

College of Intensive Care Medicine of Australia and New Zealand ABN: 16 134 292 103

## PRESIDENT'S REPORT TO THE REGIONS - 2017 MARCH BOARD

The College Board meeting was held on 16 and 17 March 2017 at the offices in Melbourne. The Board welcomed regular guests, ANZICS President Marc Ziegenfuss and ANZCA President David Scott.

#### **COLLEGE NEWS**

#### **Board Member Retirements**

The March Board meeting was the last meeting for several of our long standing members. Peter Morley, Bala Venkatesh and Ross Freebairn are all coming to the end of their 12 year terms on the Board. It was with great sadness and appreciation that the College bid farewell to three Board members who have each made an enormous contribution to the College. Each one has worked on multiple major Board portfolios and had involvement in key projects undertaken by both the Joint Faculty and the College. The President made an informal speech at the Board Dinner and a more formal ceremony will be held at the Presidents Dinner at the ASM. We would like to thank and acknowledge the enormous contribution Peter, Ross and Bala have made.

This meeting was also the last meeting for Trainee Representative Michael Ashbolt who has served on the Board for the last 12 months. Michael has been heavily involved in the Capacity to Train discussions and the Board hopes he remains involved in this work.

## Office Bearers

Elections for the three Executive office bearers were held amongst the current members of the Board, for the coming year. The following were re-elected unopposed for a second term of office:

President: Dr Charlie Corke

Vice President: Dr Raymond Raper

Treasurer: Dr Mary Pinder

A Call for Nominations for the 2017 Board Elections were sent out in early March and the election will take place in May. The College will be conducting the elections online and have engaged the services of previously used company CorpVote.

#### **Australia Day Honours**

The Board noted and congratulated Professor Jamie Cooper for his Order of Australia announced on Australia Day. The College has sent a letter of congratulations to Professor Cooper.

#### **CICM Staff Update**

The College recently hired two new staff members; Liv Sullivan and Stephanie Huxham. Liv is working in the Communications area and has replaced Heather Dick Pere who is currently on maternity leave. Stephanie will be starting with the College in early April in the Training Department and will replace Caitlin Gheller who has left the College to pursue an opportunity at RANZCOG.

## **Bullying, Discrimination and Sexual Harassment**

This issue remains on the Board agenda to ensure that the College keeps working to stamp out unacceptable behaviour amongst Fellows and trainees. The Board approved the design of a new poster that will be sent to all units in the coming months. It is expected that these posters will be displayed in tearooms as a reminder that the College does not condone any form of bullying, discrimination and sexual harassment.

#### **Women in Intensive Care Medicine**

The College is collaborating with the Women in Intensive Care Network (WIN) to promote gender equality in the specialty. A key strategic goal is to improve the gender balance of speakers at the ASM and on the Editorial Board of CC&R.

#### FELLOWSHIP AFFAIRS

#### **CPD** and Revalidation

The College remains engaged with both the Medical Board of Australia and the Medical Council of New Zealand regarding the future of CPD and revalidation. Recently the College was asked to make a submission to the Council of Medical Colleges regarding a discussion paper about revalidation in New Zealand. The discussion paper can be found here: <a href="https://www.mcnz.org.nz/news-and-publications/consultations/consultation-on-strengthening-recertification-for-vocationally-registered-doctors/">https://www.mcnz.org.nz/news-and-publications/consultations/consultation-on-strengthening-recertification-for-vocationally-registered-doctors/</a>

Like many of the other Colleges there were concerns raised regarding resourcing such changes and also the apparent %ne size fits all+approach. The College will continue to convey the concerns of Fellows in both New Zealand and Australia to the respective councils.

## **Regional and National Committees**

All the College Regional and National Committees have been active over the last few months. Events held in the regions include; Trainee Research Presentation Nights, Fellow Education Workshops, and Trainee Education Days. In December 2016, the College sent a small delegation of Board members and staff to Hong Kong to run an education workshop and meet with the Hong Kong National Committee and Fellows. The two days were extremely successful with positive feedback received from those who attended. The first day was a full day workshop for both Fellows and trainees and included presentations on workplace based assessments, trainees in difficulty, hospital accreditation and communication skills. The second day was a meeting of the Hong Kong National Committee and other Fellows and a range of issues were discussed, including; how Hong Kong trainees could complete the rural and paediatric terms in Hong Kong, which units could provide Transition Year Training, the future of the BASIC Course and the future of Hong Kong and the College. It was agreed by all those in attendance that the relationship between Hong Kong and the College was a valuable one and should be continued. The group believed that the continuing relationship would be of a benefit to not just the College and Hong Kong but also other countries in the Asia Pacific region.

### **Annual Scientific Meetings**

The 2017 ASM in Sydney is fast approaching and all is on track for another successful conference. The 2018 ASM will be held in Hobart with a theme of Critical Care Cardiology and the 2019 ASM will be held in Cairns and the theme of trauma was approved by the Board

#### **CAPACITY TO TRAIN**

During the workshop on Friday, the Board conducted lengthy discussion and debate regarding the current capacity to train intensive care medicine trainees across the Asia Pacific region. Trainee Representative, Michael Ashbolt, presented a paper on the potential limiting factors to training. The factors discussed included;

- Availability of compulsory non-ICU training positions
- Limitations in training experience due to high service provision requirements
- Availability of adequate clinical case-mix exposure. Large General/C24+training site availability
- Availability of an adequate volume of practice Admissions: Trainee ratio.
- Availability of an adequate level of clinical supervision . Fellow: Trainee Ratio
- Availability of Supervisors of Training . SOT: Trainee ratio
- Procedural Experience
- Limitations in the capacity of the primary and secondary examination processes

Matters surrounding the differences between training in Australia and New Zealand were also discussed and it is clear that the issues will vary between jurisdictions. The issue is complex and multifaceted, however the College believes it is essential to continue work in this area. A working party has been formed to begin collecting data on the different factors so an accurate picture can be formed. The College is under no illusion that this will be a difficult and lengthy process and will require the assistance of all Fellows and trainees to ensure the data collected is accurate.

### TRAINING & ASSESSMENTS

## Parental Leave Regulation

The College always tries to support those trainees who wish to take time out from training to have a family and this has always been covered under the interrupted training regulation. Following feedback from the training body that there was still confusion around the rules, the Censor felt it was timely to include a separate regulation to clearly outline the entitlements of trainees. The following regulation was approved by the Board;

# 5.7.3 Parental Leave

Trainees can take up to 52 weeks of continuous parental leave before training is affected and can take a total of 104 weeks during their training. Trainees must inform the College prospectively of any planned parental leave (acknowledging precise dates are difficult to predict).

If parental leave is in a block of more than 52 weeks, subsequent training should include 52 weeks continuous training time. If this results in additional training time, the Censor can determine if this additional training time is in the best interests of the individual trainee

#### **Assessments**

The College has been undertaking a blueprinting exercise to map where each area of the curriculum is being assessed. Part of this exercise also includes a substantial review of all workplace based competency assessments (WCA).

### **First Part Examination**

The Board approved changes to the First Part Written Exam; multi-choice questions will replace the short fact questions in the examination from 2018. The First Part Syllabus is also currently undergoing a review process and this will be linked to the blueprinting project.

### **Second Part Examinations**

Priya Nair has been appointed the Deputy Chair of the General Second Part Examination Committee.

Fiona Miles has been appointed Deputy Chair of the Paediatric Second Part Examination Committee. Adrian Mattke and Peter Laussen have been approved to join the Paediatric panel of examiners.

#### **EDUCATION**

## **Supervisors of Training**

The following appointments of new supervisors were noted;

Supervisor	Hospital
Irma Bilgrami	Western Hospital, VIC
Thomas Rozen	Royal Childrens Hospital, VIC
Sheena Gune	John Hunter Hospital, NSW

# **Focused Cardiac Ultrasound Assessors**

The following approved Focused Cardiac Ultrasound Assessors have been appointed:

Assessor	Hospital
Louise Morris (Non FCICM)	Royal North Shore Hospital, NSW
Michael Gillham	Auckland City Hospital, NZ
Sara Allen	Auckland City Hospital, NZ
Shyamala Sriram	Royal Melbourne Hospital, VIC
Andrew McKee	Auckland City Hospital, NZ
Li Tan	Epworth Hospital, VIC
Michael Yung	Women & Children Hospital, SA

The following table shows the distribution of assessors;

State/Region	Number
ACT	4
HK	2

NSW	16
NT	2
NZ	8
QLD	20
SA	11
TAS	2
VIC	19
WA	6

#### POLICY

## Minimum Standards for Intensive Care led Rapid Response Teams

The Board has been working on a new minimum standards document for intensive care lead rapid response systems. This policy follows on from the joint ANZICS and CICM position statement regarding rapid response teams. This new policy will be published on the website in the coming months.

### **HOSPITAL ACCREDITATION**

The following hospital accreditation decisions were noted;

HOSPITAL	Pre-2014 Curriculum	Post-2014 Curriculum
Mackay Base Hospital (QLD)	C6	Limited General; Rural
Frankston Hospital (VIC)	C12	General Training
The Alfred (VIC)	C24	General Training; Cardio, Neuro,
		Trauma
Dandenong Hospital (VIC)	C12	General Training
Royal Women and Children Royal Women Royal Women Royal Children Royal Women Ro	C12	General Training; Neuro
(SA)		-
Christchurch Hospital (NZ)	C12	General Training; Cardio, Neuro,
		Trauma, AP12
Queen Elizabeth Hospital (HK)	C24	General Training
Prince of Wales Hospital (HK)	C24	General Training; Cardio, Neuro,
		Trauma
Princess Margaret Hospital (HK)	C12	General Training
Yan Chai Hospital (HK)	C6	Limited General

# **EXTERNAL AFFAIRS**

### **Organ and Tissue Authority**

The College, ANZICS, and the Organ and Tissue Authority have signed a cooperation agreement (MoU) which specifies the framework for the relationship between the three bodies in terms of our mutual interest in organ and tissue donation. The MoU specifies ways in which we may best collaborate to achieve our goals, but it is not a legally binding document.

## **Australian Indigenous Doctors Association**

The College maintains a good relationship with the Australian Indigenous Doctors Association (AIDA). Each year we send a representative to the AIDA Conference to participate in the Growing our Fellows+workshop. The College also sponsors a student to attend the Conference and have discussed sponsoring an AIDA member to attend the ASM.

# **Specialist Training Positions (STP)**

The Department of Health have not made any announcements regarding the future of the STP program after 2017. It is unlikely that any changes will have a major impact on the College, as the STP posts are such a minor part of our program, with only 16 positions.

#### **Retrieval Medicine**

Co-Chair of the Retrieval Medicine Special Interest Group, Neil Widdicombe, joined the Board meeting via teleconference to update the Board on the proposed Faculty of Retrieval Medicine with ACEM. Neil is the CICM representative on the ACEM Pre-Hospital and Retrieval Medicine Committee who are leading the push to develop a Faculty. It was reported that the College is still waiting to receive any formal communication or Memorandum of Understanding from ACEM regarding the involvement the College will have in this process. Both Neil and the CEO are pursuing this matter to ensure the College remains involved and active in the process.

**Associate Professor Charlie Corke** 

President, College of Intensive Care Medicine of Australia and New Zealand