

ICM CCT Online Registration Questions

Confirmation

Before you start the form you will need to confirm that you have discussed and agreed your training with your ICM RA and/or TPD and you will be asked to enter their name.

Part 1: Personal Details

- Title
- Forename(s)
- Surname
- Address
- Mobile number
- Email address
- Date of Birth
- GMC number

Part 2: Qualifications

- Primary Medical Qualification
- Conferring University/Medical School
- Date of Graduation
- Primary Medical Qualification obtained in
 - UK
 - European Community
 - Rest of the world
- Main Postgraduate Qualification (Select the exam you have successfully passed in full from your core training programme)
- Date of completed applicable exam

Part 3: CCT Programme Details

- Are you an international medical graduate (IMG) doctor?
- Are you on an academic training pathway?
- Are you on a military training pathway?
- Will you be entering Higher Specialist Training (HST) for the first time when you start the ICM CCT Programme?

NB: If 'No' is selected the following question will show:

- Please enter the date you started Higher Specialist Training (HST):

- Please enter the date you start the ICM CCT Programme
- Please state your year of training on entering the ICM CCT Programme e.g. ST3, ST4, ST5
- Please state whether you have been appointed to:
 - The Single ICM CCT programme
 - Dual/Triple ICM CCTs programme

NB: If Dual/Triple ICM CCTs programme is selected the following question will show:

- Please confirm your Dual/Triple CCT programme partner specialty:

- Please confirm the Deanery/LETB you will be undertaking your training in
- Please select the option that best describes your current post (Full-time or LTFT)

NB: If LTFT is selected the following question will show:

- Please state the % you are currently working LTFT:

Part 4: Previous Postgraduate Professional Training

- Please confirm the Core Training Programme you completed

In this section you will be asked to list your previous training in ICM and its partner specialties (e.g. Anaesthesia, Emergency Medicine, Medicine) in chronological order, starting with the earliest position at the top. Include exact dates and specify the roles you held after completing Foundation Training (e.g., core training posts, clinical fellowships, trust fellowships, locum appointments for service, SAS posts, or other relevant overseas or non-training posts). **You must only include training that has been approved by your ICM RA or TPD for inclusion in the ICM CCT Programme.**

For each post, indicate the precise training year (e.g., CT1, ST3) and whether the post was Full-Time or Less Than Full-Time (LTFT), specifying the % Whole Time Equivalent (WTE) for LTFT placements. If any posts were non-substantive (e.g., locum or temporary), this must also be noted. Ensure you include all relevant training at all levels, even if the total period exceeds the minimum requirement. **Please note that you must provide precise dates for posts in the DD/MM/YYYY format. Forms submitted without precise dates cannot be processed and will be returned.**

Example of the data required:

INTENSIVE CARE MEDICINE

Training Year	Post (%WTE if not full time)	Name of Hospital	Start	Finish
CT2	Full Time	Royal Infirmary of Edinburgh	05/08/2022	04/02/2023
CT3	80%	Western General Hospital	05/02/2023	04/08/2024

Part 5: Further Information

- Please select the Royal College you currently hold membership with.

NB: If RCoA is selected then the following questions will show:

- Please enter your College Reference Number (CRN):
- Please confirm whether you are willing to pay your FICM subscription via your existing direct debit with the RCoA:

Part 6: Diversity, Equity and Inclusion

You will be sent instructions on how to create a 'MyRCoA' account to complete an DEI questionnaire in your membership letter when your registration has been confirmed with the Faculty.

Data Protection Statement

- You will also be asked to read and consent to sharing your data under the Data Protection Statement

Part 7: Applicant's Declaration

You will be asked to read and confirm you have understood the following:

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/Triple CCT programme if registering under a single ICM CCT programme.

I confirm that, to the best of my knowledge, all 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.