Consultant posts in Intensive Care Medicine

Faculty of Intensive Care Medicine approval of job descriptions

Royal Colleges and Faculties approve consultant job descriptions in order to provide Trusts with professional guidance and quality assurance for consultant appointments, focused on maximizing quality of care for patients and their families, providing organizational leadership, and education and training through role modeling.

The Faculty of Intensive Care Medicine is the responsible professional body for providing this guidance on consultant posts with sessions in intensive care medicine, whether these are full-time ICM, or linked through dual certification programmes with specialties such as anaesthesia, acute medicine and emergency medicine. The Faculty represents eight Trustee Royal Colleges, with governance through the Royal College of Anaesthetists. The FICM uses the same principles for approval of consultant appointments as the RCoA.

The Faculty will also provide representatives to join appointments committees if this is desired by the Trusts, given sufficient warning and availability.

Approval of ICM consultant post job descriptions will usually be provided by the FICM Regional Advisor provided that certain minimum standards are met. For the purposes of approval, a post is defined as needing ICM approval if it has a minimum of 1 daytime DCC PA in ICM. This includes neuro and cardiac anaesthesia posts where the post holder is required to provide cover to a standalone neuro or cardiac intensive care unit.

In the absence of these standards the FICM RA cannot approve the post.

Although approval of locum consultant posts is not undertaken by the FICM and FICM RA, it would be anticipated that trusts wishing to appoint to locum consultant posts would be mindful of this guidance in making such appointments.

In addition to the generic guidance provided by the RCOA in Regional and Deputy Regional Advisors Guidance for College Approval of Job Descriptions, Job Plans and Person Specifications (November 2014) the following principles should be observed in providing a job description and person specification for a consultant post in ICM:

1. **Clinical Duties**: A description of the clinical workload and work pattern in intensive care (and linked specialties as appropriate), and an indication of the new post’s relationship to existing posts.

   A minimum of 1 DCC in ICM is required, to be delivered during daytime hours. It would be expected that normally job descriptions will contain more than one DCC in ICM.

2. **Support**: Adequate provision for continuing professional development, audit, teaching, training and research and office space.
a. The minimum number of sPAs considered adequate for continuing professional development, appraisal and revalidation in ICM is 1.5 per week. It is expected that high quality organisations will offer more than 1.5 sPAs, and that the post-holder will provide evidence of delivery through appraisal.

b. Additional sPA time will be required for consultant involvement in formal teaching, or specific tasks and duties, for example in management. The job description should explain how this support will be accessed.

c. A statement about the Trust’s approach to supporting consultant involvement in quality improvement and national activities.

3. Personal Specification:

   a. This must include as a minimum, evidence that the candidate has completed intermediate or Step 1 training in ICM or equivalent (as assessed by the FICM Equivalence Committee), with affiliate Fellowship of the Faculty of ICM.

   b. It is anticipated that as the new ICM training programme (implemented in 2012) takes effect that this standard will change to a requirement for a CCT in ICM or equivalent. There are also additional considerations that need to be taken into account depending on the size and type of unit and the RA may use these to guide him/her in whether the job description is appropriate for the unit in question.

   a. Duties delivered in blocks of time over several contiguous days to optimise continuity of care, according to the national service specification for ICM.

   b. Night-time duties limited to intensive care medicine and associated work (resuscitation, ward and ED referrals), without concurrent cover for other disciplines.

   c. Possession of a postgraduate qualification in ICM (or evidence of FFICM) by the candidate should be a desirable criterion and may be essential for some posts.

The job description for consultant and specialty doctor posts should be submitted to the appropriate ICM RA for comment through the RCOA approvals system in a timescale consistent with that process before the post is advertised.