

The Faculty of Intensive Care Medicine

Regulations V4

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

| | | |
|---|--------------------|---|
| 1 | Board | Means the Board of the Faculty of Intensive Care Medicine unless otherwise stated. |
| 2 | Court of Examiners | Means any Court of that name constituted in line with these Regulations and the Examination Regulations. |
| 3 | Dean / Vice Dean | The Dean / Vice Dean of the Faculty of Intensive Care Medicine. |
| 4 | Executive | A group comprising the Dean, Vice Dean and Executive Officer of the Faculty who manage ongoing matters of Faculty business. |
| 5 | Executive Officer | The lead administrative officer of the Faculty. |
| 6 | Faculty | The Faculty of Intensive Care Medicine unless otherwise stated. |
| 7 | Faculty Officer | A Fellow, Member or registered Trainee of the Faculty elected or appointed to a position of authority within the Faculty. |
| 8 | Parent Colleges | Means the following: <ul style="list-style-type: none">• Royal College of Anaesthetists• Royal College of Emergency Medicine• Royal College of Paediatrics and Child Health |

| | | |
|----|-------------|---|
| | | <ul style="list-style-type: none"> • 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 |
| 9 | Resignation | The voluntary termination of office of a Faculty Officer before the end of their full term. |
| 10 | Training | Means training in the specialty of Intensive Care Medicine in line with formal certification processes or their equivalents. |

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

3.12 **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 and Finances

- 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 Finance and Resources Board.
- 3 The Guardians will be the Presidents of the eight parent Colleges. The Guardians 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 and overall principles**

- 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.
- 1.2 No route of membership to the Faculty confers any eligibility to be listed on the United Kingdom Specialist Register.

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:

| College | Qualification |
|--|---------------|
| The Royal College of Physicians of London (RCP London) | MRCP |
| The Royal College of Physicians of Edinburgh (RCP Edinburgh) | MRCP |
| The Royal College of Surgeons of England (RCS England) | MRCS |
| The Royal College of Surgeons of Edinburgh (RCS Edinburgh) | MRCS |

| | |
|---|-----------|
| The Royal College of Physicians and Surgeons of Glasgow (RCPSG) | MRCP/MRCS |
| The College of Emergency Medicine (CEM) <i>correct as of 2011</i> | FCEM |
| The Royal College of Anaesthetists (RCoA) | FRCA |

- 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 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;
 - l) to receive any publications and e-publications of the Faculty.

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. They should not normally be eligible for Fellowship through another route.
- 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, either directly or in support of a request made by a Fellow or Member of the Faculty.
- 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 largest annual meeting for fellows and members.
- 3.6 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 appointed to Committees, Working Parties and other groups of the Faculty;
 - d) to use the facilities of the RCoA buildings;

- e) to attend available Faculty events;
- f) to benefit from the arrangements organised by the Faculty for participating in Continuing Professional Development;
- g) to receive any publications and e-publications of the Faculty.

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 largest annual meeting for fellows and members.

4.6 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:

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

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 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;
- l) to receive any publications and e-publications of the Faculty.

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. Please see the FFICM Examination Regulations for further details.

6.2 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;
- l) to receive any publications and e-publications of the Faculty.

7 Fellowship ad eundem

7.1 The applicant must

- a) hold a substantive or honorary consultant post in the United Kingdom;
- b) comply with the requirements relating to the form of application and any others matters which may be specified by the Faculty;
- c) have a sessional or other contracted clinical commitment to intensive care medicine as described in the appropriate application form.
- d) 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) Lecturing or running events hosted by the Faculty or at a parent College covering areas relevant to ICM,
- d) Or by other means of a similar level.

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 in good standing, to indicate the applicant is a fit and proper person.

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 largest annual meeting for fellows and members.

7.8 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;
- l) to receive any publications and e-publications of the Faculty.

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 in good standing, 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.

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 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;
- l) to receive any publications and e-publications of the Faculty.

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 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;
 - h) to receive any publications and e-publications of the Faculty.

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 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:
 - o A Primary or equivalent of one of the Trustee Colleges;
 - o European Diploma of Intensive Care.

10.2 An application should be accompanied by:

- a) a declaration, signed by the applicant;
- 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 this certificate.

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 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;
- i) to receive any publications and e-publications of the Faculty.

11 Associate Membership

11.1 The applicant must

- a) be a doctor not eligible for Membership or any route of Fellowship;
- b) have a contracted clinical commitment to intensive care medicine in the UK.

11.2 An application should be accompanied by:

- a) a declaration signed by the applicant together;
- b) a curriculum vitae of the applicant;
- c) a personal portfolio.

11.3 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 Associate Membership will be sent to the applicant.

11.4 An Associate Member is not entitled to use post-nominals with respect to Associate Membership.

11.5 Rights and privileges include the following:

- a) use of the description 'Associate 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 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;
- h) to receive advice and guidance with regard to training and a career in intensive care medicine;
- i) to receive any publications and e-publications of the Faculty.

12 ACCP Membership

12.1 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.

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

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

12.4 Rights and privileges for ACCP Membership include the following:

- a) the description 'ACCP 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 publications and e-publications of the Faculty.

13 CCT Trainee doctor registration

13.1 Trainee registration is open to Specialty Registrars undertaking postgraduate training enrolled in a UK CCT programme in Intensive Care Medicine (Single, Dual or Joint) from ST3.

13.2 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.

13.3 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 Representatives of the Board;
- f) to receive any publications and e-publications of the Faculty.

14 Affiliate Trainee doctor registration

- 14.1 Affiliate Trainee doctor 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.
- 14.2 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)
- 14.3 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.
- 14.4 Rights and privileges include the following:
- 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;
 - d) to receive any publications and e-publications of the Faculty.
- 14.5 Affiliate Trainee status is open only to non ICM CCT trainees; Affiliate Trainees must either achieve Affiliate Fellowship, achieve another form of Faculty membership, or resign their Affiliate Trainee status upon achieving a CCT in their partner specialty.

15 Core, Foundation & Medical School registration

- 15.1 This registration route is open to NHS trainee doctors undertaking training in one of the following programmes:
- a) Medical Student Programmes;
 - b) Foundation training;
 - c) Core Anaesthetic Training;
 - d) Core Medical Training; or
 - e) Acute Care Common Stem training.
- 15.2 An application for registration must be accompanied by any documentation indicated on the application form as agreed by the Faculty Board.
- 15.3 Rights and privileges include the following:
- a) to attend available Faculty events;
 - b) to receive any publications and e-publications of the Faculty, including newsletters and updates;
 - c) to receive benefits catered to pre-specialist trainee doctor members.

16 Affiliates

- 16.1 The applicant must not be eligible for any other membership category of the Faculty and be of good character. Persons who can be considered as an Affiliate of the Faculty include:
- a) a critical care nurse;
 - b) a critical care Allied Health Professional;
 - c) a critical care practitioner who is not eligible for ACCP Membership.
- 16.2 An application should be accompanied by:
- a) a declaration, in the prescribed form, signed by the applicant;
 - b) a personal portfolio.
- 16.3 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 confirmation of Affiliateship will be sent to the applicant.
- 16.4 Rights and privileges include the following:
- a) use of the description 'Affiliate of the Faculty of Intensive Care Medicine';
 - b) to use the facilities of the RCoA buildings;
 - c) to attend available Faculty events;
 - d) to be sent any adverts for affiliate members of Faculty groups;
 - e) to receive advice and guidance, as is relevant, in regards to critical care activities;
 - f) to receive any publications and e-publications of the Faculty.

17 Senior Fellow and Members Club

The Senior Fellow and Members Club is open to all who have a route of Fellowship or Membership of the Faculty and who have come to the end of a career in substantive employment.

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 Subscriptions are paid as either 'Direct', for members who only maintain FICM Fellowship or Membership or 'Via Parent College' for members who maintain Fellowship or Membership of one of the eight parent colleges. Fellows and Members will need to maintain good standing with their respective parent college to retain their 'Via Parent College' subscription.
- 3 The fees payable for entry to any assessment or examination and to categories of Faculty membership are determined by the Board of the Faculty of Intensive Care Medicine following consultation with the Council of the Royal College of Anaesthetists.
- 4 The subscriptions for all subscription-paying categories of Fellowship and Membership will be determined by a general meeting.

- 5 Honorary Fellows or Fellows by Election will not pay an annual subscription.
- 6 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 The following post-nominals may be used:
 - FFICM (Fellows)
 - AFICM (Associate Fellows)
 - MFICM (Members)
- 2 Rights and Privileges for each route of Fellowship and Membership are defined within the relevant Regulations under Part III.
- 3 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.
- 4 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.
- 5 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.

6 **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:

- 6.1 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.
- 6.2 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.
- 6.3 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 Board of the Faculty of Intensive Care Medicine 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.

Part VI: The Board

- 1 **The Founding Board** consisted solely of appointed and co-opted members. **The Transitional Board** consisted of both appointed and elected members, together with co-opted members. **The Elected Board** now consists of elected and co-opted members. The progression from Founding to Elected status will have completed by October 2018.
- 2 **Composition of the Board.** The Board will consist of 13 elected consultant members and 2 elected trainee members.
- 3 **Board members.** 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. The maximum length of time a member may serve on the Board is seven years unless extended by holding the office of Dean or Vice Dean.
- 4 **Dean.** 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.
- 5 **Vice Dean.** 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.
- 6 **Trainee Representatives.** A trainee representative will be elected to the Board for two years, the first as the Trainee Representative Elect and the second as the Trainee Representative. An election will be held prior to the Trainee Representative Elect progressing to the Trainee Representative, so a new Trainee Representative Elect is in post by the date of progression.
- 7 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. Board members who regularly fail to attend meetings or engage with Faculty work streams due to capacity problems, will be asked to stand down.
- 8 Any member of the Board who wilfully disobeys any rule of the Board will, if the Board agrees, be removed from their membership.
- 9 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.
- 10 The number, terms of office and roles of co-opted members will be determined by the Dean after liaison with the Board.

Part VII: Elections to the Board

1 The general principles of all Board elections are as follows:

- 1.1 A vacancy on the Board will be filled by an election.
- 1.2 Elections will be announced by a preliminary notice, which 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.
- 1.3 The intention to stand form will be agreed by the Board and must be signed by the candidate with supporting signatures as indicated in Regulations VII:2-4 below. The form will request an election statement from the candidate which must not exceed two hundred words.
- 1.4 All nomination forms, fully completed, must be received by the Faculty by the agreed deadline time and date.
- 1.5 Those eligible to vote will be sent information that will include:
 - a) A list of candidates compiled in order of the date of receipt of their nomination form. The list of candidates will include the candidate, the date of the candidate's Faculty Fellowship/Membership, their current place of work, the list of supporting signatories 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;
 - d) The election statements of all candidates;
 - e) The vote deadline.
- 1.6 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.
- 1.7 Voters may vote for up to and including as many candidates as there are vacancies on the Board.
- 1.8 Any vote received after the deadline will not be included in the count.
- 1.9 The counting of votes will be undertaken by the Ballot Services of the Electoral Reform Society.
- 1.10 The result of the election will be communicated by the Executive Officer of the Faculty of Intensive Care Medicine or their agreed nominee.

2 The process for filling consultant vacancies is as follows:

- 2.1 Supporting signatories will be provided by two Fellows of the Faculty.
- 2.2 The voting constituency will be all Fellows and Members of the Faculty as defined in Part V of these Regulations.

3 The process for filling trainee doctor vacancies is as follows:

- 3.1 Supporting signatories will be provided by two trainee members of the Faculty.

- 3.2 The voting constituency will be all Joint, Single and Dual trainee doctors of the Faculty as defined in Part V of these Regulations.

Part VIII: Election of the Dean and Vice Dean

1 Election principles

- 1.1 Only elected members of the Board can vote.
- 1.2 The election of the Dean and Vice Dean will be by secret ballot.
- 1.3 The election for the office of Dean will take place first and will be followed by the election for the office of Vice Dean.
- 1.4 Where only one member stands for election, that person will be deemed appointed.
- 1.5 Where only two members stand for election, members of the Board will be entitled to vote for one name and no more.
- 1.6 Where three or more members stand for election, voting will be by Single Transferrable Vote.
- 1.7 The Electoral Officer will be the Executive Officer or their agreed nominee.
- 1.8 A majority will be a simple majority of the most votes. No threshold is required.

2 Election process

- 2.1 The election will be conducted electronically by Single Transferable Vote (STV).
- 2.2 Where there are two candidates, votes will be counted and the candidate who has received a majority of votes will be declared successful in that election.
- 2.3 Where there are three or more candidates, first preference votes will be counted. If the first preference votes result in a majority for one candidate, that candidate will be deemed elected. Where there is an equality of votes between two candidates, the remaining candidates will be eliminated and their second preference votes reallocated. This will continue through third or further preference votes until there is a majority for one candidate.
- 2.7 In the event of a complete 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 Fellowship or Membership of their parent College 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.

Part IX: Board 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 or Committee by the Chair. Board 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 interests**
 - 4.1 **General conflicts of interest.** Before applying for the Board, members are expected to consider whether any current roles they hold would compromise the performance of their duties for the Faculty. For example, it would be expected that Board members would not hold full roles on the Boards or Councils of similar organisations or societies. This could pose both a conflict of interest and, in conjunctions with Regulation VI:7, is likely to affect the individual's capacity to take forward Faculty activities.
 - 4.2 **For individual areas.** 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.
- 6 Members should discuss their appointment with hospital colleagues and senior management.
- 7 **Resignations**
 - 7.1 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.
 - 7.2 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 X: Meetings of the Board and Board procedure

- 1 **Meeting arrangements**
 - 1.1 Meetings of the Board will normally be held at Churchill House, be chaired by the Dean or, in his absence, the Vice Dean or, in the exceptional absence of both of these, the most Senior Member of the Board present.

- 1.2 The Board will meet four times a year.
- 1.3 The Board quorum will be nine voting members.

2 Agenda proceedings

- 2.1 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.
- 2.2 It will be open to any member of the Board to submit an item for discussion at a meeting to the Chair. No business other than that covered in the agenda may be discussed at the meeting except at the discretion of the Chair.
- 2.3 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.

3 Decision making and voting

- 3.1 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, will be sent to every member of the Board.

Part XI: Standing Committees

1 Committee formation and membership

- 1.1 The Board should agree the formation of any Standing 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 Standing Committee must be agreed by the Board and include the remit of the committee, any indicated membership of the committee and the necessary quorum. Terms of Reference for Sub-Committees must be agreed by the respective Standing Committee and be ratified by the Executive.
- 1.3 The Dean and Vice Dean will be ex-officio members of every Standing 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 Standing Committee Members will be appointed by the Chair, in liaison with the Executive. Members can be co-opted to the Committee from outside the Faculty Fellowship and Membership but should not have voting rights unless specifically stated.
- 1.6 Any Standing 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. Standing Committee members who regularly fail to attend meetings or take on committee work due to capacity problems, will be asked to stand down.
- 1.7 Any Standing Committee member who wilfully disobeys any rule of the Standing Committee will, if the Board agrees, be removed from their membership of the Standing Committee.

2 Recommendations to the Board

- 2.1 It is the responsibility of the Standing Committee Chairman (or their agreed delegate) to report the working of the committee in a Board meeting so as to make it clear what the recommendations of the Standing Committee are to the Board.
- 2.2 For the recommendations of Standing Committees to become Faculty policy they must be presented to and approved by the Board in formal business.

3 Committee and Sub-Committee Meetings

- 3.1 Meetings of the Standing Committee or Sub-Committee will be chaired by the appointed Chairman or, in their exceptional absence, their Deputy, or in their exceptional absence, the Senior Member of the Standing Committee or Sub-Committee present.
- 3.2 The Standing Committee or Sub-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 Standing Committee where circumstances require this.
- 3.3 Proceedings of Standing Committees and Sub-Committees will be as detailed in their respective Terms of Reference.
- 3.4 Where the discussion relates to or indirectly involves a member of the Standing Committee or Sub-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.

Part XII: Faculty Officers

1 Assessors

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

2 Regional Advisors and Faculty Tutors in Intensive Care Medicine

- 2.1 The Board (or its delegated committee) will appoint Regional Advisors and Faculty Tutors in Intensive Care Medicine, subject to any appointment process as agreed through the Board (or its delegated committee).

2.2 Terms of office, responsibilities and functions for these roles will be as contained in the Roles and Responsibilities documents as agreed by the Board (or its delegated committee).

3 Members of Advisory Appointment Committees

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

4 Standing Committee and Sub-Committee members

Rules pertaining to Standing Committee and Sub-Committee members will be as contained in the respective Terms of Reference for each committee.

5 Examiners

Examiners for the Fellowship Examination will be appointed in line with the separate Examination Regulations. All appointments will be ratified by the Board.

Part XIII: 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.

| Office | Superior Officer |
|--|--|
| Chair: Committees | Dean |
| Chair: Court of Examiners | Dean |
| Chair: Sub-Committees | Chair of the relevant Committee |
| Chair: Working Parties/Groups | [See note below] |
| Committee / Sub-Committee Members | Respective Committee / Sub-Committee Chairs |
| Dean | Faculty Guardians |
| Examiners | Chair: Court of Examiners |
| Faculty Tutor | Regional Advisor in Intensive Care Medicine for their region |
| Regional Advisors in Intensive Care Medicine | Vice-Dean |
| Vice-Dean | Dean |
| Working Party/Group Members | Chair: Working Parties/Groups |

Note: Working Party/Group Chairs are responsible to the Chair of the Committee created them. For Working Parties of the Board, Chairs are responsible to the Vice Dean.

3 Part XII 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 whose Superior Officer will be agreed on appointment.

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 will 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 will 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. Dismissal is here defined as compulsory termination of the office of the Faculty Officer.
- 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 Officer 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 the 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 Executive Officer (or their nominee) will act as the Reviews Clerk for the appeal. The notification will 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 will 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 will 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 XIV: 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 Regulations of the Faculty and will obey every lawful summons issued by Order of the Board of the Faculty, having no reasonable excuse to the contrary, and will to the utmost of my power maintain the welfare and dignity of the Faculty".

2 Declaration of a new Dean or Vice Dean

"I hereby declare that I will discharge the trusts and powers vested in me as Dean (Vice Dean), and that I will diligently maintain the honour and welfare of the Faculty of Intensive Care Medicine. 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 hereby declare that as long as I remain as Board Member, I will diligently maintain the honour and welfare of the Faculty of Intensive Care Medicine. In all things relating to my office, and with all manner of persons, I will act equally and impartially according to the best of my skill and knowledge."

4 Declaration of a Fellowship Examiner

"I hereby declare that as long as I will remain in the office of Fellowship Examiner, I will diligently maintain the honour and welfare of the Fellowship of the Faculty of Intensive Care Medicine. In all things relating to my office, and with all manner of persons, I will 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 Head of Faculty 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 Secunder 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

| Version | Changes |
|---------|---|
| 2.0 | Membership Regulations amended: Sections 3 to 12 added. |
| 2.1 | Minor amendments throughout. Part IX amended to reflect email voting. Membership Regulations amended: Section 9 updated and Section 10 added. |
| 2.2 | Membership Regulations amended: Fellowship by Assessment and Affiliate Fellowship amended and Affiliate Trainee Registration added. Board terms of office amended. Appendix removed. |
| 2.3 | Membership Regulations amended to incorporate those with Private Sector sessions. |
| 2.4 | Membership Regulations amended to incorporate those with ICM CCTs in Locum positions without the FFICM Examination. |
| 3 | Sections I:3 and III:5.1 updated to include the RCPCH as the 8 th Parent College |
| 3.1 | Associate Fellowship Regulations amended to allow Associate Fellows to stand for the Board. |
| 4 | Substantial revision following Governance Review. Legacy items from Board transition removed. The following membership routes were added: Affiliate, Associate Member, Foundation/Core/Medical Student route. ACCP Membership renamed from 'Associate Membership'. Trustees were renamed Guardians. Fee setting arrangements revisited. Election processes updated to be compatible with online voting. |