

ICM CCT Trainee Registration Form

**This application form is ONLY for use by doctors that have been successfully appointed, via competitive interview, to a programme of training in the United Kingdom leading to a CCT in Intensive Care Medicine (ICM).** Doctors completing modules of ICM training outside of an ICM CCT programme should complete and return an *ICM Affiliate Trainee Registration Form*. ICM Specialty Registrars must hold a valid National Training Number in ICM (and in a partner specialty, if undertaking Dual CCTs). Doctors on the ICM Training Programme who are also registered with an FICM Trustee College (either the RCoA, RCEM, RCP London, RCP Edinburgh, RCP&S Glasgow, RCS Edinburgh or RCS England) should note this and include their College Reference Number, if known. **Please read the regulations in *Appendix A* before completing this form.**

This form can be used by doctors appointed to either the Single ICM CCT programme or a Dual/Triple CCT programme in Intensive Care Medicine.

**Dual and triple CCT Programmes with** Intensive Care Medicine**: doctors may still obtain Dual CCTs in ICM**

**and a partner specialty** (eg Anaesthesia and Emergency Medicine)or **a Triple CCT in ICM and a dual**

**partner specialty** (eg Internal Medicine and Acute Internal Medicine, Internal Medicine and Respiratory Medicine or Internal Medicine and Renal Medicine).

Entry to the single ICM CCT programme can occur via any one of three approved core training schemes: Acute Care Common Stem (ACCS), Core Anaesthetic Training (CAT), or Core Medical/Internal Medicine Training (CMT/IMT)

**This application form must be submitted electronically.** Please complete in full using the electronic version of the document. Do not alter the overall format. **For tick boxes, double click on the box and select ‘Checked’.** **Submit the electronic copy to** contact@ficm.ac.uk. Submission will be acknowledged by return email.

**Please read the instructions in this form carefully**. Full details of the training programme requirements and content are set out in *ICM Curriculum: Supporting Excellence* available via [www.ficm.ac.uk](http://www.ficm.ac.uk).

Part 1: Personal Details

1.1 Title 1.2 Last name 1.3 First name(s)

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

1.6 Telephone number (*Work*)

1.7 Date of birth (*DD/MM/YYYY*) 1.8 Telephone number (*Mobile*)

1.9 Email address 1.10 GMC Number

1.11 FICM Trustee College (e.g. RCoA/RCEM/RCP London, etc) 1.12 Trustee College Reference

*(if applicable*) Number *(if applicable)*

Part 2: Qualifications

2.1 Primary Medical Qualification 2.2 Conferring University/Medical School

2.3 Date of Graduation (*DD/MM/YYYY*) 2.4 Primary Medical Qualification obtained in

 (*Check appropriate box*)

 **[ ]** UK **[ ]** European Community **[ ]** Rest of World

2.5 Main Postgraduate Qualification 2.6 Dates of completed applicable exam modules

 (*DD/MM/YYYY*)

**[ ]** FRCA Primary / Part I / MRCEM

 Part A

**[ ]** MRCEM (Full)

 Final / Part II (PACES) /

**[ ]**  FRCEM (Intermediate) MRCEM Part B /

 FRCEM Intermediate SAQ

**[ ]**  MRCP (UK)

**[ ]** MRCS (Joint’ CCT eligible- see above) Part III / MRCEM Part C /

 FRCEM Intermediate SJP

**Note: RCEM Examination pathway**

* FRCEM Primary (or MRCEM Part A after August 2012) AND

FRCEM Intermediate SAQ (or MRCEM Part B after August 2012) AND

FRCEM Intermediate SJP

OR

* MRCEM obtained prior to August 2018

2.7 Other Qualifications (*Please specify name of awarding body and date awarded*)

Part 3: CCT Programme Details

3.1 HST start date (*DD/MM/YYYY*)

3.2 Year of Training on entering the ICM CCT Programme **(MANDATORY)**

**[ ]** ST3 **[ ]** ST4 **[ ]** ST5

3.3 National Training Number(s) – **must** be supplied for this form to be processed; if undertaking a Dual CCT programme please include **both** NTNs. Please note that in some Deaneries/LETBs these may be the same NTN but both programmes will be represented in the number. In this case, please put the same number in both boxes.

 Intensive Care Medicine NTN: Partner Specialty

NTN *(if applicable)*

 3.4 Please state whether appointed to 3.5 ICM CCT programme start date

 (*if not as 3.1*)

**[ ]** Single CCT programme **[ ]** Dual ICM programme

3.6 Dual CCT programme specialty (*if any – for medical specialties please specify*)

 3.7 School of Anaesthesia, Medicine or Emergency Medicine 3.8 Deanery/LETB

 3.9 Please check as appropriate if current post is 3.10 If LTFT, state % of whole time

 **[ ]** Full Time **[ ]** Less Than Full Time [LTFT]

Part 4: Previous Postgraduate Professional Training

4.1 Core Training programme completed **(MANDATORY)** *Check appropriate box*

**[ ]** Core Anaesthetic Training (2 Years) **[ ]** Core Anaesthetic Training (3 Years)

**[ ]** ACCS (Basic 2 years only) **[ ]** ACCS (Anaesthesia)

**[ ]** ACCS (Acute Internal Medicine) **[ ]** ACCS (Emergency Medicine)

**[ ]** Core Medical Training **[ ]** Internal Medicine Training(2 years)

**[ ]**

**[ ]** Internal Medicine Training(3 years) **[ ]** Defined Route of Entry into Emergency Medicine

 (DRE-EM)

4.2 Please list in chronological order (earliest position on the top line), with **precise dates**, the previous training you have undertaken since leaving Foundation Training and **before** entry to the ICM CCT programme as well as training in ICM and any partner specialty training which may be counted toward the ICM CCT. In addition, if you want any of your overseas or non-training posts to be counted then also list them below. Please denote precise training years (e.g. CT1, ST3) and whether posts were Full Time, Less Than Full Time (LTFT) (including the % whole time equivalent (WTE) of the LTFT placement). If any posts were not substantive (e.g. locum or temporary), then this should be noted too.

**Please note that you must provide precise dates for all previous training. Forms submitted without precise dates cannot be processed and will be returned.**

**Please show all relevant training at all levels and all dates, even if total periods exceed the minimum requirement. If necessary, please add additional lines to the table(s).**

|  |
| --- |
| **Previous training in Intensive Care Medicine** |
| **Training Year** | **Post**  (% WTE if not full time) | **Place** | **Start** | **Finish** |
| DD | MM | YY | DD | MM | YY |
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| **Previous training in Anaesthesia** |
| **Training Year** | **Post**  (% WTE if not full time) | **Place** | **Start** | **Finish** |
| DD | MM | YY | DD | MM | YY |
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| **Previous training in Medicine** ’Post’ requires information on subspecialty (e.g. acute, renal, respiratory) |
| **Training Year** | **Post**  (% WTE if not full time) | **Place** | **Start** | **Finish** |
| DD | MM | YY | DD | MM | YY |
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| **Previous training in Emergency Medicine**  |
| **Training Year** | **Post**  (% WTE if not full time) | **Place** | **Start** | **Finish** |
| DD | MM | YY | DD | MM | YY |
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Part 5: Leave of Absence

Please list, with **precise** dates, all periods of leave of absence for any reason other than your allocated annual leave and study leave (e.g. sickness, maternity, paternity). If necessary, please add additional lines to the table.

|  |  |  |
| --- | --- | --- |
| **Reason for period of absence** | **Start** | **Finish** |
| DD | MM | YY | DD | MM | YY |
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Part 6: Application Information

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

**[ ]** Yes **[ ]** No

*For Fellows and Members of the* ***Royal College of Anaesthetists******only****:*

6.2 Are you willing to pay the subscription to the FICM via your existing direct debit to the College?

**[ ]** Yes **[ ]** No

Full FICM subscription rates can be found on the [Membership pages of the FICM website](http://ficm.ac.uk/membership).

Part 7: Applicant’s Declaration

I wish to apply for Membership of the Faculty of Intensive Care Medicine and undertake specialist training in ICM. I undertake to give the Faculty prospective notice of any change in this training programme, e.g. if I am subsequently appointed to a Dual CCT programme if registering under a single ICM CCT programme.

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

**Data Protection Statement**

The Faculty of Intensive Care Medicine (FICM) is fully committed to the principles of data protection, as set out in the [Data Protection Act 2018 (C.12)](https://www.legislation.gov.uk/ukpga/2018/12/contents/enacted). 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.

The information provided on this form will be processed and shared with those involved in the delivery of your training, namely Regional Advisors, Faculty Tutors, Postgraduate Deans, relevant deanery staff and the GMC. Sharing of the data in this way is necessary for you to progress through the ICM CCT Training Programme.

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

7.1 Signature of applicant\* (see below) 7.2 Date (*DD/MM/YYYY*)

Part 8: Supporting Signatures

**We would ideally like your registration form to be signed by your ICM RA and TPD. However, we appreciate you might struggle to obtain all the signatures due to the prioritisation of clinical practice in response to COVID-19. If you can obtain at least one of their signatures that will be sufficient to process your form. Please send to:** **contact@ficm.ac.uk** **and we will process accordingly.**

**TRAINING PROGRAMME DIRECTOR IN INTENSIVE CARE MEDICINE**

I undertake to inform the Faculty prospectively of any change in this doctor’s ICM training programme.

8.1 Name 8.2 Hospital

8.3 Signature\* 8.4 Date (*DD/MM/YYYY*)

**REGIONAL ADVISOR IN INTENSIVE CARE MEDICINE**

I confirm that this doctor has been appointed, following open competition, to a programme of training that has the educational approval of the Postgraduate Dean, and which on satisfactory completion will allow a recommendation to the GMC so that they can be awarded a Certificate of Completion of Training in Intensive Care Medicine. The Regional Advisors in any relevant partner specialties have been consulted on the programme of training, will be involved in the assessment of training, and will generally be kept informed of the doctor’s progress.

I undertake to inform the Faculty prospectively of any change in this doctor’s ICM trainingprogramme.

8.5 Name 8.6 Region

8.7 Signature\* 8.8 Date (*DD/MM/YYYY*)

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

**ADDITIONAL INFORMATION:**

If necessary, please add any additional information regarding your application below.

Appendix A: Faculty Regulations – ICM CCT Trainee Registration

**9** **ICM CCT registration (Dual & Triple CCT Programmes)**

9.1 ICM CCT registration is open to doctors already undertaking postgraduate training enrolled in a UK CCT programme including a designated post offering a programme of training in Intensive Care Medicine (ICM).

9.2 An application for **ICM CCT Trainee** registration must be accompanied by any documentation indicated on the application form as agreed by the Faculty Board and including confirmation from the appropriate Regional Advisor.

9.3 Rights and privileges include the following:

1. to be appointed as representatives for doctors in ICM training to Committees, Working Parties and other groups of the Faculty;
2. to attend available Faculty events;
3. to receive any newsletter or other similar publication produced by the Faculty;
4. to benefit from any training arrangements as organised by the Faculty;
5. to stand and vote in elections for the Trainee Representative of the Board.

**10** **ICM CCT registration (Single CCT Programme)**

10.1 ICMCCT registration is open to doctors undertaking postgraduate training enrolled in a UK CCT programme in Intensive Care Medicine from ST3.

10.2 An application for ICMCCT Trainee registration must be accompanied by any documentation indicated on the application form as agreed by the Faculty Board and including confirmation from the appropriate Regional Advisor.

10.3 Rights and privileges include the following:

1. to be appointed as representatives for doctors in ICM training to Committees, Working Parties and other groups of the Faculty;
2. to attend available Faculty events;
3. to receive any newsletter or other similar publications produced by the Faculty;
4. to benefit from any training arrangements as organised by the Faculty;
5. to stand and vote in elections for the Trainee Representative of the Board.