



College of Critical Care Medicine

(Critical Care Education Foundation)

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EXECUTIVE COMPARISON NOTE

FCCCM + AFIC vs Global Intensive Care Training Models

1. Purpose of This Note

This note explains how the Indian FCCCM (2-year foundation) + AFIC (1-year advanced) pathway aligns with major international intensive care curricula (ESICM CoBaTrICE, SCCM/ACGME-based programmes, Australian CICM), and why the **2+1-year structure** has been intentionally adopted for India's healthcare and workforce context.

2. Alignment With International Standards

- **CoBaTrICE (ESICM, Europe)** defines 102 competencies across 12 domains (resuscitation, organ support, procedures, communication, ethics, quality and safety, etc.). The combined FCCCM+AFIC curriculum has been mapped to cover all these domains through its core and advanced modules, procedural requirements, and logbooks.
- **SCCM/ACGME-type fellowships (USA/Canada)** typically provide 2 years of dedicated critical care training after core specialty training, with 9–12+ months of direct ICU time plus research and subspecialty exposure. FCCCM+AFIC achieves a comparable density of ICU exposure and procedural competence after prior residency or MD/DNB training.
- **Australian & New Zealand CICM** uses a longer pathway (approximately 6 years including basic and advanced training) with at least 24 months of core ICU plus non-ICU rotations. FCCCM+AFIC achieves similar ICU-focused competencies by building on existing residency/postgraduate training and avoiding non-essential rotations that are difficult to standardize across Indian centres.

Key point: The **competencies and ICU exposure** are aligned with global expectations; **what differs is the time structure, not the target standard.**

3. Why India Cannot Simply Copy 5–6 Year Models

- India has ~1.4 billion people but only ~5,000 trained intensivists produced over several decades and currently trains only a few hundred per year.
- Around **70% of intensivists are concentrated in major cities, while ~80% of the population lives in districts and rural areas**, many of which have limited or no specialist critical care.
- Extending intensive care training to 5–6 years for all intensivists would:



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- Significantly **delay the availability** of trained intensivists for district and rural hospitals.
- **Discourage** many MBBS graduates and postgraduates from entering intensive care due to duration, cost, and opportunity loss.
- Be misaligned with the urgent national mandate to expand critical care capacity at all levels of the health system.

The **2-year FCCCM** is therefore designed to produce **safe, independent general intensivists** suitable for district/rural and secondary-level ICUs, while the **additional 1-year AFIC** develops **tertiary-care and academic leaders**.

4. Two-Tier Model: District-Level vs Tertiary-Level Intensivists

The Indian design explicitly distinguishes between:

1. FCCCM Graduates (2 years)

- Competent to run general ICUs in district hospitals, smaller private hospitals, and secondary/tertiary centres.
- Trained to manage common critical illnesses, lead ICU teams, implement basic quality and infection-control practices, and recognize when to refer or seek tertiary support (including tele-ICU).
- Not required to have “professorial-level” subspecialty expertise, which is unrealistic and unnecessary for many district and rural settings.

2. AFIC Graduates (additional 1 year)

- Trained in advanced ventilation, ECMO, complex hemodynamic, neurocritical care, transplant critical care, PICS and rehabilitation, frailty assessment, AI-assisted decision support, research methods, and leadership.
- Positioned similarly to intensivists trained for large tertiary/academic centres in CoBaTrICE, CICM, and SCCM systems.

This **two-step pathway (FCCCM → AFIC)** allows rapid deployment of well-trained intensivists across India **without lowering standards**, while still providing a clear route to advanced, academic-level practice.

5. Competency-Based Rather Than Time-Based Emphasis

- Internationally, there is a move towards **competency-based medical education** rather than purely duration-based models.



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- FCCCM+AFIC follow this approach with:
 - Defined procedural numbers and direct observation of procedural skills.
 - Structured logbooks and case portfolios.
 - Clearly described knowledge, skill, communication, and ethics milestones.
 - Central examinations combined with local mentor validation.

The **2+1-year structure** should therefore be understood as a **competency-driven, context-adapted model** that is consistent with modern international educational principles.

6. Affordability and System-Level Rationale

From a public health and policy perspective:

- India urgently needs a **large increase in intensivists numbers**, especially outside metros.
- A shorter, focused, high-quality pathway reduces:
 - Direct training costs and years out of the workforce for trainees.
 - Indirect costs to families and health systems.
- This model is therefore a **deliberate, context-sensitive modification** that preserves the spirit and content of ESICM/SCCM/CICM curricula while making intensive care training **feasible, scalable, and affordable** for India.

In summary:

The FCCCM (2-year foundation) + AFIC (1-year advanced) pathway is **internationally aligned in competencies**, but **intentionally shorter in duration**, to meet India's unique needs: a 1.4-billion population, severe intensivist shortage, urban–rural maldistribution, and constrained affordability. This structure is proposed not as a dilution of standards, but as a **strategic adaptation to ensure that safe, competent critical care becomes available to districts and rural India within a realistic timeframe.**