



COLLEGE OF INTENSIVE CARE MEDICINE OF AUSTRALIA AND NEW ZEALAND

REPORT FROM THE CICM BOARD MEETING JUNE 2013

The recent College Board meeting was held on 27th and 28th June at the College Offices in Melbourne. The following items are discussed in this report;

New Board Members	Formal Project
Trainee Selection Policy	Hospital Accreditation
Primary Exam Exemption Proposal	Fellowship Affairs
RACP Training	Examinations
Norva Dahlia Award	Curriculum Review Project
Reduction in Tax Deduction for CME	

Invited guests included, the President of ANZICS, Mary White, the President of the RACP, Leslie Bolitho and the Vice President of ANZCA, Genevieve Goulding.

INTERNAL AFFAIRS

New Board Members

The Board welcomed three newly elected members this month, Mary Pinder, Ray Raper and Rob Bevan (New Fellows Representative), as well as the new trainee representative, Yasmine Ali Abdelhamid. The Board thanked departing Board Members, Amod Karnik, Mike Anderson and Liz Hickson for their hard and dedication.

TRAINEE SELECTION

Trainee Selection Policy – 1st January 2014

At the February meeting the Board agreed in principle to a more stringent Trainee Selection Policy. The details of the policy were finalised and approved at this recent meeting. Currently the only requirements for entering the program are a basic medical degree and one completed intern

year. To enter the CICM training program as of 1st January 2014, prospective trainees must also satisfy the following requirements;

1. Six months of intensive care time in a CICM accredited unit
2. Two satisfactory structured references from CICM Fellows
3. Structured Curriculum Vitae

A selection committee will meet four times a year to assess the applications. Applicants will be allowed a maximum of three attempts to enter the training program.

PRIMARY EXAM EXEMPTIONS

The Board discussed primary exam exemptions at length at the meeting and the following proposal was finalised and will now be circulated for comment amongst Fellows, Regional Committees and the relevant Colleges. The Board will vote on these proposals at the November meeting. Please note that the *First Part Examination* is the new term used for the Primary Examination.

Proposal 1

Prior to commencing Core Training in intensive care, the CICM First Part Examination must be successfully completed unless the candidates are eligible for an exemption.

Proposal 2

After review of the syllabus content and the rigour of assessment, it is proposed that as of the 1st January 2014, the successful completion of the primary examination of the Australian and New Zealand College of Anaesthetists, Australasian College of Emergency Medicine, Royal Australasian College of Surgeons or Royal Australasian College of Physicians will no longer qualify for exemption from the CICM First Part Examination.

Proposal 3

As of the 1st of January 2014, to qualify for an exemption from the CICM First Part Examination, trainees must meet one of the following criteria:

Successful completion of the Primary and the Final Fellowship examinations of the Australian and New Zealand College of Anaesthetists or the Australasian College of Emergency Medicine.

Or: Successful completion of the Fellowship of the Royal Australasian College of Physicians.

Proposal 4

Trainees who have been granted an exemption from ANZCA or ACEM primary and have completed one of the Final Fellowship examinations of the ANZCA or the ACEM may also be considered for exemption from the CICM First Part Examination based on the assessment of the application by the College Censor.

It is also proposed that these regulations will not apply retrospectively to trainees currently registered or who register with the CICM prior to 1st January 2014.

Comments on these proposals are welcome; please send to Daniel Angelico at daniel@cicm.org.au

SELF EDUCATION EXPENSES

Most people will be aware of the federal government's proposed \$2000 cap on tax deductions relating to self-education expenses. The Board discussed the issue at length and tabled the documents submitted by the CPMC to the Federal Government arguing against the proposal. As this issue will have an impact on both our Fellows and trainees, the College will also be submitting a response to the Treasurer.

RACP TRAINING

Many of you will be aware of the decision by the RACP last year to review their process of granting Fellowship to trainees undertaking dual training with CICM. We have been involved in ongoing communication with the RACP over the last year, while awaiting the result of their internal review processes. We are pleased to report that we have been informed by the RACP that this issue has been resolved, with their decision to award the RACP to affected trainees (in accordance with the conditions they have set down in their document: "Guide for Trainees undertaking the Time-Limited Intensive Care Pathway to FRACP"). This document is available to RACP trainees via the RACP website, with an email link to RACP for further questions/information.

NORVA DAHLIA AWARD

The first Norva Dahlia Award grant was presented at the Board meeting to Christian Karcher from Victoria, for his project;

*'Investigating consensus on knowledge and skills requirements
for intensive care trainees in Australia and New Zealand'*

In future the award will be presented at the College ASM

FORMAL PROJECT

Formal Project Assessors

The Formal Project panel are seeking assessors, particularly from Victoria. If you wish to apply to become an assessor, please contact the College.

HOSPITAL ACCREDITATION

Hospital Accreditation Committee

The following hospitals have undergone recent HAC inspections and continue to be accredited for training:

Mater Misericordiae Hospital	C12
Wesley Hospital	C12
Middlemore Hospital	C24

The following hospitals have been accredited for Basic Training:

Taranaki Base Hospital
Mater Hospital Pimlico
Rockingham General Hospital
Armadale Health Kelmscott Memorial Hospital

FELLOWSHIP AFFAIRS

Continuing Professional Development

Gavin Joynt reported to the Board that CPD compliance had risen since the last Board meeting; however 200 Fellows had still not registered any CPD activity, with CICM or any other organisation. A reminder email will be sent from G Joynt to those who are not yet compliant.

New Fellows Workforce Survey

Bala Venkatesh reported that the data collected from the new fellows workforce survey will be published in CC&R. The survey will also be conducted on a regular basis to ensure the College has accurate up to date data. ANZICS President Mary White reported that ANZICS will shortly be sending a survey to all Directors to ascertain the current situation in each ICU.

Admission to Fellowship

The following admissions were noted at the Board meeting;

Ravi Krishnamurthy	NSW
Christopher James	VIC
Sarah Jones	VIC
Nayyera Nudrat Rashid	NSW

Christopher Flynn	QLD
Ravi Chockalingham Pillai	QLD
Lloyd Roberts	VIC
Andrew Van Der Poll	QLD
Cheng Bee Yip	WA
Pierre Janin	NSW
Bennett Sheridan	VIC
Melita Trout	QLD
Sean Scott	NSW
KJ Farley	VIC
Melissa Kaufman	VIC
Joshua Ihle	VIC
Anusha Ganeshalingham	NZ
Arun Radhakrishnan	VIC
Tejo Kapalli	NSW
Vijayalakshmi Bai Venkoba Rao	NSW
Robert Thomas	QLD
Susan Kelly	SA
Shivesh Prakash	SA
Ashwin Subramaniam	VIC
Alex Rosenberg	UK
Adam Holyoak	QLD

EXAMINATIONS

General Fellowship Exam

The General Fellowship Exam committee is currently working with the Trainee Committee on improving feedback to unsuccessful candidates.

FINANCE

The College is in a healthy financial position and currently the income is slightly ahead of budget in most areas. The Board discussed the option of purchasing a property and the Treasurer and CEO will look into the risks and benefits of this over the coming months.

CURRICULUM REVIEW PROJECT

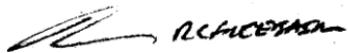
The Board spent the Friday workshop discussing the curriculum review and voted on a proposal to change the paediatric component. After lengthy discussion the following was resolved:

That the general intensive care program as of 1st January 2014 will contain the following requirement for paediatric exposure;

- 6 months in a CICM accredited PICU; or

- 6 months in a general (mixed) ICU with > 100 children admitted per year; or
- 12 months in a general (mixed) ICU with > 50 children admitted per year; or
- 6 months Acute Paediatric Medicine; or
- 6 months Paediatric Anaesthesia; or
- 6 months Paediatric Emergency; or

The Board also worked through the new regulations and plan to vote on the final version in September.



Ross Freebairn

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