

**AFFILIATE FELLOWSHIP APPLICATION FORM**

**This application form is ONLY for use by medical practitioners** in the **United Kingdom** applying for Affiliate Fellowship of the Faculty of Intensive Care Medicine. We seek applications for Affiliate Fellowship from clinicians with a sessional or other contracted clinical commitment to Intensive Care Medicine that does **not** fulfil the requirements for Fellowship as described in ***Appendix E***, or from UK trainees who have completed training commensurate with either Stage 1 or Intermediate level ICM **outside** of the UK ICM CCT programme. Please note that there are no post-nominalsattached to this membership category.

Applicants for Affiliate Fellowship must have 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 **must not** be eligible for any other Fellowship route. **Please read the regulations in *Appendix D* before completing the form.**

**The application form must be submitted electronically.** Please complete in full using the electronic version of the document. Do not alter the format. **Submit the form** **to** contact@ficm.ac.uk. Large applications should be electronically zipped before sending. The submission will be acknowledged by return email. Hard copies will **not** be accepted.

**Please read the guidelines in this form carefully** and note the supporting documentation required for your application to be considered. Where supporting documents are needed from a referee, please ensure that these are *scanned* versions of signed letters.

**Part 1: Personal Details**

1.1 Title 1.2 Last name 1.3 First name(s)

1.4 Full address (you **must** include postcode) 1.5 Telephone number (*Home*)

1.6 Telephone number (*Work*)

 1.7 Telephone number (*Mobile*)

1.8 Email address

1.9 Gender 1.10 Date of birth (*DD/MM/YYYY*) 1.11 GMC Number

1.12 FICM Trustee College 1.13 Trustee College Reference

(e.g. RCoA/CEM/RCP London etc) Number

1.14 Partner Specialty (if any – e.g. Anaesthesia, Paediatrics, etc – if medical specialty please specify)

**Part 2: Application Routes and Supporting Evidence**

**The standard required for the award of Affiliate Fellowship is uniform regardless of the route of entry. Regulations relating to Affiliate Fellowship are in *Appendix D* of this document (scroll down).**

Please review the following routes of entry carefully to ensure you select the most appropriate. Please check the corresponding box.

 **ROUTE 1**

A Fellow of a FICM trustee college who **holds a substantive or honorary UK consultant post** with a **contracted clinical commitment to ICM**, but which **does NOT fulfil the requirements for full Fellowship as described in *Appendix E.***

**[ ]**

**Supporting Evidence required:**

* Completed Clinical Sessions Certificate (see *Appendix A*) from your current employing trust, signed by your Clinical Director.
* Completed FFICM Endorsement Certificate (see *Appendix B*) signed by two current full Fellows in good standing of the Faculty of Intensive Care Medicine

A Fellow of a FICM trustee college **who has registered as an Affiliate Trainee with the Faculty** and **who, although not appointed to the
ICM CCT programme, has completed blocks of ICM training commensurate with either Stage 1 or Intermediate level ICM\***.

**ROUTE 2**

**[ ]**

**Supporting Evidence required:**

* Completed ICM Regional Advisor Certificate (see *Appendix C*) signed by your current Regional Advisor in Intensive Care Medicine.

**\* Route 2 Applications:**

1. Trainees applying for Affiliate Fellowship via Route 2 **must** be previously registered as Affiliate Trainees of the Faculty (or via FICM/IBTICM General Registration, if the trainee entered HST [Higher Specialist Training] *before* August 2012 and submitted that registration form).
2. If the trainee in question was appointed to HST ***before* August 2012**, then they must be assessed against the requirements for **Intermediate level ICM** as defined by the curriculum for the **Joint CCT in Intensive Care Medicine**. If the trainee was appointed to HST ***after* August 2012**, then they must be assessed against the requirements for **Stage 1 ICM** as defined by the curriculum for the **standalone CCT in Intensive Care Medicine.**

**Your application cannot be considered without the supporting evidence required for your application route**. The Board reserves the right to request additional information that it considers relevant to all applications.

**Part 3: Qualifications**

3.1 Primary Medical Qualification 3.2 University you qualified from

3.3. Main Medical Qualification (e.g. FCARCSI).

[ ] FRCA (Royal College of Anaesthetists)

[ ] MRCP (Royal College of Physicians of Edinburgh)

[ ] MRCP (Royal College of Physicians of London)

[ ] MRCPCH (College of Paediatrics and Child Health)

[ ] MRCS (Royal College of Surgeons of Edinburgh)

[ ] MRCS (Royal College of Surgeons of England)

[ ] FRCEM (Royal College of Emergency Medicine)

[ ] MRCP/MRCS (Royal College of Physicians & Surgeons of Glasgow)

3.4 If you have further affiliate Colleges in addition to the College from which you received your Main

 Medical Qualification, please note below

3.5If you have any other qualifications (e.g. Diploma, BSc) please note below, with year of award

**Part 4: Application Information if applying through Route 1**

4.1 Details of your consultant post in the United Kingdom including your full work address

Full Job Title

Full Work

Address

4.2 Number of daytime clinical commitments

(DCC) per week devoted to Intensive Care

Medicine (not including on-calls)

4.3 Are you in good standing (i.e. are you up to date on your subscriptions) with your College?

**[ ]  Yes [ ]  No**

*For applicants with an affiliation to the* ***Royal College of Anaesthetists****:*

4.4 Are you willing to pay the subscription to the Faculty via your existing direct debit to the College?

**[ ]  Yes [ ]  No**

 **Part 5: Applicant’s Declaration**

**I wish to have my application for Affiliate Fellowship of the Faculty of Intensive Care Medicine considered by the Board of the Faculty of Intensive Care Medicine.**

**I enclose the following documentation:** (check as applicable)

**[ ]  Completed and signed application form**

 **[ ]  Completed Clinical Director Certificate (*Appendix A*)**

 **[ ]  Completed FFICM Endorsement Certificate (*Appendix B*)**

**[ ]  Completed ICM Regional Advisor Certificate (*Appendix C*)**

**I agree that the Board of the Faculty of Intensive Care Medicine may seek any further information that it considers is relevant to my application, and that my personal details may be made available to a third party(ies), as required, for the purposes of considering my application.**

**I understand that before an assessment of my application can proceed, the requisite supporting evidence must have been received by the Board.**

**I confirm that, to the best of my knowledge, all of the information that I have provided in this application represents a true and accurate statement. I understand that any serious misrepresentation or false information supplied with the intention to mislead is a probity issue that may be reported to the GMC.**

**I agree that the information provided by me may be processed, in accordance with the Data Protection Act, for legitimate purposes connected with my application.**

**Data Protection Statement**

The Faculty of Intensive Care Medicine is part of the Royal College of Anaesthetists. The linked [Data Collection Policy](https://www.ficm.ac.uk/data-protection-policy) applies to all personal data handled by the College, including its Faculties. The FICM relies on legitimate interests as the lawful basis for processing of personal data. We process and maintain personal data about you so that we can manage your membership, provide you with appropriate products and services and share information with you about FICM activities.

We will only use your information for the purposes as described and will not pass on your details to other third parties unless you have given us consent to do so.

We use appropriate organisational and technical measures to ensure that your data are secure and protected from loss, misuse and unauthorised access or alteration.

You have the right to ask for a copy of the information we hold about you and to have any inaccuracies in your information corrected. If you have any questions about data protection or require further information, please email contact@ficm.ac.uk.

5.1 Name of applicant 5.2 Signature of applicant**\***

5.3 Date declaration signed (*DD/MM/YYYY*)

\* *Signature:* Please either include an electronic signature or print this page out, sign it in hard copy and scan it for submission electronically.

**Appendix A: Clinical Director Certificate**

**This certificate must be completed and signed by the applicant’s current Clinical Director to confirm the applicant’s current clinical commitment to ICM in the NHS. If you are the Clinical Director, please ask your senior manager to complete this form.**

 I (Clinical Director)

 Job Title

 Full work address

GMC Number

Email address(es):

Telephone number(s):

verify that (name of applicant)

is a substantive or honorary NHS or Defence Medical Services consultant with sessional or other contracted clinical commitment to Intensive Care Medicine but which does **not** fulfil the requirements for full Fellowship as described in *Appendix E*.

Signature\* Date (*DD/MM/YYYY*)

\* *Signature:* Please either include an electronic signature or print this page out, sign it in hard copy and scan it for submission electronically.

**Appendix B: FFICM ENDORSEMENT CERTIFICATE**

**This certificate must be completed and signed by TWO current full Fellows (FFICM) in good standing of the Faculty of Intensive Care Medicine.**

**FELLOW 1**

 Name

 GMC Number

 Full work address

 verify that (name of applicant)

is a fit and proper person to be awarded Affiliate Fellowship of the Faculty of Intensive Care Medicine.

Signature\* Date (*DD/MM/YYYY*)

**FELLOW 2:**

 Name

 GMC Number

 Full work address

 verify that (name of applicant)

is a fit and proper person to be awarded Affiliate Fellowship of the Faculty of Intensive Care Medicine.

Signature\* Date (*DD/MM/YYYY*)

\* *Signatures:* Please either include an electronic signature or print this page out, sign it in hard copy and scan it for submission electronically.

**Appendix C: FFICM ENDORSEMENT CERTIFICATE**

**This certificate must be completed and signed by the applicant’s current ICM Regional Advisor.**

*The document can either be completed electronically with an electronic signature or signed in hard copy and scanned into a PDF for submission electronically.*

 I (Regional Advisor)

 of (name of Region)

 at (work address)

 GMC Number

 verify that (name of applicant)

is a **registered Affiliate Trainee** of the Faculty of Intensive Care Medicine and has, **outside** of the ICM CCT programme: (*Check box below as applicable*)

[ ]  completed training commensurate with **Intermediate level ICM** as defined by the curriculum for a **Joint CCT in Intensive Care Medicine** (if entered Higher Specialist Training *before* August 2012)

***or***

[ ]  completed training equivalent to **Stage 1 ICM** as defined by the curriculum for a **standalone CCT**

 **in Intensive Care Medicine** (if entered Higher Specialist Training *after* August 2012)

Signature\* Date (*DD/MM/YYYY*)

\* *Signature:* Please either include an electronic signature or print this page out, sign it in hard copy and scan it for submission electronically.

**Appendix D: Faculty Regulations – Affiliate Fellowship**

Excerpted from the *Regulations of the Faculty of Intensive Care Medicine:*

9.1 Any person who is not eligible for any other category of membership of the Faculty who:

1. 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 (see Appendix F); and either:
2. holds 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; or
3. has completed, outside of the ICM CCT programme, training in Intensive Care Medicine commensurate with either:
4. 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
5. 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):

1. a certificate signed by two Fellows of the Faculty, to indicate the applicant is a fit and proper person;
2. a signed certificate from the Clinical Director confirming satisfactory appraisal and a contractual clinical commitment to ICU as defined in the application form.
3. 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.

No fellow who is currently deprived for privileges is eligible to sign a certificate as indicated in Regulation 9.2.a.

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.

**Appendix E: Definition of Daytime Clinical Commitment to ICM**

The following criteria define the level of daytime clinical commitment to ICM required to be eligible for full Fellowship of the Faculty of Intensive Care Medicine (FFICM):

**Daytime sessions or PAs for ICM have the following characteristics:**

* Duties include the care of level 2 and/or level 3 critically ill patients
* Must be in an HDU / ICU setting
* No concurrent duties for other specialties
* Contracted sessions/PAs are reimbursed at a normal rate

Applicants for Affiliate Fellowship of the Faculty of Intensive Care Medicine must hold a defined, contracted daytime clinical commitment to Intensive Care Medicine, but which does **not** meet these criteria. An Applicant’s **Clinical Director** must certify their proposal for Affiliate Fellowship.

**Appendix F: Trustee Colleges of the Faculty of Intensive Care Medicine**

|  |  |
| --- | --- |
| **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** |