

## TERMS OF REFERENCE

*Effective from 1 July 2007*

### Definitions

- 1.(a) In these terms of reference the words or phrases in the left hand column have the meaning in the right hand column.

The Board	The Intercollegiate Board for Training in Intensive Care Medicine
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The Colleges	The Royal College of Anaesthetists
	The Royal College of Physicians of London
	The Royal College of Physicians of Edinburgh
	The Royal College of Physicians and Surgeons of Glasgow
	The Royal College of Surgeons of England
	The Royal College of Surgeons of Edinburgh
	The College of Emergency Medicine

Intensive Care Medicine (ICM)	The Branch of Medicine defined in the following sub-paragraph
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- (b) Subject to paragraph 4(a) of these terms of reference 'Intensive Care Medicine' means that area of medical care required for organ support and therapy of critically ill patients who are expected to survive but who, without intensive care, would be unable to do so. Intensive care medicine provides a service for patients with potentially recoverable conditions for whom the level of observations and treatment that can safely be provided in general wards is insufficient.

### Constitution

- 2.(a) Following correspondence with Presidents, the Board's constitution shall be:

Five members nominated by the Royal College of Anaesthetists;

One member each nominated by the  
Royal College of Physicians of London  
Royal College of Physicians of Edinburgh  
Royal College of Physicians and Surgeons of Glasgow

Royal College of Surgeons of England  
Royal College of Surgeons of Edinburgh  
College of Emergency Medicine

Two members nominated by the Intensive Care Society, one of whom shall represent trainees;

One co-optee from the Conference of Postgraduate Medical Deans;

The Chairman of the Intercollegiate Committee on Training in Paediatric Intensive Care Medicine, ex-officio;

The Chairman of Examiners for the Diploma in Intensive Care Medicine, ex-officio;

The Chairman of Regional Advisors in Intensive Care Medicine, ex-officio;

A co-opted lay representative (the Chairman of the Intensive Care Society Patients' Committee);

Any additional co-optees required to inform discussions, as decided at a meeting of the Board.

- (b) The members of the Board entitled to vote on any matter shall be those nominated by a College or the Intensive Care Society. The Chairman shall not have any independent vote but only a casting vote in the event of the votes on any matter otherwise being equal.
- (c) A Chairman, who shall be a College-nominated member, shall be elected by the members of the Board to serve for a maximum period of two years.
- (d) The election of a new Chairman shall be held one year before the end of the serving Chairman's term of office. The Chairman-elect will then serve as Vice-chairman for that year. On completion of his/her term of office the retiring Chairman will serve as Vice-chairman until the election of a Chairman-elect.
- (e) In the event of the Chairman relinquishing office during his or her first year of office the current Vice-chairman will occupy the chair until a new Chairman has been elected, to take office immediately, and the election of a new Vice-chairman.
- (f) In the event of the Chairman relinquishing office during his or her second year of office the current Vice-chairman will assume the chair for a two-year term and a new Vice-chairman will be elected at the earliest opportunity.
- (g) If the nominated period of a member of the Board who is elected Chairman or Vice-chairman expires before the end of the term of office, then he/she will extend his/her period on the Board to complete a full term as Chairman or Vice-chairman.
- (h) Members shall serve for three years and, if nominated again by their nominating body, will be eligible to serve for one more term of the same period.
- (i) In the event of a member ceasing, for whatever reason, to be a member of the Board before the completion of the term of service for which that member was nominated, the body responsible for the nomination shall nominate another person to serve for the unexpired period of the term. Such a term of office shall be disregarded in relation to any subsequent term or terms of service for which that person may be nominated.

## **The Powers, Objects and Functions of the Board**

3. The powers of the Board shall be such as may be delegated to it by the Colleges on all matters related to Intensive Care Medicine whether to be exercised by the formulation of recommendations by the Board subject to the approval of and, where appropriate, amendment by the Colleges before being put into effect by the Board or whether, when the delegation so provides, by the taking of decisions to be given effect directly by the Board without the requirement of such prior approval. Such further powers may from time to time be delegated to the Board by the Colleges as may be necessary for the proper performance of the functions specified in these terms of reference.

## **Functions Relating to Scope and Status of Intensive Care Medicine**

4. Included amongst the matters delegated to the Board by the Colleges shall be the functions of:
  - (a) Keeping the definition of intensive care medicine under review and, if it should appear necessary or desirable, of making, from time to time appropriate modifications to the definition having, when necessary, undertaken such consultations for that purpose as shall appear desirable to the Board; and
  - (b) Keeping under review the relationship between adult intensive care medicine and paediatric intensive care medicine.
5. The Principal Objects and Functions of the Board, within the terms of the delegation by the Colleges, shall be:
  - (a) to keep under review the practice of intensive care medicine;
  - (b) to determine the duration, content and assessment of training in intensive care medicine and make recommendations to Colleges and the Postgraduate Medical Education and Training Board;
  - (c) to recommend minimum standards for intensive care units recognised for training by the Colleges;
  - (d) to advise PMETB on applications from individual hospitals for recognition of intensive care units for training purposes;
  - (e) to exercise in relation to intensive care medicine such other training and education functions on behalf of Colleges as would be relevant to a specialty;
  - (f) to institute mechanisms of accreditation and, as required, examinations for awarding qualifications in intensive care medicine, and to ratify the award of the Diploma in Intensive Care Medicine.

## **Workforce**

6. It shall be a function of the Board to keep under review the workforce requirements of intensive care medicine and to take such action as may be necessary to ensure that sufficient training and numbers of trainees are available to meet those requirements.

## **Administration**

7. It shall be a function of the Board to initiate and keep under review the administrative arrangements necessary for the performance of the Board's function.

## **Finances**

8. It shall be a function of the Board to determine what funds are needed for administration, accommodation and other costs, including, for example, those connected with members expenses, the visiting programme, registration of trainees and the development of databases, the conduct of any examination and meetings of advisors, to prepare regular budgets for those costs and to oversee the receipt and expenditure of all sums connected therewith. In exercising this function it will be the responsibility of the Board to achieve the greatest possible economy and at the same time to seek to make the activities of the Board self-financing. To this end the Board will generate income from its activities by such means as fees in respect of registration for training and of admission to examinations, charging for publications where appropriate, and through the recovery of expenses in relation to visits to units for the purpose of assessment and approval. Circumstances or any proposed initiative or other action on the part of the Board that would lead to an overspend will be brought immediately to the notice of the Colleges. Any shortfall in the Board's accounts will be met by the Colleges in accordance with a formula agreed between them based on their representation on the Board.

The Royal College of Anaesthetists will act as agent for the Board for the purpose of receiving, holding, inserting and expending any monies, subject to the recovery of any sums in accordance with the aforementioned agreement. The RCA shall furnish the other Colleges with periodical statements of accounts at intervals of not more than one year.

## **General Professional Responsibilities**

9. The Board shall:
  - (a) take any action necessary, not specifically indicated in the foregoing functions, to meet any requirement resulting from the provisions of the European Specialist Medical Qualifications Order 1995, and
  - (b) act in accordance with any lawful requirements of the General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003, the General Medical Council or the Colleges.