



FACULTY TUTORS ROLE AND RESPONSIBILITIES

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/triple CCT programme with one of our partner specialties. This document describes the roles and responsibilities as they apply in England; slight variations may exist in the other nations of the UK according to the administrative structure of Postgraduate Medical Education.

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

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)
- Clinical Director/Lead Clinician for ICM

Support should already be in place for the need for a Faculty Tutor from the Trusts lead educators, most likely the Director of Medical Education (DME) or their deputy (DDME) and the Postgraduate school, often represented by the Head of School or the nominated deputy. All should be informed of the new appointment to endorse it but it is not necessary to seek approval from these parties pre appointment.

- Often there is only one applicant, agreed by the ICM consultants and the ICM Regional Advisor. Endorsement for appointment is then sought from the Medical Director representative, most often the ICM Lead Clinician/Clinical Director.
- If there is more than one applicant in good standing, the Regional Advisor will decide if an interview or a ballot is required. The interview panel should comprise of a representative from the ICU –most likely the lead clinician (or their nominated deputy), the Director of PGME (or their nominated Deputy), the ICM RA (or their Deputy) and a nominee of the Postgraduate Dean. A ballot may be held, with the applications and curriculum vitae being reviewed by the above members. A simple vote with majority will suffice and in the event of equality of votes, the Regional Advisor will have a casting vote, which they can delegate to the director of medical education (or nominated deputy) if there is a conflict of interest.
- The name of the appointee will then be sent to the Faculty for ratification.

Faculty Tutor

1. The Faculty Tutor will be responsible for maintaining close links with the Regional Advisor in Intensive Care Medicine and the ICM Programme Director (TPD). It is the Tutor's responsibility to ensure that all ICM doctors in training (DiT) are identified and that they are able to provide the Faculty, via the ICM RA, with relevant information about the progress of the doctors in post. The Tutor should liaise closely with the ICM RA, ICM TPD and key

trainers in other relevant specialties (Anaesthesia, Respiratory Medicine, Acute Internal Medicine, Renal Medicine and Emergency Medicine) to ensure that those doctors needing training in ICM are identified at an early stage, and so that career plans can be adjusted should this be necessary (in pursuing ICM training) 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 ICM DiT. The Tutor must ensure that regular formative assessments (educational and developmental assessment) take 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 ICM RA and ICM TPD will be kept informed of each DiT's progress.
3. In large departments (those with more than 10 ICM DiT), the Tutor in conjunction with the ICM RA may nominate a Deputy. 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 Medicine training and who will be supervising the DiT. Responsibility for delivering education, training and assessment does not reside solely on 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 ICM DiT is registered with the Faculty and discuss the training requirements with the doctor, advise as appropriate, and draw up an educational plan. This may have already been completed by the DiT Educational Supervisor. The role of the Faculty Tutor then is ensure these objectives are met in that placement. Educational objectives for the DiT would normally be discussed with the ICM TPD and RA and, when agreed, a rotation plan would have been made for that stage of training.
5. The Tutor should monitor the degree of supervision, the experience and workload of the DiT.
6. The Tutor should ensure that the DiT 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 DiT, 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 help facilitate attendance at appropriate courses and meetings outside the hospital. This can form part of an educational work schedule identifying training opportunities for the ICM DiT. Tutors in adjacent hospitals may find that establishment of a local educational network will be of benefit to both supervisors and DiT. The Tutor should make every effort to ensure relevant planned training courses/meetings are attended, as agreed in the PDP, to achieve the ICM curriculum's capabilities.
9. The Tutor should ensure that the ICM DiT portfolio is accurately and contemporaneously completed.
10. The Tutor should ensure that, at all levels, training for the purpose of an ICM programme, including training in the complementary specialties, is supervised and properly documented. It is wise to ensure regular contact with the DiT, whilst in their other specialty to ensure this happens and the DiT feels supported in that hospital.
11. The Tutor should hold regular meetings with supervisors of training and clinical colleagues in the complementary specialties (i.e., Anaesthesia, Respiratory Medicine, Acute Internal

Medicine, Renal Medicine and Emergency Medicine) to ensure that complementary specialty training opportunities are utilised and the needs of these programmes are being met by the DiT.

12. In the case of ICM DiT wishing to sit the Fellowship Exam of the Faculty of Intensive Care Medicine, the Tutor and ICM RA should ensure an appropriate programme of preparation for the examination is planned by the doctor. 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 as an observer where possible).
13. To proactively deal with ICM queries. Should further advice be needed, then the FT should approach the ICM RA and/or ICM TPD.

Assessment

In accordance with guidance on assessment published by the Faculty, the Tutor should ensure that regular assessments with the ICM DiT are completed, identifying any areas of concern within the programme or in the performance of the doctor. Written records of these assessments, which should occur at least three-monthly intervals, must be kept.

Note: ICM DiT 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 Training Programme Director in ICM. The assessments should conform to the ARCP process used in the complementary specialties. ICM RAs (in conjunction with ICM TPDs) should be prepared to provide the Faculty with information about ICM DiT in post and monitor their progress using the ARCP system, training portfolios, and other educational records (e.g. Supervised Learning Events and Case Reports) in accordance with current FICM and partner College guidance.

Supervision of ICM DiT

The Faculty stipulates that consultant supervision must be available for DiT at all times. ICM DiT 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 their professional development, advising DiT to prepare their portfolios and logbooks and to complete capability assessments.

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

The level of supervision may be classified as follows:

1. **Immediate:** A consultant and DiT working together, for example when examining, treating, and carrying out procedures on a patient. This will extend to include the DiT 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 can 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 DiT.

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 ICM RA (and/or Deputy);
- the body of Consultants and other Specialist Associate Grade (SAS) intensivists recognised to teach;
- the Medical Director and the Director of Postgraduate Medical Education in the local hospital/trust/health board;
- the RAs and College Tutors from other relevant specialties; and 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., Anaesthesia) and given adequate time to perform their role. Approx. 0.25 PA per DiT for the purposes of educational supervision is provided by NHS Education. This should be the starting point for negotiations. Clearly for larger units with many trainees this is unrealistic but whilst there may be some overlap with the coordinating activity of being a tutor, consideration to enabling sufficient time for this should be made in proportion to the number of DiT being overseen. This SPA time is required in order to adequately support both ICM DiT training in the specialty and those going through ICM placements from outside the specialty.

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 DiT 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 Training Leadership Annual Meeting for ICM Faculty Tutors, RAs and TPDs.

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

² The Doctor as Teacher, GMC, September 1999.

Representation

The Tutor should act to represent the Faculty, by dissemination of information to DiT, colleagues, and appropriate trust/health board 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 regional 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 DiT 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.

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