

ROLES AND RESPONSIBILITIES for ICM FACULTY TUTORS

Background

This document sets out guidance for consultants appointed to supervise the training of doctors undertaking the Faculty's training programmes in Intensive Care Medicine, either as a single CCT in ICM or as part of a Dual CCT programme with one of our partner specialties. Additional guidance is provided by the Royal Colleges. This document does **not** apply to the specific training requirements of SHOs/CTs and Specialist/Specialty Registrars in anaesthesia, medicine, emergency medicine or surgical sciences, where Intensive Care Medicine forms part of their specialty rotational programmes. This document applies specifically to England and slightly different arrangements may apply in other administrative territories.

The Faculty Tutor should be familiar with overall training objectives: knowledge, experience, technical skills, communication skills, organisation, assessment skills, and research and audit methodology. The supervisor should understand and recognise the need to assess trainees against a programme based around "competencies", time and experience.

Appointment process

Faculty Tutors are appointed by a process coordinated by the relevant Regional Advisor (RA) or, if there is a conflict of interests, by the Deputy RA or a Regional Advisor from a different region. The process will normally include consultation with:

- The local hospital's consultants in Intensive Care Medicine (ICM);
- The employing authority's
 - Medical Director (or equivalent),
 - Director of Postgraduate Medical Education (or equivalent), and the
 - Clinical Director/Lead Clinician for ICM;
- The local ICM Programme Director;
- The chair of the local Specialist Training Committee in ICM.

Often there is only one applicant, agreed by the ICM consultants, and the RA will write to their Medical Director inviting endorsement of the appointment. If there is more than one applicant in good standing, there are 2 possible processes of appointment.

The Director of PGME will be asked to arrange an interview. The panel should comprise the Director of PGME (or their nominated deputy), the RA (or their deputy) and a nominee of the Postgraduate Dean. The name of the appointee will then be sent to the Faculty for ratification.

Alternatively, a ballot may be held among the listed constituents above. A simple majority will suffice and in the event of equality of votes, the Director of PGME will have a casting vote, which he/she can delegate. The method of selection, interview or ballot, will be by agreement between the RA and the Director of PGME, taking into account the wishes of the hospital's consultants in ICM.

The Person Specification is available in the appendix attached to this document.

Faculty Tutor

1. The Faculty Tutor will be responsible for maintaining close links with the Regional Advisor in Intensive Care Medicine (RA ICM) and the Deanery Programme Director for ICM. It is the Tutor's responsibility to ensure that all relevant trainees are identified and be able to provide the Faculty, via the RA, relevant information about the progress of trainees in post. The Tutor should maintain close liaison with Regional Advisors and TPDs in other relevant specialties (Anaesthesia, Medicine and Emergency Medicine) to ensure that those doctors needing training in ICM are identified at an early stage, so that career plans can be adjusted should this be necessary to satisfy the needs of the Faculty's training programme.
2. The Tutor has a responsibility to provide a comprehensive training programme with the emphasis on education and clinical experience. The Tutor will therefore need to maintain close links with the trainee. The Tutor must ensure that regular formative assessment (educational and developmental assessment) takes place, and that there is a summative assessment at the end of each module, which will confirm that there has been satisfactory completion of the educational goals. The RA and TPD will be kept informed of each trainee's progress.
3. In large departments (those with more than 10 trainees), the Tutor in conjunction with the RA may nominate a deputy. This nomination may be less important for small departments. The Faculty Tutor is responsible for informing the central FICM office of this appointment. The Tutor should gain assistance from all other consultant colleagues who will be involved directly with intensive care training and who will be supervising the trainees. Responsibility for delivering education, training and assessment does not reside solely in the Tutor, who should draw on other colleagues' expertise, knowledge and enthusiasm to provide training and assessment. The Tutor should, however, provide the organisational framework for educational activities and act as a role model.
4. At the commencement of the training period, the Tutor must ensure the trainee is registered with the Faculty and discuss the training requirements with the trainee, advise as appropriate, and draw up an educational plan. Educational objectives would normally be expected to be discussed with the RA in ICM and, when agreed, be used as the basis for the assessment of trainees at their regular appraisals. The plan should cover those areas specified within the competency based training programme. Some degree of flexibility is permitted within the programme in order to take account of the trainee's previous experience and background, and to identify specific deficiencies which can be rectified during later parts of the programme. However, core competencies must be included.
5. The Tutor should monitor the degree of supervision, the experience and workload of the trainee.
6. The Tutor should ensure that the trainee's learning activities take place inside appropriate learning modules and service commitments.
7. The Tutor should co-ordinate the regular assessment, duties, on-call and study time of the trainee, ensuring that appropriate study leave is allocated.
8. The Tutor will co-ordinate training and should draw up a timetable of ward rounds, case conferences, X-ray conferences, audit and morbidity meetings, Journal clubs, interdepartmental meetings, and provide information on, and arrange for attendance at appropriate courses and meetings outside the hospital, e.g. ATLS. Tutors in adjacent hospitals may find that establishment of a local educational network will be of benefit to both supervisors and trainees. The Tutor should make every effort to ensure that the trainee can attend such a course, particularly those specified in the guidance (ACLS, ATLS, APLS).

9. The Tutor should ensure that the trainee's Educational Training Record is accurately and contemporaneously completed.
10. The Tutor should ensure that at all levels, training for the purpose of an FICM programme, including training in the complementary specialties, is supervised and properly documented.
11. The Tutor should hold regular meetings with supervisors of training and clinical colleagues in the specialties of primary appointment (i.e. Medicine, Anaesthesia, Surgery, and Emergency Medicine) to ensure that complementary specialty training opportunities are utilised.
12. The Tutor should liaise with tutors and supervisors in the specialties of primary appointment to ensure that the training objectives are coincident and contemporaneous with those of the relevant College, recognising the Examination timetables and other needs of specialty programmes.
13. In the case of trainees wishing to sit the Fellowship exam of the Faculty of Intensive Care Medicine, the Tutor and RA in ICM should ensure an appropriate programme of preparation for the examination is planned by the trainee. The Tutor should also guide potential candidates for other College examinations who receive training in ICM (helping to prepare them, and being familiar with the examinations by attending them as an observer where possible).

Assessment

In accordance with guidance on assessment published by the Faculty the Tutor should undertake regular assessments with the trainee, identifying any areas of concern within the programme or in the performance of the trainee. Written records of these assessments, which should occur at least six monthly, must be kept.

Note: Trainees will need to discuss the content of each stage of training with the Tutor and relevant RA(s), and draw up an appropriate programme in conjunction with the RA and Programme Director in ICM. The assessments should conform to the ARCP process used in the parent specialties. The RA in ICM should liaise with Specialist Training Committees to co-ordinate assessment of training in ICM with the assessments of the parent specialty. Copies of ARCP forms must be available to the Colleges following each assessment: the Faculty must receive copies of ARCPs of those trainees undertaking the Faculty's programmes of training in ICM.

Supervision of trainees

The Faculty stipulates that consultant supervision must be available for trainees at all times. Trainees should be supervised in all their clinical activities; supervision should also extend to audit/quality improvement, research and record keeping. This can include providing, or asking others to provide, guidance for trainees professional development, advising trainees to prepare their portfolios and logbooks and to complete competency assessments.

The level of supervision will vary depending on the experience of the trainee and the complexity of the case or procedure. A much closer degree of supervision will be required at the commencement of training. As trainees gain in experience and confidence, the level of supervision should become less intensive and trainees will become more closely involved in consultations, decisions, and the provision of advice concerning patient management. Nevertheless, supervision must be available at all times, whether during the normal working day or out of hours.

The level of supervision may be classified as follows:

1. **Immediate** A consultant and trainee working together, for example when examining, treating, and carrying out procedures on a patient. This will extend to include the trainee examining and managing the patient whilst the consultant is present on the unit and immediately available to provide help and advice
2. **Local** As above, but the consultant is present elsewhere in the hospital and can be contacted in order to provide immediate advice or, if necessary, to provide help within 10 minutes.
3. **Distant** A consultant is not present in the hospital but can be contacted for immediate advice, and is able to return to the hospital within 30 minutes or is within 10 miles by road of the hospital. This level of supervision should only be provided for cover out of normal unit working hours.

In order to facilitate good communication and provide optimum patient management, each ICU designated for training has policies and guidelines which stipulate the specific circumstances under which a consultant must be contacted.

These should normally include all of the following:

- the admission of a new patient to the unit
- the early (unplanned) discharge of a patient
- unexpected or unexplained change in an existing patient's condition
- the necessity to undertake a complex technical procedure
- the request for inter-hospital transfer of a critically ill patient
- major alterations in treatment policies
- decision concerning the withholding or withdrawal of life support techniques
- the necessity to refuse a request for admission of a patient to the unit

The Faculty recommends that each unit has a written set of guidelines, protocols and policies, to include the provision of such guidance to trainees.

Support

Faculty Tutors are not expected to deliver all training in their own hospitals and should expect to work with and/or be supported by:

- the RA (and/or deputy);
- the body of consultants and other career grade intensivists recognised to teach;
- the Medical Director and the Director of Postgraduate Medical Education in the local hospital/Trust;
- the RAs and College Tutors from other relevant specialties; and
- the FICM.

Time to discharge duties

The Faculty recognises and records its appreciation to those employers who allow time for the extraordinary efforts that many Faculty Tutors undertake. These efforts accord with advice from Chief Medical Officers and the General Medical Council.

It is essential, now that ICM is a CCT programme in its own right, that Faculty Tutors are given the same support in terms of SPAs as other College/Faculty Tutors (i.e. Anaesthetics) and given adequate time to perform their role and approx. 0.25 PA per trainee should be identified in their job plan. This SPA time is required in order to adequately support both those trainee intensivists in the specialty and those going through ICM placements from outside the specialty.

If you have any queries, please do not hesitate to contact us through the Faculty (ficm@rcoa.ac.uk).

Terms of appointment

The term of office is normally 2 years, renewable for a further 4 years. To avoid any conflict of interests, Faculty Tutors should not hold managerial positions at the level of Clinical Director¹ but those who are subspecialty leads are eligible to apply. A Faculty Tutor may also be the Programme Director responsible for trainees undertaking the CCT in ICM. As well as undertaking, where needed, additional training to develop the skills of competent teachers², Faculty Tutors will be normally expected to attend the annual meeting for Faculty Tutors and Regional Advisors.

Representation

The Tutor should act to represent the Faculty, by dissemination of information to trainees, colleagues, and appropriate Trust senior management. The Tutor should also be the Faculty's link with the hospital; and should ensure they attend, and contribute to, meetings of the Specialist Training Committee in ICM.

Contact Details

It is the responsibility of the Tutor to provide the Faculty with their up-to-date contact information, including postal and email addresses. The Faculty relies on these details to keep its Tutors informed of important training matters and allow Tutors to disseminate information to their local trainees and trainers. It is not acceptable for this line of communication to be compromised. If the Tutor's contact details change in any way, they must inform both the Faculty and their local ICM Regional Advisor as soon as possible.

¹ Or other title describing the overall lead in critical care or a relevant specialty.

² The Doctor as Teacher, GMC, September 1999.

Appendix: Person Specification

Essential Criteria	Desirable Criteria
Fellow or Associate Fellow of the Faculty of Intensive Care Medicine (FFICM/AFICM)	
Enthusiasm to support trainees in the changing environment of health care delivery.	
Fellow in good standing (including ad eundem or Associate) of their parent College.	Member of the Intensive Care Society.
Experience of teaching and training colleagues gained as trainee or consultant.	Experience of teaching and training colleagues gained as consultant.
Support of consultant colleagues.	Support of head of local academic departments.
Support of the local Postgraduate Dean.	
Support of employer, confirmed by the Medical Director/Director of Postgraduate Medical Education/Clinical Director.	
Willingness to work with the local consultants, Trust and the Deanery's Schools.	Experience of working with the local Trust as an educational supervisor.
Familiarity with the FICM's training curriculum and willingness to apply it to developmental work in the local Trust.	
Familiarity with methods of assessment and willingness to participate in the RITA/ARCP process.	
Ability to supplement personal knowledge by using local support and guidance from colleagues to shoulder burdens and duties.	