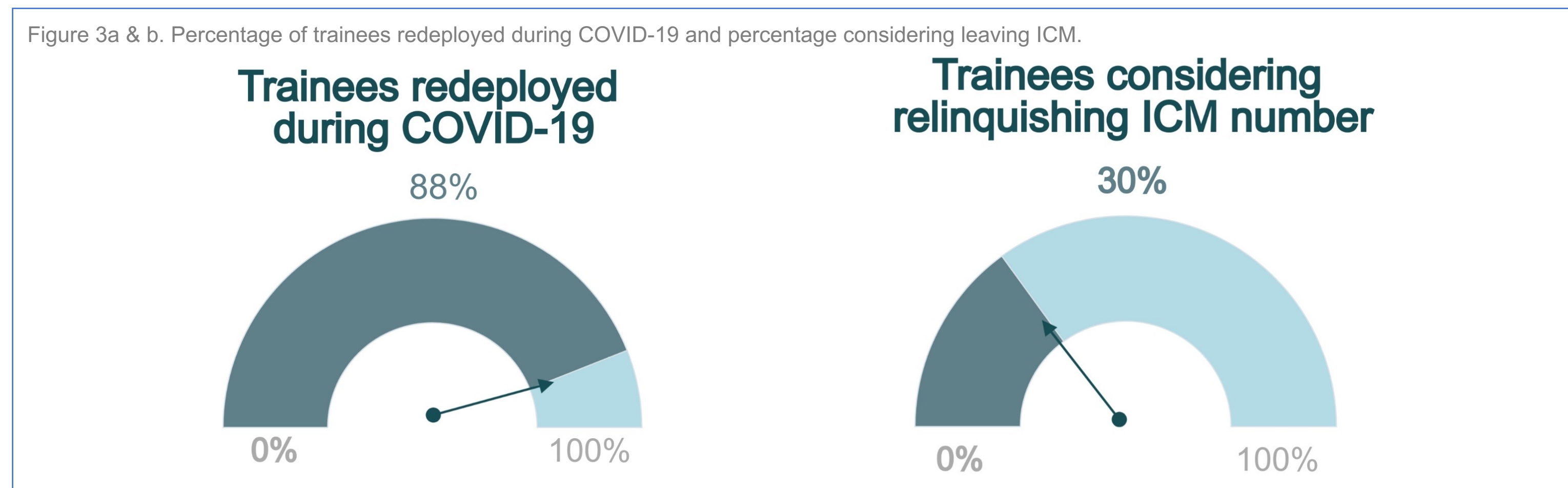
Figure 1. Respondents by specialty.



METHODS

We performed a brief electronic survey of 121 dual- or single-specialty anaesthetists in training from four LETBs across England.

Figure 3a & b. Percentage of trainees redeployed during COVID-19 and percentage considering leaving ICM.



RESULTS

Our survey showed that 32% had a negative experience that dissuaded them from pursuing ICM careers or, in some circumstances, relinquish their ICM training number altogether. Promisingly, 68% had a positive experience and of these 33% reaffirmed their desire to pursue a career in ICU and 8% developed a new interest in pursuing a career in ICU since their redeployment.

Figure 2 demonstrates positive and negative experiences reported by trainees during intensive care.

Respondents suggested changes to attract more anaesthetists to dual-accredit with ICM. This included the removal of hurdles such as additional exams, separate portfolios, and duplicated assessments. The additional training time was also highlighted, particularly given that trainees already contribute significantly to ICM rotas.

There was a need for more flexibility in training with dual trainees wanting to undertake advanced training modules like their anaesthetic counterparts. They also reported wanting more anaesthetic sessions in their future job plans possibly reflecting the desire for varied practice as a consultant.

CONCLUSIONS

Although COVID-19 has had a positive effect by increasing ICM applications, this may be at the expense of dual-trained anaesthetic/ICM trainees. FFICM should consider the factors which dissuade these applicants and its future impact on skills available in ICU.

INTRODUCTION

Recruitment in intensive care has long been discussed, with the pandemic bringing this into sharp focus. Most anaesthetists in training were fully redeployed into ICU rotas or provided technical expertise. Historically, ICUs have been predominantly staffed by consultants trained in both anaesthetics and intensive care medicine (ICM), but the challenges of this career path have been augmented by COVID-19. Forecasts suggest a concerning supply shortage of both anaesthetic and ICM consultants.¹

The latest recruitment round for ICM has been the most competitive year for applications (ratio 2.9:1 in 2021 compared to 1.49:1 in 2020).² However, the anaesthetic/ICM dual-training contribution to this workforce has worryingly decreased from approximately two-thirds to less than a half.

OBJECTIVES

To assess the impact of COVID-19 on attitudes of anaesthetists about future careers in intensive care.

Figure 2. Factors leading to positive and negative experiences whilst working in intensive care.

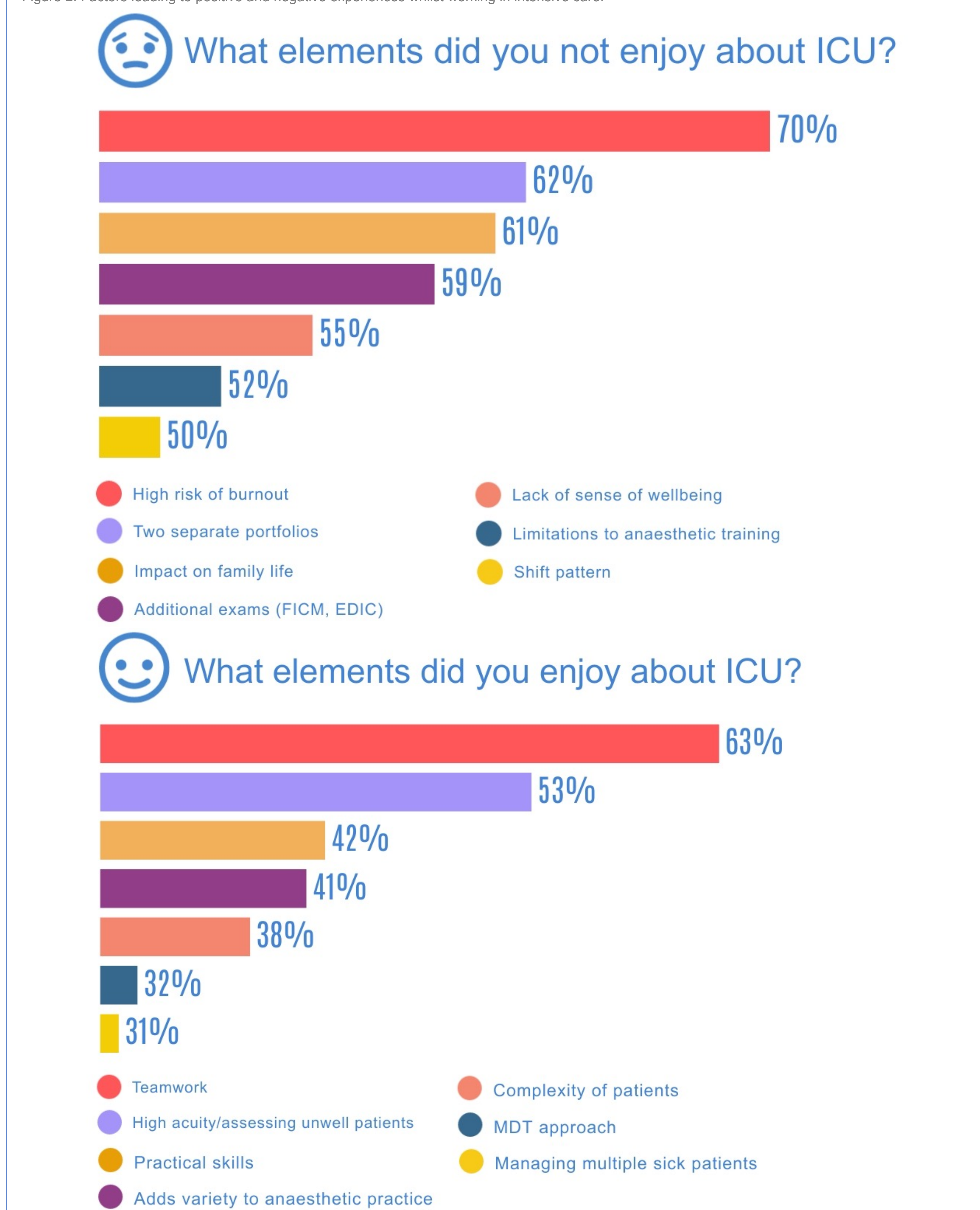
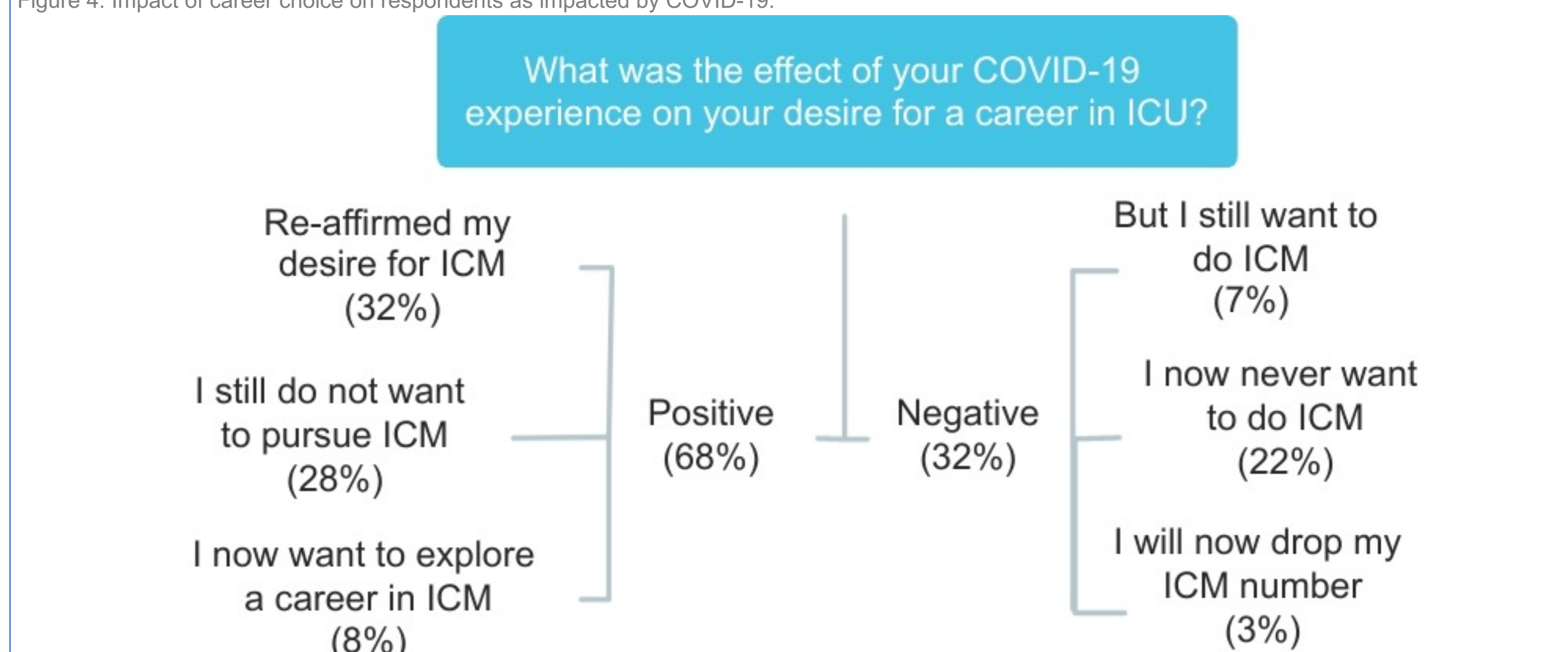


Figure 4. Impact of career choice on respondents as impacted by COVID-19.



Conflict of interest
Some of the results from this study were presented in BJA Bulletin, September 2021. Issue 129. Page 36-37. (<https://www.rcoa.ac.uk/sites/default/files/documents/2021-08/Bulletin129.pdf>)

References
1. In-depth review of the anaesthetics and intensive care medicine workforce: Final Report. CFWI, 2015 (bit.ly/2Ujs29P).
2. Open letter to all 2021 ICM National Recruitment applicants. FICM, 2021 (bit.ly/2UnQfRW).

Dr Kayur Patel (ST7 Anaesthetist)
Dr Zeeshan Malik (ST7 Dual ICM & Anaesthetics)
Dr Ajay Gandhi (ST7 Dual ICM & Anaesthetics)