

**Associate Fellowship (AFICM) Application Form**

**This application form is ONLY for use by medical practitioners holding** a substantive or honorary NHS or Defence Medical Services consultant post in the **United Kingdom** with a defined, contracted **daytime** clinical commitment to Intensive Care Medicine and who wish to apply for Associate Fellowship of the Faculty of Intensive Care Medicine (AFICM). For the definition of daytime clinical commitment, see *Appendix C*.

Applicants for AFICM **must** have successfully completed a national specialty examination in ICM (which may include the European Diploma in ICM) *or* in the specialty of one of the Faculty’s Trustee Colleges and **must not** be eligible for any other Fellowship route. Locum Consultants are not eligible to apply. **Please read the regulations in *Appendix B* and definition of daytime clinical commitment in *Appendix C* before completing this form.**

**The application form must be submitted electronically.** Please complete in full using the electronic version of the document. Do not alter the format. **Submit the form** **to** [contact@ficm.ac.uk](mailto:ficm@rcoa.ac.uk). Large applications should be electronically zipped before sending. The submission will be acknowledged by return email. Hard copies will **not** be accepted.

**Please read the guidelines in this form carefully** and note the supporting documentation required for your application to be considered. Where supporting documents are needed from a referee, please ensure that these are *scanned* versions of signed letters.

**Part 1: Personal Details**

1.1 Title 1.2 Last name 1.3 First name(s)

1.4 Full address (you **must** include postcode) 1.5 Telephone number (*Home*)

1.6 Telephone number (*Work*)

1.7 Telephone number (*Mobile*)

1.8 Email address

1.9 Gender 1.10 Date of birth (*DD/MM/YYYY*) 1.11 GMC Number

1.12 Partner Specialty (if any – e.g. Anaesthesia, Paediatrics, etc – if medical specialty please specify)

**Part 2: Qualifications**

2.1 Primary Medical Qualification 2.2 University you qualified from

2.3. Main Medical Qualification (e.g. FCARCSI). 2.4 Awarding College/Faculty

2.5 FICM trustee college affiliation – please check the appropriate box

**No,** I have no affiliation with any of the  **Yes,** I have some form of affiliation with a FICM

FICM trustee colleges trustee college, other than full Fellowship

(e.g. Associate Fellowship of the RCoA)

2.6. If yes, please state type of trustee college affiliation and give the name of the college

2.7. If yes, please give your trustee college reference number

2.8. If you have any other qualifications (e.g. Diploma, BSc) please note below, with year of award

2.9 Please check the appropriate box to denote level of UK ICM training recognition

Completed a national specialty exam in ICM (e.g. EDIC or EDAIC)

Completed a national specialty exam of one of the Faculties Trustee Colleges

**Part 3: Application Information**

3.1 Details of your consultant post in the United Kingdom including your full work address

Full Job Title

Full Work

Address

3.2 Number of daytime clinical commitments

(DCC) per week devoted to Intensive Care

Medicine (not including on-calls)

3.3 Are you in good standing (i.e. are you up to date on your subscriptions) with your College?

**Yes  No**

*For applicants with an affiliation to the* ***Royal College of Anaesthetists****:*

3.4 Are you willing to pay the subscription to the Faculty via your existing direct debit to the College?

**Yes  No**

**Part 4: Applicant’s Declaration**  
 **I wish to have my application for Associate Fellowship of the Faculty of Intensive Care Medicine considered by the Board of the Faculty of Intensive Care Medicine.**

**I enclose the following documentation:** (check as applicable)

**Completed and signed application form**

**Completed Clinical Director Certificate (*Appendix A*)**

**I agree that the Board of the Faculty of Intensive Care Medicine may seek any further information that it considers is relevant to my application, and that my personal details may be made available to a third party(ies), as required, for the purposes of considering my application.**

**I understand that before an assessment of my application can proceed, the requisite supporting evidence must have been received by the Board.**

**I confirm that, to the best of my knowledge, all of the information that I have provided in this application represents a true and accurate statement. I understand that any serious misrepresentation or false information supplied with the intention to mislead is a probity issue that may be reported to the GMC.**

**I agree that the information provided by me may be processed, in accordance with the Data Protection Act, for legitimate purposes connected with my application.**

**Data Protection Statement**

The Faculty of Intensive Care Medicine is part of the Royal College of Anaesthetists. The linked [Data Collection Policy](https://www.ficm.ac.uk/data-protection-policy) applies to all personal data handled by the College, including its Faculties. The FICM relies on legitimate interests as the lawful basis for processing of personal data. We process and maintain personal data about you so that we can manage your membership, provide you with appropriate products and services and share information with you about FICM activities.

We will only use your information for the purposes as described and will not pass on your details to other third parties unless you have given us consent to do so.

We use appropriate organisational and technical measures to ensure that your data are secure and protected from loss, misuse and unauthorised access or alteration.

You have the right to ask for a copy of the information we hold about you and to have any inaccuracies in your information corrected. If you have any questions about data protection or require further information, please email [contact@ficm.ac.uk](mailto:contact@ficm.ac.uk)

4.1 Name of applicant 4.2 Signature of applicant**\***

4.3 Date declaration signed (*DD/MM/YYYY*)

\* *Signature:* Please either include an electronic signature or print this page out, sign it in hard copy and scan it for submission electronically.

**Appendix A: Clinical Director Certificate**

**This certificate must be completed and signed by the applicant’s current Clinical Director to confirm the applicant’s current clinical commitment to ICM in the NHS. If you are the Clinical Director, please ask your senior manager to complete this form.**

I (Clinical Director)

Job Title

Full work address

GMC Number

Email address(es):

Telephone number(s):

verify that (name of applicant)

Signature\* Date (*DD/MM/YYYY*)

\* *Signature:* Please either include an electronic signature or print this page out, sign it in hard copy and scan it for submission electronically.

**Appendix B: Faculty Regulations – Associate Fellowship (AFICM)**

Excerpted from the *Regulations of the Faculty of Intensive Care Medicine:*

8.1       The applicant must:

1. hold a substantive or honorary consultant post in the United Kingdom with a defined, contracted clinical commitment to Intensive Care Medicine as described in the appropriate application form.
2. not be eligible for any other Fellowship route.

And

1. be a Fellow of one of the Faculty’s parent Colleges who has successfully completed a specialist training programme. See appendix **D.**

**OR**

1. have trained overseas and successfully completed a national specialty examination in ICM (which may include the European Diploma of Intensive Care) or in the specialty of the Faculty’s Trustee Colleges or Paediatrics (for those undertaking Paediatric Intensive Care Medicine).

8.2       An application for Associate Fellowship must be accompanied by the following documentation and such others that may be prescribed in the application form:

1. a declaration, in the prescribed form, signed by the applicant;
2. a signed certificate from the Clinical Director confirming satisfactory appraisal and a minimum of 1 DCC PA per week in ICM.

8.3      An application will be considered by the Faculty assessors designated by the Board to review such applications. The Board will be advised of the approved applications at the next meeting and a certificate of Fellowship will be sent to the applicant.

8.4    Associate Fellowship does not confer any eligibility to be listed on the United Kingdom Specialist Register.

**Appendix C: Definition of Daytime Clinical Commitment to ICM**

Applicants for Associate Fellowship of the Faculty of Intensive Care Medicine **must** hold a defined, contracted daytime clinical commitment (DCC) to Intensive Care Medicine.

**Daytime sessions or PAs for ICM have the following characteristics:**

* Duties include the care of ‘level 3’ critically ill patients
* No concurrent duties for other specialties
* Contracted sessions/PAs are reimbursed at premium rate

**The Clinical Director** must certify the application **only** where there is a contracted commitment of at least one programmed activity of direct clinical care dedicated to Intensive Care Medicine, during which the applicant is responsible for directing the care of critically ill patients in the intensive care unit, and without concurrent responsibility to other services.

**Appendix D: Trustee Colleges of the Faculty of Intensive Care Medicine**

|  |  |
| --- | --- |
| **College** | **Qualification** |
| **The Royal College of Physicians of London (RCP London)** | **MRCP** |
| **The Royal College of Physicians of Edinburgh (RCP Edinburgh)** | **MRCP** |
| **The Royal College of Surgeons of England (RCS England)** | **MRCS** |
| **The Royal College of Surgeons of Edinburgh (RCS Edinburgh)** | **MRCS** |
| **The Royal College of Physicians and Surgeons of Glasgow (RCPSG)** | **MRCP/MRCS** |
| **The Royal College of Emergency Medicine (RCEM)** | **FRCEM** |
| **The Royal College of Anaesthetists (RCoA)** | **FRCA** |
| **The Royal College of Paediatrics and Child Health (RCPCH)** | **FRCPCH** |