# Intensive Care Medicine Portfolio Pathway Evidence Map

Use this to test whether your current post is producing evidence across the ICM curriculum, not just senior general ICU experience.

## 1. Core ICM evidence

| Evidence | What to check |
|---|---|
| 14 HiLLOs | Map every major document, case and assessment to the relevant High-Level Learning Outcome. |
| Capability levels | HiLLOs 1-9 should show level 4; HiLLOs 10-14 should show level 3. |
| SLEs | Use ACAT, CbD, mini-CEX, DOPS and MSF evidence across the HiLLOs. |
| Structured reports | Minimum three: current Clinical Director plus two recent practising ICM colleagues. |
| FFICM/equivalent | FFICM or robust equivalent knowledge evidence such as accepted comparable ICM qualifications. |
| Maintenance | If evidence is older than seven years, show maintenance of capability. |

## 2. Placement and experience checks

| Area | Evidence prompt |
|---|---|
| General ICM | Stage 3 senior adult ICU practice, multiple patients, leadership and out-of-hours decision making. |
| Anaesthesia | Airway control, unconscious patient care, perioperative physiology and anaesthetic interface. |
| Medicine | Ward deterioration, acute medical complexity, escalation, investigation and admission decisions. |
| Neuro ICM | Raised intracranial pressure, CNS infection, neuromuscular disease and specialist neurocritical care. |
| Paediatric ICM | Recognition, stabilisation and management of common paediatric emergencies until specialist help. |
| Cardiothoracic ICM | Post-cardiothoracic perioperative care, pain relief and advanced cardiovascular support. |
| SSY | Declared Special Skills Year with cases, SLEs, QI, teaching, governance and consultant feedback. |

## 3. Job-fit evidence

| Post feature | Why it matters |
|---|---|
| Specialist placements | A general ICU post may not create neuro, paediatric, cardiothoracic or SSY evidence. |
| SLE culture | Supervisors need to observe, assess and map cases to the HiLLOs. |
| Organ support breadth | Shows advanced respiratory, cardiovascular, renal, neurological and perioperative critical care. |
| Transfer and ward review | Supports resuscitation, stabilisation, safe transfer and deteriorating ward patient evidence. |
| Governance and QI | Supports patient safety, research, teaching, service leadership and professional HiLLOs. |
| Structured reports | Clinical Director and recent ICM colleagues must be able to comment across the whole role. |

## 4. Next 30 days

- Map every current document against the 14 HiLLOs.
- Identify missing specialist placement evidence: medicine, anaesthesia, neuro, paediatric, cardiothoracic or SSY.
- Book ACATs, CbDs, mini-CEX and DOPS around complex current ICU cases.
- Ask your clinical director and two recent ICM colleagues whether they can support structured reports.
- If evidence is older than seven years, collect maintenance evidence now.