

ST3 ICM Applicant Guidance

Round 2 August 2025



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1.1. Who are we and what do we do?

The Intensive Care Medicine National Recruitment (ICMNRO), part of NHS England (formerly Health Education England) based in the West Midlands, co-ordinates the nationally agreed process for recruitment to Intensive Care Medicine (ST3), working with the Faculty of Intensive Care Medicine (FICM) to ensure it is quality assured and fit for purpose.

ICMNRO is available during the office hours of **Monday to Friday 09:00am to 17:00pm (UK BST/GMT)**. Our contact email address is england.icmnro@nhs.net.

ICMNRO understand the importance of the selection process for an applicant's future career pathway. We would like to politely remind applicants of their responsibility to conduct themselves in a professional manner as outlined in the [Good Medical Practice](#) when in correspondence with ICMNRO team members.

Anonymous data from the recruitment process including scores awarded and feedback collected, will be used to evaluate, and refine the national selection process. Data may be correlated with anonymised scores from outcome measures during your future training such as success in professional examinations and ARCP outcome data as you progress through training.

1.2. Simultaneous recruitment for ICM and its partner specialties

ICMNRO and FICM are delighted to announce a major change to ICM Specialty Training (ST) applications. From the 2024/2025 application window onwards, you will now be able to apply for ICM ST at the same time as applying for specialty training in any of its GMC-approved partner specialties. A list of the GMC-approved partner specialties for dual and triple ICM CCT programmes can be found [here](#).

1.2.1. Why are we doing this?

From the time of the GMC approval of ICM training as a standalone CCT, there have been challenges in applying to its partner specialties – applicants have only been able to accept one training programme at a time, leading to hard decisions about which programme to take on first.

Discussions between FICM, ICMNRO and Medical & Dental Recruitment and Selection Programme subgroups have led to this change – you can now apply to and accept offers for both ICM and the relevant partner specialty during the same application window. We hope that this helps those wishing to train in the Dual or Triple ICM CCT programmes.

1.2.2. Will this change the application process?

Applications will continue to be made through the Oriel system and offers will be issued in the same way as normal. From this window onwards, you will be able to accept two offers at the same time. The most important proviso is as follows – the two offers at the time of acceptance must be in the same region – this is non-negotiable.

The process of preferences and upgrades will still apply as in previous years. In the event of offers and ranking producing two offers in geographically separate areas (even if they are neighbouring regions) you would still need to choose one programme over another. This is a stipulation of Conference of Postgraduate Medical Deans (COPMeD) and has been a non-negotiable component of dual CCTs since 2012.

Interviews will still occur on separate dates due to differing schedules, and ICM will still only recruit for Specialty Training once per year. As with all other programmes, holding one or more offers with a view to upgrade will still be possible up to the point of the upgrade deadline – if the two posts are still in separate regions at this point, then one of the posts will have to be declined.

Further information on this can be found on the ICM website [here](#).

1.3. One national application and single transferable score

The selection process allows applicants to demonstrate their abilities and suitability for ST3 ICM Training - applications are assessed by the demonstration of competences as outlined in the [Person Specification](#).

Recruitment to Higher Training (ST3) posts will take place once a year, for August commencement. **This guide covers the recruitment process for August 2025.**

For an ICM training post, an applicant makes **one** application to *all* participating NHS England Local Offices, NHS Education for Scotland (NES), Northern Ireland Medical & Dental Training Agency (NIMDTA) and Health Education and Improvement Wales (HEIW).

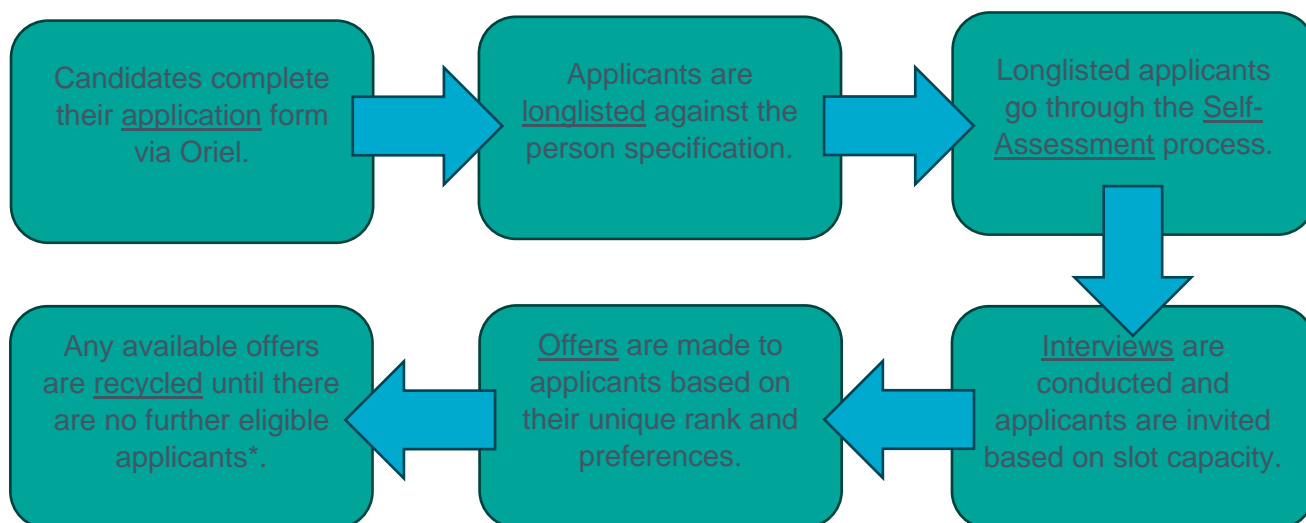
Applicants will be considered for appointment across the whole of the UK (based on their performance and rank). This method is known as Single Transferable Score (STS) as applicants are not restricted to being considered for appointment in a single specific region. The STS system is designed to maximise opportunities for successful appointment.

Applicants are advised to refer to both the [Oriol Applicant User Guide](#) (For general guidance on how to navigate Oriol and technical help with the on-line application form) and the [Medical Specialty Recruitment Applicant Guidance](#) (for general information about the administration of national recruitment processes).

The [ICMNRO website](#) contains up to date information relating to dates and post numbers for ST3 Intensive Care Medicine Training recruitment. If applicants have any queries regarding the recruitment process, they should contact the [ICMNRO](#).

The Intensive Care Medicine recruitment process is as follows:

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1.4. Timeline

ST3 Recruitment for August 2025

Advert appears	Wednesday 13th November 2024
Applications open (10am GMT)	Thursday 14th November 2024
Applications close (4pm GMT)	Thursday 5th December 2024
Self-Assessment Applicant's Document Upload Opens	Wednesday 15th January 2025
Self-Assessment Applicants Document Upload Closes	Wednesday 22nd January 2025
Release Portfolio Verification Scores	Tuesday 18th February 2025
Portfolio Review Window Opens	Tuesday 18th February 2025
Portfolio Review Window Closes (10am GMT)	Friday 21st February 2025
Invite to Interview & Applicant Declaration	Wednesday 12th March 2025
Deadline for Interview Booking & Applicant Declaration (1pm GMT)	Friday 14th March 2025
Interview window opens	Tuesday 25th March 2025
Interview window closes	Friday 28th March 2025
Offers Released*	Wednesday 9th April 2025
Hold Deadline (1pm GMT)	Wednesday 23rd April 2025
Upgrade Deadline (4pm GMT)	Thursday 24th April 2025

Paperwork must be submitted by

Tuesday 6th May 2025

*Offers date can be subject to change – applicants will be informed of any change via e-mail direct from Oriol and a message will be posted on the ICMNRO website

2. Dual Programmes with Intensive Care Medicine (ICM)

Applicants who currently hold a National Training Number (NTN) in one of ICM's 5 partner specialties, namely Acute Internal Medicine, Anaesthetics, Emergency Medicine, Renal Medicine, or Respiratory Medicine, and are applying to ICM in the hope of securing a Dual Programme will be asked to put this information on their application form.

The ICMNRO expect any Dual Programme applicants to ensure they only rank their current NTN region in their list of preferences as dual training can only be undertaken in the same region. If an applicant lists their preferences incorrectly and they accept an ICM post in a different region to where they currently hold an NTN, then the applicant will be expected to resign their currently held NTN in order to take up their ICM training post. The ICMNRO reserves the right to withdraw an offer of training if an applicant has listed their preferences incorrectly and they wish to apply for dual training.

Applicants will only be eligible to a dual Certificate of Completion of Training (CCT) if they have not yet completed ST5 in their primary specialty by time of first online interview window date stated on the timeline. ICMNRO will longlist out applicants who do not meet this criterion.

If an applicant informs the ICMNRO of their wish to dual train on their application form but later retracts their request, they must inform the ICMNRO immediately so any restrictions can be removed.

Applicants are reminded that they can only undertake a Dual Programme if:

1. The offer of an ICM NTN is in **the same region** as the one where their partner specialty training is being undertaken. **Please remember not all programmes span across all regions.** (For example, NHS England working across South-West is made up of two programme regions, Severn and Peninsula. In this example, an applicant cannot dual train across both regions and must rank their sub-preferences accordingly).
2. The region is able to accommodate a dual training programme. *For any queries relating to this, the applicant should speak with the Training Programme Director (TPD) of their training area.*

2.1 Triple CCTs for Physician specialties

Acute Internal Medicine, Renal Medicine and Respiratory Medicine have General Internal Medicine (GIM) incorporated into their curricula and therefore are Dual CCT Programmes by

default. Please note that whilst physician trainees also appointed to ICM training will be undertaking Triple CCT programmes, applicants still only need to apply for an ICM post and either an Acute Internal, Renal or Respiratory Medicine post to apply for the Triple CCT Programme. You do not have to apply for three posts, as the GIM CCT is packaged into the other physician CCT programme. Applicants should note however that Triple CCT programmes can take longer to complete than Dual CCTs.

3. Application on Oriel

The application form is available on the Oriel system. Applicants can access the Oriel user guide here for detailed information on the application. This can be found via the Oriel resource bank.

Applicants are advised to refer to both the [Oriel Applicant User Guide](#) (For general guidance on how to navigate Oriel and technical help with the on-line application form) and the [Medical Specialty Recruitment website](#) (for general information about the administration of national recruitment processes).

Advertisements will appear on the Oriel recruitment system on **Wednesday 13th November 2024**.

Applications will be accepted from **10:00am (UK GMT) on Thursday 14th November 2024** until **16:00pm (UK GMT) on Thursday 5th December 2024**. Applications must be made through the Oriel system; applications will not be accepted in any other way. Oriel can be accessed [here](#).

3.1. Part 1 (Oriel Application Form)

The application form is set up in a particular order, for the first part of the application from which is the personal section, this includes contact information, equality and diversity information and employment. Below is further information for some of the sections to help guide applicants.

3.2. Contact Information

Contact regarding applications will be via Oriel. Applicants are to ensure the most up to date email address is put into this section. If there are any changes to your email address, then this can be updated during the recruitment process. If you are using an academic/work email, please ensure emails are not blocked with your IT team.

It is recommended that applicants regularly check their Oriel account during the recruitment process to make sure to not miss any information that is sent out via Oriel. Applicants are advised to add noreply@oriel.nhs.uk to their safe senders list to prevent notification

messages being sent to the email junk/spam folder. ICMNRO cannot take responsibility for applicants missing messages sent via Oriel.

3.3. Right to work in the UK

All applicants are requested to produce valid right to work documents. Applicants who do not have valid right to work documents will need to apply for Tier 2 / Skilled Worker sponsorship.

From 1 July 2021, EU/EEA citizens will need to either provide confirmation that they have obtained EU settlement or pre-settled status, have another valid right to work visa (e.g., dependent visa) or will need to apply for Skilled Worker sponsorship.

Please note that medical practitioners are now part of the Shortage Occupation List, and the Health and Care visa route is available to medical and dental practitioners. For applicants who require sponsorship, it is important to be aware of the [guidance from the UK Home Office](#). ICMNRO cannot give advice on whether your specific immigration status makes you eligible, how you can change your status or how to apply for different types of visas.

3.4. Employment History

All applicants should fill out their employment history when completing their application. When completing the employment history section of the application form, all previous clinical experience should be declared; this includes experience inside and outside of the UK, in both training and service posts. Applicants should also ensure that they detail any time spent out of work to ensure that there are no unexplained career gaps.

Applicants must also demonstrate here that they have **required experience** in partner speciality. Applicants who do not meet this criterion will be longlisted out.

Failure to complete an employment history is tantamount to not fully completing the application form. Applicants who do not complete their employment history will be longlisted out.

It is not possible for an application to be amended after submittance; this includes the employment history. Please ensure that all information provided is correct and accurate.

Part 2 (Oriel Application Form)

This part of the application form covers training history/ Previous training details, References, Fitness to Practice, Competences/Eligibility and Declarations. The information below is supplementary information to the questions in this section.

3.5. Reapplication to Specialty Training

Specialty training posts and programmes are not normally available to any doctor who has previously relinquished or been released or removed from that training post/programme. However, the below needs to be considered.

3.6. Support for Reapplication to Specialty

If applicants have previously resigned or been removed from Training Programme in **any** specialty, they will need to provide full details of the resignation/release/removal. This must be provided on the [Support for Reapplication to a Specialty Training Programme](#) form and approved by both the Head of School/Training Programme Director **and** Postgraduate Dean in the NHS England Local Office, NES, NIMDTA or HEIW where training was previously undertaken.

This includes if applicants who have/or:

- resigned from a training programme with satisfactory ARCP outcomes
- ARCP outcome 4 at ARCP then they are deemed to have been released from training.
- ARCP outcome 3 and did not take an extension to training, they will also be considered to have been released from training.

This evidence **must** be uploaded to an applicant's Oriel account via the *Document Upload* dashboard as *supporting evidence* and attached to the application **at the point of application**. A new form must be completed, with appropriate support for application, in each recruitment year. Forms completed in previous recruitment years will not be accepted.

Any applications from excluded trainees without submitted evidence **will not** progress any further in the recruitment process.

3.7. Support for Reapplication to Specialty Training in a Different Region

Trainees currently working in an ICM Training Programme, applying to continue their training in another NHS England Local Office, NES, NIMDTA or HEIW, without a break in service, will need to provide information relating to this. They must gain support from their current employing region by completing the [Support for Reapplication of Specialty Training in a Different Region form](#). This form exists to ensure that any applicant moving region is currently performing to the required standard (i.e., satisfactory progress at ARCP).

This evidence **must** be uploaded to Oriel via the *Document Upload* dashboard as *supporting evidence* and attached to the application *at the point of application*. A new form must be completed, with appropriate support for application, each recruitment year. Forms completed in previous recruitment years will not be accepted.

Any applications without submitted evidence **will not** progress any further in the recruitment process.

3.8. Flexibility in Deployment of Trainees (UK)

There are formalised processes to assist applicants to train in desired locations.

3.8.1. Special Circumstances

A standardised national process is available for all specialty recruitment to ensure that applicants with special circumstances and a requirement to train in a specific region are treated in a fair and consistent way.

Any applicant who falls into one of the following eligibility criteria can apply to have their circumstances taken into consideration, allowing them to be pre allocated into a post, subject to it meeting the requirements of entering Anaesthetics training:

- **Criterion 1** – the applicant is the primary carer for someone who is disabled, as defined by the Equality Act 2010,
- **Criterion 2** – the applicant has a medical condition or disability for which ongoing follow up for the condition in the specified location is an *absolute* requirement.
- **Criterion 3** – the applicant is in the process of adopting a child where there is a requirement to remain in the current location

Applicants wishing to be considered for special circumstances pre allocation should ensure they state this on their Oriol application form and complete the Special Circumstances Application Form (available from the [Medical Specialty Training site](#)) and forward this, together with the appropriate supporting evidence as a single scanned document by email to [MDRS](#) as soon as their application has been submitted.

Full details can be found [here](#).

4. Part 3 and Self-Assessment

This part of the application form covers experience, qualifications, and the Self-Assessment questions. Applicants will be required to fill the Self-Assessment form out **at time of application**.

In a situation where the number of eligible applicants exceeds interview capacity, the score generated from the verified Self-Assessment is used as a shortlisting tool to determine whether applicants are invited to online interview.

Applicants can award themselves a **maximum of 36 marks** in unverified Self-Assessment.

Please note: a minimum verified score of 12 or above is required to be invited to online interview. Applicants however are not guaranteed an interview by scoring 12 or above invitations to online interview will be subject to the available interview capacity.

ICMNRO are not at liberty to give advice to applicants on their scores/answers. Self-Assessment is a tool intended to reflect an applicant's strengths deemed important to higher training in Intensive Care Medicine.

If an applicant feels they can justify giving a certain score, they are encouraged to put this score on their application form. If applicants require further advice, ICMNRO recommend applicants speak with their Educational Supervisor and/or Faculty Tutor.

Please read the Self-Assessment Criteria and Guidance that is located on our website [ICMNRO](#).

4.1. Unverified Self-Assessment

When completing their application, applicants will be required to complete Self-Assessment, which involves scoring themselves against the scoring criteria provided. This is considered unverified self-assessment; unverified scores will later be assessed by a clinical assessor during Verified Self-Assessment.

Applicants will not be required to upload any documents to support their self-assessment scores with their application form. They will be contacted at after applications close with further instructions on where to upload their evidence.

It is imperative applicants answer the Self-Assessment questions accurately and honestly. Self-Assessment scores cannot be amended once an application is submitted on Oriel.

Applicants are expected to score themselves using the scores provided on the Oriel form and using supporting documents found on the ICMNRO website here. These documents include:

- 2025 ICM ST3 Self-Assessment Framework
- 2025 ICM ST3 Self-Assessment Global Rating score
- 2025 ICM ST3 Self-Assessment Applicant Guidance

Applicants should ensure they are using the 2025 guidance. Using previous and out-of-date guidance could result in applicants scoring themselves incorrectly and having their scores subsequently impacted during verification.

Clinical assessors will also use this guidance when completing verification. It is important applicants refer to this when scoring themselves initially.

Applicants are advised to award themselves a score which they are able to provide evidence to support. Where the evidence submitted is found not to support the score awarded, a clinical assessor will adjust the score accordingly during verification.

4.1.1. Document Upload

After applications close, applicants will be contacted by ICMNRO and asked to upload evidence to support the scores they have awarded themselves in Self-Assessment.

The Applicant Document Upload window runs from **Wednesday 15th January 2025 to Wednesday 22nd January 2025**. All evidence to support unverified self-assessment should be uploaded by applicants to the [Self-Assessment Portal](#). **Evidence submitted after this deadline or in any other way will not be considered.**

Applicants will not have further opportunities to upload supporting evidence. All evidence required to support Self-Assessment must be uploaded during this window.

Further guidance and instructions on accessing the portal and uploading evidence will be provided to applicants by ICMNRO at the beginning of the Document Upload window.

Failure to submit all evidence by the stated deadline will result in your application form being withdrawn by the recruitment team. It is recommended that you prepare your evidence alongside your application form.

Recruitment administrators will not be able to upload evidence on your behalf and once the deadline for submission has passed, your access will be withdrawn.

4.2. Verified Self-Assessment

Once the Document Upload window has concluded, all applicants who meet the required longlisting criteria will have their scores and evidence verified by a Clinical Assessor. Clinical assessors will use the same guidance and criteria which applicants should have used when completing their unverified Self-Assessment. These documents will be available [here](#) on the ICMNRO website throughout the recruitment process.

Verified Self-Assessment has a **maximum of 44 marks** available, inclusive of the 8 marks available in *2025 ICM ST3 Self-Assessment Global Rating score*.

ICMNRO strongly advises applicants to ensure they have electronic copies of evidence in an appropriate format (PDF/JPG) in advance of the need to upload.

Verified Self-Assessment scores will be released on **Tuesday 18th February 2025**.

Applicants will also receive their verified Self-Assessment scoresheets. These will include feedback and comments from the clinical assessor who verified their scores and evidence. Applicants are advised to add feedback@qpersoft.com to their safe senders list to prevent scoresheets being sent to the email junk/spam folder.

4.3. Verified Self-Assessment Global Rating Score

The Global Rating Score is **out of 8 points**.

Applicants do not award themselves a Global Rating Score, this score is awarded by the clinical assessor who verifies their self-assessment during verification.

The verified Self-Assessment Global Rating Scoring Framework can be found on the [ICMNRO website](#) along with the other Self-Assessment documents.

4.4. Verified Self-Assessment Review Process

On completion of self-assessment verification, applicants will be sent their verified scoresheet, together with feedback explaining any changes to their unverified score.

Applicants may have their score reviewed in any Self-Assessment scoring criteria domains where they feel there has been an error made.

If an applicant's verified self-assessment criteria score has a divergence of 3 points (10%) or more from the score they scored themselves on their application, they are able to request a review.

IMPORTANT: The divergence does not include the global rating score assigned by the assessor. Applicants cannot request a review of the global rating score given.

Applicants must submit their request for a review through the Microsoft Form for which a link will be sent with their verified Self-Assessment scoresheet. Applicants should confirm through the form which domains they wish to be reviewed, including an explanation with the request as to why they are requesting a review of the domain score.

Reviews against scoring must be lodged within 72 hours of the scores being sent to applicants. No additional evidence can be submitted. The review should highlight why the applicant feels that the score should be adjusted, based on the evidence that was **initially** submitted and verified.

Reviews received after the 72-hour deadline will not be considered.

The outcome of the review is final and there is no further recourse for dissatisfied applicants.

Disagreements over self-assessment scores fall out of scope of the [Medical and Dental Recruitment and Selection \(MDRS\) Complaints Policy](#).

The review window in which applicants can request a review is **Tuesday 18th February 2025 to Friday 21st February 2025**.

5. Next Steps in the process

Once applications are submitted on Oriel, applicants will be longlisted against the Person Specification and invited to upload evidence to the self-assessment portal should they be eligible.

6. Longlisting

All applications will be assessed against the essential criteria outlined in the ST3 ICM Person Specification (2025) which can be found [here](#).

Applicants that fail to demonstrate that they meet all the essential criteria by the closing date for applications will not progress any further. It is the applicant's responsibility to fully demonstrate in the application form their eligibility for the post applied for.

6.1. Assessment of Core Competences

It is an essential eligibility requirement that applicants hold the appropriate level of core competences in their core route to be able to apply.

Please see the Medical Training Recruitment site for the latest version of the Person Specifications, [here](#).

6.2. Applicant from an Anaesthetics training background

- **Currently employed in a UK Anaesthetics Training Post:** Applicants who are currently in a UK Anaesthetics training post and will achieve all required competences of Stage 1 Domains of Learning evidenced by a Stage 1 Certificate / Stage 1 Equivalence Certificate (2021 RCoA curriculum) by intended start date.
- **Already completed UK Anaesthetics training:** Applicants who have already completed a UK approved Anaesthetics training programme and have evidence Stage 1 Certificate / Stage 1 Equivalence Certificate (2021 RCoA curriculum).
- **Anybody who is not covered by the above:** Applicants who do not fall in any of the above categories will be required to demonstrate that their experience to date has enabled them to successfully complete competences equivalent to those of a trainee in a UK approved core anaesthetics training programme. Applicants will need to provide evidence of Confirmation Stage 1 Equivalence Certificate at the time of application.
- **Applicants for Single ICM CCT after 2 years of Anaesthesia Core Level Training:** Applicants are required to demonstrate their completion of CT1 and CT2 of a UK Anaesthetics core training programme PLUS Primary FRCA (all components)

ARCP outcome 1 for CT1, and ES/Faculty Tutor confirmation of being on track to complete CT2 at time of application. Confirmation of an ARCP outcome 1 for CT2 is mandatory before commencement of ICM higher specialist training post.

- **Any other applicant from an anaesthesia background** should have evidence of the Full Primary FRCA at the point of application and evidence of stage 1 equivalence at the time of offer if they wish to consider dual training with anaesthetics (or single ICM training). If the applicant has taken time out/worked OOP/fellowships/research, then a Basic Level Training Certificate (BLTC)/ Core Level Training Certificate (CLTC) for Anaesthesia on/dated before August 2021 is acceptable for consideration of entry to single ICM CCT.

6.3. Applicant from a Medicine via IMT or ACCS IM training background

- **Currently in a UK Medicine training post:** Applicants who are currently in a UK approved medicine training programme (NTN holder) and will achieve all required competences expected of completing 2nd year of Internal Medicine Stage 1 Training by intended start date via approved routes set out in the person specification.
- **Already completed UK medicine training:** Applicants who have already completed a UK approved medicine training programme routes listed in the person specification and have evidence of satisfactory completion by ARCP.
- **Anybody who is not covered by the above:** Applicants who do not fall in any of the above categories will be required to demonstrate that their experience to date has enabled them to successfully complete the 2nd year of the Internal Medicine Stage 1 curriculum at the time of application, competences equivalent to those of a trainee in a UK approved medicine training programme. Applicants will need to provide evidence of the Alternative Certificate to Enter Group 2 Higher Physician Specialty Training. Group 1 specialty version is also valid.

IMPORTANT: Applicants who are submitting an Alternative Certificate to Enter Group 2 Higher Physician Specialty Training must make sure they have 24 months experience in medical specialties (of which at least 12 months must include the care of acute medical in-patients). Experience in certain acute care common stem specialties can be counted towards the 24 months in some circumstances. These posts are all defined by the JRCPTB.

The alternative certificate **MUST** be signed by an appropriately qualified consultant – as defined by the Joint Royal Colleges of Physicians Training Board. The signatory must have worked in the NHS within 5 years of the certificate being signed and have a good knowledge of the IMT Stage 1 curriculum. If an applicant has any doubt, then the Regional Advisor in ICM should be consulted.

6.4. Applicant from an ACCS Emergency Medicine training background

- **Currently in a UK ACCS Emergency Medicine training post:** Applicants who are currently in a UK approved emergency medicine training programme (NTN holder) and will achieve all required competences by intended start date evidenced by satisfactory completion of ST/CT1, ST/CT2 and ST/CT3 ARCPs.

- **Already completed ACCS UK Emergency medicine training:** Applicants who have already completed a UK approved emergency medicine training programme and have achieved all required competences evidenced by satisfactory completion of ST/CT1, ST/CT2 and ST/CT3 ARCPs.
- **Not completed a UK Core Training Programme:** Applicants who have not completed a UK Core Training Programme but have all the required competencies by time of application to be demonstrated by an Emergency Medicine Higher Specialty Training Alternative Certificate.
- **Currently in a UK Emergency Medicine DRE-EM training post:** Applicants who are currently in a UK approved emergency medicine DRE-EM training programme and will achieve all required competences at ST/CT3 level in all of the specialties that make up the ACCS and CT3 Emergency Medicine training programme. Must include a minimum of 9 months in Emergency Medicine and a minimum of 3 months in all specialties other than Emergency Medicine by intended start date evidenced by satisfactory completion of ARCP.
- **Already completed UK Emergency Medicine DRE-EM training post:** Applicants who have already completed a UK approved DRE-EM emergency medicine training programme and have achieved all required competences at ST/CT3 level in all of the specialties that make up the ACCS and CT3 Emergency Medicine training programme. Must include a minimum of 9 months in Emergency Medicine and a minimum of 3 months in all specialties other than Emergency Medicine by intended start date evidenced by satisfactory completion of ARCP.
- **Anybody who is not covered by the above:** Applicants who do not fall in any of the above categories will be required to demonstrate that their experience to date has enabled them to successfully complete competences equivalent to those of a trainee in a UK approved ACCS Emergency Medicine training programme. Applicants will need to provide clear evidence of 36 months experience in ACCS and CT3 specialties, this must include 9 months in Emergency Medicine and a minimum of 3 months in all specialties other than Emergency Medicine. All evidence will be reviewed by the RCEM to confirm the applicant meets the minimum requirements.

7. Preferencing

At the time of application, applicants will be asked to preference all regions that they would be prepared to work in, there will be no specific programme information just the region's name. During the recruitment process there will also be further periods where applicants can alter their preferences (see below).

It is important to be aware that if applicants put any of the preference options in the not wanted column on Oriel, they will never receive an offer for this region, even if it means that they are bypassed with the offer going to a lower ranked applicant. Applicants can only receive an offer for preferences that have been positively ranked. ICMNRO therefore suggest that applicants

only move a preference to the not wanted column if they are certain they do not want to receive an offer from that region.

If an applicant fails to express their preferences online in Oriel and are made an offer, they should expect that the offer will be from the remaining, unfilled regions. Applicants will also not be eligible for an upgrade as there will be no higher preferred region that they could be upgraded in to.

A list of the NHS England Local Offices, NES, NIMDTA and HEIW posts recruiting at this level are available on the [ICMNRO website](#).

Please be reminded that the recruitment process is competitive with more applicants applying than posts available.

The preferencing window will be opened at regular periods. The window will initially be open from **10:00am (UK GMT) on Thursday 14th November 2024 to 16:00pm (UK GMT) on Tuesday 8th April 2025**.

The ICMNRO will then close the window to allow for the preparation for offers to take place. Once the first wave of offers has been released on **Wednesday 9th April 2025**, the preferencing window will be opened in between each offer recycle, to allow applicants to update their preferences should they wish. This process will continue up until the upgrading deadline at **16.00pm (UK GMT) on Thursday 24th April 2025**.

7.1. Deferment of Start Date

Deferments to start dates will only be considered on statutory grounds as stated in the [Gold Guide](#). Deferment for any other reason will not be permitted.

Deferment for any other reason will not be permitted.

If an applicant wishes to request a deferment to their start date, they must declare this on their application form. If an applicant accepts an offer they should contact their training region's NHS England Local Office, NES, NIMDTA or HEIW as soon as possible regarding the deferment. ICMNRO are not responsible for deferments to start date.

7.2. Document Upload

As applicants progress through the recruitment process, they may be required to upload additional evidence to their application on Oriel to allow ICMNRO to assess their eligibility. If applicants are required to do this, then to help ICMNRO, the following steps must be followed.

Applicants must:

- ensure the document is appropriately named.

- ensure the document is uploaded into the correct section.
- upload the document as one single upload and not as multiple pages where possible.
- ensure all required documentation is uploaded by the set deadlines.

ICMNRO reserves the right to request re-submission of documentation if the above process is not followed.

IMPORTANT: Applicants are advised not to upload anything other than documents to support the longlisting process at this stage.

8. Invitation to Online Interview

Applicants who are successful at both the Longlisting and Self-Assessment stage, will be invited to attend an online interview. Applicants will be invited to attend *one* online interview.

A list of all the online interview dates for the interview window can be found on the [ICMNRO website](#).

8.1. Booking an Online Interview

If an applicant is invited to attend an online interview, they will be required to log into their Oriel account and use the self-service functionality to book an online interview on a date and time of their choosing, subject to availability.

When booking an online interview slot, it is strongly recommended to avoid booking from a mobile device or on internet browsers that have reached the end of their product support lifecycle such as Internet Explorer as these are unlikely to be supported.

The Online Interview booking window is **Wednesday 12th March 2025 to 16:00pm (UK GMT) on Friday 14th March 2025**. Slots will be available on a first come; first served basis.

Applicants who incur any problems whilst booking an online interview slot should email [ICMNRO](#) immediately.

8.2. Adjustments under the Equality Act 2010

All recruiters are aware of the requirements of the Equality Act 2010 and in this regard, recruiters will make reasonable adjustments to accommodate applicants at online interview provided these are made known in advance. Applicants who require adjustments (e.g., extra time) will be required to submit supporting evidence to substantiate the required adjustment. This evidence will need to be uploaded to Oriel via the Document Upload dashboard as “Supporting evidence” and attached to the application form at the point of application.

ICMNRO will be unable to review the request if supporting evidence is not provided.

When booking interview slots, applicants are advised to add detail of their reasonable adjustments as a confirmation on their online booking notes. Failure to provide this information in your booking notes may result in ICMNRO not being able to accommodate your adjustment.

Any additional adjustment requests, not already in your application form, need to be reviewed by ICMNRO, applicants will need to write to ICMNRO at england.ICMNRO@nhs.net.

Once applicants have booked a slot for an online interview, ICMNRO expects the applicant to forward any reasonable adjustment requests to the lead contact of the region that is conducting their interview.

If applicants would like their assessors to be aware of the reasons for the reasonable adjustment requests, they will need to let the lead contact of the region that is conducting their interview know when they contact them.

Further information is available on the [MDRS Website](#).

8.3. Confirmation of booking

Once applicants have booked their online interview, they will receive an automated confirmation of booking message in Oriel and a secondary automated message will be sent to their registered email address.

If this confirmation is not received, applicants are advised to log into their Oriel account to confirm if the booking process was completed in its entirety.

8.4. Online Interviews

The online interviews will take place on **Tuesday 25th March 2025 to Friday 28th March 2025**.

All online interview dates can be found on the [ICMNRO](#) website.

If applicants are invited to participate in an online interview, instructions regarding access to the online system, proof of ID and participation guidelines will be provided in due course.

If applicants are invited to an online interview and are unable to attend due to unforeseen circumstances or an emergency, they must contact the region directly to ascertain whether alternative arrangements can be made. It is important to note that alternative arrangements cannot be guaranteed.

8.5. Online Interview Format

All online interviews will be a three-station format performed online via Qpercom. Candidates will be assessed in a clinical scenario station, commitment to specialty and a task prioritisation station against the domains described. Each station will last 10 minutes and the whole process should take 1 hour. This includes ID checks prior to interview, 5 minutes reading for the clinical and task prioritisation station, and 5 minutes waiting prior to the commitment to specialty station.

Before the online interview date, applicants will receive information regarding how to log into the Qpercom system as well as a walkthrough video to ascertain how the system works and looks. Applicants will be expected to login before their interview date to complete a compatibility test on their device for the Qpercom system.

Two assessors will interview in each station and score the applicant independently.

Each domain is scored twice.

Applicants are permitted to make notes during the interview process but are also allowed to bring notes with them to support them in answering the interview questions.

8.6. Online Interview Domains

Applicants will be assessed and scored on a set of domains in relation to a clinical scenario, commitment to specialty and a task prioritisation station. The three stations are:

- Clinical scenario (5 minutes reading time & 10 minutes interview, 20 marks per assessor and 4 marks per assessor for Global Rating, **48 marks in total**)
- Commitment to specialty (10 minutes, 20 marks per assessor and 4 marks per assessor for Global Rating, **48 marks in total**)
- Task prioritisation (10 minutes, 20 marks per assessor and 4 marks per assessor for Global Rating, **48 marks in total**)

A Global Rating score is awarded by all six assessors and has a maximum of 4 marks per assessor. This makes the total overall score out of 144. This is demonstrated in the scoring matrix, which can be found on the ICMNRO website [here](#).

At the end of each online interview day, all scores are reviewed by the panel, the Recruitment Lead, and/or Clinical Lead. Any significant discrepancies in scores between assessors are highlighted and discussed. Where discrepancies in scores are deemed to be justified - specifically, each assessor has scored consistently within set scoring parameters - the score stands; where deemed not to be justified, the score is amended. An amendment is a rare occurrence.

The scoring matrix can be found on the [ICMNRO website](#).

8.6.1. Clinical Interview Station (10 minutes, 24 marks per assessor)

This station assesses the domains of problem solving, diagnosis, decision making, situational awareness and judgement and organisation and planning of ideas. These have equal weighting and score 4 points each. This is per assessor so both assessors scores could amount to a maximum of 40 marks.

Applicants will also be scored a maximum of 4 points per assessor for global rating in this station, in addition to the 40 marks available for the clinical interview. Please see GRS.

Applicants will be given a clinical scenario prior to entering the interview room. The applicant will have 5 minutes preparation time to read and digest the information. Applicants may take notes during this time. The clinical scenario will have information added in by the Assessor at various points for the applicant to consider.

8.6.2. Commitment to specialty (10 minutes, 24 marks per assessor)

This station assesses the candidates understanding of intensive care medicine and its training, their awareness of their personal strengths and weaknesses, and their perceived aptitude for a career in intensive care medicine. Both assessors score which together amount to a maximum of 40 marks.

Applicants will also be scored a maximum of 4 points per assessor for global rating in this station, in addition to the 20 marks available for the commitment to specialty. Please see GRS.

Applicants will be asked questions around their training to date and commitment to specialty - demonstrated by an understanding of the training pathway and their personal strengths and weaknesses. Some questions will involve reflection on experiences as well as a wider knowledge of the NHS and its influence on Intensive Care as a specialty. Candidates will be given the opportunity to demonstrate their achievements up to date.

8.6.3. Task prioritisation (10 minutes, 24 marks per assessor)

This station assesses the approach a candidate will take towards a complex evolving work situation, which is commonly encountered in a career in intensive care medicine. Both assessors scores could amount to a maximum of 40 marks.

Applicants will also be scored a maximum of 4 points per assessor for global rating in this station, in addition to the 20 marks available for the task prioritisation question. Please see GRS.

Applicants will be given list of tasks prior to entering the interview room. The applicant will have 5 minutes preparation time to read and digest the information. Applicants may take notes during this time. During the station further information will be provided by the assessors.

8.6.4. Global Rating Score (4 marks per assessor)

This relates to the assessor's professional judgement of the overall performance of the applicant across the interview station. A global rating score is available per assessor in all stations. This is scored out of 4 per assessor, with a **maximum of 24 marks** across the stations.

Further information on this domain can be found in the appropriate scoring guidance document available on the ICMNRO [Website](#).

8.7. Appointability

For an applicant to be deemed successful they need to score a **minimum of 72 out of 144** in the online interview.

The applicants Verified Self-Assessment score will then be combined with their interview score. For further information on scores and ranks, please refer to [Offers](#).

If an applicant is given a Global Rating score of 1 from each of the assessors in one of the stations, the applicant will potentially be vetoed. However, an applicant could score two 1s and a decision could be made not to veto. A discussion between the assessors and the Clinical Lead will take place for any applicants who could potentially be vetoed, and the final decision will rest with the Clinical Lead.

Applicants can score above the national cut-off and still be vetoed out of the process for serious concerns around behaviour, performance, and dangerous decisions. Vetoed applicants will not be considered for appointment in any region.

- **'Serious concerns'** indicated on the scoresheet on any station by either or both assessors (Serious concerns will only be indicated if an applicant's response to a scenario highlights genuine patient safety issues, probity concerns or behaviours that could not be easily modified in their early training.)
- **Low scores of 25%** (or next highest denomination based on scoring structure) on any station by either or both Assessors. This may result in a referral to the applicant's Responsible Officer, where applicable. If the applicant is not currently employed in the UK, the Lead Postgraduate Dean may be notified.

A discussion between the assessors and the Clinical Lead will take place for any applicants who have any of the above raised before a final decision is made.

8.8. Observers on the Online Interview

As well as the two assessors, there may be observers during an interview. These include Lay Representative, External Assessors for the FICM and consultants or senior trainees learning

to assess for national recruitment. These roles ensure that quality, consistency, and standardisation is present throughout the interview process.

Only the two assessors on the panel will take part in scoring the applicant. Observers have no role in the assessment of an applicant nor in deciding the appointability of an applicant at any stage of the process.

8.9. Online Interview Courses and Websites

ICMNRO and the FICM do **not** recommend potential applicants book commercial courses, sign up to websites or purchase advice and guidance books specifically aimed at doctors undertaking the ICM selection process.

9. Offers

All offers will be made via Oriel by ICMNRO. Offers received in any other way will be deemed invalid. If an applicant is made an offer, they will need to respond to this on Oriel.

Applicants will be ranked in a single national list based on their performance at their online interview. Offers are made in rank order based on their national ranking.

Tied ranks occur when applicants achieve the same overall score. The applicants' unique rank will be achieved in the following order:

1. Overall Score (Self-Assessment and Interview Score Combined)
2. Total Interview Score
3. Clinical Scenario
4. Task Prioritisation Exercise
5. Commitment to Specialty
6. Self-Assessment

The first wave of offers will be sent out by ICMNRO by **17:00pm (UK GMT) on Wednesday 9th April 2025**. This date can be subject to change – applicants will be informed of any change via e-mail direct from Oriel and a message will be posted on the ICMNRO website.

We ask that applicants do not contact ICMNRO about offers prior to this date, as it could delay the release.

Applicants will be given 48 hours (exclusive of weekends) to respond to an offer. Applicants have the option to accept, decline or hold.

If an applicant fails to respond to an offer within the 48-hour window, the offer will expire, and the applicant will be deemed to have declined the offer.

Please note, if applicants find themselves in this position, ICMNRO are only able to reinstate the application *status* back to Interview Complete if requested, so the applicant can be included in the upcoming offer recycles. ICMNRO are unable to reinstate the *original* offer.

Offers that are declined will be recycled and offered in rank order to the next eligible applicants.

Before this deadline, applicants must go back into Oriel and make a final decision on the offer. Any offers still held when the deadline is reached will be deemed to have been declined and the system will automatically change the status to Offer Declined.

After the hold deadline has passed, any offers made will only have the option of being accepted or declined.

For further information, please refer to the Medical Specialty Recruitment website page on [Offers](#).

9.1. Upgrading of Offers

Up to the offers stage, applicants will have the ability to rank preferences for training programmes and geographies within their allocated cluster. If an applicant ranks highly enough to be made an offer, this will be made to the highest ranked preference that is available when their rank is reached. If they are happy with this offer, they can choose to simply accept it.

However, if an applicant would prefer the option of a higher ranked preference, should they become available, they can opt into upgrading. The upgrading option is available to all offers that have been held or accepted, but not where an offer has been declined. An applicant who has accepted or held an offer can opt in or out of Upgrading at any time during the window which runs until **16:00pm (UK GMT) on Thursday 24th April 2025**.

If an applicant opts into upgrading and a higher preference post becomes available, subject to their ranking, the upgrade will be automatic. They will be placed in the higher preference post *without* ICMNRO making any further contact with them and they *will not* be given 48 hours to decide whether they wish to accept or decline the new post. If an upgrade is made, the previously held or accepted post will be released and will be reoffered to another applicant. This automatic upgrade **cannot** be reversed. Applicants must opt **out** of upgrading if they do not wish to be considered for a higher preferred post than the one they have.

Once applicants have been upgraded, they will be contacted via an automated email message to inform them of this. Details of the upgrade will be made available on the Oriel System.

Once the upgrading deadline has passed, no further upgrades will be offered, even if a higher preference becomes available at a later date.

Upgrading of offers will not continue beyond the stated Upgrade deadline, even if a preferred post becomes available later. Vacant posts will be offered to the next eligible applicant who has preferenced the post and is yet to receive an offer, not to applicants who have already accepted a post. This can include new or additional posts submitted to ICMNRO after the upgrade deadline.

9.2. Offer Exchanges/Enhanced Preferencing

There is increased applicant flexibility for upgrading of offers. Any applicant that has accepted or held an offer, and opted into upgrades, can amend their preference options as many times as they like up until the upgrade deadline. Applicants will be able to re-rank their preference options so that they can move lower ranked preferences, or preferences originally not wanted, into a higher ranked preference than their current offer. This will then mean that these newly ranked preferences are considered for an upgrade in subsequent offer iterations

Please note: Any changes to preferences made between the offers' algorithm being run and offers being released will **not** be considered until the next offers match is run.

The above process will continue up until the Upgrade deadline at **16:00pm (UK GMT) on Thursday 24th April 2025.**

Applicants will **not** be able to make changes to their preferences once the Upgrade deadline has passed.

10. References

Referees should be contacted at the earliest opportunity to confirm that they are happy to support the application and provide a reference. Applicants are required to give details of three referees who have supervised their clinical training in the last 2 years.

The deadline for submitting references on Oriel is at **16:00pm (UK GMT) Tuesday 6th May 2025.**

It is not the responsibility of ICMNRO or the region where an applicant's post is based to chase up outstanding references that may be requested once the Oriel deadline has passed. This responsibility lies solely with the applicant.

Once the deadline for submission of references to Oriel passes, the responsibility then moves to the employing organisation; any outstanding references will be requested from the referee by the employing organisation when they complete all pre-employment checks.

10.1. Reference Requests

Reference requests are an automated process in Oriel. A request will be triggered and sent electronically to an applicant's nominated referees when they accept or, accept with upgrades an offer of ICM training. To ensure that the requests are not blocked or filtered by their referees' email providers, applications are strongly advised to inform their referees to add noreply@oriel.nhs.uk to their email whitelist.

Referees are required to submit references electronically, using the online referee portal in Oriel. Applicants will be advised, via their Oriel portal, when their referee has submitted a reference.

Should a referee have any issues accessing the request, please contact ICMNRO directly.

10.2. Changing Your Nominated Referee

For any references that have not yet been submitted applicants are able to update the details of, or change, their nominated referees. However, if a referee has already submitted the reference, applicants will not be able to make any changes to their details.

If changes to the email address for a referee is made, a new reference request will be sent to the newly provided email address, and the original request will be withdrawn.

11. Feedback

Applicants will be given feedback throughout the recruitment process and will not need to make a formal request to receive it.

Applicants who are rejected at the longlisting stage will be advised of the reason their application was rejected.

Verified Self-Assessment scores and scoresheets are sent to applicants once verification is complete. These will include feedback and comments from the clinical assessor who verified their scores and evidence. Applicants are advised to add feedback@qpersoft.com to their safe senders list to prevent scoresheets being sent to the email junk/spam folder. Total Verified Self-Assessment Score can also be found under the "Shortlist" tab of the Application Summary.

Overall scores will be published in an applicant's Oriel account against their ST3 ICM application up to 5 working days after the initial offer date. This will be found under the "Interview" tab in their Application Summary and includes Total Interview Score, Total Self-Assessment Score, and the combined overall score (which is the Interview and Verified Self-Assessment score combined, this will be labelled "Interview Score"). The breakdown of the combined score into Interview and Self-Assessment can be found by clicking the "view station scores" button in this tab.

Detailed guidance on how to locate or view these scores is contained in the [Oriel Applicant User Handbook](#).

All applicants will receive their interview feedback scoresheets within 5 working days of initial offers. We ask for consideration to be given to ICMNRO staff by applicants in busy periods as their scoresheets could take longer to receive. We advise applicants to add feedback@qpersoft.com to their safe senders list to prevent scoresheets being sent to the email junk/spam folder.

If applicants do not receive their scoresheet, they will need to contact [ICMNRO](#) to request them.

There is no further feedback that can be provided after scoresheets have been received.

12. Offers of Employment & Pre-Employment Checks

The offer and allocation of a Training Programme referred to above is **not** an offer of employment. An employment contract detailing the terms and conditions of employment will be issued by the responsible employing organisation and is made subject to satisfactory pre-employment checks. An applicant's offer of employment will include the name of their employer, the start date and length of the period of employment, the location, the hours, the minimum rate of remuneration and the notice period applicable.

Information regarding pay, hours, sick pay, and annual leave entitlements, notice period, study leave, pension scheme etc. are set out in the national terms and conditions available from NHS Employers. A framework for a written contract of employment for ICM specialty registrars is also available from the BMA. Individual NHS England Local Office, NES, NIMDTA or HEIW websites may also provide additional local information and links to individual employer websites.

The employing organisations carry out several pre-employment checks before an offer of employment can be confirmed. These will include verification of identity, registration, and qualifications, right to work (immigration), employment history and employment reference checks (these are different from the clinical reference checks that the NHS England Local

Office, NES, NIMDTA or HEIW needs), a Disclosure and Barring Service (DBS) check and an occupational health check. Some of these (verification of identify, registration and qualifications and right to work for example) may also be undertaken by the NHS England Local Office, NES, NIMDTA or HEIW during the recruitment process.

13. Complaints Procedure

All National Recruitment Offices use a nationally agreed process for handling complaints about recruitment. If an applicant feels their application has not been managed correctly and have evidence of a failure in the process, they should explore this route.

Complaints should be made in line with the MDRS Complaints Policy and Procedures. This can be found within the [MDRS Complaints Policy page](#) on the Medical Training website. A Complaints Policy Submission form is also available on this page.

14. Raising Concerns

Applicants wishing to raise concerns about any part of the recruitment process, where this falls outside the scope of the complaints policy should forward these, in confidence to [MDRS](#).

Concerns raised without detail are difficult to investigate due to the volume of applications received. Applicants are therefore requested to provide details of the specialty and, where applicable, the applicants concerned. Any information provided would be treated in the utmost confidence.