



**College of Intensive Care Medicine  
of Australia and New Zealand**  
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## **STATEMENT ON THE PRACTICE OF INTENSIVE CARE MEDICINE AND THE OLDER INTENSIVE CARE SPECIALIST**

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The College of Intensive Care Medicine aims to maintain the highest standards of practice, teaching and research in Intensive Care Medicine. It recognises the changing personal, educational and practice needs of intensive care specialists as their working lives progress. It further values and supports the wisdom, perspective and experience of older intensive care specialists and supports measures to maximise their contribution to the workforce and to training. The College encourages dialogue and discussion about the needs of older intensive care specialists.

To this end the College supports and endorses the following statements:

1. All Fellows should seek independent primary and specialist health care and avoid self-treatment or informal corridor conversations or consultations.
  
2. The older intensive care specialist should:
  - 2.1. Improve his or her knowledge and understanding of the effects of ageing on clinical practice in order to promote self awareness, retirement planning and self-monitoring as they age.
  - 2.2. Develop a long-term retirement plan.
  - 2.3. Seek senior career management in the form of career counselling in the middle and late stages of their careers to facilitate career planning and development up to retirement.
  - 2.4. Have active involvement in the CPD program throughout their career, although the content and focus and focus should be adapted to fit with the learning style and the needs of the older intensive care specialist.
  
3. The workplace should also acknowledge and maximise the contribution of older intensive care specialist and where possible should:

- 3.1. Match the amount and acuity of work to the pace of senior intensive care specialists.
  - 3.2. Provide an environment where night call or night shifts for specialists aged over 55 . 60 are reduced, undertaken with additional support, e.g. by senior trainees, or eliminated.
  - 3.3. Allow transitional pre-retirement arrangements where complex and stressful clinical responsibilities /duties are increasingly exchanged for alternative medical practice tasks such as administration, mentoring, supervision and teaching.
4. For some individuals, the natural age related decline in motor and cognitive functions may reach a level where ongoing practice is unsafe. While these situations are matters to be dealt with by the proper regulatory authorities, the College has a role in providing advice and assistance when requested.

Additional Resource: Skowronski George A, Peisah Carmelle. *The greying intensivist: ageing and medical practice – everyone's problem*. MJA 2012; 196:505-507

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