The Faculty of
Intensive Care Medicine

Regulations V3.1

Aims & Objectives

The UK Faculty of Intensive Care Medicine seeks to improve care for patients with, at risk of, or recovering from, critical illness. It will support them and their families through its responsibility for the training, assessment, practice and continuing professional development of specialist practitioners who provide this care. The Faculty promotes quality improvement by integrating multidisciplinary care, research, evidence-based best practice, and life-long learning.

Part I: Preliminaries

1 Citation
These are the Regulations of the Faculty of Intensive Care Medicine and first came into force on 9 December 2010.

2 Introduction and Background
In 1992 the Royal Colleges established the Joint Advisory Committee for Intensive Therapy to help develop specialist training in Intensive Care Medicine (ICM). In 1996 this became the Intercollegiate Board for Training in ICM. In 1999 the Minister of Health authorised a change to the Specialist Medical Order to recognise training in ICM as a CCT specialty. The ICM competency-based training programme was approved in February 2001, and the joint CCT programme received formal approval in April 2002. The parent Colleges gave their approval for the establishment of the Faculty of Intensive Care Medicine in July 2010.

3 Glossary of terms

<table>
<thead>
<tr>
<th></th>
<th>Board</th>
<th>Means the Board of the Faculty of Intensive Care Medicine unless otherwise stated.</th>
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<tbody>
<tr>
<td>2</td>
<td>Committee</td>
<td>A standing committee of the Faculty of Intensive Care Medicine unless otherwise stated.</td>
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<tr>
<td>3</td>
<td>Court of Examiners</td>
<td>Means any Court of that name constituted in line with these Regulations and the Examination Regulations.</td>
</tr>
<tr>
<td>4</td>
<td>Dean / Vice Dean</td>
<td>The Dean / Vice Dean of the Faculty of Intensive Care Medicine.</td>
</tr>
<tr>
<td>5</td>
<td>Dismissal</td>
<td>The compulsory termination or office of a Faculty Officer.</td>
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<td>6</td>
<td>Executive Officer</td>
<td>The senior financial administrator or their representative.</td>
</tr>
<tr>
<td>7</td>
<td>Faculty</td>
<td>The Faculty of Intensive Care Medicine unless otherwise stated.</td>
</tr>
</tbody>
</table>
### Faculty Officer
A Fellow, Member or registered Trainee of the College elected or appointed to a position of authority within the Faculty.

### Fixed Day
The agreed day when elections will be called.

### Panel
The appeals panel.

### Parent Colleges
Means the following:
- Royal College of Anaesthetists
- Royal College of Paediatrics and Child Health
- 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 London
- Royal College of Surgeons of Edinburgh
- College of Emergency Medicine

### Resignation
The voluntary termination of office of a Faculty Officer before the end of their full term.

### Reviews Clerk
A member of the Faculty or RCoA staff who administers reviews and appeals.

### Superior Officer
The Faculty Officer to whom the relevant Faculty Officer is responsible.

### Training
Means training in the specialty of Intensive Care Medicine forming part of an approved course for the purpose of qualifying for the grant of a Certificate of Completion of Training or accepted by the Faculty as equivalent to such training.

3.16 All other words have the definition stated within the relevant Regulation.

3.17 **Definition of Intensive Care Medicine**
Intensive Care Medicine (ICM) also referred to as critical care medicine, is that body of specialist knowledge and practice concerned with the treatment of patients, with, at risk of, or recovering from potentially life-threatening failure of one or more of the body’s organ systems. It includes the provision of organ system support, the investigation, diagnosis, and treatment of acute illness, systems management and patient safety, ethics, end-of-life care, and the support of families.

### Part II: Governance

1. Matters of finance and governance will be approved by the Council of the Royal College of Anaesthetists.

2. The Dean or representative will sit on the RCoA Finance Committee.

3. The Trustees will be the Presidents of the seven parent Colleges. The Trustees will fulfil an advisory role to the Board of the Faculty of Intensive Care Medicine and facilitate communication between the Faculty and their respective parent colleges.

### Part III: Faculty Fellowship & Membership

1. Content of application
1.1 Any data or statement provided in support of any application for any category of Faculty membership that is found to be false or inaccurate will invalidate any membership awarded.

2 Foundation Fellowship (Closed on 31 December 2011)

2.1 The applicant must be a Fellow or Member in good standing of one the Colleges below, holding the stipulated qualification:

<table>
<thead>
<tr>
<th>College</th>
<th>Qualification</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Royal College of Physicians of London (RCP London)</td>
<td>MRCP</td>
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<td>MRCP</td>
</tr>
<tr>
<td>The Royal College of Surgeons of England (RCS England)</td>
<td>MRCS</td>
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<tr>
<td>The Royal College of Surgeons of Edinburgh (RCS Edinburgh)</td>
<td>MRCS</td>
</tr>
<tr>
<td>The Royal College of Physicians and Surgeons of Glasgow (RCPSG)</td>
<td>MRCP/MRCS</td>
</tr>
<tr>
<td>The College of Emergency Medicine (CEM)</td>
<td>FCEM</td>
</tr>
<tr>
<td>The Royal College of Anaesthetists (RCoA)</td>
<td>FRCA</td>
</tr>
</tbody>
</table>

2.2 The applicant must also hold/have held a substantive or honorary NHS or Defence Medical Services consultant post in the United Kingdom on the 1 January 2010 or thereafter.

2.3 The applicant must have or have held a defined, contracted clinical commitment to Intensive Care Medicine on the 1 January 2010 or thereafter.

2.4 Application for admission to Foundation Fellowship must be made to the Board.

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

2.6 Application for Foundation Fellowship will open on 1 January 2011 and close on 31 December 2011.

2.7 Rights and privileges include the following:

   a) use of the post-nominal FFICM and the description ‘Fellow of the Faculty of Intensive Care Medicine’;
   b) to attend, speak and vote at General Meetings of the Faculty;
   c) to be nominated for election to membership of the Board;
   d) to vote in Faculty elections respective to any residential qualifications;
   e) to be appointed to Committees, Working Parties and other groups of the Faculty;
   f) to be nominated by the Faculty under the auspices of the Royal College of Anaesthetists for appointment to any Advisory Appointment Committee;
   g) to be appointed to a Court of Examiners;
   h) to be appointed a Regional Advisor in Intensive Care Medicine or Faculty Tutor;
   i) to use the facilities of the RCoA buildings;
   j) to attend available Faculty events;
   k) to benefit from the arrangements organised by the Faculty for participating in Continuing Professional Development.

3 Fellow by Election

3.1 This category is for doctors or other persons of international repute who have made outstanding contributions to the advancement of intensive care medicine.
3.2 A proposal for Fellowship by Election must be made to the Board by a member of the Board who has knowledge of the candidate.

3.3 Any such proposal must be considered by the Board. Any Board Member who has any interest in the election or links with the candidate must declare it to the Dean.

3.4 Where there is no clear consensus, a vote will be held. The candidate must receive at minimum of two thirds of the available votes present to be elected to the Fellowship.

3.5 A Fellow by Election will normally be admitted at a full Board event, such as the Board meetings or the Annual Meeting for Fellows and Members. The Fellow by Election will be presented with their Diploma Certificate and asked to sign the Fellowship Declaration.

3.6 Fellowship by Election does not confer any eligibility to be listed on the United Kingdom Specialist Register.

3.7 Rights and privileges for Fellows by Election include the following:

   a) use of the post-nominal FFICM and the description ‘Fellow of the Faculty of Intensive Care Medicine’;
   b) to attend, speak and vote at General Meetings of the Faculty;
   c) to be nominated for election to membership of the Board;
   d) to vote in Faculty elections respective to any residential qualifications;
   e) to be appointed to Committees, Working Parties and other groups of the Faculty;
   f) to be nominated by the Faculty under the auspices of the Royal College of Anaesthetists for appointment to any Advisory Appointment Committee;
   g) to be appointed to a Court of Examiners;
   h) to be appointed a Regional Advisor in Intensive Care Medicine or Faculty Tutor;
   i) to use the facilities of the RCoA buildings;
   j) to attend available Faculty events;
   k) to benefit from the arrangements organised by the Faculty for participating in Continuing Professional Development.

4 Honorary Fellow

4.1 Persons in the following categories are eligible for election by the Board to the Fellowship of the Faculty:

   a) Non-physician clinicians, scientists or other persons of national or international repute who have made outstanding contributions to the advancement of intensive care medicine.
   b) members of the Royal family;
   c) distinguished lay persons and benefactors of the Faculty;

4.2 A proposal for Honorary Fellowship must be made to the Board by a member of the Board who has knowledge of the candidate.

4.3 Any such proposal must be considered by the Board. Any Board Member who has any interest in the outcome or links with the candidate must declare it to the Dean.

4.4 Where there is no clear consensus, a vote will be held. The candidate must receive at minimum of two thirds of the available votes present to be given Honorary Fellowship.
4.5 An Honorary Fellow will normally be admitted at a full Board event, such as the Board meetings or the Annual Meeting for Fellows and Members. The Honorary Fellow will be presented with their Diploma Certificate and asked to sign the Fellowship Declaration.

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

4.7 Rights and privileges for Honorary Fellows include the following:
   a) use of the post-nominal FFICM and the description ‘Fellow of the Faculty of Intensive Care Medicine’;
   b) to use the facilities of the RCoA buildings;
   c) to attend available Faculty events.

5 Fellow by Assessment

5.1 The applicant must be a Fellow or Member in good standing of one the Colleges below, holding the stipulated qualification:

<table>
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<th>College</th>
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</tr>
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<td>The Royal College of Paediatrics and Child Health (RCPCH)</td>
<td>MRCPCH</td>
</tr>
</tbody>
</table>

5.2 The applicant must:
   a) hold a substantive or honorary NHS or Defence Medical Services consultant post in the United Kingdom.

   Or

   b) have completed their specialist training in the UK and hold
      (i) a substantive or honorary consultant post overseas, or
      (ii) a substantive or honorary non-NHS/DMS consultant post in the UK.

   Or

   c) have completed their ICM specialist training in the UK and hold an NHS locum consultant in the UK.

   And

   d) have a defined, contracted clinical commitment to Intensive Care Medicine as described in the appropriate application form.

   e) have satisfactorily completed such a period of training or its equivalent (supplemented by a personal portfolio) as may from time to time be prescribed by the Faculty.

   f) have otherwise satisfied the Faculty as to their suitability by the submission of appropriate paperwork relating to the form of application as specified by the Faculty assessors.
g) For those applying via 5.2.b.ii who are in non-NHS/DMS consultant posts: applicants will need to provide evidence of quality assurance (appraisal, continuing professional development and revalidation) as defined by the GMC and the Faculty.

5.3 The application will be reviewed by the Faculty and, if approved, a certificate of Fellowship will be sent to the applicant.

5.4 Fellowship by Assessment does not confer any eligibility to be listed on the United Kingdom Specialist Register.

5.5 Rights and privileges include the following:

a) use of the post-nominal FFICM and the description ‘Fellow of the Faculty of Intensive Care Medicine’;
b) to attend, speak and vote at General Meetings of the Faculty;
c) to be nominated for election to membership of the Board;
d) to vote in Faculty elections respective to any residential qualifications;
e) to be appointed to Committees, Working Parties and other groups of the Faculty;
f) to be nominated by the Faculty under the auspices of the Royal College of Anaesthetists for appointment to any Advisory Appointment Committee;
g) to be appointed to a Court of Examiners;
h) to be appointed a Regional Advisor in Intensive Care Medicine or Faculty Tutor;
i) to use the facilities of the RCoA buildings;
j) to attend available Faculty events;
k) to benefit from the arrangements organised by the Faculty for participating in Continuing Professional Development.

6 Fellow by Examination

6.1 Fellowship by Examination is awarded on completion of the final examination of the Faculty following approval by the FICM Board.

6.2 Please see the FFICM Examination Regulations for further details.

6.3 Fellowship by Examination does not confer any eligibility to be listed on the United Kingdom Specialist Register.

6.4 Rights and privileges include the following:

a) use of the post-nominal FFICM and the description ‘Fellow of the Faculty of Intensive Care Medicine’;
b) to attend, speak and vote at General Meetings of the Faculty;
c) to be nominated for election to membership of the Board;
d) to vote in Faculty elections respective to any residential qualifications;
e) to be appointed to Committees, Working Parties and other groups of the Faculty;
f) to be nominated by the Faculty under the auspices of the Royal College of Anaesthetists for appointment to any Advisory Appointment Committee;
g) to be appointed to a Court of Examiners;
h) to be appointed a Regional Advisor in Intensive Care Medicine or Faculty Tutor;
i) to use the facilities of the RCoA buildings;
j) to attend available Faculty events;
k) to benefit from the arrangements organised by the Faculty for participating in Continuing Professional Development.
7 Fellowship ad eundem

7.1 The applicant must

a) hold a substantive or honorary consultant post in the United Kingdom;
b) hold a Fellowship or other specialist qualification in intensive care medicine from an overseas body and be in good standing with that body;
c) comply with the requirements relating to the form of application and any others matters which may be specified by the Faculty;
d) have a sessional or other contracted clinical commitment to intensive care medicine as described in the appropriate application form.
e) be considered by the Board to have significantly furthered the interests of the Faculty and / or intensive care medicine.

7.2 The applicant will normally be an Associate Fellow of the Faculty.

7.3 An applicant may have furthered the interest of the Faculty and/or of Intensive Care Medicine by:
a) Being a Faculty Tutor,
b) Being a member of Committees, Working Parties or Advisory Groups of the Faculty or previous Faculty forerunner bodies,
c) Being a Faculty Assessor for ICM,
d) Lectured or run events hosted by the Faculty or at a parent College covering areas relevant to ICM,
e) Or by other means.

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

a) a declaration, in the prescribed form, signed by the applicant;
b) a curriculum vitae of the applicant which should include a personal portfolio;
c) a certificate, signed by six Fellows of the Faculty, to indicate the applicant is a fit and proper person.

No fellow who is currently deprived for privileges is eligible to sign a certificate as indicated in Regulation 7.4.c.

7.5 An application will be considered by the Faculty assessors for recommendation to the Board. Any Board Member who has any interest in the election or links with the candidate must declare it to the Dean.

7.6 Where there is no clear consensus, a vote will be held. The candidate must receive at minimum of two thirds of the available votes present to be elected to the Fellowship.

7.7 A Fellow ad eundem will normally be admitted at a full Board event, such as the Board meetings or the Annual Meeting for Fellows and Members. The Fellow by Election will be presented with their Diploma Certificate and asked to sign the Fellowship Declaration.

7.8 Fellowship by Election does not confer any eligibility to be listed on the United Kingdom Specialist Register.

7.9 Rights and privileges for Fellows ad Eundem include the following:
a) use of the post-nominal FFICM and the description ‘Fellow of the Faculty of Intensive Care Medicine’;
b) to attend, speak and vote at General Meetings of the Faculty;
c) to be nominated for election to membership of the Board;
d) to vote in Faculty elections respective to any residential qualifications;
e) to be appointed to Committees, Working Parties and other groups of the Faculty;
f) to be nominated by the Faculty under the auspices of the Royal College of Anaesthetists for appointment to any Advisory Appointment Committee;
g) to be appointed to a Court of Examiners;
h) to be appointed a Regional Advisor in Intensive Care Medicine or Faculty Tutor;
i) to use the facilities of the RCoA buildings;
j) to attend available Faculty events;
k) to benefit from the arrangements organised by the Faculty for participating in Continuing Professional Development.

8 Associate Fellow

8.1 The applicant must:
a) 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.
b) not be eligible for any other Fellowship route.
c) have 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:

a) a declaration, in the prescribed form, signed by the applicant;
b) a certificate, signed by two Fellows of the Faculty, to indicate the applicant is a fit and proper person;
c) A signed certificate from the Clinical Director confirming satisfactory appraisal and a minimum of 1 DCC PA per week in ICM.

No fellow who is currently deprived for privileges is eligible to sign a certificate as indicated in Regulation 8.2.b.

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.

8.5 Rights and privileges for Associate Fellows include the following:

a) use of the post-nominal AFICM and the description ‘Associate Fellow of the Faculty of Intensive Care Medicine’;
b) to attend, speak and vote at General Meetings of the Faculty;
c) to be nominated for election to membership of the Board;
d) to vote in Faculty elections respective to any residential qualifications;
e) to be appointed to Committees, Working Parties and other groups of the Faculty;
f) to be nominated by the Faculty under the auspices of the Royal College of Anaesthetists for appointment to any Advisory Appointment Committee;
g) to be appointed to a Court of Examiners;
h) to be appointed a Regional Advisor in Intensive Care Medicine or Faculty Tutor;
i) to use the facilities of the RCoA buildings;
j) to attend available Faculty events;
k) to benefit from the arrangements organised by the Faculty for participating in Continuing Professional Development.

9 Affiliate Fellow

9.1 Any person who is not eligible for any other category of membership of the Faculty who:
a) has successfully completed a national specialty examination in ICM (which may include the European Diploma of Intensive Care) or in the specialty of one of the Faculty’s Trustee Colleges; and either:
b) holds a substantive or honorary NHS or Defence Medical Services consultant post in the United Kingdom with a defined, contracted clinical commitment to Intensive Care Medicine as described in the appropriate application form; or
c) has completed, outside of the ICM CCT programme, training in Intensive Care Medicine commensurate with either:
   (i) Intermediate level ICM as described by the curriculum for a Joint CCT in Intensive Care Medicine (if entered Higher Specialist Training prior to August 2012); or
   (ii) Stage 1 ICM as described by the curriculum for a standalone CCT in Intensive Care Medicine (if entered Higher Specialist Training after August 2012).

9.2 An application should be accompanied by (as applicable to the route of application):
a) a certificate signed by two Fellows of the Faculty, to indicate the applicant is a fit and proper person;
b) a signed certificate from the Clinical Director confirming satisfactory appraisal and a contractual clinical commitment to ICU as defined in the application form.
c) a signed certificate from the Regional Advisor in ICM confirming completion of training as described in Regulation 9.1.c.i or 9.1.c.ii.

9.3 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 Affiliate Fellowship will be sent to the applicant.

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

9.5 Rights and privileges for Affiliate Fellows include the following:
a) to describe themselves without abbreviation as an ‘Affiliate Fellow of the Faculty of Intensive Care Medicine’;
b) to attend, speak and vote at General Meetings of the Faculty;
c) to vote in Faculty elections respective to any residential qualifications;
d) to be appointed to Committees, Working Parties and other groups of the Faculty;
e) to use the facilities of the RCoA buildings;
f) to attend available Faculty events;
g) to benefit from the arrangements organised by the Faculty for participating in Continuing Professional Development.

10 Member
10.1 Any person who is not eligible for any other category of membership of the Faculty who:

a) is employed in the United Kingdom in a substantive NHS or Defence Medical Services non-consultant career grade post or other post approved by the Board or the purposes of this regulation;
b) has a contracted clinical commitment in intensive care medicine as described in the appropriate application form;
c) who has passed one of the following examinations:
   - Primary FFICM;
   - A Primary or equivalent of one of the Trustee Colleges;
   - European Diploma of Intensive Care.

10.2 An application should be accompanied by:

a) a declaration, in the prescribed form, signed by the applicant together with evidence of CPD as prescribed by the Board;
b) a curriculum vitae of the applicant;
c) a personal portfolio;
d) a certificate signed by two Fellows of the Faculty to indicate the applicant is a fit and proper person.

No fellow who is currently deprived for privileges is eligible to sign a certificate as indicated in Regulation 10.2.d.

10.3 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.

10.4 Membership does not confer any eligibility to be listed on the United Kingdom Specialist Register.

10.5 Rights and privileges for Membership include the following:

a) use of the post-nominal MFICM and the description ‘Member of the Faculty of Intensive Care Medicine’;
b) to attend, speak and vote at General Meetings of the Faculty;
c) to vote in Faculty elections respective to any residential qualifications;
d) to be appointed to Committees, Working Parties and other groups of the Faculty;
e) to be nominated by the Faculty under the auspices of the Royal College of Anaesthetists for appointment to Advisory Appointment Committees for SAS Grade posts;
f) to use the facilities of the RCoA buildings;
g) to attend available Faculty events;
h) to benefit from the arrangements organised by the Faculty for participating in Continuing Professional Development.

11 Trainee registration (Joint CCT)

11.1 Trainee registration is open to Specialty Registrars undertaking postgraduate training enrolled in a UK CCT programme including a designated post offering a programme of training towards Intensive Care Medicine (ICM).
11.2 An application for trainee registration must be accompanied by any documentation indicated on the application form as agreed by the Faculty Board and including confirmation from the appropriate Regional Advisor.

11.3 Rights and privileges include the following:
   a) to be appointed as trainee representatives to Committees, Working Parties and other groups of the Faculty;
   b) to attend available Faculty events;
   c) to receive any newsletter or other similar publication produced by the Faculty;
   d) to benefit from any training arrangements as organised by the Faculty;
   e) to vote in elections for the Trainee Representative of the Board.

12 Trainee registration (Single CCT)

12.1 Trainee registration is open to Specialty Registrars undertaking postgraduate training enrolled in a UK CCT programme in Intensive Care Medicine from ST3.

12.2 An application for trainee registration must be accompanied by any documentation indicated on the application form as agreed by the Faculty Board and including confirmation from the appropriate Regional Advisor.

12.3 Rights and privileges include the following:
   a) to be appointed as trainee representatives to Committees, Working Parties and other groups of the Faculty;
   b) to attend available Faculty events;
   c) to receive any newsletter or other similar publication produced by the Faculty;
   d) to benefit from any training arrangements as organised by the Faculty;
   e) to vote in elections for the Trainee Representative of the Board.

13 Affiliate Trainee registration

13.1 Affiliate Trainee registration is open to Specialty Registrars undertaking postgraduate training enrolled in a UK CCT programme from ST3, where that CCT programme is not Intensive Care Medicine but is an ICM partner specialty overseen by an FICM trustee college.

13.2 Affiliate Trainees are eligible to apply for Affiliate Fellowship of the Faculty upon completion of appropriate training in Intensive Care Medicine. This training must:
   a) be completed outside the UK ICM CCT programme;
   b) be confirmed in writing by the appropriate Regional Advisor in ICM to be commensurate with either:
      (i) Intermediate level ICM as described by the curriculum for a Joint CCT in Intensive Care Medicine (if entered Higher Specialist Training prior to August 2012); or
      (ii) Stage 1 ICM as described by the curriculum for a standalone CCT in Intensive Care Medicine (if entered Higher Specialist Training after August 2012)

13.3 An application for Affiliate Trainee registration must be accompanied by any documentation indicated on the application form as agreed by the Faculty Board and including confirmation from the appropriate Regional Advisor.

13.4 Rights and privileges include the following:
12

a) to attend available Faculty events;
b) to receive any newsletter or other similar publication produced by the Faculty;
c) to benefit from any training arrangements as organised by the Faculty.

13.5 Affiliate Trainee status is open only to non ICM CCT trainees; Affiliate Trainees must either achieve Affiliate Fellowship or resign their Affiliate Trainee status upon achieving a CCT in their partner specialty.

14 Associate Membership

14.1 The applicant must:

a) be a registered nurse / physiotherapist in substantive employment in the NHS as an Advanced Critical Care Practitioner with a contracted clinical commitment to Critical Care Medicine.
b) have satisfactorily completed such a period of training or its equivalent (supplemented by a personal portfolio) as may from time to time be prescribed by the Faculty;
c) be a fit and proper person and be in good standing with the Nursing and Midwifery Council / Chartered Society of Physiotherapy;
d) have otherwise satisfied the Faculty as to their suitability by the submission of appropriate paperwork relating to the form of application as specified by the Faculty assessors.

14.2 The application will be reviewed by the Faculty and, if approved, a certificate of Associate Membership will be sent to the applicant.

14.3 Associate Membership does not confer any eligibility to be listed on the United Kingdom Specialist Register or other formal register.

14.4 Rights and privileges for Associate Membership include the following:

a) use of the description ‘Associate Member of the Faculty of Intensive Care Medicine’;
b) to be appointed to Committees, Working Parties and other groups of the Faculty;
c) to use the facilities of the RCoA buildings;
d) to attend available Faculty events;
e) to receive any newsletter or other similar publication produced by the Faculty.

Part IV: Fees and subscriptions

1 Subscriptions are payable on 1 April or 1 October each year, whichever of these two dates first falls after the date of seniority of the member. Fellows and Members of the RCoA will have their FICM subscription date alternated with their RCoA subscription date. Any member whose subscription is more than three months in arrears after a final notice of reminder will be liable to be directed by the Board to forfeit all, or such as may be specified, rights and privileges of membership. On payment in full of all overdue sums any rights and privileges forfeited may be restored.

2 Fellows and Members will need to maintain (where applicable) good standing with their respective parent college to retain their Fellowship or Membership of the Faculty.

3 The fees payable for entry to any assessment or examination to categories of Faculty membership are determined by the Council of the Royal College of Anaesthetists following consultation with the Board of the Faculty of Intensive Care Medicine.
Honorary Fellows or Fellows by Election will not pay an annual subscription.

The subscriptions for all subscription-paying categories of Fellowship and Membership will be determined by a general meeting.

The Board, in exceptional circumstances and in agreement with the Executive Officer, may remit for one year or for such longer period as required the whole or part of any subscription payable.

**Part V: Rights, Privileges and Obligations**

1. Provided that they are in good standing with the Faculty and their parent College, Fellows and Members of the Faculty may describe themselves respectively without abbreviation as ‘Fellow’ or ‘Member’ of the Faculty of Intensive Care Medicine.

2. The following post-nominals may be used:
   - FFICM (Fellows)
   - AFICM (Associate Fellows)
   - MFICM (Members)

3. Rights and Privileges for each route of Fellowship and Membership are defined within the relevant Regulations under Part III.

4. All Faculty members have the duty to observe the provisions of the Regulations of the Faculty and any direction the Faculty may from time to time issue.

5. All Faculty members have the duty to pay, within the specified time, any fees, subscriptions or other dues prescribed under the Regulations or in any other lawful manner.

6. The rights and privileges of all Faculty members will be dependent upon the payment of the prescribed subscription unless it has been waived under these regulations.

7. **Removal of Rights and Privileges**

   When a member of the Faculty is subject to decisions taken by a national regulatory body, the Faculty will be guided by the following regulations:

7.1 If it becomes known to the Faculty that any person in any grade of Faculty membership is found to be deficient in the standards of his practice or conduct by a national regulatory body but remains on that country’s Medical Register (or its equivalent) subject to conditions, the Faculty will on request offer to assist that practitioner to help them rectify their shortcomings if feasible. The Board will be notified of the situation and keep the case under review.

7.2 If it becomes known to the Faculty that a person in any grade of Faculty membership is found to be sufficiently deficient in the standards of their practice or conduct by the General Medical Council of the United Kingdom that they are removed from the Medical Register, the Faculty will regard them as having failed to maintain the standards inherent in membership of the Faculty. Following presentation of the case to the Board to confirm the details, the Dean, Vice Dean or a member of Board appointed by the Board will contact the Faculty member and indicate that some or all of the rights and privileges of Faculty membership and professional use of the Faculty’s name are suspended until the right to practise (with or without conditions) is restored. The Board will keep the case under review.
7.3 If it becomes known to the Faculty that a person in any grade of Faculty membership is found to be sufficiently deficient in the standards of their practice or conduct in a country other than the United Kingdom by that country’s regulatory body that they are removed from that country’s Medical Register (or its equivalent), the Faculty will accept that there is a *prima facie* case for regarding them as having failed to maintain the standards inherent in membership of the Faculty. Following presentation of the case to the Council of the Royal College of Anaesthetists to confirm the details, unless there are highly unusual circumstances, the Dean, Vice Dean or a member of the Board appointed by the Board will contact the Faculty member and indicate that some or all of the rights and privileges of Faculty membership and professional use of the Faculty’s name are suspended until the right to practise (with or without conditions) is restored by the respective country’s regulatory body. The Board will keep the case under review and Council informed of the case.

**Part VI: The Founding and Transitional Boards**

1 The Founding Board consists solely of appointed and co-opted members. The Transitional Board consists of both appointed and elected members, together with co-opted members. The Elected Board consists of elected and co-opted members. The progression from Founding to Elected status is described in Table below.

2 The Founding Board will consist of eleven members appointed by their colleges, a trainee representative appointed from the Intensive Care Society Trainee Committee, and the elected Dean. The Dean will be elected by the eleven members of the Founding Board from among their number. These thirteen will be the voting members of the Board.

<table>
<thead>
<tr>
<th>The Royal College of Anaesthetists</th>
<th>Five members</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Royal College of Physicians of London</td>
<td>One member</td>
</tr>
<tr>
<td>The Royal College of Physicians of Edinburgh</td>
<td>One member</td>
</tr>
<tr>
<td>The Royal College of Physicians and Surgeons of Glasgow</td>
<td>One member</td>
</tr>
<tr>
<td>The Royal College of Surgeons of England</td>
<td>One member</td>
</tr>
<tr>
<td>The Royal College of Surgeons of Edinburgh</td>
<td>One member</td>
</tr>
<tr>
<td>College of Emergency Medicine</td>
<td>One member</td>
</tr>
<tr>
<td>Trainee Representative</td>
<td>One member</td>
</tr>
<tr>
<td>The Dean (elected from the consultant members above)</td>
<td></td>
</tr>
</tbody>
</table>

3 All members of the Founding Board are appointed for a term of two years. They may be re-appointed for a second term of two years which will normally be final. However, this may be extended by a further period on agreement where there is a continuing work stream.

4.1 **Co-opted members:** The Founding Board will have up to seven members co-opted to the Board, including those listed below. Co-opted members do not have voting rights. The Dean may co-opt additional members up to that number with agreement from the Board.

- The President of the Intensive Care Society or their permanently nominated senior officer
- Chair of the Training and Assessment Committee
- The Chair of the Regional Advisors in Intensive Care Medicine
- A Lay Representative
- A representative of the Defence Medical Services

4.2 Co-opted members may not send delegates to attend in their place, except where agreed by the Dean.
4.3 Co-opted members will be appointed for a term of office as agreed by the Dean at the time of appointment.

5.1 **The Dean** will be elected from amongst the Board members for one year and may be re-elected twice. The maximum term of office for the Dean is therefore three years. If the Dean is elected and serves a full three year term as Dean before completion of the maximum permitted duration of tenure as a Board member, he or she may revert to Board member status to complete the maximum permitted term in the Board.

5.2 The Dean is supernumerary; during the Foundation and Transitional periods, the election of the Dean creates a vacancy on the Board which will be filled from within the Dean’s constituency. If the Board member elected Dean has been appointed, the replacement will be appointed from the respective parent college. If the Board member elected Dean has been elected from the Fellowship in line with the transitional arrangements in Regulation VI-9, the replacement will be elected from the Fellowship.

6. **The Vice-Dean** will be elected from amongst the Board members for one year and may be re-elected twice. The maximum term of office for the Vice-Dean is therefore three years. If the Vice-Dean is elected and serves a full three year term as Vice-Dean before completion of the maximum permitted duration of tenure as a Board member, he or she may revert to Board member status to complete the maximum permitted term in the Board.

7. **The Trainee Representative** will initially be appointed to the Foundation Board for a term of two years, and will be selected from the Intensive Care Society’s Trainee Committee. The Trainee Representative will subsequently be elected to the Board. Candidates for election as trainee representative on the Board must be enrolled in a programme of advanced level training in ICM leading towards a CCT and be registered as a trainee with the Faculty at the time of accession to the Board. The electorate is the trainee membership of the Faculty. The term of office is 2 years.

8. **The Lay Representative** will in the first instance be appointed from the Royal College of Anaesthetist’s Patient Liaison Group for a term of two years. The Lay Representative will subsequently be appointed from any one of the parent College’s Patient Liaison Groups on agreement by the Board.

9. **TRANSITIONAL BOARD**: The Board will begin to elect members after the first two years in the following order:

<table>
<thead>
<tr>
<th>Years after Foundation</th>
<th>Evolution from College-appointed to Fellowship/Membership-elected members of the Transitional Board</th>
</tr>
</thead>
<tbody>
<tr>
<td>After 2 years</td>
<td>4 appointed members replaced by election:</td>
</tr>
<tr>
<td></td>
<td>• One representative of the Royal College of Anaesthetists.</td>
</tr>
<tr>
<td></td>
<td>• One representative of the Surgical Colleges.</td>
</tr>
<tr>
<td></td>
<td>• One representative of the Physician Colleges.</td>
</tr>
<tr>
<td></td>
<td>• The trainee member</td>
</tr>
<tr>
<td>End 4 years</td>
<td>3 appointed members replaced by election:</td>
</tr>
<tr>
<td></td>
<td>• One representative of the Royal College of Anaesthetists.</td>
</tr>
<tr>
<td></td>
<td>• One representative of the Surgical Colleges.</td>
</tr>
<tr>
<td></td>
<td>• One representative of the Physician Colleges.</td>
</tr>
<tr>
<td>Term</td>
<td>Appointments</td>
</tr>
<tr>
<td>------</td>
<td>--------------</td>
</tr>
<tr>
<td>6 yrs</td>
<td>1 elected</td>
</tr>
<tr>
<td></td>
<td>- One representative of the Royal College of Anaesthetists.</td>
</tr>
<tr>
<td>8 yrs</td>
<td>2 elected</td>
</tr>
<tr>
<td></td>
<td>- One representative of the Royal College of Anaesthetists.</td>
</tr>
<tr>
<td></td>
<td>- The representative of the College of Emergency Medicine.</td>
</tr>
<tr>
<td>10 yrs</td>
<td>2 elected</td>
</tr>
<tr>
<td></td>
<td>- One representative of the Royal College of Anaesthetists.</td>
</tr>
<tr>
<td></td>
<td>- One representative of the Physician Colleges.</td>
</tr>
</tbody>
</table>

Board now definitive.

10 All elected members of the Board will be elected for a four year term. They may stand for re-election for a second and final three year term.

11 Nominations for the replacement of appointed members on the Board will be proposed by the relevant parent college following discussion with the Dean and Vice-Dean. Nominations will be subject to ratification by the Board.

12 The Dean and Vice-Dean will be elected by the voting members of the Transitional Board from among their number.

**Part VII: The Elected Board**

1 The Elected Board will consist of twelve members elected from and by the Fellows, and one trainee member elected from and by the trainee Members of the Faculty.

2 All elected members of the Board will be elected for a three year term. They may stand for re-election for a second and final three year term. The maximum length of time a member may serve on the Board is six years unless extended by holding the office of Dean or Vice Dean.

3 The Dean will be elected for one year and may be re-elected twice. The Dean may serve a maximum term of three years. Candidates for Dean must be voting members of the Board. The electorate are the voting members of the Board.

4 The Vice Dean will be elected for one year and may be re-elected twice. The Vice Dean may serve a maximum term of three years. Candidates for Vice-Dean must be voting members of the Board. The electorate are the voting members of the Board.

5 **Election of the Trainee Representative.** The Trainee Representative will be elected from the end of the first two years. Candidates for election as trainee representative on the Board must be enrolled in a programme of advanced level training in ICM and be registered as a trainee with the Faculty at the time of accession to the Board. The electorate is the trainee membership of the Faculty. The term of office is 2 years.
6 Any member of the Board who is absent from three or more consecutive meetings of the Board without good reason and without prior leave of the Board will cease to be a member.

7 Any member of the Board who wilfully disobeys any rule of the Board will, if the Board agrees, be removed from their membership.

8 Any member of the Board who is removed from Board membership whilst being Dean or Vice Dean will also forfeit the Deanship or Vice Deanship.

9 The number and roles of co-opted members will be determined by the members of the Board. Co-opted members will not have voting rights. Co-opted members will include:
   • A Senior Representative of the Council of the Intensive Care Society
   • The Chair of the Regional Advisors in Intensive Care Medicine
   • A Lay Representative selected from the Patient Liaison Groups of one of the seven parent Colleges on agreement by the Board.
   • A representative of the Defence Medical Services.

Part VIII: Elections to the Board

1 A vacancy on the Board will be filled by an election.

2 Elections shall be held on a day held prior to the autumn Board.

3.1 Elections shall be announced by a preliminary notice.

3.2 Preliminary notices should include the number of vacancies, the date of the election, the deadline of submission of invited nominations and details regarding obtaining application forms. The preliminary notice must appear a minimum of one month prior to the deadline for nominations.

4 The intention to stand form will be agreed by the Board and must be signed by the candidate with supporting signatures from two Fellows of the Faculty. The form will request an election statement from the candidate which shall not exceed two hundred words.

5 No Fellow or Member who is, at the time of election, deprived of any of his or her rights and privileges, for whatever reason, will be eligible to stand as a candidate for election to the Board or to sign a nomination.

6 All documentation, fully completed, must be received by the Faculty by the agreed deadline time and date.

7 The voting papers will be sent to all Fellows and Members of the Faculty and will include:
   a) A covering letter explaining the method of voting;
   b) A list of candidates compiled alphabetically, by surname, will be sent to all Fellows and Members. The list of candidates will include the candidate, the date of the candidate’s Faculty and parent College date of Fellowship/Membership, their current place of work, the list of the three Fellows who supported their application and, where applicable, confirmation if the candidate is seeking a second term. The list of candidates will also be added to the Faculty website;
   c) A ballot paper, which shall be numbered to ensure probity;
   d) The election statements of all candidates;
   e) An envelope;
f) The deadline for ballot papers to be received.

8 Voters may vote for up to and including as many candidates as there are vacancies on the Board.

9 Postal ballots must be enclosed in the envelope prescribed and returned to the Faculty so as to arrive not later than the deadline. Online ballots must be received prior to the deadline. Any vote received after the deadline will not be included in the count.

10 The counting of votes will be undertaken by the Ballot Services of the Electoral Reform Society and the Faculties Department to ensure that the recording of the votes is properly conducted. The envelopes will be opened and the counting of votes will proceed.

11 The result of the election will be communicated by the Executive Officer of the Royal College of Anaesthetist’s nominee who will publish the result in such journals and newspapers as the Dean or Vice Dean may direct.

12 Eligibility to stand and vote is covered in Part V of these Regulations.

Part IX: Election of the Dean and Vice Dean

1 Candidates for Dean and Vice-Dean must be voting (appointed or elected) members of the Board. The electorate is comprised of the voting members of the Board. Only voting members of the Board present at the time of the elections for Dean and Vice Dean are entitled to vote.

2 The election of the Dean and Vice Dean will be by secret ballot.

3 The election for the office of Dean will take place first and will be followed by the election for the office of Vice Dean.

4 In each election the voting will be by such number of rounds as is necessary to produce an outcome in accordance with the following procedure.

5 In each election all eligible members of the Board will be emailed to ask if they want to stand. All those who reply will be entered into the election.

6 In each round members of the Board will be entitled to vote for one name and no more.

7 In each round the ballot papers will comprise a list of members of the Board set out so that each voter can put a mark against the name of his or her choice, subject to the exclusion of names in second and subsequent rounds.

8 When the voting in the first round has been completed and the votes counted, if one candidate has received an outright majority that candidate will be declared successful in that election.

9 If no candidate receives an outright majority in the first round the election will proceed to a second round of voting. In the second round the names of members who received no vote in the preceding round and the name of the member who received the smallest number of votes in that round will be excluded from the ballot provided that, if there is more than one member who has received the smallest number of votes, all such members will be excluded from the next round of
the ballot unless such exclusion would leave only one candidate in the election, in which event the member to be excluded will be determined in accordance with Part IX, regulation 12.

10 When the voting in the second round has been completed and the votes counted, if one candidate has received an outright majority that candidate will be declared successful in that election.

11 If no candidate receives an outright majority in the second or any subsequent round, the election will proceed to further rounds, in each case the name of the member or members receiving the smallest number of votes in the preceding round being excluded, in accordance with the provisions of Part IX, regulation 12, until either one candidate receives an outright majority or only two candidates remain and one receives a larger number of votes; that candidate, in either case, will be declared successful in the election.

12 In the event of an equality of votes at any stage in an election, the candidate whose date of admission to the Fellowship or Membership of the Faculty is most recent will be deemed to have received a smaller number of votes than any other candidate or candidates, provided that this provision will only operate in respect of one candidate at any stage. Where the admission date of Fellowship or Membership is the same, the candidate whose date of Primary Medical Qualification is most recent will be deemed to have received a smaller number of votes than any other candidate or candidates, provided that this provision will only operate in respect of one candidate at any stage.

13 For the purpose of this Part of these regulations "outright majority" means such number of votes of elected members of the Board as equals more than half of the number of members present at the meeting of the Board at which the election takes place.

Part X: Board and Committee Member Responsibilities

1 Attending meetings. Members are expected to attend all meetings. Members who consistently fail to attend meetings without prior leave may be removed from the Board by the Dean. Members will also be expected to attend other major functions of the Faculty such as the Annual Meeting for Fellows and Members.

2 Delegates. Members may not send delegates to attend in their place.

3 Confidentiality. Members of the Board should observe total confidentiality with respect to any discussions or papers considered confidential or sensitive, except where disclosure has been formally permitted.

4 Disclosure of interest. All Members should disclose to the Chairman any relevant conflicting interest of any kind (financial or otherwise) arising in relation to any item on the agenda. Where a relevant interest has been disclosed, the member may, subject to the Chairman’s agreement, remain during and participate in any debate on the item concerned, but must not vote.

5 Members may be:
   a. appointed to Faculty Committees or working groups;
   b. required to commit to events (either chairing or presenting);
   c. required to become the Responsible Officer for a consultation process;
   d. asked to represent the Faculty on external bodies;
   e. asked to contribute to the written material of the Faculty.
It is recommended that Members discuss their appointment with hospital colleagues and senior management.

Resignations

A member of the Board may tender their resignation at any time prior to the completion of their term of office. The resignation will not take effect until accepted by the Board.

Any member of the Board who ceases the clinical practice of Intensive Care Medicine would normally demit office from the Board at the next election.

Part XI: Meetings of the Board and Board procedure

Meeting arrangements

Meetings of the Board will normally be held at the Royal College of Anaesthetists, be chaired by the Dean or, in his absence, the Vice Dean or, in the exceptional absence of either of these, the most Senior Member of the Board present.

The Board will meet four times a year.

The Board quorum will be seven voting members.

Agenda proceedings

The business of a meeting of the Board will comprise the minutes of the previous meeting, and may include admissions and presentations, resolutions of condolence, the granting of Diplomas and the receipt of minutes of Committees among other areas. The focus of the Board will be to develop strategy, and to manage the business of the Faculty to promote its overall aims and objectives.

It will be open to any member of the Board to submit a motion, in the form of a draft resolution, for consideration at a meeting. No business other than that covered in the agenda may be discussed at the meeting except at the discretion of the Chair.

All motions should be submitted to the Board Secretary no later than 10 days prior to the meeting. At the Chairman’s discretion, items may be tabled at the meeting or covered under Any Other Business.

Copies of the Agenda and accompanying papers will be sent to members of the Board in advance.

Where the discussion relates to or indirectly involves a member of the Board, that member may be requested to leave the meeting for the duration of that item. The member should be given the opportunity to speak on the matter before departing.

Decision making and voting

Whenever possible, the Chairman of the Board should try to obtain a decision by consensus. Any decision taken by the Board will, if it cannot be decided by consensus, be decided by ballot.
3.2 Voting will be by a show of hands of the full members present (either elected or appointed but not co-opted). The motion will be passed by a simple majority. In the event of an equality of votes, the Chairman will have a second, or casting, vote, except in the case of a ballot for election to the office of Dean or Vice Dean.

3.3 The ruling of the Chairman on a point of order will be final.

4 Adjournments. The Board may adjourn a meeting. Notice of the adjourned meeting, when the adjournment is to another day, shall be sent to every member of the Board.

Part XII: Standing Committees

1 Committee formation and membership

1.1 The Board should agree the formation of any committees, sub-committees or working parties bearing in mind that the Faculty must be able to fund its own activities.

1.2 The Terms of Reference of every committee must be agreed by the Board and include the remit of the committee, any indicated membership of the committee and the necessary quorum.

1.3 The Dean and Vice Dean will be ex-officio members of every committee.

1.4 The Chair of each Standing Committee will be a member of the Board. Where this is not possible, the Chair may be co-opted to the Board if appropriate.

1.5 Committee Members will be appointed by the Board. Members can be co-opted to the Committee from outside the Faculty Fellowship and Membership but should not have voting rights unless specifically stated by the Board.

1.6 Any Committee member who is absent from three consecutive meetings of the Committee without good reason and without prior leave will cease to be a member.

1.7 Any Committee member who wilfully disobeys any rule of the Committee will, if the Board agrees, be removed from their membership.

2 Recommendations to the Board

2.1 It is the responsibility of the committee Chairman or other person nominated for the purpose to report the working of the committee in a Board meeting so as to make it clear what the recommendations of the committee are to the Board.

2.2 For the recommendations of committees to become Faculty policy they must be presented to and approved by the Board in formal business.

3 Committee Meetings

3.1 Meetings of the Committee will normally be held at the Royal College of Anaesthetists, and be chaired by the appointed Chairman or, in their exceptional absence, the Senior Member of the Committee present.
3.2 The Committee will meet as defined within their Terms of Reference. The Dean and Vice Dean of the Board will have the power to summon an extraordinary meeting of the Committee where circumstances require this.

4 Agenda Proceedings

4.1 It will be open to any member of the Committee to submit a motion, in the form of a draft resolution, for consideration at a meeting. No business other than that covered in the agenda may be discussed at the meeting except at the discretion of the Chair.

4.2 All motions should be submitted to the Committee Secretary no later than 10 days prior to the meeting. At the Chairman’s discretion, items may be tabled at the meeting or covered under Any Other Business.

4.3 Copies of the Agenda and accompanying papers will be sent to members of the Committee in advance.

4.4 Where the discussion relates to or indirectly involves a member of the Committee, that member may be requested to leave the meeting for the duration of that item. The member should be given the opportunity to speak on the matter before departing.

5 Decision making and voting

5.1 Whenever possible, the Chairman should try to obtain a decision by consensus. Any decision taken by the Committee will, if it cannot be decided by consensus, be decided by ballot.

5.2 Voting will be by a show of hands of the full members present. The motion will be passed by a simple majority. In the event of an equality of votes, the Chairman will have a second, or casting, vote.

5.3 The ruling of the Chairman on a point of order will be final.

Part XIII: Faculty Officers

1 Assessors

The Board will appoint assessors to review applications for Fellowship and Membership.

2 Regional Advisors in Intensive Care Medicine

2.1 The Board will appoint Regional Advisors in Intensive Care Medicine.

2.2 Regional Advisors in Intensive Care Medicine will be appointed for three years and will be eligible for re-appointment for a further three years. Six years is normally the maximum total term of an appointment.

2.3 The responsibilities and functions of Regional Advisors shall be directed by the Board from time to time, and such direction may include guidelines or terms of reference.

3 Faculty Tutors
3.1 The Board will appoint Faculty Tutors in line with the RCoA process.

3.2 Faculty Tutors will be appointed for two years and will be eligible for re-appointment for a further four years, with further extensions as appropriate and agreed by the Board.

3.3 The responsibilities and functions of Faculty Tutors shall be directed by the Board from time to time, and such direction may include guidelines or terms of reference.

4 **Members of Advisory Appointment Committees**

The Faculty will follow the RCoA process for allocating members to AACs.

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**Part XIV: Removal of Faculty Officers**

1 Although the overwhelming majority of Faculty Officers perform their duties diligently and effectively, the Faculty must have a process for relieving an Office Holder of his/her office. These Regulations detail the procedures that must be followed for termination of an office.

2 All Faculty Officer holders have a Superior Officer through whom they are responsible, ultimately to the Dean on the Board.

<table>
<thead>
<tr>
<th>Office</th>
<th>Superior Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair: Committees</td>
<td>Dean</td>
</tr>
<tr>
<td>Chair: Examiner’s Group</td>
<td>Dean</td>
</tr>
<tr>
<td>Chair: Working Parties/Groups</td>
<td>[See note below]</td>
</tr>
<tr>
<td>Committee Members</td>
<td>Respective Committee Chairs</td>
</tr>
<tr>
<td>Dean</td>
<td>Faculty Trustees</td>
</tr>
<tr>
<td>Examiners</td>
<td>Chair: Examiner’s Group</td>
</tr>
<tr>
<td>Faculty Tutor</td>
<td>Regional Advisor in Intensive Care Medicine</td>
</tr>
<tr>
<td>Regional Advisors in Intensive Care Medicine (RAICM)</td>
<td>Vice-Dean</td>
</tr>
<tr>
<td>Vice-Dean</td>
<td>Dean</td>
</tr>
<tr>
<td>Working Party/Group Members</td>
<td>Chair: Working Parties/Groups</td>
</tr>
</tbody>
</table>

**Note:** Working Party/Group Chairs are responsible to the Chair of the Committee or Board that created them. Therefore, if the Board of the Faculty of Intensive Care Medicine created the Working Party/Group, the Chair’s Superior Officer would be the Vice-Dean.

3 Part XIV Regulations do not apply to:
   a. elected members of the Board for their Board Membership, who are covered by the wider Regulations in this document.
   b. Individuals co-opted *ad hoc* for specific, limited duration tasks on behalf of the Faculty.

4 **Procedure for removing a Faculty Officer**

4.1 If the performance or conduct of a Faculty Officer gives serious cause for concern to their Superior Officer, the Superior Officer should initially try to address the concerns by informal methods.

4.2 If the concerns have not been addressed by informal methods, the concerns should be communicated by the Superior Officer to the Officer in a minuted, witnessed meeting. The Office Holder shall normally be given a period to improve their performance, and, if appropriate, an offer
of re-training. The Dean and a senior Faculties administrative officer should be made aware of the planned meeting, and of all subsequent stages, if they occur.

4.3 If performance or conduct does not improve within the agreed period, or if the gravity of the concern makes it inappropriate to allow matters to continue, the Office Holder’s performance shall be considered by the Superior Officer and the Dean, who may recommend that the Board or the relevant Committee should consider the Office Holder’s formal dismissal.

4.4 The Board or relevant Committee should consider dismissal of the Office Holder as a formal agenda item. The Board may decide to take no action or to dismiss the Office Holder, or, where the Motion has originated from a Committee, refer the matter back to the Committee for further consideration. Committees may recommend no action or a Motion to the Board for Dismissal.

4.5 An Officer Holder must be given an opportunity to resign before the matter is discussed formally at a Board meeting. Resignation, once accepted, will preclude any subsequent recourse to appeal.

4.6 If the Board passes a Motion for dismissal, the Superior Officer must formally communicate the outcome to the Office Holder in writing within one week of the decision. Details of the Appeal Process must be included in the correspondence.

5 **Appeals Process**

5.1 Notification of appeal must be submitted to a senior administrative officer of the Faculty within one calendar month (August excluded) of the date of posting of the written communication of the Board’s decision. The senior administrative officer will act as the Reviews Clerk for the appeal. The notification shall include the grounds for appeal, and copies of relevant supporting documents. A request for an oral hearing, if required, should be made in this notification.

5.2 The Reviews Clerk will acknowledge the appeal in writing, indicating what action will be taken.

5.3 The Reviews Clerk, in consultation with the Dean, will convene an Appeal Panel (the Panel) consisting of a Chairman and two Members, of which:
   a. no person will serve who was involved in the original dismissal decision;
   b. the Chairman shall be a senior Fellow of the Faculty, usually a recent past Dean, Vice-Dean, or other senior Officer;
   c. one Member will be a Fellow of the Faculty, not necessarily a Board Member, who has held a Faculty Office comparable to that from which the Appellant has been dismissed;
   d. one Member shall be a Fellow of another medical Royal College or Faculty nominated by that College or Faculty.

5.4 Where these Regulations do not cover an aspect that the Panel needs to review, the Panel will be permitted to determine its own procedure.

5.5 The opening meeting of the Panel will normally take place not later than six weeks after the dispatch, under Regulation 5.2, of an acknowledgement of the application. Determination of the Appeal will normally be completed in one meeting, though the Panel has the power to adjourn the meeting as necessary.

5.6 Unless specifically requested by the Appellant and approved by the Panel Chairman, the Appeal will be in writing.

5.7 **Written appeals:**
a. If the appeal is to be written, the Reviews Clerk will convene the Panel to consider the Appeal.
b. The Reviews Clerk will advise the appellant of the date and time of the meeting.
c. The Appellant and the Superior Officer may not attend the hearing and all representations must be in writing.
d. Regulations 5.9 to 5.11 will also apply to a written appeal.

5.8 Oral appeals:

a. Oral appeals will be held in private unless the Appellant or Superior Officer applies for a public hearing. This will normally be granted, though in exceptional circumstances the Panel Chairman may exclude the public from part or all of the hearing.
b. The Reviews Clerk will advise the appellant in writing of the date, time and place of hearing not less than six weeks before the hearing date.
c. The Appellant will be entitled to be accompanied to the hearing by a friend or representative (who will not normally be legally qualified) and to make representations or examine/cross-examine witnesses in person or through his friend or representative.
d. Originals of documents supplied as copies with the Appeal application will be produced by the Appellant at this hearing.
e. If the Appellant fails to attend the hearing, the Chairman may hear and determine the appeal in absentia, or adjourn the hearing until the Appellant can attend, as appropriate to the circumstances.
f. The Superior Officer will also be entitled to attend the meeting and to make representations and/or examine/cross-examine witnesses.
g. The Appellant will present their case first. In doing so, the Appellant may present fresh evidence subject to the Chairman’s discretion.
h. The Superior Officer may then question the Appellant.
i. The Superior Officer may then respond to the case advanced by the Appellant, who may then question the Respondent.
j. In the event that the Appellant has adduced new evidence without notice to the Respondent or the Panel, the hearing may be adjourned to allow preparation of an appropriate response.
k. After presentation of Appeal and Response, Appellant and respondent may each address the Panel on the case.

5.9 Adjournment: The Chairman may adjourn the hearing for any purpose, to a date normally not more than four weeks later.

5.10 The Decision of the Appeal Panel: The Panel, whether meeting under Regulation 5.7 or 5.8, may:

a. reject the appeal;
b. allow the appeal;
c. vary the terms of the original dismissal decision; or
d. direct the Board to reconsider the matter in light of new evidence.

5.11 The Reviews Clerk will confirm the Panel’s decision in writing with reasons to the Dean and Appellant within two weeks of the completion of the hearing. If the Panel allows the appeal, the Panel’s decision will be substituted for the original decision and the Appellant, the Dean and the Board will be advised in writing with reasons.

5.12 Extension of time limits: It will be open to the Chairman of the Panel, if they are satisfied it is reasonable to do so, and with the agreement of the Appellant, to allow an extension of any of the time limits prescribed in these Regulations.
Part XV: Formal Declarations

1 Declaration of admission to any category of membership of the Faculty

“I do solemnly and sincerely declare that, while a Fellow / Associate Fellow / Member / Associate Member / Affiliate of the Faculty of Intensive Care Medicine, I will observe the provisions of the Charter, Ordinances and Regulations of my parent College and the Regulations of the Faculty and will obey every lawful summons issued by Order of the Board of the Faculty or the Council of my parent college, having no reasonable excuse to the contrary, and will to the utmost of my power maintain the welfare and dignity of the Faculty and the College”.

2 Declaration of a new Dean or Vice Dean

“I do declare that, according to the best of my skill and knowledge, I will discharge the several trusts and powers vested in me as Dean (Vice Dean) of the Faculty of Intensive Care Medicine, and that I will diligently maintain the honour and welfare of the said Faculty; and in all things which will in any sort concern my office, I will act faithfully and honestly and without favour or affection, prejudice or partiality to any person or persons whomsoever.”

3 Declaration of a new Board Member

“I do declare that, so long as I will remain as a Board Member of the Faculty of Intensive Care Medicine, I will diligently maintain the honour and welfare of the said Faculty; and in all things relating to my office, and with all manner of persons, act equally and impartially according to the best of my skill and knowledge.”

4 Declaration of an Assessor

“I do declare that, so long as I remain in the office of Assessor for the Fellowship of the Faculty of Intensive Care Medicine, I will diligently maintain the honour and welfare of the said Faculty; and in all things relating to my office, and with all manner of persons, act equally and impartially according to the best of my skill and knowledge.”

5 Declaration of an Advisor to Advisory Appointment Committees

“I do declare that, so long as I remain as an Advisor for the Faculty of Intensive Care Medicine, I will diligently maintain the honour and welfare of the said Faculty; and in all things relating to my office, and with all manner of persons, act equally and impartially according to the best of my skill and knowledge.”

6 Declaration of a Fellowship Examiner

“I do declare that, so long as I shall remain in the office of Examiner for the Fellowship of the Faculty of Intensive Care Medicine, I will diligently maintain the honour and welfare of the said Faculty; and in all things relating to my office, and with all manner of persons, act equally and impartially according to the best of my skill and knowledge.”

Part XV: General Meetings

1 Motions
1.1 Notices of motion must comprise of a draft of a Resolution to be adopted, if approved, by the meeting. Resolutions must be drafted in terms of advising the Board to take an appropriate course of action and must be regarding no more than single subject matter.

1.2 Notices of motion must be submitted to the Faculties Manager no later than 14 days prior to the meeting and must be signed by the Mover.

2 Conduct of business

2.1 Resolutions submitted by or on behalf of the Board or its officers will take precedence over other submissions.

2.2 No member must speak more than once on any motion provided that the mover and any seconder of a motion will have a right of reply and that the Dean and Vice Dean of the Board and any Chairman of a Standing Committee to whose responsibilities the motion relates, may intervene at any time during the discussion.

Part XVI: Making, Amending and Repealing Regulations

1 Any requests for amendments to or repeals of Regulations or requests for new Regulations must be brought by voting members of the Board and discussed with the Officers of the Board in the first instance. A request must then be submitted to the Board Secretary as a draft Resolution signed by the Mover and a Seconder for discussion at the next appropriate Board meeting.

2 At the Board meeting, the Board may agree by consensus or vote (by a simple majority) to either repeal or amend the Regulation.

3 The Board may postpone a decision on the Resolution whilst further advice or information is sought about related matters.

4 All formal changes to the Regulations must be noted in a table in the main Regulations document, indicating the nature of the change and where the change was approved.

5 The Dean, Vice Dean and managerial and executive officers of the Faculty should review the Regulations of the Faculty and the Terms of Reference of its Standing Committees annually.
## Amendments to the Regulations

<table>
<thead>
<tr>
<th>Version</th>
<th>Changes</th>
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<tbody>
<tr>
<td>2.0</td>
<td>Membership Regulations amended: Sections 3 to 12 added.</td>
</tr>
<tr>
<td>2.1</td>
<td>Minor amendments throughout. Part IX amended to reflect email voting. Membership Regulations amended: Section 9 updated and Section 10 added.</td>
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<tr>
<td>2.2</td>
<td>Membership Regulations amended: Fellowship by Assessment and Affiliate Fellowship amended and Affiliate Trainee Registration added. Board terms of office amended. Appendix removed.</td>
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<tr>
<td>2.3</td>
<td>Membership Regulations amended to incorporate those with Private Sector sessions.</td>
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<tr>
<td>2.4</td>
<td>Membership Regulations amended to incorporate those with ICM CCTs in Locum positions without the FFICM Examination.</td>
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<tr>
<td>3</td>
<td>Sections I:3 and III:5.1 updated to include the RCPCH as the 8th Parent College</td>
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<tr>
<td>3.1</td>
<td>Associate Fellowship Regulations amended to allow Associate Fellows to stand for the Board.</td>
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