

## **ROLES AND RESPONSIBILITIES for REGIONAL ADVISORS IN INTENSIVE CARE MEDICINE**

The Regional Advisors in Intensive Care Medicine represent the Faculty of Intensive Care Medicine in the regions of England, Wales, Scotland and Northern Ireland. The RA has particular responsibility for the promotion of Intensive Care Medicine, in the provision of advice to Postgraduate Deans, other Regional Advisors and to their own and other trainees. The role is important and carries significant responsibilities. The Faculty relies heavily on the Advisors for ensuring that its objectives are carried out in an efficient, effective and sensitive manner. This document describes the roles and responsibilities as they apply in England; slight variations may exist in the other territories of the UK according to the administrative structure of Postgraduate Medical Education.

### **Background**

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

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

The Regional Advisor should not concurrently hold the position of Regional Advisor, Programme Director, Tutor or Educational Supervisor in a specialty other than ICM. In some regions it may be appropriate for the TPD in ICM also to hold the role of RA.

### **Deputy Regional Advisor**

The Advisor can nominate a deputy, for consideration and endorsement by the Faculty following an advertisement for interest in the post, if appropriate. ***From March 2012, all new appointments to the position of Deputy Regional Advisor must hold, or have previously held, the position of Faculty Tutor. For preference they should not be in the same hospital as the Regional Advisor.*** It is the duty of the Regional Advisor to keep the central FICM secretariat informed of any change in this role.

The duties of the Regional Advisor will be:

### **Working with the FICM**

1. To represent the views of the Faculty in all relevant matters within their Deaneries, Schools, Academies and Specialist Training Committees (STCs).

2. To advise the Chairman or any members of the Faculty Training, Assessment & Quality Committee (TAQ) of any problems that may arise in connection with training in ICM and ICM provision locally.
3. Supervise and advise on the attainment of entry criteria to the ICM CCT programme, including the Joint CCT in ICM until this is fully superseded by the single-CCT programme. The RA has responsibility for the totality of ICM training, including Stage 1 (basic training in the Joint-CCT) and for that training acquired during exposure to Anaesthesia and Acute and General Internal Medicine as part of ICM training. Trainees who have elected to undertake dual programmes of training will require supervision by both the ICM and the partner speciality training programmes. RAs will need to work closely with their colleagues in the partner speciality programmes.
4. Monitor and advise adherence to the Faculty's criteria for its current programmes of training in Intensive Care Medicine.
5. Identify workforce deficiencies in relation to training and service provision.
6. Observe and advise on the FICM's criteria for appropriate training for consultant status.
7. Supervise the appointment of FICM Tutors in their region (see 'Roles and Responsibilities of Faculty Tutors' for appointment process), and ensure the Faculty is kept informed of all such appointments via submission of the appropriate Faculty Tutor application form.
8. Meet with the FICM biannually as organised by the Lead RA.
9. Meet jointly with the FICM Tutors annually as organised by the Lead RA.
10. Assist in the election of a Lead and Deputy Lead of FICM RAs.
11. RAs should submit an annual statement of activity in their area, including information on trainees and training opportunities which they would wish to put forward for approval or otherwise.
12. Receive annual reports from the local FICM Tutors, collate the reports and inform the FICM, Deaneries, Schools, Academies and Specialist Training Committees if problems for the delivery of training are uncovered

### **Working with the Deanery/Academy, Training Schools, Training Programme Directors and Base Specialities**

1. To advise and maintain quality of training in Intensive Care Medicine and to liaise with Postgraduate Deans or their nominees and to serve, as required, on appropriate committees. The exact requirements are evolving rapidly and the RA will need to understand the quality assurance plans of the relevant LETBs/Deaneries and the scope of advice on the training environment that the Deaneries might want. This may include advice on ICM training for all trainees in ICM, not just those on the ICM CCT program.
2. RAs should facilitate communication with Regional Advisors in Anaesthesia, Medicine, Surgery, Acute Medicine and Emergency Medicine, with FICM members within the Deanery or region, with relevant academic departments and with Training Programme Directors or Coordinators within the region. Such communication will allow dissemination of information from the FICM to individual hospitals. RAs will provide a vital link with Postgraduate Deans

and Training Programme Directors. RAs are expected to cascade information as requested by the FICM.

3. Where required, Regional Advisors should be expected to participate in the work of Specialist Training Committees and ICM Programme Directors, under the auspices of the Postgraduate Dean, and to communicate with the FICM and act on behalf of trainees.
4. Within their Postgraduate Deanery, RAs will be responsible with Programme Directors in ICM for the overall organisation of the Faculty's training programmes in ICM. The programme will require close collaboration with RAs and programme directors in the partner specialties of Anaesthesia, Medicine, Surgery, Acute and Emergency Medicine.

RAs in ICM must expect to participate in the work of regional training committees to ensure that rotational programmes and training in general, is appropriate and follows the criteria laid down by the FICM. RAs should ensure that Regional Training Committees include those with responsibility for implementing the FICM's programme in ICM.

5. From time to time, RAs may be asked, by the partner Royal Colleges, or by the FICM, Deaneries, Schools, Academies or STCs to assist in visits to hospitals offering training in ICM.

### Working with Trusts

1. RAs will be expected to advise the FICM on a suitable Faculty Tutor at each individual hospital recognised by the Faculty for training purposes, after appropriate consultation with the ICU consultants (see 'Roles and Responsibilities of Faculty Tutors' and 'ICM Faculty Tutor Application'). They should organise regular meetings and assist the Tutor in the resolution of any problems. RAs will share with the Tutor the responsibility of ensuring that all trainees undertaking the Faculty's programmes are identified and registered with the Faculty. Regional Advisors (in conjunction with Training programme directors) should be prepared to provide the Faculty with information about trainees in post and monitor their progress using the ARCP system, training portfolios, and other educational records (e.g. Work Place Based Assessments and Case Reports) in accordance with current FICM and partner College guidance.
2. RAs should visit or formally contact each Intensive Care Unit within their Region on at least an annual basis. As part of this, the RA should review the effectiveness of the relevant FT.
3. In conjunction with the RA of the partner College (or if unclear, the lead College), RAs should be consulted on job descriptions for Consultant posts in which Programmed Activities in ICM are included, including out of hours ICM cover as part of an 'on-call' rota. They should also maintain training in the requirements and employment law issues of job descriptions.
4. The RA should be willing to serve on Advisory Appointments Committees, if requested to do so by a Royal College or Faculty; maintain familiarity with the requirements for AAC's; understand employment law, and attend an update on AAC.

### Educational duties

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

If this has not already been achieved it will be a condition of appointment to obtain this within 4 months. RAs may also wish to consider observing the Faculty of Intensive Care Medicine Fellowship Examination (FFICM)

2. RAs must be involved in the assessment, appraisal and guidance of trainees on a regular basis. This exercise should be co-ordinated with the involvement of the Postgraduate Dean, Programme Director in ICM and the Advisor from the partner specialty, as appropriate. The Advisor should ensure that a copy of the record of each trainee's progress is forwarded to the FICM. This will include participation at ARCPs.
3. In liaison with the Postgraduate Dean and the Advisor(s) from the partner specialty(ies), RAs in ICM must participate in the selection of Specialty trainees competing for entry to the CCT programme in ICM.
4. Advisors will be expected to assist the Postgraduate Dean in monitoring the application and appointment process of trainees. This will provide information concerning the need for additional or different training programmes.
5. RAs will be expected to assist the FICM and, if requested, tutors/supervisors from the partner specialties, on the quality of training required at Basic level in ICM and the relevant complementary specialty, in order to ensure appropriate training prior to the CCT programme.
6. Regional Advisors will be expected to give guidance to candidates intending to sit the Examination for the UK Faculty of Intensive Care Medicine Fellowship Examination (FFICM)

## Support

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

- Local Faculty Tutors;
- The Deputy RA (if appointed);
- The STC and Training Programme Director for ICM;
- Representatives of the local Deaneries, including the responsible Postgraduate Dean and Head of Host School;
- RAs and TPDs from other relevant specialties, as well as the relevant STC's;
- 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 RAs undertake. These efforts accord with advice from Chief Medical Officers and the General Medical Council<sup>1</sup>.

The Faculty endorses accountability to the employer for time allocated to supporting professional activities (SPA's), and urges employers to recognise that ICM RAs ordinarily spend a great deal of time discharging their duties. The time required to discharge these duties as ICM RA should be recognised on the same basis as local RAs in other specialities. Local requirements will dictate whether this is remunerated on a fixed or flexible basis but will typically average 1 PA per week.

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<sup>1</sup> *The Doctor as Teacher*, GMC, September 1999.

## Appointment process

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

- 6 months prior to the end of the post-holding RA's tenure, the secretariat contacts the RA.
- If the RA is in their first term and the Board and Regional Intensive Care community is supportive and the regional situation appropriate, the RA is asked whether he or she wishes to continue in office for a second term. If the RA accepts, the second term is confirmed by a letter from the Vice Dean and Chair of the Training, Assessment & Quality Committee (TAQ). ***In exceptional circumstances, an RA may be asked to extend to a third term of office at the discretion of the Faculty.***
- If the RA does not wish to extend to a second term or where the post-holding RA has reached the end of their second term, a nominating process will be instigated.
- Those allowed to give their nomination are as follows (henceforth referred to as the Nominating List):
  - Outgoing Regional Advisor
  - Faculty Tutors
  - Training Programme Director for ICM
  - STC Chair for ICM
- Where feasible the Nominating List shall be populated by the secretariat, but the RA may be required to provide names and contact details and to check the list provided by the secretariat.
- The secretariat will send the Roles & Responsibilities document with the Application Form to the Nominating List who will be asked to distribute widely within their hospitals and locally. A timetable for a future nominating process will be circulated at the same time. The cover email will give a 4 week deadline for the receipt of applications.

### ***If only one application is received:***

- The name, statement and summary CV will be circulated to the Nominating List. The cover email will request, with a 2 week deadline, any concerns regarding the applicant to be communicated personally to the secretariat. Any concerns will be discussed by FICMTAC.

### ***If more than one application is received:***

- The secretariat will send ballots, summary CVs and statements to the Nominating List. The cover email will give a 3 week deadline for the receipt of ballots.
- The secretariat will tally up final ballots. In the case of an equality of votes, the Vice Dean will get a deciding vote.
- The results, with summary CVs and application forms will be circulated to FICMTAC for confirmation. The cover email will give a 1 week deadline for any concerns to be personally highlighted back to the secretariat.
- This process will then be repeated for the Board.

### ***If FICMTAQ and the Board confirm the appointment:***

- The applicant will receive a confirmation letter from the Vice Dean and the Chair of FICMTAQ TAQ (carbon copying the Lead Regional Advisor, the Deputy Lead Regional Advisor, the relevant Medical Director and the relevant Postgraduate Dean). The letter to the successful candidate will include the Roles & Responsibilities document.
- The unsuccessful candidates will receive a letter from the Vice Dean and the Chair of TAQ.
- Interested parties will be informed as soon as possible of the outcome by the FICM.

***If FICMTAQ and the Board reject the appointment:***

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

The person specification can be located as an appendix to this document. The application form will be circulated by the secretariat.

**Terms of appointment**

RAs are appointed initially for a term of 3 years, renewable for a further 3 years. This will be the maximum length of office, though the Faculty reserves the right to extend terms of office beyond these limits at its discretion in the interests of efficient service provision.

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

**Contact Details**

It is the responsibility of the RA 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 RAs informed of important training matters and allow them to disseminate information to their local trainees and trainers. It is not acceptable for this line of communication to be compromised. If the RA's contact details change in any way, they must inform both the Faculty and their local Tutors as soon as possible.

**Appraisal**

The FICM is developing a new appraisal process for RAs. Further details will be included in the next version of this document.

## Person specification

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