

Guidance Notes on completing the Faculty of Clinical Informatics (FCI) membership application form

The information below provides guidance on what information to include in your application. You are advised to read the following notes carefully before completing your application.

1. Introduction

This guidance is provided to enable applicants for FCI membership to submit applications that make the most of their experiences and achievements in clinical informatics. The assessment panel will be looking for applications that provide clear and concise accounts of applicants' experience, achievements, and enthusiasm within, and commitment to, clinical informatics. Word count limits have been set for individual sections of the application form. Section 5 of this guidance provides anonymised examples of successful applications.

While the criteria for each category of membership differ (see details in section 2), the elements of a good application are the same. Your application should provide:

- Evidence of clinical informatics situations or challenges in which you have been directly involved.
- A description of the tasks and/or actions that you undertook to deal with these situations or challenges.
- A description of the results of your actions in terms of improved processes, patient outcomes and/or clinical informatics knowledge.

2. Role Based Definition of a Clinical Informatician

Clinical informaticians transform health and social care by specifying, designing, implementing, and evaluating information and communication systems that enhance individual and population health outcomes, improve individual care, and strengthen the clinician-patient/service user relationship. They also contribute to the process of data collection, analysis and interpretation. Clinical informaticians use their knowledge of person-centred care combined with their understanding of informatics concepts, methods, and health and care informatics tools to:

- assess information and knowledge needs of health and social care professionals and patients/service users
- characterize, evaluate, and refine clinical processes
- develop, implement, and refine clinical decision support systems
- lead or participate in the procurement, customization, development, implementation, management, evaluation, and continuous improvement of clinical information systems
- lead and transform organisations, driving the adoption and optimisation of clinical information systems.

Clinical informaticians collaborate with other health and social care and information technology professionals to develop health and care informatics tools which promote person-centred care that is safe, efficient, effective, timely, patient-centred, and equitable.

The above definition is widely accepted internationally. Although the wording refers to 'clinical informaticians' and 'patients', the FCI wishes to emphasise that this role-based definition is intended to apply as much to professionals working in social care as those who work in health care.

3. Criteria

Clinical Informaticians wishing to apply for Membership/Fellowship of the Faculty must be registered with a statutory body overseen by the Professional Standards Authority for Health and Social Care (PSA). Applicants applying as Associates of the Faculty do not need to be registered with a statutory body overseen by the PSA.

Overseas candidates are welcome to apply as an International Member. International Members must submit evidence of valid clinical registration from their jurisdiction alongside their application. Where an overseas applicant is not currently registered with a statutory body, candidates are welcome to apply for the Associate category.

3.1 Fellowship

- Demonstration of experiential exposure to clinical informatics in the workplace, through direct care, research, development, education, leadership or policy.
- Demonstration of major contributions to the advancement of clinical informatics in the UK or internationally.
- Demonstration of leadership and/or national recognition in the field.
- Demonstrable commitment to the advancement of clinical informatics in the UK.

3.2 Membership

- Demonstration of experiential exposure to clinical informatics in the workplace, through direct care, research, development, education, leadership or policy.
- Demonstration of significant contributions to the advancement of clinical informatics in the candidate's immediate locality, or in the UK, or internationally.
- Demonstration of recognised leadership in the field, either in the candidate's locality or nationally.
- Demonstrable commitment to the advancement of clinical informatics in the UK.

3.3 Associate

- Exhibit an ongoing enthusiasm and engagement in clinical informatics.

4. Assessment Process

4.1 Members/Fellows

Applicants must apply by completing the membership application form.

Applications for membership are open at any time, but appointments are made twice yearly.

Applicants have two options:

Option 1:

Applicants can complete a membership application form and become an Associate until the next cohort assessment is completed, which occurs twice yearly.

If you choose this option and your application meets the criteria, you will be accepted as an Associate member of the FCI. You will be required to pay a pro-rata subscription fee by direct debit, until the next cohort assessment is complete.

Your membership application will be retained and included for assessment in the next recruitment cohort. Once applications are assessed and the status is determined, you will be notified of the outcome of your application and then be required to pay the appropriate annual subscription fee.

Option 2:

Wait until the next cohort opens for membership applications and submit your application at that point.

Each application will be scored by an expert panel made up of Fellows of the FCI. If the application is considered to fulfil the criteria for Fellow or Member, that applicant will be offered either Fellowship or Membership as appropriate. It is not expected that all criteria will be met by every applicant, but the overall contribution will be assessed. The Assessment Panel is independently Chaired by Professor Don Detmer, University of Virginia, (Past-President of American Medical Informatics Association).

4.2 Associates

Applicants must apply using associate application form. Applications for Associate are always open. All applications for Associate are reviewed by the Business Manager of the FCI.

5. Anonymous Exemplars

Please note that these exemplars are constructed from recent successful applications and are intended to illustrate aspects of good applications. These exemplars are intentionally shortened. Applicants are encouraged to keep within the permitted word count for each question area.

Key points to consider are:

- if you are referencing sitting on panels and committees then please evidence the impact you made through such roles
- if you are referencing papers published in research and citations, also mention the impact that this work has had in the field of clinical informatics
- if you are stating positions of leadership such as being a CCIO then evidence what you have learned and achieved in such roles
- for commitment to the advancement of clinical informatics as a professional discipline please give examples/illustrations of such current and future commitments.
- Refrain from using URLs or links to social media accounts

Question	Example Answer	Example Answer	Example Answer	Example Answer
<p>Please describe your clinical informatics experience in the workplace (including start and finish dates).</p>	<p>I have been writing software for over <number> years focussed on clinical medicine and biomedical research (informatics contributions to peer-reviewed papers <details>).</p> <p>From <date> to <date> I led the <project> starting from a single standalone database growing to a distributed multi-user system supporting <number> users. Using informatics strategies, we significantly improved patient care and safety with this system – e.g. software-based treatment and patient tracking algorithms allowed us, without any additional resource, to track over <number> annual outpatient appointments.</p>	<p>I have had an interest in Information Technology in healthcare for nearly <number> years – starting with <Course Details> course run by <organisation>.</p> <p>In <date> I implemented a multiuser database system in the <ward/unit descriptor>, providing both clinical information and summary statistics.</p> <p>My involvement in informatics on a wider scale started in <date> with the <project name> which then became part of the National Programme for IT (NPfIT)</p> <p>Experience during this time includes: Procurement and Implementation of <system details>, Development of telemedicine system for <details and where used>.</p>	<p>I developed indicators around case identification in < disease area> in electronic records and helped develop nationally adopted quality standards.</p> <p>I provided the informatics support to adopt a practical classification of <named condition>, adopted by <national organisations>.</p> <p>Clinical Advisor and Training Lead, <organisation and dates></p> <p>I was seconded to this project to provide clinical input into the training and design aspects.</p> <p>Clinical Lead, <project details and dates></p> <p>We are already seeing benefits in reduce number of rejected sample due to incorrectly filled forms and sample types.</p>	<p>Leading projects in <project names> that have resulted in a move from fax to electronic discharge by secure emails and supported across <area description> documentation standardisation.</p> <p>Led Cyber Security and Information Governance Guidance for Care Providers. I initiated this project with the <organisation name>.</p> <p>Led the <area descriptor> work for the Department of Health, Common Assessment Framework Programme, to enable electronic information sharing between health and social care which was replicable and at minimal cost.</p> <p>Designed and provided the content for a national, interactive, online search engine/glossary for Health and Social Care with over 700 entries.</p>

<p>Please provide details of your leadership roles and/or recognition in the field of clinical informatics at a local, national, and international level</p>	<p>I am the founding Director of the <organisation>, which I have led since <date> I am a Principle Investigator on the <study names or organisation> I served on the <local or national committees></p>	<p>As national clinical lead for <clinical area>, I directly work with a team of five. My role entails championing the digitisation of <clinical area> via local and national meetings. <Examples of successful outcomes></p>	<p>I presented at conferences on Cyber Security and IG Guidance work at the UK Caldicott Guardian Council.</p> <p>Led <area programme name> with over 60 Acute Trusts and Local Authorities Contributed to the design and build of an electronic solution <details> and its deployment to the acute, mental health, primary care and local authority sector.</p>	<p>I am currently <role> The operational part of this role involves supporting clinicians and colleagues in their use of clinical information to support their provision and documentation of patient care. The larger strategic part of this role requires work with clinical teams across <area and organisations> to find clinical informatics solutions to support the delivery and documentation of <care area>.</p>
<p>Please describe your commitment to the advancement of clinical informatics as a professional discipline. This should include details of contributions that you have made both in your main role and/or any other projects you have worked on. (More Below)</p>	<p>At <organisation> I supported the creation of one of the first clinical informatics roles. I am working with colleagues in NHS Digital to identify and address the development needs of <specific clinical group> to meet the challenges of the digital medicines agenda.</p>	<p>As <role details>, I have demonstrated commitment to promoting high quality electronic health records to facilitate the best care to patients. I have used my positions within <organisation> and my professional networks to lead successful projects <details> and develop structures and organisations such as <named examples> to promote these principles and ensure that they will continue in the future.</p>	<p>It has become clear that lives now depend on clinical informatics. This has been recognised within <organisation> and I have been participating in a programme of continuous professional development, <details of courses and training>.</p>	<p>I am currently a participant in the <course details>, which is providing an excellent education and network. I am using it as an opportunity to share learning across the NHS and arms-length bodies.</p> <p>I am also active in developing digital and data science communities within <organisation>, including contributing to our emerging community of practice.</p>

<p>Cont.</p>	<p>I have a number of publications in peer-reviewed journals on health informatics topics and am asked to attend and present at national conferences on a regular basis.</p> <p>Citations of peer reviewed papers and conference papers presented.</p>	<p>This has been recently demonstrated by initiating and then leading a project to procure national Sector-led, Cyber Security and Information Governance Guidance for Care Providers (estimated 26,000+).</p> <p>I also influenced the NHS Standard Contract so that Social Care is now explicitly mentioned in the context of the transferring of medical discharge summaries.</p>	<p>I was Chair of the <organisation/committee> during which time we introduced elements of both clinical informatics and bioinformatics teaching into the syllabus.</p> <p>As an <research & training roles> I am currently involved with developing training schemes for trainees, including how clinical informatics training can be incorporated into clinical academic pathways.</p>	<p>As CCIO I began an open source clinical portal development in <organisation>, which was clinically led, user centred in design and agile in development.</p> <p>Established and clinically led the <name area> wide Care Record programme, combines primary, secondary, community, social and mental health information.</p>
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6. Annual Subscription Fee

Once an applicant is offered a membership category, they must accept membership by paying a subscription fee. An annual subscription fee must be paid to maintain membership of the FCI.

The list of subscription fees can be found [here](#).

7. Feedback, Reapplication and Appeals

7.1 Feedback

If an applicant would like feedback on their application and why they were not offered the membership category that they aimed for, they should email info@fci.org.uk and assessment panel feedback will be provided.

This is not the same as an appeal, however the applicant is welcome to appeal after they have received this information.

7.2 Reapplication

If an applicant has not achieved the membership category that they aimed for, they can complete a new application form and reapply for the desired membership category.

In the meantime, the applicant is welcome to join the FCI at the level of membership that they have been offered (e.g., Member rather than Fellow) and receive the associated benefits until the next recruitment round opens.

Before reapplying, the FCI encourages applicants to thoroughly review their previous application, to request feedback as above, and to consult with someone who has experience of the process, such as an existing Fellow of the Faculty or a mentor. Please contact info@fci.org.uk for guidance.

7.3 Appeals

An appeal may be lodged where an applicant wishes to dispute the decision made by the assessment panel. Applicants will not suffer any disadvantage or recrimination as a result of making an appeal. An appeals submission must be made by the applicant, the FCI will not enter into correspondence with any third party in relation to appeals.

Appeals must be made no later than 20 working days after the notification of the assessment panel's decision. The Faculty retains discretion to extend this period and appellants should contact the Faculty at info@fci.org.uk to request an extension if necessary. An appeal must be submitted using the Appeals form and emailed to info@fci.org.uk. There is no charge for making an appeal.

Appeals will first be considered by the Chair of the Faculty's Membership Standing Committee. The Chair decides if there is a prima facie case for an appeal, and if so, the appeal will be reviewed by an Appeals Panel made up of five members who are all Fellows of the Faculty and were not involved in the original assessment and do not have any conflict of interest. One will be the Chair of the Membership Standing Committee unless he/she was involved in the original assessment, in which case an alternate will be identified.

The [Appeals Policy](#) and [Appeals form](#) is available on the Faculty website.