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Introduction

Critical care is still a fledgling specialty in India, despite the fact that intensive care units (ICUs) have been in existence here for more than thirty years. Traditionally, critical care has been the preserve of anesthesiologists, as many of the skills required in critical care were part and parcel of anesthesiologists’ postgraduate training. With the expansion of critical care’s scope beyond perioperative management to include critically ill medical and surgical patients from all specialties, the skills and training of an anesthesiologist were no longer enough to grapple with the increasing complexity of intensive care management. At the same time, other specialists desiring to practice critical care did not possess an anesthesiologist’s skills, which are inherent to the practice of critical care.

Critical Care Education in India

In India, the initiative to start critical care education was taken by the Indian Society of Critical Care Medicine (ISCCM, www.isccm.org). Dr. Farhad Kapadia and others formed a committee to lay down guidelines for running a certificate course in critical care medicine. These guidelines included criteria for the recognition of critical care units and teachers to impart critical care training, the creation of a syllabus for critical care, entry criteria for trainees and an exit exam for certification at the end of training. Initially, only a few units in Mumbai and Pune were recognized for the certificate course. Over the last nine years, more than 25 units have been recognized for intensive care training, and every year, about 50 candidates appear for the certification exam.

The certificate course enables postgraduates in anesthesia, medicine and other specialties to get a feel for intensive care and either practice as critical care specialists in India or use their training to seek further educational and job opportunities abroad. Candidates are required to work for a year under the supervision of a recognized teacher at a recognized institute and acquire the basic competencies for intensive care practice. The training during this period involves bedside teaching; seminars; workshops in cardiopulmonary resuscitation (CPR), mechanical ventilation and hemodynamic monitoring; and critical care review courses. At the end of
training, candidates appear for an exit exam, which includes written, practical and oral components.

Seven years ago, the National Board of Examinations, New Delhi, recognized the need for specialist training in intensive care and instituted a post-doctoral fellowship in critical care. Ten units from all over the country impart this training. Certification for the fellowship is attained through successful completion of an exit exam at the end of two years.

Apart from this, there is a DM in Intensive Care offered by the Ramachandra Medical College and Deemed University in Chennai, and there is a DM in Pulmonary and Critical Care Medicine offered by Post Graduate Institute, Chandigarh. Additionally, many private bodies and universities plan to offer specialist training in critical care in India. There is therefore an urgent need to create a common platform for training in intensive care in India, and the Medical Council of India and the National Board of Examinations must take the lead.

The Future

Currently, the Australian model for intensive care education, in which a Joint Faculty of Intensive Care Medicine (JFICM) regulates all aspects of intensive care training and certification, appears to be the best formulated, integrating the training required for the practice of intensive care in the most comprehensive manner. Under this model, candidates typically require about seven years (after undergraduate education) to complete training in critical care, after which they take an exit exam and are certified by the JFICM for practicing critical care. India can learn from this model.

The European Society of Intensive Care Medicine (ESICM) has recently completed a unique project, Competency-Based Training in Intensive Care Medicine in Europe (CoBaTrICE), which has used consensus techniques to define the competencies required of a specialist in intensive care medicine, linked these competencies to a syllabus and relevant educational resources and provided guidelines for the standardized assessment of competence in the workplace (www.cobatrice.org). The ISCCM has decided to introduce a two-year diploma course, which aims to use CoBaTrICE for training Intensive care trainees. The ISCCM hopes to take the lead and transform the certificate course into an international, competency-based training program and, at the same time, work with the National Board of Examinations to create a national core curriculum on intensive care. Finally, with sufficient lobbying and advocacy, it may be possible to obtain the Medical Council of India’s official recognition of critical care as a specialty.

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