

**COLLEGE OF INTENSIVE CARE MEDICINE  
OF AUSTRALIA AND NEW ZEALAND**



**Progress Report to the Australian Medical Council**

**July 2012**

## Outline of progress report to the AMC

### College Details:

Name:	College of Intensive Care Medicine
Address:	Suite 101, 168 Greville Street, PRAHRAN VIC 3181
Date of last AMC assessment:	2011
Periodic reports since last AMC assessment:	Nil
Reaccreditation due:	2015
This report due:	25 July 2012

### To be completed by College:

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*Note: if this is the first time you have completed an AMC progress report, please call the AMC Accreditation Section for additional guidance. Tel: 02 62709760*

## **Standard 1: Context in which the education and training program is delivered**

Standards cover: structure and governance of the college; program management; educational expertise; interaction with the health sector; continuous renewal

### 1 Accreditation recommendations

#### Conditions to be addressed in the 2012 progress report

- 1 In recognition of the College's recent expansion and continued growth, in progress reports provide evidence of appropriate resources and technical staff to support current and future educational activities. (Standard 1.2)*

#### College Response:

As a Joint Faculty of ANZCA and RACP (but located within ANZCA's administrative structure), just prior to becoming a separate entity, the College had a staffing establishment of 7 EFT. This has grown over the course of 2.5 years to now be 11 EFT, with further gradual growth planned in future. As a relatively small business, the College has made strategic decisions to outsource several support functions, such as IT support, payroll and accounting, to specialist providers of these services. This arrangement is working well so far.

In recognition of the increasing number of educational events we now run (and which will increase further) we have employed an experienced events organiser. We are currently considering whether it is now timely to employ an experienced Medical Education Manager and also a Policy Officer, in recognition of the increased workload in both these areas that is currently undertaken by College fellows.

- 2 Develop a strategy to engage additional educational expertise particularly to support the review of the curriculum and the review of the role of the intensive care specialist. (Standard 1.3)*

#### College Response:

As part of the Curriculum Review the College has established a close relationship with Monash University's Health Professions Education Resources Centre, in particular the Director, Dr Elizabeth Molloy, who is a member of our Curriculum Review Committee. The advice provided by Dr Molloy and her department has been of great value to the process and we anticipate that this will be a long term association. In addition, the College has employed Dr Megan Dalton, a Medical Educationalist from Brisbane, on a part time basis specifically to guide the development and implementation of our new suite of workplace based assessments - principally, the main In Training Evaluation Report (ITER)

### Quality Improvement Recommendations from the 2011 AMC Accreditation Report

- AA Develop and implement strategies to continue to expand the number of fellows engaged in its activities. (Standard 1.1)*

#### College Response:

In the 2010 workforce questionnaire, 78% of fellows who responded indicated they spend time working on College activities. The College is endeavouring to increase engagement of fellows in College activities through a number of initiatives. These include educational activities such as the ASM (which attracted a record number of delegates in 2012), the first

annual CME meeting aimed specifically at rural and remote critical care practitioners (held in Byron Bay in February 2012) and the annual 'intensive care update'.

Fellows have also been invited to contribute to the development of the new curriculum, both by being invited (on several occasions) to comment on draft documents (77 submissions were received from fellows) and also to contribute to the development of specific teaching and learning materials.

In an effort to engage those fellows with an interest in medical education more closely, it is intended to form a special interest group, which will focus on providing a discussion forum and CME in this area.

*BB Define its stakeholders and identify a strategy or strategies to support their appropriate engagement in College activities. (Standard 1.4)*

College Response:

Stakeholders include fellows (see above for engagement) and trainees (see Standard 7). Engagement of health service managers in College activities is not well developed at present and strategies need to be implemented to increase this involvement. Community representatives continue to be involved in Panels (OTS and trainee interviews) and will be involved in the revised Appeals Process. Involvement of community representatives in College Committees is under consideration. The draft curriculum documents were circulated to a number of community organisations for comment and the College plans to continue consultation with these groups in the future.

*CC Put in place structures to support constructive working relationships with health departments and health services at the strategic and senior level to support high quality education and training in intensive care medicine. (Standard 1.4)*

College Response:

Working relationships with health services and departments vary from state to state. They are particularly well developed in Queensland where QMET employs a College fellow part time to coordinate educational activities. In other states a fellow normally represents the College on the relevant state intensive care advisory committee. The College plans to improve its communication via the committee representative to ensure health departments/services are aware of relevant College issues.

## 2 Summary of Significant Changes Made or Planned

College Response:

- Increase in administrative staff to support College activities
- Engagement with Monash University's Health Professions Education Resources Centre for advice on educational matters
- Employment of Medical Educationalist to assist with curriculum review
- Plan to review existing committee structure to better align with the outcomes of the curriculum review (eg to form an 'Assessments Committee' to co-ordinate all components of the assessment process, and to ensure that the first and second part examinations, the in-training assessment process, workplace competency assessments and other requirements are complementary and blueprinted to the curriculum.)

## Standard 2: The outcomes of the training program

Standards cover: purpose of the training organisation and graduate outcomes

### 1 Accreditation recommendations

#### Conditions to be addressed in the 2012 progress report

- 3 *Review the College's statement concerning the role of the intensive care medicine specialist seeking wide stakeholder input including community consultation. This review should result in a statement that articulates clearly the requirements for comprehensive, safe and high-quality intensive care medicine practice, including in the general roles and multifaceted competencies inherent in all medical practice. The statement should also identify the competences that distinguish the intensive care medicine specialist from other health professionals. (Standard 2.1.1)*

#### College Response:

The review of the statement of the role of the intensive care medicine specialist was a task undertaken by the curriculum review committee as a prelude to re-defining the competencies required by an intensive care specialist and the Objectives of Training. The draft statement was circulated broadly for consultation to all College fellows and trainees, and also to a wide range of external stakeholder groups, including health and regulatory authorities in Australia and New Zealand, medical and nursing training institutions (universities and colleges), a variety of patient advocacy groups, medical associations and also a number of identified individuals.

The responses from these stakeholders was considered and incorporated into the draft statement, which has been attached as Appendix 1 (p 26).

#### *By the 2013 progress report:*

- 4 *Following the review of the statement of the role of the intensive care medicine specialist, review the objectives of training to ensure they articulate the knowledge, skills and professional attributes necessary for comprehensive intensive care medicine practice, including practice in tertiary, rural and regional centres. These statements should be the basis for developing the intensive care medicine curriculum. (Standard 2.1)*

#### College Response:

This review is well underway at June 2012. The Objectives of Training documents are in the process of being re-written, using the CanMEDS domains of medical practice as a guide, and will constitute the foundation for the development of the other aspects of the curriculum. They have been modified to reflect the changing role of the intensive care specialist in the workplace. The Objectives of Training have been redrafted as Competencies, Learning Opportunities, Teaching and Assessment for Training in General Intensive Care. They are currently available on the College website.

#### *By the 2014 progress report:*

- 5 *Provide evidence of processes for regularly reviewing the statement of graduate outcomes in relation to community need. (Standard 2.2.1)*

College Response:

Once the new curriculum is implemented, a process will be set up for regular review that will include stakeholder and community consultation.

Quality Improvement Recommendations from the 2011 AMC Accreditation Report

*DD Engage with a wider range of stakeholders to enhance the College's capacity to promote high standards of medical practice, training, research, and continuing professional development. (Standard 2.1.2)*

College Response:

The College has greatly increased its level of interaction with a broad range of stakeholders in the medical and medical education fields over the past 18 months. Partly this has arisen from becoming a full member of the Committee of Presidents of Medical Colleges and so being included in the discussions, consultations and submissions that arise through that body, and partly from now being independently consulted on a wide variety of health and training issues (for example, workforce planning with Health Workforce Australia, rural training initiatives with the Rural Health Continuing Education program and analysis of clinical indicators in intensive care with the Australian Council on Healthcare Standards)

Summary of Significant Changes Made or Planned

College Response:

- As part of the curriculum review, the expectations of the graduate outcome of the training program have been re-defined in the Draft Role Statement (Appendix 1) and in the Objectives of Training and the Competencies, Learning Opportunities, Teaching and Assessment for Training in General Intensive Care.

### **Standard 3: Curriculum**

Standards cover: curriculum framework; curriculum structure, composition and duration; research in the training program; flexible training; the continuum of learning

#### **1 Accreditation recommendations**

##### Conditions to be addressed in the 2012 progress report

No conditions to be addressed in this progress report.

By the 2014 progress report:

- 6 *Complete the curriculum review, taking account of the recommendations in this accreditation report regarding the framework and content as well as other stakeholder feedback. The AMC would expect to see a plan for the review with clear timelines by the College's next progress report. (Standard 3.1)*

College Response:

The review of the curriculum, which was initiated at around the time of the College's AMC Review in 2011, has progressed well. The Curriculum Review Committee (CRC) has framed clear recommendations for changes to the current training program, which have been circulated (electronically) to all CICM fellows and trainees for comment and feedback. The CRC is currently revising the recommendations following this feedback, and it is anticipated that final recommendations will go to the CICM Board for resolution in the second half of 2012. The review will be completed and the new curriculum should be in place, by the time the 2014 progress report is due.

##### Quality Improvement Recommendations from the 2011 AMC Accreditation Report

- EE Consider ways in which trainees might meet the research learning objectives, other than completion of a formal project, such as completion of an appropriate module or formal course, and consider the educational support available to trainees to meet this requirement. (Standard 3.3)*

College Response:

As part of the review of the CICM Curriculum, the context of the formal project as part of the overall learning objectives was considered. It was felt that the project continued to fulfil an important part of the overall training program, but that its scope could be broadened to allow for more flexibility in its completion. The Formal Project Committee is to be asked to consider ways in which this might be achieved.

#### **3 Summary of Significant Changes Made or Planned**

College Response:

- There are significant changes to the overall training program that will arise from the current curriculum review. These will affect both the General Fellowship program and the Paediatric Fellowship program. The College will be better able to specifically summarise these changes by the time of the 2013 Progress Report.

## Standard 4: Teaching and learning methods

### 1 Accreditation recommendations

No conditions to be addressed against this standard.

### Quality Improvement Recommendations from the 2011 AMC Accreditation Report

*FF Develop methods for continuous monitoring of the quality of the teaching program on a more frequent basis than the seven-year accreditation cycle. (Standard 4.1.1)*

College Response:

The College is in the process of developing an end of rotation questionnaire to be completed by all trainees and designed to evaluate the learning opportunities available in terms of clinical experience, formal teaching, involvement in research and quality activities and the quality of supervision, supervisor feedback and career guidance for each rotation. It is not yet certain if this will become part of the planned 'online trainee portfolio' system, or if it will be delivered as a separate tool.

It is also intended to make use of the ANZICS Centre for Outcome and Resource Evaluation database, which collects data annually from the majority of intensive care units in Australia and New Zealand and which will be a useful supplement to the existing formal accreditation cycle.

*GG Increase the College's role as a provider of educational courses and resources for its trainees. (Standard 4.1.2)*

College Response:

A major aspect of the current curriculum review is to standardise the provision of formal learning opportunities to a much greater degree than currently exists. The learning opportunities will include prescribed courses that trainees must attend, provision of training units with specific teaching tools and by provision of online learning packages through the College website. A list of prescribed courses has been developed for each stage of training and this is currently being reviewed for feasibility and access for trainees. Where suitable (external) courses already exist, the College may approve them for training, whereas in other cases the College will need to develop and deliver the course.

*HH Monitor the educational relevance of formal courses delivered by intensive care units, particularly as the curriculum changes and how the College can supplement these courses. (Standard 4.1.2)*

College Response:

Courses that are delivered as part of the required teaching program will need to undergo a formal approval process that is under development. Other teaching that takes place in training units will be monitored through the accreditation process and through the development and implementation of a structured mechanism for trainee feedback on the learning experience of each placement (see FF above).

- II As part of the curriculum review, improve the College's guidance to trainees and supervisors about the learning outcomes expected at each stage of training. (Standard 4.1.3)*

College Response:

As part of the new curriculum, the document 'Competencies, Learning Opportunities, Teaching and Assessments for Training in Intensive Care Medicine' will define the competencies to be achieved at various stages of training. The new In-training Evaluation Report (ITER) is based around achieving the expected levels of increased skill acquisition, independence and responsibility related to each level of training, and will provide feedback on the trainee's stage of development and progression through the training program.

## 2 Summary of Significant Changes Made or Planned

College Response:

- The review of the CICM curriculum, which was begun 12 months ago, has been a major work for the College, and has resulted in very significant proposed changes to the Objectives of Training, the structure of the program, the provision of teaching resources and the approach to assessment of trainees. The implementation of these changes over the next 12–18 months will entail a great deal of planning and resources to ensure it is successful. The fundamental change is from a program which was very reliant on local resources to provide adequate training, to one where the training program and learning experience is much more consistent and monitored to a much greater degree from the College.
- Up until now, the CICM curriculum only mandated one specific formal course for trainees (the 'ADAPT' course). The proposed new curriculum is likely to include a requirement for trainees to undertake six formal courses at various stages of their progression (probably including an introductory intensive care medicine course, courses in echocardiography, advanced life support, difficult airway management among others).

## **Standard 5: Assessment**

Standards cover: assessment approach; feedback and performance; assessment quality; assessment of specialists trained overseas

### *1 Accreditation recommendations*

#### Conditions to be addressed in the 2012 progress report

*No conditions to be addressed in this progress report.*

*By the 2014 progress report:*

- 7 Undertake blueprinting of all assessments as part of the development of the new curriculum. (Standard 5.3.1)*

College Response:

It is acknowledged by the College that the final 'Fellowship' examination has carried too much importance in terms of the overall and longitudinal assessment of trainees' progress through the training program. It is the intention of the College, as part of the curriculum review, to greatly improve the process of formative and summative assessments, including a more robust system of in-training evaluation and the introduction of specific workplace based assessments. All assessment processes, including what will become the 'First Part' and 'Second Part' examinations, will be subject to scrutiny from an Assessments Committee, which will undertake blueprinting of all assessments.

#### Quality Improvement Recommendations from the 2011 AMC Accreditation Report

- JJ Introduce a suite of workplace-based assessment tools to provide more robust and detailed feedback to trainees, and to increase the rigour of the formative assessments. (Standard 5.1.1)*

College Response:

This is a core consideration of the College's curriculum review. Although not yet finalised, it is sure that the College will introduce a number of workplace based assessment (WBA) tools, in addition to a more robust and frequent In Training Evaluation Report (ITER). There are likely to be a number of specific competency assessments, to be undertaken at various points in the training program (for example, insertion of a central venous catheter; brain death testing and performing a percutaneous tracheostomy). The ITER is being designed to provide specific feedback to trainees on their performance compared with that expected at their stage of training, and to identify any areas that require remediation. The ITER is structured using the CanMEDS domains of practice.

- KK Consider ways in which the College can address through the curriculum the gap filled by the introduction of the clinical 'hot cases' requirement. (Standard 5.1.2)*

College Response:

As part of the introduction of a range of WBAs, the College will require completion and submission of a number of structured 'Mini CEx's' that will promote a much better learning experience and greatly assist with preparation for the 'hot case' aspect of the second part examination.

*LL Review the role and utility of the Final In-training Assessment addressing the problems of the variable use of the tool and completion by non-current supervisors. (Standard 5.1.2)*

College Response:

Resolving the current problems associated with the completion of Final ITA has been one of the key concerns of the Curriculum Review Committee. It is likely that one of the recommendations of the review will be that the final year of training prior to the award of Fellowship must be in intensive care medicine (after successful completion of the second part examination). This will eliminate the problem of non-ICU supervisors 'signing off' the final report and the improvements to the whole In-Training Evaluation Report process will result in a much better overall process.

*MM Improve the quality of the In-training Assessments (ITA), including more specific mapping of progress against the curriculum, the provision of trainees' previous ITAs to supervisors, and electronic entry of data. (Standard 5.2)*

College Response:

The structure, utility, frequency of completion and mode of submission of the ITA process is currently under consideration and very significant changes are planned. The College will be able to report definitively on this by the time of the 2013 Progress Report, but at this stage a new In-Training Evaluation Report (ITER) has been developed, based on the CanMEDS domains of medical practice. This will track trainees' progress based on expected level of performance at various stages of training.

The ITER will be submitted electronically as part of an on-line trainee portfolio and will allow supervisors access to trainees' previous reports. The structure of the ITER and the electronic record will allow ready identification of trainees who are not progressing satisfactorily.

## 2 Summary of Significant Changes Made or Planned

College Response:

- Reliance on the Fellowship Examination as the main summative assessment method to be reduced, with the introduction of a range of mandatory Workplace Based Assessments, including Mini CEX's and specific Competency Assessments.
- Re-development of the current ITA as an improved In-Training Evaluation Report, based on the Can MEDS domains and submitted regularly via an online trainee portfolio system.
- Establishment of an 'Assessments Committee' to oversee and coordinate all aspects of trainee assessment, including blueprinting of assessments to the curriculum.
- The Overseas Trained Specialists Policy will be reviewed considering the new curriculum, recommendations included in the recently released Ministerial Report: Lost in the Labyrinth and recent changes in some overseas intensive care training programs eg formation of a Faculty of Intensive Care that oversees intensive care training in the United Kingdom.

### 3 Statistics

Please provide data showing:

- *each summative assessment activity (e.g. Part 1 and Part 2 examinations) and the number and percentage of candidates sitting and passing each time they were held.*

College Response:

May 2011 Primary Examination: Twelve candidates, six successful (50%)

September 2011 Primary Examination: 25 candidates, eight successful (32%)

May 2012 Primary Examination: Ten candidates, six successful (60%)

May 2011 General Fellowship Examination: 43 candidates, 18 successful (42%)

October 2011 General Fellowship Examination: 66 candidates, 43 successful (65%)

May 2012 General Fellowship Examination: 52 candidates, 20 successful (39%)

October 2011 Paediatric Fellowship Examination: Ten candidates, five successful (50%)

## **Standard 6: Monitoring and evaluation**

Standards cover: program monitoring and outcome evaluation

### *1      Accreditation recommendations*

#### *Conditions to be addressed in the 2012 progress report*

*No conditions to be addressed in this progress report.*

*By the 2013 progress report:*

- 8 Implement structured methods for supervisors of training, including those supervising the medical and anaesthesia terms, to contribute to the monitoring of the training program. (Standard 6.1.1)*

College Response:

Supervisors of training have the opportunity to contribute to development and monitoring of the training program at the SOT workshops that are organised around major events and also at the supervisor training meetings. In addition, over the past 12 months supervisors have been consulted and their feedback sought at various stages of the review of the training curriculum. A 'Supervisor of Training E-Newsletter' has also been implemented recently and it is hoped this will increase two-way communication between supervisors and the College. However, it is acknowledged that this does not constitute an adequate, structured mechanism for supervisors to contribute and in particular does not ensure that supervisors of medicine and anaesthetic placements are included. The College will continue to explore ways of improving this situation, and a questionnaire requiring specific feedback from supervisors is being considered.

- 9 Implement methods for systematic, confidential trainee feedback on the quality of supervision, training and clinical experience, and for analysing and using this feedback in program monitoring. (Standard 6.1.3)*

College Response:

As mentioned at Recommendation FF in Standard 4, the College intends to commence an end of rotation questionnaire to be completed by all trainees and designed to evaluate the learning opportunities available in terms of clinical experience, formal teaching, involvement in research and quality activities; and the quality of supervision, supervisor feedback and career guidance for each term, both in intensive care placements and also in medicine or anaesthesia placements. Eventually it is envisaged this will become part of the regular submission process on the electronic trainee portfolio, although it may initially be collected using an online survey instrument.

*By the 2014 progress report:*

- 10 Develop ways to collect qualitative information on outcomes including the newly graduated fellows' preparedness for the role of consultant. (Standard 6.2.1)*

College Response:

One of the key recommendations of the curriculum review is to instigate a transitional year of training, to be undertaken following successful completion of the second part examination.

This year is to be the final year of training and must be undertaken in intensive care medicine. It will allow better preparedness for taking on the role of intensive care specialist.

It is likely that another recommendation of the curriculum review will be that trainees in this final year must undertake a formal 'Consultant in Training' course. At present this is voluntary.

By the time of the 2014 progress report, the College will be better able to report on the success of these initiatives and new fellows' preparedness to take on the role of a specialist.

*11 Implement processes for engaging health care administrators, other health care professionals and consumers in the evaluation process. (Standard 6.2.2)*

College Response:

At this stage, the College's efforts in this area have been confined to the review of the curriculum. Draft documents (eg the 'Definition of an Intensive Care Specialist) and the competencies document have been distributed widely for comment and feedback. The College intends to keep a database of health organisations and consumer health groups for regular consultation and to engage several key groups in ongoing evaluation of our programs.

Quality Improvement Recommendations from the 2011 AMC Accreditation Report

*NN Develop better methods of feedback to supervisors of training, and provide further opportunities for them to be involved in monitoring and program development. (Standard 6.1.2).*

College Response:

In order to keep supervisors better informed of College activities, a regular supervisor of training e-newsletter has been commenced that will encourage their involvement in program development and keep them better informed of College initiatives. The implementation of the changes to the curriculum will have a significant effect on the work of the supervisors and it is intended to develop a formal method for involving all supervisors in the process. This will particularly involve the use of the on-line In Training Evaluation Report (ITER), which will be central to the whole supervisory and assessment process.

2 Summary of Significant Changes Made or Planned

College Response:

- Commencing in late 2011 the College has instigated a major review of the curriculum. This has included an evaluation of all aspects of the curriculum and will lead to major changes in the content, learning activities and particularly the assessment processes that are required.
- As part of the curriculum review, trainees and supervisors have been consulted at various stages for their input and opinions on the current program and proposals for change.
- The College currently uses an online survey tool to seek feedback from supervisors and trainees. This seems to work well and generates a consistently good response rate. In future, as part of an on-line in training assessment process, trainees will be required to submit regular feedback on their training experience.

## **Standard 7: Issues relating to trainees**

Standards cover: admission policy and selection; trainee participation in training organisation governance; communication with trainees; resolution of training problems and disputes

### **1 Accreditation recommendations**

#### Conditions to be addressed in the 2012 progress report

*No conditions to be addressed in this progress report.*

*By the 2013 progress report:*

*12 Increase the College's involvement in the selection of trainees, working in partnership with employers to ensure that the College's role in appointing trainees is clear, and selection processes follow College principles. (Standard 7.1.2 and Standard 7.1.3)*

College Response:

The College acknowledges that a more rigorous process of selection for trainees is necessary, and is currently developing its existing policy on selection. Unlike many other specialties, there are more potential training positions in intensive care units than there are CICM trainees (due to service requirements) and the issue of trainee selection is complex and needs to take into account local employment provisions and service imperatives, as well as College requirements. A comprehensive document outlining the College selection process and the College's role in appointing trainees will be completed by the 2013 progress report.

*13 Monitor the application of the College's published selection criteria to ensure that they are fairly and consistently applied across all training sites. (Standard 7.1.5)*

College Response:

The Selection of Trainees document currently under development will include selection criteria that will ensure fair and consistent application across training sites. A process for monitoring the application of these criteria will also be developed.

*By the 2014 progress report:*

*15 Develop a process for evaluating de-identified appeals and complaints. (Standard 7.4.4)*

College Response:

A review of the College's Appeals and Complaints process has begun. This should be completed prior to the time of the 2014 report.

Quality Improvement Recommendations from the 2011 AMC Accreditation Report

OO *Review the eligibility and selection criteria with the aim of developing criteria that are assessable and align well with suitability for intensive care medicine training and with success in the program. (Standard 7.1.1)*

College Response:

This will be incorporated in the selection of trainees document discussed above (12 )

PP *Strengthen the College's processes for formal involvement of trainees in the governance of their training, including:*

- *continue to expand trainee involvement in College governance;*
- *review the processes for appointment of trainee representatives, to ensure that the trainees chosen are truly able to represent the trainees;*
- *consider the election of a trainee Board Member;*
- *in collaboration with the Trainee Committee, develop mechanisms to help trainee representatives better represent their diverse geographical regions. (Standard 7.2)*

College Response:

The College has worked to increase trainee involvement in governance and to develop mechanisms to formalise trainee representation. Specifically:

- Regulations governing election of representatives from each region to the Trainee Committee have been approved by the CICM Board (Appendix 2, p 27).
- The CICM Board now includes a trainee member, elected annually from the members of the Trainee Committee
- Trainees are now included as members of most College committees (including the newly-formed CPD Committee) and, wherever possible, attend hospital accreditation inspections.

QQ *Improve its communication with trainees on the following issues: recognition of prior learning, flexible training options, support systems for trainees, and career guidance. (Standard 7.3.2)*

College Response:

Specific communication methods to trainees have been greatly improved over the last 12 months. The principle method of communication to all fellows and trainees is via the College's regular e-news bulletin. The trainee body also receive regular group email communication from the Trainee Committee. In addition, the College also has established secure on-line forums where trainees can discuss matters of interest among themselves, as well as a facebook page, which is open access. All relevant news items, regulation changes, reports of Board meetings, etc, are posted on the College website, which also contains clear statements on all training requirements.

*RR Consider ways in which information concerning the dispute processes can be clearer and more easily accessible to trainees. (Standard 7.4.2)*

College Response:

This will be covered in the review of the College Appeals and Complaints Process (see 14 above)

*SS Reconsider Regulation 13 regarding advocacy and representation at appeals. (Standard 7.4.3)*

College Response:

This will be covered in the review of the College Appeals and Complaints Process (see 14 above)

## 2 Summary of Significant Changes Made or Planned

College Response:

The College's 'Selection of Trainees' policy and the process for dispute resolution are currently under revision.

## 3 Statistics

*Please provide data showing:*

- the number of trainees entering the training program, including basic and advanced training;*
- the number of trainees who completed training in each program; and*
- the number of trainees undertaking each college training program.*

College Response:

In 2011 there were 162 new trainees registered into the training program. For the first six months of 2012, there have been 117.

In 2011, fifty-eight trainees completed the program (two of these completed training in Paediatric Intensive Care). For the first six months of 2012, thirty-four trainees completed training, none in Paediatrics.

The College currently has 534 active trainees, 172 in Basic Training and 362 in Advanced Training. Twenty-six trainees are currently undertaking training in Paediatric Intensive Care.

## **Standard 8: Implementing the training program – delivery of educational resources**

Standards cover: supervisors, assessors, trainers and mentors and clinical and other educational resources

### *1      Accreditation recommendations*

Conditions to be addressed in the 2012 progress report

*No conditions to be addressed in this progress report.*

*By the 2013 progress report:*

- 16 Strengthen links with and support available to supervisors in the medicine and anaesthesia terms to ensure that the training undertaken in those terms meets College requirements. (Standard 8.1.1)*

College Response:

This area has been identified through the curriculum review as requiring some particular attention. At present supervisors in the 'non-intensive care' terms are not well supported and with the introduction of new In-training Evaluation Reports and an on-line trainee portfolio for submission of these, improved support to these supervisors is essential. Further details of the support to supervisors of non-ICU terms will be provided in the 2013 report.

- 19      Include a requirement for orientation within the Guidelines for accreditation of intensive care units seeking accreditation for training in intensive care medicine. (Standard 8.2.3)*

College Response:

The College document IC-3 (Guidelines for accreditation of intensive care units seeking accreditation for training in intensive care medicine) will be revised in due course to reflect the new curriculum and the requirement for orientation will be prominent. However the College is of the opinion that this requirement is stated clearly within current documentation.

IC-3 states at 1.4.1 that the Unit must fulfil the requirements of either Level 111 (for C6, C12 and C24 classification) or Level 11 (for C6 and occasionally C12 classification) as outlined in document IC-1 'Minimum standards for Intensive Care Units (2011)'.

In IC-1 it is stated at 1.1:

*'These medical practitioners must have appropriate orientation and training' and 6.3.3, 7.3.3, 8.3.3. and 9.3.3. state that (There should be) 'A documented orientation program for all new staff'*

*By the 2014 progress report:*

- 17      Implement more regular and formal feedback processes with regards to the role and performance of supervisors of training. (Standard 8.1.3)*

College Response:

This will be addressed by the introduction of regular trainee feedback questionnaires, initially using an email survey tool, and in due course by incorporating it as a compulsory aspect of the submission of the In Training Evaluation Report, through the on-line trainee portfolio (see 9, above)

- 18 *Review its processes for monitoring and assessing non-intensive care terms against College's requirements. It is acknowledged that the learning objectives of the medicine and anaesthesia terms may change as a result of the curriculum review planned by the College. (Standard 8.2.2)*

College Response:

The learning objectives of the medicine and anaesthesia terms are being revised as part of the curriculum review. It is not envisaged that there will be fundamental changes to the requirement to undertake these terms. However the medical term will now require that trainees undertake an 'acute medical term' and also a term where 'longitudinal care' is provided. There may well be additional requirements in terms of courses and workplace based assessments introduced. It is acknowledged that the current level of monitoring of the non-intensive care terms is not ideal, so it is intended to standardise the reporting of trainee performance and also trainee feedback as part of the In Training Evaluation Report, through the on-line trainee portfolio.

- 20 *Review the current C6, C12, and C24 accreditation designations to ensure that the trainees' clinical experience will meet the College's learning objectives. (Standard 8.2.4)*

College Response:

It is acknowledged that the current accreditation designations do not guarantee that the breadth of the learning objectives are thoroughly covered. One of the recommendations of the curriculum review is to introduce a requirement for minimum intensive care experience in specific clinical areas (eg neurosurgical ICU, trauma ICU, etc). The existing accreditation designations will be supplemented by classification of training units according to the variety of clinical experience that trainees will encounter.

Quality Improvement Recommendations from the 2011 AMC Accreditation Report

- TT *In recognition of the considerable responsibilities the supervisor of training has to their trainees, consider specifying the number of trainees able to be supervised by one supervisor. (Standard 8.1.1)*

College Response:

The College document T-10 has been revised in 2012 and is included at Appendix 3 (p 28). A clause has been included at 1.4.4. that states: 'It is expected that one supervisor will be appointed to supervise no more than 10 trainees.'

- UU *Consider increasing the number of opportunities for supervisors of training to meet to discuss areas of common interest. (Standard 8.1.2)*

College Response:

The College now runs three formal supervisor workshops each year, which include specific content (eg 'managing the underperforming trainee') but also include time for supervisor-initiated discussion. In addition to this, less formal supervisor meetings are held at a local level and a supervisor workshop is always scheduled at our major College meetings. It is intended to increase significantly the number of supervisor meetings in 2013. The focus will be to familiarise supervisors with the requirements of the new curriculum and in particular, the use of the In Training Evaluation Report and other workplace based assessments and the process for submission of these reports to the College via the on-line trainee portfolio.

*VV Continue to develop support mechanisms for supervisors of training, particularly the mentoring of junior consultants who take up this role. (Standard 8.1.3)*

College Response:

The College now requires that newly appointed supervisors should have 12 months of ongoing support from the previous supervisor and that each supervisor should be responsible for no more than 10 trainees. Supervisors are required to have at least a 0.5 EFT appointment to the unit.

*WW Make a clear distinction between the roles and responsibilities of supervisors of training and those of a trainee mentor. (Standard 8.1.1)*

College Response:

A draft paper on this subject is being developed.

## 2 Summary of Significant Changes Made or Planned

### Resources

College Response:

- Planned introduction of a regular anonymous trainee survey at the completion of each training term.
- The Hospital Accreditation Committee is currently negotiating with the ANZICS – CORE research group to gain access to their annual data collection on all accredited ICUs that will supplement the data collected as part of the regular accreditation cycle
- As part of ensuring that trainees have access to a broad range of clinical experience, the current 'time based' hospital accreditation classification will be supplemented by a clinically based one.
- The College currently has 115 hospital ICUs accredited for training (97 in Australia 12 in NZ )
- Eighteen units were inspected by College accreditation teams during 2011.

## Supervisors

### College Response:

- Development of formal supervisor training workshops.
- With the implementation of the new curriculum and in-training evaluation process over the next 12-18 months, a broad program of education for the supervisors in using the new on-line tools will be introduced.
- The College has commenced a regular supervisor e-newsletter, giving them updates on College activities and also specific advice on regulation changes, trainee issues, etc.
- With the implementation of the new curriculum, it will be necessary to re-write the training manuals and information kits for supervisors. This will be done during 2013.

## **Standard 9: Continuing professional development**

Standards cover: continuing professional development; retraining and remediation of under-performing fellows

### *1      Accreditation recommendations*

#### *Conditions to be addressed in the 2012 progress report*

- 21      Develop mechanisms to assess and recognise the continuing professional development activities of all fellows, including those who are not undertaking the CICM CPD program. (Standard 9.1.4)*

#### College Response:

An entirely new on-line CPD program was developed by a small team of fellows and College staff over the course of 2011. This was aimed at meeting the specific needs of fellows and also non-fellows who practice in the specialty of intensive care medicine. The emphasis of the program is on self-motivated education and the promotion of lifelong learning. A broad range of learning activities are recognised and a key component of the program is the development of a personal CPD Plan, and a brief evaluation of each activity undertaken in terms of how it assists in achieving that plan.

It was acknowledged that many CICM fellows are also fellows of another College. Other College programs judged to be a reasonable alternative to that of CICM were those of ANZCA, ACEM and RACP. Therefore CICM fellows who complete one of these other College programs may apply to have this recognised for their CICM CPD. It will be necessary for them to provide a certificate of compliance from the respective College in order to fulfil the CICM requirements.

- 22      Develop guidelines for counseling fellows who do not participate in continuing professional development. (Standard 9.1.6)*

#### College Response:

The new CPD program for CICM fellows commenced on 1<sup>st</sup> January 2012. The program is compulsory for all fellows (which was not the case previously under the existing MOPS program). The new program operates on a two year cycle. Guidelines are currently being drafted to stipulate the process to be followed to ensure that all fellows participate in the program and the extent of follow up and counseling that the College will provide at various stages throughout the CPD cycle to those not participating (this will include direct contact from members of the CICM Board). These guidelines should be ratified at the next CICM Board meeting.

- 23      Develop a structured process to respond to requests for remediation of fellows who have been identified as under-performing. (Standard 9.3)*

#### College Response:

The College has developed a draft document to address this standard. It is based on the current College Policy Document IC-15 'Recommendations for Practice re-Entry for an

Intensive Care Specialist' and has been expanded and renamed 'Recommendations for Practice Re-Entry, Retraining and Remediation of Intensive Care Specialists'. This document was reviewed at the Fellowship Affairs Committee and was ratified at the June Board Meeting. It is attached at Appendix 4 (p 32). It was the view of the College that it is preferable to include the newly documented structured process for remediation of fellows with the existing process for re-entry of fellows after a period of absence, rather than to create a new policy document.

Quality Improvement Recommendations from the 2011 AMC Accreditation Report

XX *Provide opportunities for trainees, as future participants, to contribute to ongoing development of the continuing professional development program. (Standard 9.1.1)*

College Response:

Up until now, the College CPD program (and previously, the MOPS program) has functioned under the direction of the College CPD Officer (a nominated member of the CICM Board) with administrative support. It has just recently been resolved to form a CPD Committee, to provide oversight to the whole process and to assist with the process of ensuring that all fellows participate in the program. This committee will include the trainee representative to the CICM Board, who will provide a link with the Trainee Committee and the trainee body.

YY *Clarify with the Medical Board of Australia the continuing professional development requirements to maintain specialist registration in multiple disciplines and whether participants will be able to meet requirements for registration as intensive care medicine specialists by completing continuing professional development programs with other specialist colleges. (Standard 9.1.2)*

College Response:

The College has had confirmation by email from Dr Joanne Katsoris, Executive Officer, Medical, of the Australian Health Practitioners Regulation Agency (AHPRA), that currently participants can meet requirements for registration as intensive care specialists by completing continuing professional development programs with other specialist Colleges that satisfy the CICM program requirements. This is based on the statement by CICM that 'participation is compulsory for all CICM fellows. Dual fellows with ANZCA, ACEM or RACP may currently participate in CPD programs administered by these Colleges, but must provide the CICM with evidence of successful participation.'

The CPD programs of these three Colleges have been scrutinised by the CICM CPD Officer and judged to be comparable with the CICM program.

## 2 Summary of Significant Changes Made or Planned

- New College CPD Program commenced on 1<sup>st</sup> January 2012.
- CPD is now a compulsory activity for all active fellows
- The new CPD Program emphasises self-evaluation and includes a requirement for participants to generate a CPD Plan, and to complete a brief appraisal of each activity undertaken.
- Fellows are required to undertake activities across a range of learning activities, with some categories having a stipulated requirement for minimum CPD points to be gained.
- Process for remediation of fellows identified as underperforming incorporated into new policy document

## 3 Statistics

*Please provide data showing:*

- *the number and proportion of college fellows participating in the College's continuing professional development programs.*

*The data should reflect both Australian and New Zealand activity for bi-national training programs.*

College Response:

All active fellows were enrolled in the College's new CPD program on 1<sup>st</sup> January 2012. By mid-June, 178 fellows had entered at least one CPD activity into the on-line diary. This is approximately 30% of the fellowship in Australia and New Zealand. This figure is expected to increase as the year goes on and College staff remind fellows of their obligations. As the College has a relatively high number of dual fellows, it is expected that a proportion of these will choose to fulfil their CPD obligations by completing the program of one of the three Colleges that have been judged to be comparable to that of CICM. Evidence of this will be required in order to fulfil the requirements of the program.

## **APPENDIX 1:**

### **DRAFT STATEMENT: DEFINITION OF AN INTENSIVE CARE SPECIALIST**

An Intensive Care Specialist is a medical specialist trained and assessed in the comprehensive longitudinal clinical management of critically ill patients. These patients are at variable points in their critical illness and therefore include patients at risk of deterioration to severe illness and those recovering from such illness.

The Intensive Care Specialist is trained to recognise and manage disturbances associated with severe medical or surgical illness. This includes but is not limited to:

- Care of patients using invasive and non-invasive diagnostic, monitoring and treatment techniques for haemodynamic, respiratory and renal support
- Care of patients using specific treatments and monitoring only available in the intensive care unit (ICU). These include the modalities of Continuous Renal Replacement Therapy, specialised respiratory support (eg complex multimode ventilators, High Frequency Oscillation and Prone Ventilation), control of intracranial dynamics guided by specialised monitoring (eg brain tissue PO<sub>2</sub>) and invasive haemodynamic monitoring (eg continuous cardiac output measurement) and cardiorespiratory support (eg ECMO).
- Organisation and participation in early warning systems to anticipate and prevent further deterioration of patients.
- Assistance in the care of or managing sick patients in settings outside ICU, including: the emergency department, hospital ward and high dependency unit.
- Transport of acutely ill patients within, to and between hospitals.
- Assistance with the continuing care of patients recovering from acute illness with specific needs related to that illness, eg tracheostomy, respiratory, nutrition, and psychological and neuromuscular problems.

The Specialist is also involved in activities which support the clinical care of critically ill patients:

- Research into critical illness and all aspects of its management
- Education on all aspects of the management of critically ill patients
- Administrative tasks related to the management of critically ill patients and ICUs
- Quality improvement in the management of critically ill patients.

## **APPENDIX 2:        Regulations Governing Election of Trainee Representatives**

### 2.17 Trainee Committee

- 2.17.1 The Trainee Committee represents trainee interests in the affairs of the College, particularly with regard to matters concerning education and training.
- 2.17.2 The Trainee Committee will be constituted by a Trainee representative from each Region of Australia and New Zealand and the New Fellow representative elected to the College.
- 2.17.3 In order to be eligible for nomination to the Committee, Trainees are required to have been registered for training with the College for a minimum of two years, or be a current Advanced Trainee of the College.
- 2.17.4 Membership of the Trainee Committee is for a period of up to three years. This is contingent on the member remaining a registered CICM trainee over that period.
- 2.17.5 When a vacancy occurs, expressions of interest will be requested from trainees for a Trainee representative from that region. If more than one trainee expresses interest, an election will be conducted by email within that region. Only current registered CICM Trainees are eligible to vote in these elections.
- 2.17.6 The New Fellow representative to the Board will act as the Chairperson for the Trainee Committee.
- 2.17.7 The Trainee Committee will meet by teleconference at least three times per year. Minutes of these meetings will be considered at the following CICM Board meetings.
- 2.17.8 Commencing in June each year, one member of the Trainee Committee will be invited to attend CICM Board meetings over the next 12 months. Any member of the Trainee Committee may nominate for this position. If more than one member of the Committee nominates, a secret ballot will be held among all members of the committee. In the event of a tied ballot the Chair of the Committee will have the casting vote.



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

**THE ROLE OF SUPERVISORS OF TRAINING  
IN INTENSIVE CARE MEDICINE**

The Supervisor of Training is the College's representative on training in accredited units. The role is an important one, and the Supervisor must have a broad understanding of College affairs and relevant policy documents. The Supervisor provides liaison between trainees and both the hospital authorities (in respect of matters related to training) and the College of Intensive Care Medicine (CICM). The role of the Supervisor is recognized by the CICM to be crucial to the success of the CICM training program and takes considerable time and training to be undertaken effectively. Support from administration must be available to provide adequate time for trainee related supervision and assessments, and attendance at Supervisor's training workshops and other relevant training activities.

The primary role of the Supervisor is to provide *formative assessment* (feedback on performance) to the trainee. In order to do this, the Supervisor should have regular meetings with the trainee, and organise assessments based on general observation of the trainee's clinical practice. The frequency for such meetings should be determined by the Supervisor based on the trainee's requirements.

The Supervisor also has the responsibility to provide *summative assessment* (formal determination of competency). This involves completion of the stage specific in-training assessment form in conjunction with other relevant Specialists and formal feedback to the trainee at the end of each 6 month period of training.

The Supervisor will often also have a mentor role. This might involve discussion with the trainee regarding their future training and employment. It might also involve assisting the trainee to recognise and deal with personal problems including aspects of inadequate performance.

**1. APPOINTMENT**

- 1.1 The Supervisor of Training will be nominated by the Director of Intensive Care who will be responsible for notifying the Board of the recommendation via the Education Committee. The Supervisor will be ratified by the Board and both the Supervisor and Director will be advised of the appointment.
- 1.2 The appointee is required to be a Fellow of the College or possess an equivalent qualification acceptable to the Board.
- 1.3 It is a requirement that the Supervisor of Training be an intensive care specialist other than the Director of the Unit, and to have been appointed to a position as a specialist in Intensive Care for a minimum of three years.

- 1.4 The nomination of the Supervisor of Training by the Director of Intensive Care must be accompanied by:
  - 1.4.1 The curriculum vitae of the Fellow nominated.
  - 1.4.2 An explanation of reasons for nominating the Fellow, including particular attributes which make that individual suitable.
  - 1.4.3 If the nominated Fellow is less than 3 years post Fellowship, the Director should explain how support will be offered to help him/her. Co-appointment with a suitable experienced Fellow would generally be acceptable (but the experienced Intensivist should retain the role as SOT), or in the absence of a co-appointment, a 12 month handover from the immediate past Supervisor should be provided. The previous Supervisor should act as a mentor to the new Supervisor and arrange frequent meetings to provide guidance on assessments of trainees and to discuss any issues that arise. If the immediate past Supervisor is not available, an experienced Fellow may be considered suitable.
  - 1.4.4 It is expected that one Supervisor will be appointed for no more than 10 supervised trainees.
  - 1.4.5 An indication of support for the new Supervisor to attend a Supervisor's Workshop within one year of starting the role.
  - 1.4.6 An indication of the non-clinical time allowed for the Supervisor(s) to perform their role; the actual time required will vary according to the number of trainees, but should be at least 2 sessions per week for each Supervisor.
  - 1.4.7 A Supervisor of Training should be substantially present in the intensive care unit where they are supervising training. An appointment of no less than 0.5 FTE will be expected.
- 1.5 The Education Committee, when making a decision, will consider all information relevant to the suitability of the nominated Fellow for the role, including the number of years the Fellow has worked as a specialist in Intensive Care, and the Intensive Care Unit. The Committee is authorised to reject, postpone or to make appointment conditional.

## **2. DUTIES OF SUPERVISORS**

### **2.1 Responsibilities to Trainees**

- 2.1.1 To be familiar with the College's Regulations relating to Training and Examinations.
- 2.1.2 To advise potential and current trainees on their training, registration requirements, fee payments, examination dates and dates of closure for entries.
- 2.1.3 To be aware of dates and other matters relevant to appropriate courses and to ensure that trainees receive this information.
- 2.1.4 To monitor supervision, experience and fair allocation of duties for trainees and if necessary, to advocate for them and facilitate appropriate changes.
- 2.1.5 To liaise with the Director of the Department with respect to trainee duties, supervision, working hours and study time and release for approved courses and relevant training activities.
- 2.1.6 To ensure an adequate orientation program is available for trainees.

- 2.1.7 To ensure that there is a structured educational program for trainees both within the institution and as part of available external programs.
- 2.1.8 To provide advice, supervision and support for trainees planning, executing and presenting the Formal Project. The Supervisor also has a responsibility to critically review the final manuscript to ensure its suitability for submission. This responsibility may require the involvement of other suitable Specialists according to the nature of the Formal Project.
- 2.1.9 To advise and assist candidates regarding the Primary and Fellowship Examinations by providing or organising tutorials and trial examinations. After the Examination, to provide feedback from the Chairman of Examinations to the failed candidate and advise on future planning.
- 2.1.10 To undertake in-training assessments in accordance with Policy Document T-12 'In-Training Assessment of Trainees in Intensive Care Medicine'.
- 2.1.11 To undertake in-training assessments for trainees, who are working in Intensive Care on training programs other than the CICM program. Documentation may need to be on forms specific to that particular training program.
- 2.1.12 To assist in the identification and counselling of trainees with difficulties, and to initiate remedial action.

## 2.2 Responsibilities to the College

- 2.2.1 To establish and maintain liaison with other Supervisors of Training.
- 2.2.2 To refer any difficulties in respect of training or trainees to the Co-ordinator, Training and Examinations.
- 2.2.3 To ensure the Board is aware of any senior staffing or other changes in the unit likely to impact on training or supervision.
- 2.2.4 To attend relevant educational meetings (such as regional meetings, Workshops for Supervisors of Training, or attending the Fellowship exam as an observer) on a regular basis as recommended by the Board.

## 3. RESOURCES

The Supervisor of Training needs resources to be provided by the Intensive Care Unit to fulfil his or her responsibilities.

Each Supervisor of Training should have:

- 3.1 Access to private space for meeting with Trainees.
- 3.2 Access to appropriate administrative assistance.
- 3.3 Access to appropriate information technology.
- 3.4 Appropriate office equipment, including a secure cabinet to store trainee data.

These guidelines should be interpreted in conjunction with the following Documents of the College of Intensive Care Medicine:

- IC-3 “Guidelines for Intensive Care Units seeking Accreditation for Training in Intensive Care Medicine”
- IC-4 “The Supervision of Vocational Trainees in Intensive Care Medicine”
- T-12 “Guidelines for the In-Training Assessment of Trainees in Intensive Care Medicine”

*Promulgated by FICANZCA: 1994  
Reviewed: 1995, 2001, 2008 (JFICM), 2009  
Republished by CICM: 2010  
Reviewed: 2011, 2012*

*This policy document has been prepared having regard to general circumstances, and it is the responsibility of the practitioner to have regard to the particular circumstances of each case, and the application of this document in each case.*

*Policy Documents are reviewed from time to time, and it is the responsibility of the practitioner to ensure that the practitioner has obtained the current version. Policy Documents have been prepared having regard to the information available at the time of their preparation, and the practitioner should therefore have regard to any information, research or material which may have been published or become available subsequently.*

*Whilst the College endeavours to ensure that documents are as current as possible at the time of their preparation, it takes no responsibility for matters arising from changed circumstances or information or material which may have become available subsequently.*

College website: [www.cicm.org.au](http://www.cicm.org.au)

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**College of Intensive Care Medicine  
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ABN: 16 134 292 103

## **RECOMMENDATIONS ON PRACTICE RE-ENTRY, RE-TRAINING AND REMEDIATION FOR INTENSIVE CARE SPECIALISTS**

### **1. Introduction**

The College of Intensive Care Medicine (CICM) is the peak body for the training and continuing professional development of intensive care specialists, standards of intensive care practice and research in intensive care medicine in Australia and New Zealand. It aims to foster excellent intensive care practice to provide the best possible care of the critically ill. The CICM re-entry and retraining programs have been developed to assist Fellows who wish to return to practice after a period of absence or who have identified themselves, or who have been identified by a Regional Health Board, Medical Board or Medical Council, as requiring retraining.

### **2. CICM Practice Re-Entry Program**

The College considers it important that Intensive Care specialists upgrade their knowledge, clinical skills and professional qualities before returning to clinical practice after a period of absence. This is regardless of the reasons for the absence (such as family commitments, practice in another unrelated area of medicine, practice overseas in a volunteer capacity, or a long period of illness). The aim of the re-entry program is to enable the Fellow who has been absent from clinical practice to demonstrate the same standard of safe clinical practice as his/her peers.

The CICM considers that in such circumstances, the specialist should be advised and encouraged to develop an agreed 'practice re-entry' or 'refreshment of knowledge and skills' program before re-entering independent specialist clinical practice. It is the responsibility of the Fellow to reflect on their knowledge and skills (and the deficiencies), perhaps with the assistance of a mentor. This reflection should consider the competencies defined for the expert trainee in the College document 'Competencies, learning opportunities, teaching and assessments for general intensive care' or the equivalent for paediatric intensive care.

After a period of absence of less than a year, the Medical Board of Australia has no specific requirements that must be met before recommencing practice. After a period of absence of between one and three years, the Medical Board of Australia requires that the fellow complete a minimum of one year's pro rata of CPD activities relevant to the intended scope of practice prior to commencement designed to maintain and update knowledge and clinical judgment.<sup>iii</sup> After a period of absence from practice of three years or longer a formal Practice Re-entry Program must be followed<sup>iiii</sup>. The College provides a re-entry program that has the following components

- 2.1 The Fellow who has been absent from practice should, with the aid of a mentor, construct a return to work plan. This will detail the areas (practice domains, clinical skills, procedures etc) that require up skilling and the means by which this up skilling will take place.
- 2.2 The program requires supervised experience in an Intensive Care Unit for a duration that is appropriate for the participant's circumstances. The duration of supervised practice would usually be at least four weeks for every year of absence from Intensive Care clinical practice. The Fellow will nominate a Unit in which this supervised practice will take place and an appropriate supervisor who may be the mentor.
- 2.3 The Fellow will submit the return to work plan together with the name of the ICU and supervisor to the Chairman of the CPD Committee? CPD Committee? Fellowship Affairs Committee, who will approve that the nominated unit provides the appropriate experience necessary for the return to work plan and confirm the duration of supervised practice that is required. The Director of the nominated department must endorse the program and its duration.
- 2.4 The Fellow and the supervisor will agree on the methods of assessment (eg in-training evaluation reports, work based competency assessments) that are required ensure the goals of the return to work plan are being met.
- 2.5 The Fellow and the supervisor will meet regularly to evaluate progress
- 2.6 At the end of the supervised practice period, the supervisor will submit a final report to the Chair of the CPD Committee for approval and endorsement that the Fellow has satisfactorily completed a Practice Re-entry Program.

### 3. Retired Fellows seeking reinstatement of Fellowship

Retired Fellows seeking reinstatement to active Fellowship must apply in writing to the President or Chief Executive Officer. The Fellowship Affairs Committee will review the application and recommend a re-entry or retraining program based on the application. The re-entry or retraining program will be developed in consideration of Medical Board or Medical Council Requirements.

### 4. Retraining Program for Fellows

Fellows who identify themselves as requiring retraining can use the College CPD program to guide their learning activities, perhaps with the help of a mentor.

A formal retraining program is required when requests for retraining or remediation come from Regional Health Authorities, Medical Boards, Medical Councils or other regulatory bodies. These will usually arise from a series of adverse events or complaints from staff or patients and follow a process in which the Fellow's practice is found to be deficient in one or more areas, such as a performance assessment. If the regulatory authority determines that there are conduct or health issues, these will be dealt with by the authority not the College.

The aim of the retraining program is to allow the Fellow to achieve the same standards of safe practice as his/her peers on return to unsupervised clinical practice.

- 4.1 Requests for retraining must be made in writing to the President or Chief Executive Officer of the College
- 4.2 The Chairman of the Fellowship Affairs Committee (the College Vice President) will oversee the process, and will review the request to determine whether a retraining program is appropriate. Consideration will be given to the nature and seriousness of the unsatisfactory performance identified, and the length of time since the Fellow was in active practice. Key areas of concern and/or deficiencies will be identified from the performance assessment.

- 4.3 If, following the review, it is considered that retraining is not appropriate, this will be communicated to the person or organisation making the request, with reasons.
- 4.4 If retraining is considered appropriate, the Chairman of the Fellowship Affairs Committee will select an appropriate supervisor to coordinate a period of supervised clinical practice in a Unit that can provide experience that is relevant to the key areas of concern
- 4.5 In consultation with the supervisor and the Fellow a retraining program will be developed that will include
  - 4.5.1 Goals which should have reference to the competencies defined for the expert trainee in the College document 'Competencies, learning opportunities, teaching and assessments for general intensive care' or the equivalent for paediatric intensive care, and be specific for the areas of concern and/or deficiencies identified
  - 4.5.2 Expected and other possible outcomes
  - 4.5.3 Clear timeframes
  - 4.5.4 Allocated time for regular feedback to the Fellow
  - 4.5.5 Maintenance of a log book
  - 4.5.6 Methods of assessment of attainment of goals (CICM in-training evaluation reports, work-based competency assessments, 360 degree performance appraisal, others depending upon nature of problems and goals)

The Fellow and supervisor must agree on the need for retraining and on the content and possible outcomes of the program. Supervision must be at least the level of a College trainee.

- 4.6 Clinical privileges and medical indemnity for the Fellow in the training institution must be in place. Indemnity for the Chairman of the Fellowship Affairs Committee (Vice President) must be confirmed through the Regional Health Authorities/Medical Board/medical Council or Regulatory Health Authority or other body making requesting the assessment and retraining. Where the request originated from College Fellow the Chairman of the Fellowship Affairs Committee must satisfy him/her self that he/she is appropriately indemnified through either the College insurer or some other way (eg the medical insurer of the Fellow or the Chairman of the Fellowship Affairs Committee)
- 4.7 The Fellow should be encouraged to seek the support of a mentor
- 4.8 At the completion of the retraining program, the supervisor will prepare a report for the Chairman of the Fellowship Affairs Committee on the program, including the extent to which the goals of the program have been achieved
- 4.9 Following consideration of the report by the CICM Board, the Chairman of the Fellowship Affairs Committee will communicate with the person or organisation making the request
- 4.10 If the goals of the retraining program have not been satisfactorily achieved, the Board may communicate this to the appropriate Board or Medical Council.
- 4.11 A program of practice review and clinical risk management will be instituted as part of the Fellow's CPD requirements. This should include monitoring of learning objectives and evaluation of ongoing performance

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<sup>i</sup> Medical Board of Australia Recency of Practice Registration Standard 2010

<sup>ii</sup> Medical Board of Australia Continuing Professional Development Registration Standard 2010

<sup>iii</sup> Policy on doctors returning to medical practice after absence from practice for three or more years. Medical Council of New Zealand 2004