



ACADEMIC TRAINING IN INTENSIVE CARE MEDICINE



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Key Messages

- Research training is an essential component in the creation of a high quality specialist workforce for Intensive Care Medicine (ICM). It has been proven that research active departments have better outcomes.
- Research is fully embedded into the 2021 ICM curriculum into both the higher learning outcome and the academic specialist skills year for doctors in training undertaking single CCT ICM.
- The NIHR Associate Principal Investigator (API) scheme provides a development opportunity for all doctors in training to get involved in research to raise awareness, share the knowledge, and obtain training required for running research studies.
- There are a number of options as to how to undertake academic training in ICM. Doctors in training with an interest in academia should be identified early and provided with a support network through the regions to enable them to follow a clinical academic career pathway. The National Institute of Health and Care Research (NIHR) enables access to high-quality careers advice and support for ICM doctors in training wishing to pursue careers in clinical academic medicine. It is essential to embrace a plurality of research training arrangements, providing the quality of such training is good.
- The Scottish Clinical Research Excellence Development Scheme (SCREDS) provides an integrated training and career development pathway enabling clinicians to pursue concurrently or sequentially academic and clinical training within the NHS.
- Pathways for formal research training should map closely to clinical training, allowing seamless integration of the two streams of training. This arrangement will not only allow easier entry to research training, but also allow trainees to re-enter the conventional clinical training structure. It is key that consideration is given to allowing this clinical time undertaken during time out in research to count towards training.
- Doctors in training returning to clinical medicine from a period of time out in academia require a supported return to training and are encouraged to access the wide range of learning and support resources, which can be used to create a bespoke package of support which suits their individual needs.

Overview

Research training is an essential component in creating a high quality specialist workforce for Intensive Care Medicine (ICM). [The Health and Social Care Act \(2012\)](#) identifies research as a core responsibility of the NHS both in its delivery and the need to adhere to evidence based practice. Clinical research is the single most important way in which we improve our healthcare – by [identifying the best means to prevent, diagnose and treat conditions](#). Evidence shows that [research-active hospitals and departments have better patient outcomes](#). Academic activity within ICM can contribute to high quality recruitment to the specialty, enrich the professional lives of trained clinicians, and ensure continuous improvement of the care that we deliver.

The [GMC position statement on normalising the place of research in the workplace](#) is unequivocal. The [2021 ICM curriculum](#) comprises fourteen Higher Level Learning Outcomes (HILLOs). HILLO 3 relates directly to research: an ICM specialist will know how to undertake medical research including the ethical considerations, methodology and how to manage and interpret data appropriately. It details how understanding of the principles of research, its interpretation, and the safe implementation of evidenced based new methods, processes and techniques are essential for the modern, progressive practice of ICM and in the interests of patients and the service.

All doctors in ICM training with an interest in research should be encouraged to consider the [NIHR Associate Principal Investigator \(PI\) Scheme](#). This scheme was launched through the National Institute for Health and Care Research (NIHR) to allow all health care practitioners the opportunity to develop the skills required to run NIHR studies. Working alongside established PI provides a unique opportunity for doctors in training to acquire knowledge of the day to day running of research studies within their existing training programmes.

The [Academic Special Skills Year \(SSY\)](#) is open to doctors pursuing a single CCT in ICM. An academic SSY is of direct relevance to ICM practice and of benefit to the service and patient care. The academic SSY module provides doctors in training with an opportunity to develop future clinical academics. During this year, doctors in training must continue to develop their patient-orientated intensive care skills and they should continue with a substantial clinical workload. The broad objectives of the module are to allow doctors to gain an understanding of research within the context of the National Health Service, to gain insight into clinical trial design and management, to understand the regulatory environment in which research is conducted, engage with NIHR portfolio research and to formulate a focused research question, undertake a systematic comprehensive literature search and be able to critically appraise the literature in addition to having a solid grounding in medical statistics. . All proposed SSYs require the endorsement by the local ICM Regional Advisor and ICM Training Programme Director.

Doctors in ICM training who aspire to a formal clinical academic career will undertake a longer period of research, typically leading to a doctoral fellowship. A doctoral fellowship needs considerable preparation and is usually preceded by a period of initial training which allows them to acquire key research skills, pilot data and regulatory approvals to support any doctoral funding applications. The academic SSY allows doctors in training the time to prepare for this application.

Formal research training

Some doctors in training may be considering a career in academic ICM. There are two main routes to explore these opportunities. Doctors in training can compete for the opportunity to enter integrated academic and clinical programmes. Each of the four UK countries has its own arrangements for these integrated academic and clinical posts. Please see these useful websites section for further details:

- [Academic Recruitment - Northern Ireland Medical & Dental Training Agency \(nimdta.gov.uk\)](#)
- [Scottish Academic Training \(SCREDS\)](#)
- [Integrated Academic Training | NIHR](#)
- [NHS Wales: Academic Medicine](#)

It is vital for those considering an academic pathway to look at the entry requirements for each programme. An alternative option for is doctors in training to take time out of programme to focus entirely on research with the aim of completing an MD or a PhD. Both options require the support of the training programme director and the postgraduate dean.

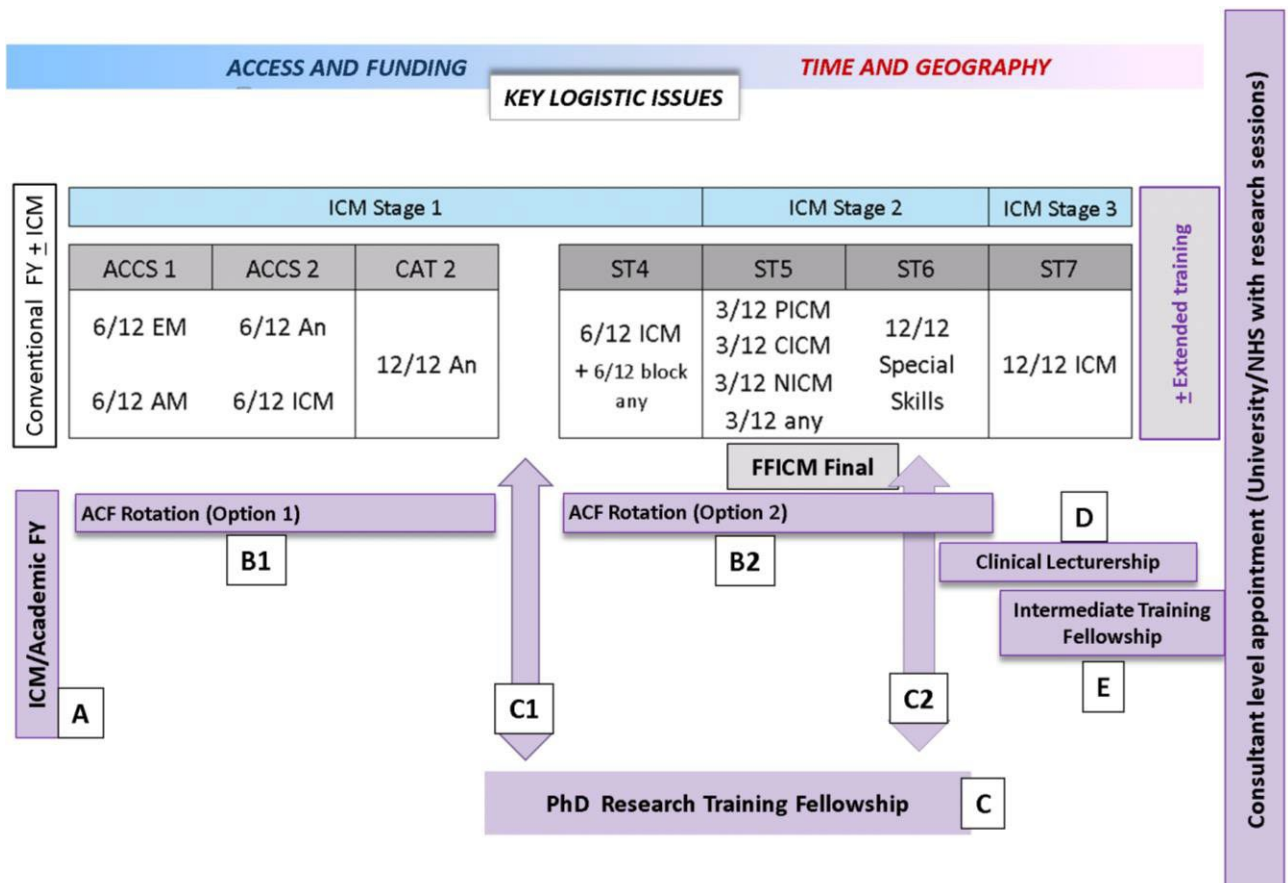
ICM training should map onto conventional clinical training, see Figure one. Having a clinical academic training post is not crucial to developing a research career, although it does provide ring-fenced research time. The main thing to note is that getting a research degree, whether a doctorate or MD, is now vital in the UK to allow successful application to research funders for senior career development posts. Many doctors have successfully obtained doctoral funding without having either an academic foundation post or an academic clinical fellowship (ACF). What is important is that they have looked for research opportunities

wherever they are, acquired basic research skills and have become involved in ongoing research projects alongside their clinical work.

It is common for doctors to dip in and out of the clinical academic training pathway. This makes career development very flexible and there is room for doctors to develop a research interest late in their training. Concordant training routes will also allow individuals who enter the academic training scheme in the first instance, to seamlessly move back to conventional clinical training route if they revise their career intentions, or fail to secure the personal research funding needed to develop as clinical academics.

The academic training in the attached diagram is modular and covers all stages of training from Academic Specialised Foundation Programme to Advanced Fellowships and Clinician Scientists. The modules of post qualification training for academic intensivists are described in more detail below. The depiction of training opportunities and requirements are described in the context of an illustrative diagram (see Figure 1), that reflects standalone ICM from an ACCS background. This does not cover the training needs of those coming from IMT or core anaesthetics and therefore flexibility and potentially modifications are required to make it generalisable to training needs of all individuals who seek Dual Accreditation. However, it provides a useful illustration of the principles involved.

Fig 1. Academic ICM Training Pathways



Academic Specialised Foundation Programme

Many regions have Academic Specialised Foundation Programme which include a module of ICM, research or both. While these are not essential pre-requisites to an academic career, individuals need to be aware of these posts, to promote the opportunity for academic training in ICM. The key academic competencies that need to be fulfilled during this part of the training include basic research skills and knowledge, as prescribed in the recommendations for ICM training in general. In addition, it is highly desirable that individuals have some direct experience of research, with the opportunity to produce a research presentation at a national or international meeting, and publication of a peer reviewed manuscript. We recognise that this may not be possible in all instances, and that the models of academic mentorship and training will vary from region to region. However, wider exposure to the research field should be one of the aims of this programme.

Academic Clinical Fellowships (ACF)

A proportion of ACFs are funded by the NIHR in departments where there is a substantial research environment. NIHR Academic Clinical Fellowships are specialty training posts that incorporate academic training. NIHR Academic Clinical Fellows (ACFs) spend 75% of their time undertaking specialist clinical training and 25% undertaking research or educationalist training. ACFs are aimed at those who, at the early stages of their specialty training, show outstanding potential for a career in academic medicine.

The duration of an ACF is for a maximum of 3 years. During this time, alongside clinical training, ACFs will be able to develop their academic skills and be supported in preparing an application for a doctoral fellowship. In addition, many schemes ensure that individuals in ACF posts achieve a Masters or Diploma level qualification during the course of their three year appointment. This varies in content. In some centres this is essentially a taught MSc or Diploma in research methodology, which may not contribute to time spent in obtaining a PhD but provides an excellent foundation for a future academic career. In other centres, this is integrated to produce an MPhil thesis, which serves as a research qualification in its own right, while also being seen as the first year of a 3 year PhD programme.

ACF posts vary in the stage of training at which they recruit candidates. The first of these is at ST1 where the 3 years of ACF can map onto ACCS, IMT or core anaesthetics. The second is at ST3 at the start of the ICM training programme. In each instance, it is recommended that the appropriate professional qualifications (e.g. MRCP, FRCA and/or FFICM) are achieved within these posts before moving onto a PhD training fellowship. This will ensure that trainees would have the best chance of making smooth progress through professional as well as academic training.

Research undertaken in ACF and similar non-NIHR posts is generally supported by project and programme grants in the host department, although some centres have specific funding streams to support such research and the collection of pilot data. However, there are also opportunities to apply for small pump priming grants (such as those provided by the Intensive Care Society and the National Institute of Academic Anaesthesia). Submission of such grant applications, with the ACF named as lead applicant/co-applicant, and involvement in the preparation of the application, should be encouraged, as it provides an important training experience for any future doctoral fellowship application process.

In Scotland there are no centrally funded NIHR ACF positions in any specialties. Some regions or centres have excellent run through training schemes that include a pre-doctoral training period, a funded period of PhD studies, and a post-doctoral lectureship (for example [ECAT](#)). The way in which these local schemes mesh

with appointment to national single or dual training schemes in ICM is as yet unclear, especially since the timetables for application for the two are very similar. As these schemes are highly competitive, and often open to trainees from any specialty, careful career planning with regional advisors and the FICM, and potentially some flexibility, are needed to ensure prospective ICM trainees are not disadvantaged. The lack of central funding for ACF positions out with England means individual deaneries and Universities rely on intermittent or short-term funding, or local funding models, to provide pre-doctoral research training.

ACF positions in Northern Ireland are coordinated by Queen's University Belfast and the Northern Ireland Medical and Dental Training Agency (NIMDTA). ACF appointments are made via a competitive application process with trainees from other specialties, and early planning with the regional adviser in ICM and the programme director for academic training is advised.

Doctoral Fellowships

The next step is the completion of a higher degree. In the context of training as a clinical academic, this should ideally be an MD or a PhD. This requires three years of research training, though an initial year may be completed in some centres as part of an MPhil which is undertaken as part of ACF training. In some centres the individual may have completed a four year PhD programme, with an initial year of basic research training. The desired outputs of a fellowship are for the academic trainee to learn appropriate research skills, complete their PhD, achieve publication of high quality papers, understand the broader context of their research area (both nationally and internationally), and to develop ideas and plans for post-doctoral research.

Regardless of the length of the PhD, the key limitation in getting through this stage of research training depends on securing adequate salary funding. While some centres can provide salary funding for the entire period of research, it is highly desirable that academic trainees compete for (and obtain) a PhD, since this encourages a discipline of thought, and experience of the funding process allows trainees to act more confidently and competently as supervisors when they become principal investigators in their own right. Many PhDs are funded as part of a larger project, trial or programme grants, and may be tied to a specific subject area or clinical trial. The disadvantage of restricting the research area is offset by the advantages of joining a well-managed and supported project, usually in an established centre. It is essential that all regional training schemes have academic trainers who can advise trainees about the sources of such funding.

One challenge for academic doctors in training may be the need to move to another centre to obtain funding for a PhD, especially when competing for advertised positions. A consequence of this is that it may mean subsequent planning of the best geographical location for continuing training becomes challenging. Early communication with regional trainers is key to facilitating an academic career.

It is important to make sure that doctors in training have the widest choice of PhD research projects available ranging from experimental medicine to clinical trials. Indeed, a PhD project may provide access to research in labs that are not conventionally part of the ICM academic community in a given region and expand the research capacity in the specialty through such collaboration. Regardless of the project, it is critical that doctors in training clearly understand the importance of completing their research and writing up their PhD thesis (and at least some of the related publications) during the course of their doctoral fellowship. Attempts to acquire additional data after return to clinical training are rarely successful, and even completion of a thesis after individuals have returned to their clinical training schemes places substantial burdens on trainees, and compromises both academic progress and clinical training.

Depending on where the ACF years map onto the training scheme, clinical academic doctors in training will return to clinical research during stage one or stage two. The specification of entry to a PhD programme after the FFICM exam is recommended since it allows doctors in training to cross a significant hurdle in their clinical training pathway before starting on their research training.

NIHR doctoral fellowships allow a nominal [clinical commitment during the course of the PhD](#) to maintain clinical skills. This is often undertaken as a regular weekly commitment (e.g. on the on call rota). However, an alternative may be to integrate such clinical time within a fellowship or to provide an eight to twelve week of clinical refresher at the end of the fellowship during which the individual assumes increasing clinical responsibilities. It is key that consideration is given to allowing this time to count towards training. Such return to clinical work schemes are particularly important for individuals whose PhD studies are exclusively lab based, and do not involve interactions with patients.

Supported return to training

With either option, the transition back to clinical training from research needs careful planning. [Health Education England have developed SuppoRTT](#) to enable trainees to have a safe, supported return to work by offering a wide range of learning and support resources, which can be used to create a bespoke package of support which suits their individual needs. Doctors in training are encouraged to work with educational supervisors to plan their return as much as possible.

The range of resources available includes:

- A period of enhanced supervision
- Funding for a period of supernumerary time
- Online and face-to-face refresher courses and simulation training
- Mentoring or professional coaching
- Conferences, workshops, and webinars
- Online learning resources
- Funding for other courses or training, as individually required

Academic Clinical Lectureships/Clinical Lectureships (ACL/CL)

Individuals who complete a higher research degree may re-enter conventional clinical training, but those with core academic aspirations should have access to Clinical Lecturer appointments, which will allow them to establish themselves as independent researchers and leaders. Regardless of whether or not individuals are appointed to Clinical Lecturer posts, those who demonstrate the ability and aspiration to continue research training should be given every possible opportunity to continue their clinical training within the institution that supports their research, so as to facilitate completion of ongoing research and subsequent grant applications.

Clinical Lecturer (CL) post (usually based in a University department) typically provides 50% of protected research time. They may be funded by NIHR or locally by a University department. The protected research time allows continued contact with research and key collaborators, development of post-doctoral research plans, subsequent grant applications, and preparation and submission of an Advanced Fellowship or Clinician Scientist grant, which represent the next staging posts in academic training.

CLs are aimed at those who are advanced in their specialty training, have completed a research doctorate, or equivalent, and show outstanding potential for continuing a career in academic medicine. The duration of a CL is for a maximum of 4 years, and it is expected that CLs will complete their specialty training during this period. As with ACFs, CLs should be strongly encouraged to apply for smaller grants in addition to (or as a prelude to) an Advanced Fellowship or Clinician Scientist grant. Some funding bodies (e.g. the Wellcome Trust and Academy of Medical Sciences) have specific “starter” grants schemes that only CLs can apply for.

Academic doctors in training on completing a PhD and re-entering clinical training may wish to apply for or undertake a clinical lectureship in the centre in which their PhD was based, to ensure ongoing mentorship and support. Where a doctor in training has moved geographically for their doctoral fellowship, there may need to be flexibility in moving their ICM and/or other dual training number to support their career. This may present challenges at regional level for training schemes, and is likely to require careful planning between regional trainers and FICM.

As with ACF posts, there are no formally funded ACL posts in Scotland. However, many Scottish Universities have the ability to award Clinical Lectureships, but (at least in some Universities) these may be linked to individuals, rather than represent established senior academic training posts. Clinical training schemes will need to have sufficient flexibility to ensure that academic trainees are not disadvantaged or discouraged from taking up CL posts, and that Universities have the capacity to support the brightest academic trainees.

Doctors in training who complete their PhD, but do not obtain a CL post, can return to their training schemes for completion of their clinical training. However, this means that they may have very limited interaction with their research and collaborators. Further, the constraints of conventional training schemes provide no protected time to prepare an Advanced Fellowship or Clinician Scientist application. However, in some instances, this may be the only option available. In such cases training schemes should facilitate, as best as possible (through study and professional leave allocation), continued contact with research and try to provide time for grant preparation, so as to make it easier to pick up the threads of research activity at an appropriate time.

Advanced fellowships

The NIHR Fellowship Programme supports individuals on their trajectory to becoming future leaders in health and social care NIHR research. These posts are funded by the MRC and NIHR as Clinician Scientist fellowships and by other bodies (such as the Wellcome Trust and British Heart Foundation). Regardless of the difference in terminology, these provide up to 5 years of salary support and research costs, and are aimed at individuals who are aiming to achieve CCT during the course of the grant (or with some schemes, have just achieved CCT).

Typically, these grants require that $\geq 50\%$ of the individual's time be spent in research activity. Some funding bodies also stipulate that of the 50% remaining time allocated to clinical commitment, at least half (i.e. 25% of the entire job plan) should be in an area that is directly related to the individual's research interest.

Additionally, some of the schemes may require that one or more years of salary support are provided by the Deanery, and/or that the host organisation (University or Trust) makes a commitment to provide a tenured consultant-level position for the Fellow (as a University Lecturer or an NHS appointee with substantial research commitment) at the completion of the grant.

Classically, the aim has been to prepare these individuals to be strong candidates for consultant level Lecturer/Senior Lecturer posts (the terminology varies between universities). However, with the expansion of NIHR funding, several NHS posts with significant research commitment have been developed, and it would be appropriate to see this as an alternative goal for this stage of academic training.

Research Clinical training and Certificate of Completion of Training (CCT)

Over the entire training period, up to one year of research can count in full towards accreditation in ICM. Subsequent periods of research time may not be counted towards accreditation. However local trainers should be flexible about counting clinical time for individuals who spend time in posts that have a mix of research and clinical training. In such instances, requirements for clinical training should take account of the performance of the doctor in training and achievement of key capabilities and experience, rather than be solely based on time spent in clinical training.

However, where academic doctors in training need additional clinical training time, this must be provided to ensure that these individuals are fully trained both as academics and specialists in ICM. The purpose of ACL posts is to provide 50% time for research training. Achievement of key capabilities and experience may permit completion of research training within the remaining 50% of the post, but where this is not possible, local HEE offices have a responsibility to ensure that individuals are fully trained clinically.

Trainees who achieve Dual Accreditation in ICM and a second clinical specialty should recognise that maintenance of clinical skills in two parent clinical specialties, while continuing a credible research career, represents a substantial burden. While this is not impossible, careful thought should be given by trainers and doctors in training as to whether they feel that a continued career as a clinical academic is compatible with satisfying the needs of re-validation in two clinical specialties.

The purpose ACF or ACL posts is to ensure that individuals have protected research time, and doctors in training who are appointed to these posts must have their research time protected so that an ACF gets 25% of time for research and an ACL 50% time for research, averaged over the duration of the post. Indeed, where these posts are funded by the NIHR, this is the absolute minimum that will be accepted. It is important to recognise that this may result in some increase in overall training time to ensure that clinical training capabilities are achieved.

However, where the trainer and trainee agree that clinical capabilities are being achieved, and clinical training is not suffering, there should be flexibility about how much training if any needs to be prolonged, and in many instances, a 50% research post may not result in a doubling of the clinical training time in the post. Thus, for example, in a four year CL post, a trainee will undertake the equivalent of two years of research training and two years of clinical training. If the time based requirement for clinical training was applied inflexibly, if such an individual came into the post with 2.5 years of clinical training remaining, and if clinical training needs were judged inflexibly just on the basis of time spent, they would need to undertake a further six month period of clinical training at the end of the four years. It is reasonable to view the individual's training as an integrated whole, and where all the required capabilities and outcomes have been reached, it should be possible to award CCT at the end of the four year period, if the local trainers, the doctor in training and FICM TAQ are in agreement. It is essential that these individuals are not burdened by a strictly time-based assessment of their training at this stage. Where clinical capabilities are met their training time should not be discounted because of an ongoing commitment to research. The recognition that this does not represent "double counting" training time has been accepted by HEE and the GMC.

Clearly there will be some doctors in training (and not just academic trainees) where capabilities are not met satisfactorily, and training time may need to be extended further, rather than rigidly calculated pro rata, based on time spent in training. Again, this is a decision for local trainers which may need clarification from FICMTAQ. Where the allocation of time for clinical training in an ACL post does not satisfy the clinical training needs of an individual academic doctor in training, it is essential that local HEE offices make provision for additional clinical training, either through extension of ACL appointments or through re-entry to the conventional clinical training scheme for a period.

Useful links

- [ICM Curriculum | The Faculty of Intensive Care Medicine](#) (accessed 11 06 22)
- <https://www.nihr.ac.uk/explore-nihr/academy-programmes/integrated-academic-training.htm> (accessed 11 06 22)
- <https://heiw.nhs.wales/education-and-training/specialty-training/academic-medicine/> (accessed 12 06 22)
- [Academic Recruitment – Northern Ireland Medical & Dental Training Agency \(nimdta.gov.uk\)](http://nimdta.gov.uk)
- [Scottish Academic Training \(SCREDS\)](#)
- <https://heiw.nhs.wales/education-and-training/specialty-training/academic-medicine/>
- <https://www.nihr.ac.uk/explore-nihr/academy-programmes/fellowship-programme.htm> (accessed 11 06 22)
- <https://www.hee.nhs.uk/our-work/supporting-doctors-returning-training-after-time-out> (accessed 11 06 22)
- <https://www.health.org.uk/funding-and-partnerships/fellowships/clinician-scientist-fellowships> (accessed 11 06 22)
- <https://www.nihr.ac.uk/health-and-care-professionals/career-development/associate-principal-investigator-scheme.htm>
- <https://www.copmed.org.uk/gold-guide/gold-guide-9th-edition> (accessed 07 09 2022)
- [Trainee routes into clinical research](#) (video produced by dual Anaesthesia and ICM trainee, 2019)

Frequently Asked Questions

1. There are no academic doctors in training in my region – how can I find out more information about academic training locally?

A good place to start would be to contact the [integrated academic training programme lead for your region](#). They are there to help and although may not be specialty specific they would be able to point you in the right direction.

Another point of contact is the [critical care lead for your NIHR Local Clinical Research Network](#). As well as this your [FICM Regional Advisor](#) will be able to point you in the right direction.

2. Can I start an ACF before I am eligible for the ICM training programme? Where can I find out more about ACF programmes in critical care?

Yes – a good place to start would be to contact the integrated academic training programme lead for your region. They are there to help and although not specialty specific they would be able to point you in the right direction. <https://www.nihr.ac.uk/documents/iat-leads/20228>

Whilst not yet available in all regions [this approach has been successfully adopted in a number of regions including West Midlands and Thames Valley](#).

3. I haven't got any experience in academia but I want to get involved by delivering a study on my unit. How do I find out what studies are available and what do I need to do?

A good place to start would be to contact the [critical care lead for your NIHR Local Clinical Research Network](#). They will be aware of where the NIHR studies in critical care are running in your region.

4. Do I have to do a PhD to be involved in research?

No, a PhD is not a pre-requisite for to be involved in research.

5. If I get an academic job, how will it affect my CCT?

In an integrated academic post the period of academic research is integrated with the clinical component and the appropriate proportion of these periods would normally be designated prospectively. It is accepted practice to count periods of research in an integrated academic programme towards any time-based requirement for the associated clinical CCT. When undertaking time out of programme in research (OOPR) up to a year of your time in research can count towards your CCT. Your TPD is best placed to advise you on this aspect of your training.

6. Can I do full time academia without any clinical work?

Yes – and when it's time for your return to training [there are a number of initiatives to help you through this process](#).

7. I didn't do an academic foundation job – does that matter?

Although an academic foundation programme will help you to decide if an academic career is for you, this is not mandatory.

8. How do I fit postgraduate exams around academic training?

Your TPD or your local faculty tutor is a good person to speak to about timing of the FFICM.

9. How late is too late to join academic training?

It's never too late to get involved in research studies! Contact the [critical care lead for your NIHR Local Clinical Research Network](#) to find out how to get started.

And it may well still be worth contacting the [integrated academic training programme lead for your region](#). They are there to help and although not specialty-specific, they would be able to point you in the right direction.



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