

REGIONAL ADVISOR IN INTENSIVE CARE MEDICINE

ROLES AND RESPONSIBILITIES

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Background

The Regional Advisors (RAs) in Intensive Care Medicine represent the Faculty of Intensive Care Medicine in the nations of England, Wales, Scotland, and Northern Ireland. The ICM RA has particular responsibility for the promotion of Intensive Care Medicine, in the provision of advice to Postgraduate Deans, regional Training Programme Directors and the region's Faculty Tutors, to other specialty Regional Advisors, and to their own and other ICM Specialty Registrars. The role is important and carries significant responsibilities. The Faculty relies heavily on the ICM RAs for ensuring that its objectives are carried out in an efficient, effective, and sensitive manner.

This document describes the roles and responsibilities as they apply in England; slight variations may exist in the other nations of the UK according to the administrative structure of Postgraduate Medical Education.

The Faculty will usually appoint a minimum of one Regional Advisor in each Deanery. The geographical area for each RA may vary from Deanery boundaries, and will take into account:

- Historic RA boundaries
- Previously formed working relationships
- Geographical relationship to hosting schools or academies
- Geographical movement of trainees in ICM rotations or within hosting schools

The ICM RA should not concurrently hold the position of Regional Advisor, Training Programme Director, Tutor in a specialty other than ICM. In some regions, though not ideal, it may be necessary for the ICM TPD also to hold the role of ICM RA in rare cases and mainly smaller regions. It is envisaged that in most regions, the role of RA and TPD will be separate.

Deputy Regional Advisor

The ICM RA can nominate a deputy, for consideration and endorsement by the Faculty following an advertisement for interest in the post, if appropriate. All new appointments to the position of RA and

Deputy ICM RA must hold, or have previously held, the position of ICM Faculty Tutor (FT). For preference, they should not be in the same hospital as the ICM RA. It is the duty of the ICM RA to keep the central FICM secretariat informed of any changes to this role. The duties of the ICM RA are:

Working with FICM

1. To represent the views of the Faculty in all relevant matters within their Deaneries, Schools, Academies and Specialist Training Committees (STCs).
2. To proactively deal with ICM queries escalated to the RA by their Faculty Tutors and Training Programme Director. Should further advice be needed then the RA should approach the Lead ICM RA who will feed into the Faculty Training, Assessment & Quality Committee (TAQ)/secretariat.
3. Supervise and advise on the attainment of entry criteria to the ICM CCT programme. The ICM RA has responsibility for the totality of ICM training, including Stage 1. Doctors who have elected to undertake dual programmes of training will require supervision by both the ICM and the partner specialty training programmes. ICM RAs will need to work closely with their colleagues in the partner specialty programmes.
4. Monitor and advise adherence to the Faculty's criteria for its current programmes of training in Intensive Care Medicine.
5. Identify workforce deficiencies in relation to training and service provision.
6. Observe and advise on the FICM's criteria for appropriate training for consultant status.
7. Supervise the appointment of FICM Tutors in their region (see '[Roles and Responsibilities of Faculty Tutors](#)' for appointment process), and ensure the Faculty is kept informed of all such appointments via submission of the appropriate Faculty Tutor application form.
8. Meet with the Faculty biannually at the RA Annual Meeting and Training Leadership Annual Meeting.
9. Regular engagement with FICM Tutors throughout the year.
10. Assist in the election of an ICM Lead RA.
11. To volunteer for any groups or working parties convened by the ICM Lead for specific projects. Such groups are accountable to the ICM Lead RA and FICMTAQ.
12. Receive annual reports from their local FICM Tutors, collate the reports and inform the Faculty, Deaneries, Schools, Academies and Specialist Training Committees if problems with the delivery of training are uncovered.

Working with the Deanery/Academy, Training Schools, Training Programme Directors, and Base Specialties

13. To advise and maintain quality of training in Intensive Care Medicine and to liaise with Postgraduate Deans or their nominees and to serve, as required, on appropriate committees. The exact requirements are evolving rapidly and the ICM RA will need to understand the quality assurance plans of the relevant Deaneries and the scope of advice on the training environment that the Deaneries might want. This may include advice on ICM training for all trainees in ICM, not just those on the ICM CCT programme.
14. ICM RAs should facilitate communication with Regional Advisors in Anaesthesia, Respiratory Medicine, Acute Internal Medicine, Renal Medicine, and Emergency Medicine, with FICM members within the Deanery or region, with relevant academic departments and with TPDs or coordinators within the region. Such communication will allow dissemination of information from the Faculty ICM RAs and will provide a vital link with Postgraduate Deans and Training Programme Directors. ICM RAs are expected to cascade information as requested by the Faculty.
15. Where required, ICM RAs should be expected to participate in the work of Specialist Training Committees and ICM Programme Directors, under the auspices of the Postgraduate Dean, and to communicate with the Faculty and act on behalf of trainees.

16. Within their Postgraduate Deanery, ICM RAs will be responsible with Programme Directors in ICM for the overall organisation of the Faculty's training programmes in ICM. The programme will require close collaboration with RAs and programme directors in the partner specialties of Anaesthesia, Acute Internal Medicine, Respiratory Medicine, Renal Medicine, and Emergency Medicine.
17. RAs in ICM must expect to participate in the work of regional training committees to ensure that rotational programmes and training in general is appropriate and follows the criteria laid down by the Faculty. ICM RAs should ensure that Regional Training Committees include those with responsibility for implementing FICM's programmes in ICM.
18. From time to time, ICM RAs may be asked, by the partner Royal Colleges, or by the Faculty, Deaneries, Schools, Academies or STCs to assist in visits to hospitals offering training in ICM.

Working with Trusts

19. ICM RAs will be expected to advise the Faculty on a suitable ICM FT at each individual hospital, after appropriate consultation with the ICU consultants (see '[Roles and Responsibilities of Faculty Tutors](#)' and '[ICM Faculty Tutor Application](#)'). They should organise regular meetings and assist the Tutor in the resolution of any problems. ICM RAs will share with the Tutor the responsibility of ensuring that all ICM StRs undertaking the Faculty's programmes are identified and registered with the Faculty. ICM RAs (in conjunction with ICM TPDs) should be prepared to provide the Faculty with information about ICM StRs in post, monitor their progress using the ARCP system, training portfolios, and other educational records (e.g. Supervised Learning Events) in accordance with current FICM and partner College guidance.
20. ICM RAs should maintain close communications with the Faculty Tutors within their region. As part of this, the ICM RA should review the effectiveness of the relevant ICM FTs.
21. In conjunction with the RA of the partner College (or if unclear, the lead College), ICM RAs should be consulted on job descriptions for consultant posts in which Programmed Activities in ICM are included, including out of hours ICM cover as part of an 'on-call' rota. They should also maintain training in the requirements and employment law issues of job descriptions.
22. The ICM RA should be willing to serve on Advisory Appointments Committees (AACs), if requested to do so by a Royal College or Faculty. Therefore, they should maintain familiarity with the requirements for AAC's, understanding employment law, and attending update meetings on AACs.

Educational duties

23. The GMC requires educational and clinical supervisors to be appropriately trained. Therefore, it is essential that ICM RAs have received formal training in:
 - i. Appraisal and assessment
 - ii. Selection methods
 - iii. Managing Doctors in Difficulty
 - iv. Equal opportunities, diversity, and inclusion

If this has not already been achieved, it will be a condition of appointment to obtain this within 4 months. ICM RAs may also wish to consider observing the Faculty of Intensive Care Medicine Fellowship Examination (FFICM).
24. ICM RAs must be involved in the assessment, appraisal, and guidance of ICM StRs on a regular basis. This exercise should be coordinated with the involvement of the Postgraduate Dean, Programme Director in ICM and the Advisor from the partner specialty, as appropriate.
25. In liaison with the Postgraduate Dean and the Advisor(s) from the partner specialty(ies), RAs in ICM must participate in the selection of specialty trainees competing for entry to the CCT programme in ICM.
26. ICM RAs will be expected to assist the Postgraduate Dean in monitoring the application

and appointment process of ICM StRs. This will provide information concerning the need for additional or different training programmes.

27. ICM RAs will be expected to assist the Faculty and, if requested, tutors/supervisors from the partner specialties, on the quality of training required at Basic level in ICM and the relevant complementary specialty, to ensure appropriate training prior to and within the ICM training programme.
28. ICM RAs will be expected to give guidance to candidates intending to sit the Faculty of Intensive Care Medicine Fellowship Examination (FFICM).

Lead RA in ICM

The national Lead ICM RA is elected from within the national pool of ICM Regional Advisors. The role of Lead RA is often obtained by an interested RA in their final 3 years of term, as the skills, knowledge, and gravitas to fulfil the role requires a certain amount of time in post. The Lead RA role is for a maximum of 3 years, with no option for a second sequential term. This would mean that the post holder could not be RA for a region for more than 9 years maximum.

Support

ICM RAs are not expected to deliver all parts of their Job Description alone, and should expect to work with and/or be supported by:

- Local ICM FTs
- The ICM Deputy RA (if appointed)
- The STC and Training Programme Director for ICM
- Representatives of the local Deaneries, including the responsible Postgraduate Dean and Head of School
- RAs and TPDs from other relevant specialties, as well as the relevant STC's
- The Faculty

Time to discharge duties

The Faculty recognises and records its appreciation to those employers who allow time for the extraordinary efforts that many ICM RAs undertake. The Faculty endorses accountability to the employer for time allocated to supporting professional activities (SPAs) and urges employers to recognise that ICM RAs ordinarily spend a great deal of time discharging their duties. The time required to discharge these duties as ICM RA should be recognised on the same basis as local RAs in other specialties. Local requirements will dictate whether this is remunerated on a fixed or flexible basis. We would suggest that a minimum of 1 PA/week should be allocated to undertake this role.

Terms of appointment

ICM RAs are appointed initially for a term of 3 years, renewable for a further 3 years. This will be the maximum length of office, and it is expected that the role is handed over to a successor after this time. This should be considered and planned for in the last year of service. The Faculty reserves the right to extend terms of office beyond this limit at its discretion in the interests of efficient service provision, but this should be in exceptional circumstances which should not exceed an extension period of one year.

At the beginning of the final 6 months of a normal term of office, each ICM RA should advise the Faculty through its secretariat, of the approach of the end of their term of office. If this is the first of the two possible terms, they should also advise whether they wish to continue in office for a second term. This advice will instigate the consultation process to confirm continued support for a second term from the 'interested parties', or find a replacement ICM RA, as appropriate. There will usually be a handover period of 3 months to facilitate continuity.

Contact Details

It is the responsibility of the ICM RA to provide the Faculty with their up-to-date contact details, including postal and email addresses. The Faculty relies on these details to keep its ICM RAs informed of important training matters and allow them to disseminate information to their local

trainees and trainers. It is not acceptable for this line of communication to be compromised. If the ICM RA's contact details change in any way, they must inform both the Faculty and their local Tutors as soon as possible.

Appointment process

The appointment of ICM RAs in Intensive Care Medicine is the responsibility of the Faculty under its duty to supervise training in ICM nationally. This process is coordinated by the Faculty centrally.

- 6 months prior to the end of the post-holding ICM RA's tenure, the secretariat contact the ICM RA if the postholder has not done so already.
- If the ICM RA is in their first term and the Regional Intensive Care community is supportive and the regional situation appropriate, the ICM RA can be asked whether they wish to continue in office for a second term. If the ICM RA accepts, the second term is confirmed by a letter from FICM's Vice Dean. ***In exceptional circumstances, an ICM RA may be asked to extend to a third term of office or for an extension period of 1 year at the discretion of the Faculty.***
- If the ICM RA does not wish to extend to a second term or where the post-holding ICM RA has reached the end of their second term, a nominating process will be instigated.
- Those allowed to give their nomination are as follows (henceforth referred to as the Nominating List):
 - ICM FTs
 - ICM TPDs
- Where feasible, the Nominating List shall be populated by the secretariat, but the ICM RA may be required to provide names and contact details and to check the list provided by the secretariat.
- The secretariat will send the Roles & Responsibilities document with the Application Form to the Nominating List who will be asked to distribute widely locally within their hospitals. A timetable for the nominating process will be circulated at the same time. The cover email will give a 4-week deadline for the receipt of applications.

If only one application is received

- The name, statement and summary CV will be circulated to the Nominating List. The cover email will request, with a 2-week deadline, that concerns (if any) regarding the applicant should be communicated to the secretariat. If concerns are raised, they will be discussed by FICMTAQ. If no concerns are raised, then the application will be submitted to FICMTAQ to confirm the appointment.

If more than one application is received

- The secretariat will send ballots, summary CVs and statements to the Nominating List. The cover email will give a 1-week deadline for the receipt of ballots.
- The secretariat will tally up final ballots. In the case of a draw, the Vice Dean will get a deciding vote.
- The results, with summary CVs and application forms will be circulated to FICMTAQ for confirmation. The covering email will give a week's deadline for any concerns to be highlighted back to the secretariat.

If FICMTAQ confirm the appointment

- The applicant will receive a confirmation letter from the Vice Dean and Chair of FICMTAQ.
- The unsuccessful candidates will receive a letter from the Vice Dean and Chair of FICMTAQ. Interested parties will be informed as soon as possible of the outcome by the Faculty.

If FICMTAQ reject the appointment

- FICMTAQ will only reject the nomination in exceptional circumstances, for example if the nominee does not satisfy the person specification. In this event the outgoing RA will be asked to seek local opinion and make a second recommendation to FICMTAQ. In the event of local disagreement, FICMTAQ reserves the right to make an appointment independent of local processes, to maintain continuity and training support.

The application form will be circulated by the secretariat.

Person Specification for ICM Regional Advisors

Essential Criteria	Desirable Criteria
<p><i>Clinical Experience and practice:</i></p> <ul style="list-style-type: none"> A significant clinical commitment to Intensive Care Medicine 	<ul style="list-style-type: none"> Academic output in Intensive Care Medicine
<p><i>Personal Support:</i></p> <ul style="list-style-type: none"> Support of employer, confirmed by the Medical Director/Director of Postgraduate Medical Education/Clinical Director Effective working relationship with the Dean and Deanery Support of the FICM Tutors via the nominating process GMC recognised trainer to at least Educational Supervisor level Previous experience of working with local training colleagues 	<ul style="list-style-type: none"> Mentoring/coaching training skills
<p><i>Training experience:</i></p> <ul style="list-style-type: none"> Experience of organising and delivering training at a local level and/or regional level, as FT or TPD/Head of School Experience in the appraisal and assessment of trainees Familiarity with the FICM's training curriculum and willingness to apply it to developmental work in the local trust Familiarity with methods of assessment and willingness to participate in the ARCP process Experience of organising training programmes Experienced lecturer Experienced small group teacher Awareness of strategies to deal with 'doctors in difficulty' and 'failing trainees' 	<ul style="list-style-type: none"> Experience of the FFICM Exam as an observer Experience as an FFICM Examiner
<p><i>Management experience:</i></p> <ul style="list-style-type: none"> Skill in Chairmanship Understanding a service/training balance Experience of ICU leadership 	<ul style="list-style-type: none"> Experience of management and/or management training
<p><i>Personal attributes:</i></p> <ul style="list-style-type: none"> Probity Fairness Leadership: able to motivate and co-ordinate a disparate group of professionals Fellow in good standing (including <i>ad eundem</i> or Associate) of the Faculty of Intensive Care Medicine 	
<p><i>Personal training:</i></p> <ul style="list-style-type: none"> Willing to undertake suitable training courses in the first 3 months of appointment to fulfil the ICM RA role, and be able to demonstrate a plan, agreed with Trust management for achieving the required additional training Equality and Diversity Training Training in appraisal Training in interview skills 	

