



**College of Intensive Care Medicine
of Australia and New Zealand**

Annual Progress Report

of the

College of Intensive Care Medicine of Australia and New Zealand

for submission to the

Australian Medical Council

1st July 2013

College Name: College of Intensive Care Medicine of Australia and New Zealand

Address: Suite 101, 168 Greville Street, Prahran, Victoria 3181

Date of last AMC assessment: 2011

Periodic reports since last AMC assessment: 2012

Reaccreditation due: 2015

This report due: 1 July 2013

Officer at College to contact concerning the report: Ms Laura Fernandez Low, Policy Officer

Telephone number: +61 3 9514 2888

Email: lauraf@cicm.org.au

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

Areas covered by this standard: structure and governance of the college; program management; educational expertise; interaction with the health sector; continuous renewal

Summary of college performance against Standard 1 in 2011

These standards were MET.

1 Accreditation recommendations

Conditions to be satisfied by the 2013 progress report

Recommendation 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:

Since the 2012 report the College has undergone further growth in staffing numbers and a significant organisational restructure. In acknowledgement of the increasing size and complexity of the administrative aspect of the College, the College has created a number of senior positions (Manager of Training & Education, Manager of Fellowship Affairs, Business Administrator and Policy Officer). The role of the Policy Officer specifically includes the task (in conjunction with the College Director of Professional Affairs) of increasing the College's interaction with the broader health community and the jurisdictional administrations.

With the review of the CICM curriculum now entering the implementation phase, the College has also engaged a Project Officer to coordinate the process and also contracted an IT Project Manager to oversee the development and introduction of the new learning management system and the electronic assessment submission system.

Recommendation 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:

The College has maintained its links with the Monash University Health Professions Education Resource Centre through the Director of the Centre, Dr Liz Molloy. However, we also now have on staff Dr Megan Dalton, an experienced and well qualified Medical Educationalist (Dr Dalton's PhD thesis was in the field of assessment of clinical competence). Dr Molloy's main role with the College is in the design and delivery of the Supervisor of Training professional development and instructional sessions, while Dr Dalton has been principally involved in the curriculum review, in particular the design and implementation of the new assessment tools, especially the new In Training Evaluation Report (although there is some overlap between the two roles).

Quality improvement recommendations from the AMC Accreditation Report

Recommendation AA

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

College response:

The College continues to explore ways of increasing the engagement of Fellows in College activities, both through increasing the opportunities for ongoing professional development and by seeking increased input into College affairs and representation on internal and external committees.

The first CICM Conference aimed specifically at those Fellows with a particular interest in education will be held on the Gold Coast in September 2013. It is intended that this will become an annual event and that one of the outcomes of the first meeting will be the formation of an educators Special Interest Group.

In 2013 for the first time the College Annual Scientific Meeting was held outside Australia, in Wellington, New Zealand. In part this was to encourage attendance of our New Zealand Fellows and to increase their engagement in College activities. The second 'Rural Update' meeting, specifically aimed at intensive care specialists practicing in rural and regional areas, was held in Byron Bay in February.

In a bid to improve the scope and coordination of the activities undertaken by Fellows at a regional level, a full day workshop was held in February with the Chairs of all the College State Committees. This resulted in some significant crossover of ideas and strategies and will be repeated each year.

As some indication of the general level of engagement of Fellows, it is worth noting that 81 Fellows in total play a role on our Regional Committees, and there are 89 Fellows currently on the panels of examiners for the Primary, General Fellowship and Paediatric Fellowship examinations. Also perhaps of interest, for the 2013 election to the Board of the College, a total of 15 Fellows nominated for the five available positions, which is the most that ever have, and could be interpreted as an indication of the general level of interest in becoming involved in College affairs.

Recommendation BB

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

College response:

The College's key stakeholders are its Fellows, trainees, office staff, national and state governments, medical councils and boards, and the public who use intensive care services. Active steps have been taken to increase the College's involvement with each of these groups such as:

- An expressions of interest was broadcast to all Fellows to encourage their involvement in College educational activities; a report following each meeting of the Board outlining major decisions made is sent out to each Regional/National Committee; the E-News bulletin is sent out every 6 weeks with updates on College activities and opportunities for Fellows and trainees to get involved in College activities; the New Fellows' Conference also provides information on College activities and encourages recent graduates to get involved.
- The College has ensured trainees in each region are represented by an elected member who sits on the Trainee Committee. Trainees can access their representative directly over email to discuss any training matters of concern. The Trainee Committee is also involved in providing direct feedback on the curriculum review.
- College staff members are able to meet with Fellows and trainees at the College's Annual Scientific Meeting, the exams and workshops run throughout the year. During the early stages of the curriculum review, the staff were given the opportunity to provide direct feedback on the curriculum changes and played an integral role in the design and development of the review.

- College representatives attend meetings or workshops organised the Department of Health and Ageing, Australian Medical Council, Medical Board of Australia and Health Workforce Australia amongst others.

The College is developing a page on its website specially designed for the public which provides information on intensive care medicine, the high level of training required of our Fellows, intensive care units, etc. Community representation on relevant College committees has been secured by the appointment of Ms Helen Maxwell-Wright as a member of the Overseas Trained Specialists Assessment Committee which meets several times a year as needed. Ms Sophia Panagiotidis (who is also a past community representative on the Medical Board of Australia), also assists with remediation meetings for trainees experiencing difficulty in progressing through the training program. In addition the College plans to create a Consumer Representative Group which will meet following every Board meeting to discuss any major changes made to the training program (refer to Recommendation 11).

In May a letter was sent to the Chief Health Officer in each region of Australia and New Zealand, requesting their assistance in ensuring that Fellows of the College are invited to join state/national Health Department committees of interest to Intensive Care Medicine. The letter also invited the CHO to arrange a representative of their department to meet with a nominated member of the College to discuss matters of mutual interest (see Recommendation CC below).

Recommendation 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:

Each State Health Department has committees that support and oversee intensive care services in that state; however the structures in each jurisdiction are different. The College's working relationship with health departments has been strongest in Queensland. Queensland Health has employed Dr Bruce Lister, a member of the CICM Board, on a part time basis to coordinate local educational activities for trainees of the College. In this state there has been a very strong collaboration between government and the College in both selecting and appointing intensive care trainees and in delivering high quality education.

Although College representatives sit on health department committees in other states, the working relationships are more ad hoc - particularly with regard to education and training in intensive care medicine rather than service provision. Some state health departments have 'Committees of College Chairs' where education and training matters can be discussed and supported, but others do not. Recent Australian Government initiatives such as the Australian National Lead Clinicians' Groups address clinical issues rather than education and training.

As there appears to be no current structure ideally suited to supporting constructive working relationships, the College has written to the Chief Health/Medical Officer in each State and Territory to seek their support, and to encourage them to consider CICM Fellow representation on any oversight body with responsibility for education, training and research. The letter also suggests that a meeting should take place annually between the CMO and the Chair of the relevant Regional Committee of the College. (see Appendix 1). At the time of this submission, the College has received replies from four Chief Medical Officers, all of whom have committed to ensuring that intensive care is well represented on education/training/research committees within the department, along with an acceptance of the College's offer to arrange a meeting between the two parties.

2 Summary of significant developments introduced or planned

- Gradual increase in overall administrative staff numbers to support college activities (the College now employs 14.2 EFT in total) and engagement of Medical Educationalist.
- Major review of the curriculum for training in intensive care medicine
- Plans to hold annual conference in intensive care medicine education and form a special interest group in this area
- Appointment of Policy Officer, one of whose tasks is to develop our relationships and level of engagement with health services and jurisdictions.
- A list of College Fellows currently serving as College or intensive care representatives on state or national committees has been compiled, following a survey of all Fellows.

3 Statistics and annual updates

Refer to Recommendations CC and DD.

Standard 2: The outcomes of the training program

Areas covered by this standard: purpose of the training organisation and graduate outcomes

Summary of college performance against Standard 2 in 2011

These standards were SUBSTANTIALLY MET

1 Accreditation recommendations

Conditions to be satisfied by the 2013 progress report

Recommendation 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:

The review of the Objectives of Training has been completed as one of the main tasks of the Curriculum Review Committee and these have formed the basis for the development of the new curriculum for training in intensive care medicine. The completed document was circulated to CICM Fellows and trainees for feedback in early 2012 and ratified at the June 2012 meeting of the CICM Board. The new curriculum includes specific requirements to undertake particular learning activities in areas such as echocardiography and ultrasound, brain death testing, organ donation, cultural awareness and communication skills, as well as a requirement to undertake a minimum of three months training time in a rural or regional centre.

By the 2014 progress report:

Recommendation 5

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

College response:

The College has, as part of the review of the curriculum, revised the statement defining the role and scope of practice of an intensive care specialist and also re-drafted the Objectives of Training (now titled 'Competencies, Learning Opportunities, Teaching and Assessments for Training'). A fundamental aspect of this review has been the perception of an expanding role for intensive care specialists within the health care system (e.g. into medical emergency services outside the ICU, transport of the critically ill, outreach and follow-up services) and also the broader attributes expected in addition to those of a 'medical expert'. By using the Can-MEDS system of categorising the skills and attributes of medical practice in the development of the Objectives of Training and also in the structure of the main Workplace Based Assessments (in particular the In-Training Evaluation Report), the multifaceted nature of the requirements of training are emphasised.

A particular aspect of intensive care practice that is of crucial importance to the community in general is the capacity to communicate effectively, display empathy and establish rapport and trust with patients and families when dealing with the complex and stressful issues around death and organ donation. This has particular emphasis in the new curriculum, with trainees being required to undertake specific training (the College's Communication Course and also either the Donate Life 'ADAPT' course or the Family Conversations Course) and also undertake specific competency assessments.

The College has been an enthusiastic participant in discussions with Health Workforce Australia (HWA) regarding workforce projections and is eager to contribute to the development of HWA's National Training Plan. With the greater resources and jurisdictional support available to HWA, we look forward to in due course to collaboratively developing guidelines on community requirements, graduate outcomes and the optimal numbers of trainees and graduates required for future needs.

Quality Improvement Recommendations from the AMC Accreditation Report

Recommendation 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 increased its involvement with the following stakeholders:

- Medical Board of Australia: the College has sent representatives to attend workshops organised by the MBA on various topics.
- Health Workforce Australia (HWA): a College representative, Dr Megan Robertson (Assistant Censor) was nominated to attend the HWA National Medical Training Advisory Network Stakeholder Consultation Workshop. In addition the President, Dr Ross Freebairn and CEO, Mr Philip Hart, have attended meetings with HWA to discuss workforce planning initiatives and to assist with development of the HWA National Training Plan.
- Australasian College of Emergency Medicine: the Chair of the College's Queensland Regional Committee is now a member of the ACEM's Pre-Hospital and Retrieval Medicine Committee, representing the College and the specialty of intensive care medicine.
- Medical Deans of Australia and New Zealand (in conjunction with HWA and the CPMC): the President, Chief Executive Officer and two local Supervisors of Training attended a summit in March 2013 to discuss medical supervision, training and ongoing support and development in this area.
- The College has continued to cultivate its relationship with other medical colleges by arranging meetings between CICM and staff from ACEM and ANZCA to share information on CPD program development, training processes, database management, college policy and stakeholder involvement.
- The Independent Hospital Pricing Authority: in December 2012 the College was contacted by IHPA requesting the nomination of a College and intensive care representative to join their Clinical Advisory Committee. Following discussions with ANZICS, Board member Dr Mary White was appointed to the position.
- Department of Health and Ageing: the College has joined with ANZCA on working with the DOHA to coordinate the allocation of funding for specialist training positions which will be of direct benefit to Trainees; College representatives have attended inter-college forums to discuss this matter.
- Rural Health Continuing Education program: the College secured funding for three projects under the RHCE program, which greatly enhanced our capacity to deliver CPD options to those Fellows practicing in non-metropolitan centres.

In addition the College recently surveyed all of its Fellows requesting information on any committee memberships currently held as a representative of intensive care medicine or the College. The responses received show there are various Fellows currently serving on committees linked to the Royal Australasian College of Surgeons, the Commonwealth Pandemic Response Advisory Committee, the Australian Commission for Safety and Quality in Health Care, the Australian and New Zealand Intensive Care Society, the National Blood Authority, and numerous local health boards and state health departments.

The College has also increased its involvement in responding to submission requests from stakeholders, in part due to the appointment of a Policy Officer, Ms Laura Fernandez Low, who works closely with the Director of Professional Affairs, Dr Felicity Hawker, to prepare responses. Where relevant, the College has also sought input from its Regional and National Committees on draft policies, statements or guidelines submitted by stakeholders.

The College has also increased its engagement with health departments in Australia and New Zealand; further detail on this is outlined in Recommendation CC above.

2 Summary of significant developments introduced or planned

The review of the CICM Curriculum has involved re-appraisal of the role statement and definition of an intensive care medical specialist, and consequent changes to the Objectives of Training, to reflect the changing nature of intensive care medicine practice. In particular, this reflects the increasing involvement in 'extra-mural' care, including retrieval services, emergency response teams and transport services, the increasing geographic distribution of graduates of the program into more regional and rural areas, and also the crucial role played by the intensive care medicine specialist in end of life care and organ donation.

Standard 3: Curriculum

Areas covered by this standard: curriculum framework; curriculum structure, composition and duration; research in the training program; flexible training; the continuum of learning

Summary of college performance against Standard 3 in 2011

These standards were SUBSTANTIALLY MET.

Recommendation 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 recommendations arising from the review of the CICM curriculum were presented to the CICM Board for approval at the June 2012 Board meeting. A summary document giving an overview of the main recommendations is attached (Appendix 2). Following the June 2012 Board meeting a number of working parties were formed, reporting to the Curriculum Review Committee (CRC), each responsible for implementing a specific aspect of the new curriculum. These working parties are working diligently towards a commencement date of 1st January 2014. As it has always been CICM's position that current trainees should not be disadvantaged in any way by any changes to training regulations, the new curriculum will only apply to trainees who register with the College after that date.

The CRC has been mindful of maintaining open and clear communication channels with all stakeholders, and has established a specific curriculum review section on the College website, as well as a regular curriculum newsletter to all Fellows and trainees. Specific comment and feedback has been sought at several stages of the process, resulting in the revision of some of the recommendations. In May 2013 members of the CRC held stakeholder meetings around major centres in Australia and New Zealand to encourage face to face discussion on all aspects of the new curriculum, and it is intended to repeat this later in the year.

Quality improvement recommendations from the AMC Accreditation Report

Recommendation 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:

The Curriculum Review Committee's recommendation to the College Board regarding the requirement for a formal project to be completed was that the project should remain in place, as the experience gained and discipline required in completing the project was regarded as integral to the practice of a specialist intensive care physician. However, it was acknowledged that there was a discernible lack of clarity about the precise requirements of the project and many trainees were uncertain about exactly what was necessary. As a consequence, some trainees were undertaking needlessly complex projects and others were struggling to make progress.

It was resolved to instigate a review of the requirements of the Formal Project, with a view to clarifying information for trainees and better assist them to make progress. This review has recently commenced.

One of the issues that caused difficulties for trainees was that they were often in the position of trying to complete their project at the same time as preparing for their second part (Fellowship) examination. This often led to the project being seen as a lesser priority and being put aside until after the exam, resulting

in the project being the one outstanding aspect of the program and sometimes delaying graduation to Fellowship. The introduction of the Transition Year of training, to be completed after success at the second part exam, should go some way to correcting this, as every trainee will have at least 12 months of training after finishing their exams, during which time the project can be completed.

2 Summary of significant developments introduced or planned

The completion of the new CICM curriculum review has led to significant changes to the training and teaching program in intensive care medicine. In summary, the main changes are as follows:

- The increase of specific intensive care training time from 36 months to 42 months, while keeping the overall length of training to 6 years.
- The introduction of a 'Transition Year' of training, which must be undertaken in intensive care
- A requirement to complete a minimum of three months of the overall training time in a rural or regional placement.
- The introduction of mandatory courses as part of the program.
- Fundamental changes to the main in training assessment process
- Further details of the main changes to the curriculum are contained in Appendix 2.

Standard 4: Teaching and learning methods

Summary of college performance against Standard 4 in 2011

These standards were MET.

1 Accreditation recommendations

Recommendation 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 has introduced a number of initiatives to monitor the quality of training received in our accredited training units, to supplement the formal inspection and accreditation cycle.

In collaboration with the Australian and New Zealand Intensive Care Society's Centre for Outcome Research and Evaluation (ANZICS-CORE) the College will in future receive detailed annual data on each accredited unit's overall activity, case-mix, outcomes and staffing, which will enable the College to closely monitor any changes in the clinical experience that trainees encounter.

In addition, the standard full accreditation cycle has been reduced to five years, with the Hospital Accreditation Committee retaining the option to grant a further two years before site inspection, on receipt of satisfactory paper-based accreditation documents.

In 2012 the College trialed the first end-of-rotation questionnaires for trainees, designed to evaluate the learning opportunities available in terms of clinical experience, formal teaching, involvement in research and quality activities, the quality of supervision and career guidance for each rotation.

Following the implementation of the new curriculum, the Education Committee of the College will be tasked with its ongoing review and evaluation. Their main tasks will be to monitor the success of the new curriculum initiatives with particular regard to the new workplace based assessment tools, the addition of six months training in intensive care medicine, the inclusion of the Transition Year and the Trainee Selection Policy, and the overall progression and success rate of trainees.

Recommendation GG

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

College response:

Under the current curriculum there is only one specific educational course mandated for trainees, the 'Medical ADAPT' course, run by Donate Life, which deals with issues around end-of-life care and organ donation. There are a great number and variety of additional educational courses available to trainees, in addition to the formal teaching sessions which are delivered locally in the training units. However, it is acknowledged that while this provides excellent opportunities for trainee education, it does not ensure that all trainees encounter a similar learning experience.

One of the fundamental recommendations of the curriculum review was to mandate a certain number of specific learning experiences, either as face-to-face courses, or as on-line educational packages, that trainees must undertake to ensure the objectives of training are met. In some instances where there are already suitable courses available that are run by external bodies or hospitals, the College has implemented an approval process to ensure that these meet the required educational objectives. In other cases it was felt necessary to mandate specific College-run courses. In future, trainees will be required to complete the College's Communication Course and the College's Transition to Fellowship Course. It is

envisaged that most of the other required courses (Introductory Intensive Care Course, Advanced Life Support, Basic Ultrasound and Echocardiography, Difficult Airway Management) will be delivered by external providers. Trainees will still be required to complete an ADAPT course (or alternatively, the Family Conversations course), both of which are run by Donate Life.

The College is in the process of developing specific on-line learning modules, which are intended to cover aspects of the curriculum that some trainees may not be adequately exposed to during training, for example burns and inhalational injury. These will be housed in the College's learning management system and will each be accompanied by a short multi-choice question assessment, which must be satisfactorily completed by all trainees

Recommendation 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:

As noted above, the new curriculum contains the requirement for all trainees to attend a number of face-to-face courses and also to complete on-line learning tasks. These are intended to supplement the teaching that takes place in the training units and to ensure that all trainees receive a standardised educational experience, to some degree. In many cases, formal courses delivered by intensive care units will satisfy the educational requirements of those mandated by the College and units will be able to have those courses recognised through an approval process overseen by the College Education Committee.

It is acknowledged that many units run educational programs for their trainees far in excess of the ones mandated by the new curriculum and the College will continue to encourage this and evaluate it as part of the accreditation process.

Recommendation 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:

The *Competencies, Learning Opportunities, Teaching and Assessments* document has been finalised and presents in detail the expectations for the specific competencies and skills required of trainees as they progress from a 'novice trainee' to an 'expert trainee'. These are grouped and listed under the various Can-MEDS domains of medical practice and so include the expectations for both clinical and non-clinical skills (e.g. communication, professional, etc.).

The structure of the new In Training Evaluation Report (ITER) reflects these expectations, with the specific items for assessment grouped in the same manner and derived from the *Competencies* document, and the marking scale devised to evaluate the progress of the trainee in each area, across time. Fundamental to this is the understanding that trainees will develop at different rates, and that trainees will progress more rapidly in some areas than others (i.e. that the competency of a trainee in any specific item is not necessarily dependent on his or her seniority as a trainee).

An initial round of workshops to instruct supervisors in the development, rationale and utility of the new ITER was held in May. Based on feedback received at these sessions, the structure of the ITER will be modified slightly and a further, more detailed series of instructional workshops will be held in October/November.

2 Summary of significant developments introduced or planned

At present intensive care trainees are only required to attend one mandated course during training, the ADAPT Course. As part of the review of the curriculum and in an attempt to standardise the learning experience available to trainees, in future it will be necessary for trainees to undertake a number of specific courses throughout their training. These will usually be short in duration (one or two days) and targeted towards ensuring that all trainees receive similar basic formal training in essential aspects of the curriculum. In some cases trainees will be required to attend a specific College run course (e.g. the Communication Skills Course) or a particular external course (e.g. the ADAPT or Family Conversations Course) but in most cases there will be a number of options for trainees to complete a course requirement and external providers will be able to apply to have a required course approved through the College Education Committee.

Standard 5: Assessment

Areas covered by this standard: assessment approach; feedback and performance; assessment quality; assessment of specialists trained overseas

Summary of college performance against Standard 5 in 2011

These standards were MET.

1 Accreditation recommendations

Recommendation 7

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

College response:

The two major summative assessments in the College's training program, i.e. the first part (primary) exam and the second part (fellowship) exam have not at this stage been affected by the curriculum review. The other main assessment process, the In Training Assessment report, will be replaced by the new In Training Evaluation Report and a number of additional workplace based assessments (workplace competency assessments and observed clinical encounters) will be introduced as part of the new curriculum. The Assessment Sub-Committee of the Curriculum Review Committee has devoted considerable time to mapping the structure and content of the new assessment processes to ensure they adequately reflect the skills and knowledge required under the curriculum.

Previously, the three main examinations (primary, general fellowship and paediatric fellowship) were each supervised by separate committees. With the introduction of additional assessment processes it has been resolved to establish an overarching Assessment Committee of the College. One of the principal tasks of this committee will be to coordinate and review all assessments and blueprint them to the requirements of the curriculum. This will include evaluation and ongoing development of the three main exams.

Currently CICM has a policy of granting an exemption from the primary examination for those trainees who have successfully completed a primary examination with certain other colleges (ANZCA, RACS, ACEM and RACP). One of the tasks of the Assessment Committee will be to re-evaluate those other college's primary examinations to determine if the syllabus each of them covers is sufficiently similar to the CICM primary examination syllabus to warrant ongoing recognition of them as an alternative.

Quality improvement recommendations from the AMC Accreditation Report

Recommendation 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:

The new curriculum includes a requirement for all trainees to complete a number of specific workplace based assessments. These include the new In-Training Evaluation Report (ITER), which will replace the existing In-Training Assessment (see Recommendations LL and MM, below), a series of observed clinical encounters (see KK, below) and a number of specific Workplace Competency Assessments (WCAs).

The WCAs have been designed to ensure that all trainees reach a high level of proficiency in performing the core procedures and tasks required of an intensive care specialist. Trainees will be required to complete each competency assessment under the supervision of a CICM Fellow (not necessarily the Supervisor of Training) and to submit the successfully completed assessment to the College. It is anticipated that in order to successfully complete all aspects of a WCA (which is the requirement) some

trainees may have to repeat the assessment, perhaps on a number of occasions. The intended list of required competency assessments is:

- Insertion of a central venous catheter
- Performance of advanced life support
- Testing and certification of brain death
- Setting up and administering mechanical ventilation
- Demonstration of advanced communication skills
- Performing and insertion of a tracheostomy

Recommendation 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:

Under the new curriculum trainees will be required to satisfactorily complete and submit eight 'Observed Clinical Encounters' (OCEs), two to be performed during each six month period of the 24 months of Core Intensive Care Training. The OCE assessment form covers a range of skills and behaviours expected to be demonstrated during the clinical encounter, in addition to the required clinical knowledge and proficiency. The OCEs are to be performed under the supervision of a Fellow of the College and will take around 20 minutes to complete, plus time for discussion and feedback. It is anticipated that most trainees will perform many more this minimum requirement.

It is well recognised that assessment and feedback in authentic clinical situations is the prime contextual factor which affects trainee learning and is critical to improvement. It is expected that the introduction of this requirement will lead to an overall improvement in the trainees' clinical skills and ability to conduct a clinical examination. It is also anticipated that this will be verified by an improvement in the performance of the trainees coming through the new curriculum, in the clinical section of the fellowship examinations.

Recommendation 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:

The In-Training Assessment process will undergo a fundamental change with the introduction of the new ITER (see MM, below). The issue of trainees finishing their training in disciplines other than intensive care, and seeking completion of their Final ITA by Supervisors they may not have seen for some time, will be settled by the introduction of the Transition Year, which will be the final year of training prior to award of Fellowship, and which must be completed in an intensive care unit.

Recommendation 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:

One major aspect of the Curriculum Review has been to completely re-design the structure and function of the In-Training Assessment process. Partly to signify the major change, the In-Training Assessment is now designated as the In-Training Evaluation Report (ITER).

The structure of the ITER is based on the seven Can-MEDS domains of medical practice (Can-MEDS were very helpful in making background material available to us during the development of the ITER), with 23 general competencies to be assessed across the seven domains (seven under 'Medical Expert', four under 'Communicator', two under 'Collaborator', one under 'Manager' and Health Advocate', three under 'Scholar' and five under 'Professional'). Each of these is mapped against a section of the revised Objectives of Training.

The marking grid on the ITER is a sliding scale and is based on an evaluation of each item compared with the expected performance at the completion of training. This was introduced for the purpose of tracking improvement in performance over time. The ITER also contains a single 'Global Rating Scale', which allows the Supervisor to give an assessment of the trainee's performance relative to their stage of training.

It is intended that the ITER be used as a formative tool to drive trainee learning and development, but a summative ITER is to be submitted to the College at the completion of each six months of training. The ITER will be submitted electronically and stored in the trainee's on-line portfolio. This will allow Supervisors to access previous ITERs

2 Summary of significant developments introduced or planned

- The introduction of a final 'Transition Year' of training, which is to be undertaken after successful completion of the fellowship exam and must be done in an intensive care unit. This will resolve the problem of the final in-training assessment being completed by non-current supervisors.
- Substantial changes to the main in-training assessment tool, with the introduction of an online In Training Evaluation Report (ITER), which is to be submitted to the College every six months of training and which will be stored and available electronically to the current supervisor.
- Introduction of a number of Workplace Competency Assessments to ensure trainees achieve the required level of proficiency in specific skills.
- Replacement of the current requirement for completion of supervised 'Hot Cases' with a more structured requirement for Observed Clinical Encounters (OCEs) to be successfully completed at specific intervals during core training.
- Introduction of a regulation limiting the number of attempts a trainee may make at an exam to five (previously unrestricted) and a systematic approach to remedial support offered to trainees who fail multiple exam attempts.

3 Statistics and annual updates

Please provide data showing each summative assessment activity (e.g. Part 1 and Part 2 exams) and the number and percentage of candidates sitting and passing each time they were held.

May 2012 Primary Examination:	10 candidates, 6 successful (60%)
September 2012 Primary Examination:	22 candidates, 13 successful (59%)
May 2013 Primary Examination	22 candidates, 12 successful (55%)
May 2012 General Fellowship Examination:	52 candidates, 20 successful (38%)
October 2012 General Fellowship Examination:	56 candidates, 31 successful (55%)
May 2013 General Fellowship Examination:	34 candidates, 13 successful (38%)
October 2012 Paediatric Fellowship Examination:	13 candidates, 11 successful (85%)

Commentary on Statistics

The College has traditionally accepted trainees into advanced training following success at one of a number of other college primary exams (RACS, ACEM, RACP and ANZCA) and only commenced a specific intensive care primary exam in 2007. Following low numbers for the first couple of years the number of candidates for the CICM Primary is now gradually increasing, probably reflecting the trend towards trainees undertaking training in intensive care medicine as a sole specialty, rather than on top of (or in conjunction with) another specialty. With the gradual evolution of intensive care medicine as a specialty, the College is now considering whether it is still appropriate to allow such a broad range of other primary exams, each with syllabus quite distinct from that of the CICM primary, to qualify for exemption.

It is acknowledged that the overall pass rate for the general fellowship exam is low. The College has implemented a number of changes which should over time improve the pass rate. The trainee selection policy should ensure that trainees entering the program are suitable and more likely to successfully complete the training program. Limiting the number of exam attempts to five should make trainees more cautious about attempting the exam before they are well prepared and the introduction of the new curriculum, in particular the increased emphasis on continuous assessment and the requirement to undertake a series of Observed Clinical Encounters should improve candidates readiness to sit the viva and clinical components of the exam.

If the College does decide to limit the exemptions for the primary examination, this may well also serve to improve the pass rate at the fellowship examination. Although the numbers that have come through are still fairly limited, the pass rate for candidates sitting the fellowship examination having previously passed the CICM primary examination is much higher than the overall pass rate.

Standard 6: Monitoring and evaluation

Areas covered by this standard: program monitoring and outcome evaluation.

Summary of college performance against Standard 6 in 2011

These standards were SUBSTANTIALLY MET.

1 Accreditation recommendations

Recommendation 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:

The College will host a series of workshops for Supervisors of Training in the fourth quarter of 2013, designed to provide training on the new Training Portfolio System which Supervisors will use to complete In-Training Evaluation Reports. These workshops will provide all Supervisors with an opportunity to provide direct feedback to the College on the assessment process, College support they receive and the training program.

All registered Supervisors of Training with the College were asked to comment on the changes to the curriculum, in particular whether to reduce the anaesthetic training requirement to six months, and to increase the amount of training in intensive care by an additional six months. The feedback received was taken into consideration and resulted in the anaesthetic training time remaining at 12 months.

In May 2013 a series of workshops were run in each region of Australia and New Zealand and provided an opportunity for Supervisors to give additional feedback on the training program. The Education Committee also reviewed the Training Document T-10 *The Role of Supervisors of Training in Intensive Care Medicine* and agreed to introduce a requirement for junior Fellows appointed to the role of Supervisor to introduce a 12 month handover policy for new and inexperienced Fellows taking on the role of Supervisor (see Recommendation VV).

The online portfolio will also provide a number of different resources to Supervisors including a guideline for the Objectives of Training in the medicine and anaesthetic terms. This will assist Supervisors in understanding the requirements of each training term in order to provide adequate supervision, planning of training and assessment. This is still in progress in line with the curriculum review timeline and will be implemented in 2014.

Recommendation 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:

In December 2012 the College sent out a survey to all trainees who at the time were due to complete their training time (n=56). The survey requested feedback on the College's training program, and specifically the trainees' recent training experience including an evaluation of their Supervisor's performance. The response rate to the survey was 35%, with 20 of the 56 trainees responding. The feedback received was all very positive, and no major issues were identified which required further investigation by the College. Henceforth the survey will be sent out to trainees in July/August and December/January to coincide with the end of training, and the data collected will be used to identify

training sites or individual Supervisors who require more direction and support from the College in their delivery of training.

By the 2014 progress report:

Recommendation 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:

The College has begun the process of evaluating the outcomes of the training program, initially through tracking the recent graduates of the program in an effort to collect some information about their capabilities on becoming a consultant, their reflections on how well the training program prepared them and the various professional roles and employment they occupy.

Two surveys were sent out in early 2013, the first to 2012 graduates inquiring specifically about the training program and the second to graduates of 2010 – 2012 to assess the roles and employment patterns they have experienced over that time. It is intended to combine the two surveys in future and repeat them annually.

Of particular interest is the commonly expressed view of the recent graduates that while the training program prepared them very well for the clinical and technical aspects of their role as a consultant, many of them felt less well prepared for other aspects, for example, management, administration and quality improvement. The review of the curriculum and the incorporation of the Can-MEDS principles has led to a greater emphasis on these 'non-medical expert' aspects of training, so it would be expected that future graduates of the program will feel better prepared in these areas. However, it will be some time before these effects start to become apparent.

In the meantime, Trainees in their final year of training will be required to attend the Transition Course which aims to cover topics not covered in clinical medical training but which will assist in ensuring a smooth 'transition' from Trainee to Consultant.

Recommendation 11

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

College response:

During the initial planning phases of the curriculum review, the College contacted a wide variety of stakeholders including all the major health departments, other medical colleges both local and international, patient safety advocate groups and medical education groups amongst others to seek their input.

Currently the College is in the process of setting up a committee of consumers that will meet several weeks after Board meetings to discuss any training program decisions made by the Board and feedback from the group will be forwarded to the Board. The processes for engaging health care administrators and other health professionals are still under development.

Recommendation 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:

Following each meeting of the College Board, a newsletter is sent to all Supervisors of Training to provide a summary of any new College policies, activities, changes to the Regulations and any other relevant items. The Censor, Dr Rob Boots, and SOT Liaison Officer, Dr Dianne Stephens, provide a report on activities in their areas and to provide guidance on difficult topics such as how to assist a trainee struggling to complete the training program.

In July and August 2012 the College ran workshops for Supervisors of Training on providing feedback to trainees. These workshops also provided an opportunity for Supervisors to ask questions of College representatives and comment on the current training program and College processes. Further Supervisor workshops were run in the first half of 2013 and further workshops will be run in the later half of 2013 to specifically train Supervisors on the use of the ITER and the other WBA's. These workshops will be run several times in each region.

Supervisors will also have the opportunity to be directly involved in the development of the ITER when it is piloted online. The Curriculum Review Committee intends to recruit a Supervisor from each region (with both rural and metro representation) to assist in this area and provide direct feedback.

The inaugural CICM Educators Conference to be held in September 2013 will include specific topics relevant to Supervisors such as 'The Trainee with Difficulty', and the forum will provide additional opportunities to receive and give feedback.

2 Summary of significant developments introduced or planned

Each of these areas is currently being addressed by the curriculum review. Workshops for Supervisors held in 2012 and 2013, and additional workshops scheduled for later in 2013, provide an opportunity for Supervisors to give the College direct feedback on the changes to the training program. The Trainee Committee has also been involved in the curriculum review and has already provided a list of recommendations to the Curriculum Review Committee which were factored into the curriculum design.

3 Statistics and annual updates

As mentioned in the response to Recommendation 9, the College has implemented a survey of trainees twice a year (to roughly coincide with the end of training terms), to gain a better understanding of any issues experienced during training with particular regard to specific intensive care units. The survey asked trainees to answer questions regarding their clinical experience, the teaching provided at the unit, helpfulness of their Supervisor of Training, and general administrative matters in the hospital such as orientation, study time, leave, workload and rosters.

The responses from the survey were reviewed by the Hospital Accreditation Committee and overall no major issues were identified that required further investigation. The next survey will be sent out in June 2013.

Standard 7: Issues relating to trainees

Areas covered by this standard: admission policy and selection; trainee participation in training organisation governance; communication with trainees; resolution of training problems and disputes.

Summary of college performance against Standard 7 in 2011

These standards were SUBSTANTIALLY MET.

1 Accreditation recommendations

Conditions to be addressed in the 2013 progress report

Recommendation 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:

From January 1st 2014 all new trainees registering with the College will undergo a formal selection process. This process is outlined in the draft document *Trainee Selection Policy* (see Appendix 3) and the accompanying *Regulations*. Minor alterations may be required to align the policy with the changes associated with the introduction of the new curriculum in 2014.

In summary:

- Accredited intensive care units employ many more registrars than there are trainees so there is no imperative to restrict numbers
- The College acknowledges that it should select trainees into its program who are most likely to complete training and become competent intensive care specialists
- Hospitals appoint intensive care registrars and some of these will apply for selection into the training program
- The process is fair and transparent, it reflects a minimum entry standard rather than an arbitrary cut-off
- Selection criteria have been developed and are enumerated in the policy document
- Selection will be determined by the degree to which the applicant meets these criteria based on:
 - i) A structured application form
 - ii) A structured curriculum vitae
 - iii) Two structured references from Fellows of the College
 - iv) There will be no interview at least in the initial years
- Applicants will be deemed successful or unsuccessful
- Unsuccessful applicants may apply for selection after a further six months of intensive care experience.
- Unsuccessful applicants may invoke the College Reconsideration, Review and Appeals Process
- A letter will be sent to Directors of all accredited intensive care units informing them that new trainees will be selected into the training program from 1st January 2014, outlining the process and including the selection criteria that will be used for selection into the College training program.

Recommendation 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:

As outlined in Recommendation 12, accredited intensive care units employ many more registrars than there are trainees and appointment as an intensive care registrar to an accredited ICU is not synonymous with selection into the College training program. From 2014, this will be conducted as outlined in the draft Trainee Selection Policy discussed above. Since selection of trainees will occur at the College's Melbourne office and will be overseen by the same personnel, there is little chance that they will not be fairly and consistently applied. Nevertheless the College will write to the Directors and Supervisors in all accredited ICUs informing them of the process and outlining the selection criteria that will be used.

By the 2014 progress report:

Recommendation 15

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

College response:

The College is currently engaged in revising the process for dealing with requests for review of decisions, complaints and appeals (see Recommendation SS). At this time the College has not received any appeals or formal complaints, although there have been a small number of requests for review (of examination marks, for example).

There are a number of avenues currently for trainees to make anonymous or de-identified complaints. The College has begun a six monthly anonymous survey of trainees, to give them the opportunity to comment on their most recent training rotation (giving feedback on the quality of supervision, clinical experience and teaching) and also specifically asking if there are any problems they feel the College needs to address. All hospital accreditation inspection teams now include a trainee member, who has the particular charge of seeking feedback from trainees at the unit, which is then considered in the context of the report from the inspection team to the Hospital Accreditation Committee, who can take appropriate action if necessary.

Quality improvement recommendations from the AMC Accreditation Report

Recommendation 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:

Criteria for selection of trainees into intensive care training have been developed and are listed in the document *Trainee Selection Policy* (Appendix 3). These are based on the College statement on the Definition of an Intensive Care Specialist which has been essential to the development of the new curriculum that will be introduced in 2014. There has been a strong focus on the CanMEDS Physician Competency Framework and alignment with the criteria assessed in the new In-Training Evaluation Reports (ITERs).

Criteria relating to previous experience are assessed using the structured Curriculum Vitae. Criteria relating to performance in the ICU environment are assessed using the two structured referee reports. Performance in all categories will be assessed by each reviewer on a five level scale (see *Trainee Selection Policy*, Appendix 3). Applicants who score a 2 (Falls short of expected standard) or 1 (Falls far short of expected standard) in any of these domains will be reviewed by the Censor.

Recommendation 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:

A trainee representative, elected from the members of the Trainee Committee, now sits on the Board of the College. Major educational matters, such as the changes to the curriculum, are conducted in direct consultation with the Trainee Committee.

A democratic voting process has now been formalised with requirements for eligibility including stage of training. One representative from each region constitutes the committee. A full day meeting was held at College headquarters on 20th February 2013. Amongst other things there was discussion regarding ways in which each regional trainee representative could increase their profile and presence amongst the trainees in their region. These included frequent submissions to the regular E-News sent to all Fellows and trainees, ability to upload trainee related information onto the relevant Regional Committee page on the College website and publishing of each representative's email address allowing trainees to freely contact them.

Recommendation 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:

The College website will be modified to include a new tab under Training labelled 'Disputes and Appeals' with a link to the revised Regulations 14 and 15. This will ensure trainees are aware they have a right to undergo reconsideration, review and/or an appeal to a decision made and an understanding of the process to be followed.

Recommendation SS

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

College response:

This regulation is now Regulation 15, and under section 15.4.3 now reads:

An applicant to the Appeals Committee shall have the right to appear and address the Appeals Committee in relation to his or her submissions. The applicant has the right to be advised and/or accompanied by a legal representative or support person but shall not be entitled to be legally represented before the Appeals Committee, unless the Appeals Committee has given its prior consent. A personal advocate, colleague or mentor may represent the appellant in those cases where the Appeals Committee considers that an appellant could not present, or would be disadvantaged in his/her appeal if required to present in person. Such a request for an appellant to be so represented must be made in writing to the Chief Executive Officer no later than seven (7) working days prior to the date of the appeal hearing. In those cases where the appellant is granted leave to be so represented by an advocate, the Appeals Committee may appoint a person to act as counsel assisting in the hearing of the appeal.

2 Summary of significant developments introduced or planned

- Changes to the selection of trainees into the training program as outlined in Recommendations 13 and OO.
- The College will be able to provide accurate training status information to trainees with the planned implementation of the Training Portfolio System (to be launched in 2014 in accordance with the Curriculum Review)
- Changes to the College's process for dispute resolution are outlined in the Appeals Process as mentioned in Recommendation SS

3 Statistics and annual updates

Please provide data showing:

- the number of trainees entering the training program, including basic and advanced training;
167 trainees registered from May 2012 – May 2013, this includes both basic and advanced training for both general and paediatric intensive care medicine.
- the number of trainees who completed training in each program; and
67 trainees graduated to Fellowship in the period May 2012 – May 2013, this includes those in both the general and paediatric pathways.
- the number of trainees undertaking each college training program.

There are currently 500 trainees registered and actively in training with the College (472 general intensive care trainees and 28 undertaking the paediatric pathway).

Standard 8: Implementing the training program: delivery of educational resources

Areas covered by this standard: supervisors, assessors, trainers and mentors and clinical and other educational resources.

Summary of college performance against Standard 8 in 2011

These standards were SUBSTANTIALLY MET.

1 Accreditation recommendations

Conditions to be addressed in the 2013 progress report

Recommendation 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:

In line with the proposed changes of the curriculum review, once the online portfolio is available Supervisors will be able to login and complete trainee assessments (ITER) online. This will allow the College to have accurate records on all Supervisors, including those who are not Fellows of the College but are supervising CICM trainees in anaesthetic or medical posts.

The online portfolio will also provide a number of different resources to Supervisors including a guideline for the Objectives of Training in the medicine and anaesthesia terms. This will assist Supervisors in understanding the requirements of each training term in order to provide adequate supervision, planning of training and assessment.

By the 2014 progress report:

Recommendation 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:

The biannual survey sent to trainees currently registered in a training post provides the College with information on the role and performance of current Supervisors of Training. It will allow the College to identify underperforming SOTs who may require guidance or assistance to meet the requirements of their role.

In addition the feedback provided will allow the College to identify Supervisors who are performing the role well, allowing us to identify what trainees value and what they require to successfully complete their training and become competent intensive care specialists.

Recommendation 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 Objectives of Training for the anaesthesia and medicine terms are currently undergoing review by the Assessment Subcommittee of Curriculum Review Committee. The Objectives are used to blueprint

the assessments of the ITER for those terms, and in line with the curriculum project plan are to be finalised in time for a 2014 implementation.

Data from the biannual survey sent to all trainees will also provide information on the quality of training and supervision provided at various training sites for those training terms.

Recommendation 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:

In line with the curriculum review the Unit Accreditation Subcommittee has reviewed the existing classification of training sites in order to meet the requirements of the new curriculum. It has been resolved that the existing classification of units for either 6, 12 or 24 months of general intensive care training will remain in place, with an additional classification based on their capacity to provide the requisite exposure to particular clinical areas of practice. In April 2013 a letter was sent to all units to advise of their new classification (trauma, cardiothoracic surgery, neurology, paediatrics, etc.) based on data collected and analysed by the College. Each Unit has been asked to contact the College to rectify any errors in the classification, and this is currently still in progress as of June 2013.

Quality improvement recommendations from the AMC Accreditation Report

Recommendation 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:

College Training Document T10 – *The Role of Supervisors of Training in Intensive Care Medicine* (see Appendix 4) has been reviewed and updated; section 1.4.3 states that:

If the nominated Fellow is less than three 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 Supervisor), 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.

As part of the roll out of the new curriculum next year, the College has held 13 meetings across Australia and New Zealand with Supervisors in all regions in recent months and the major focus has been on the curriculum and the new assessment process. In this way the Supervisors of Training have been well supported. The College has conducted a survey to determine how helpful the 12 months of ongoing support and mentoring have been to new Supervisors; responses were very positive and unanimously agreed that the introduction of the handover period had been very beneficial and helped them to settle into the role.

Recommendation 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:

In February 2013 the Training Document T-10 *The Role of Supervisors of Training in Intensive Care Medicine* (see Appendix 4) was reviewed by the Trainee Committee and Education Committee and then submitted to the Board for final approval in June 2013. The main revision to the document served to clarify the distinction between the role of a Supervisor of Training and the role of a mentor, namely that a mentor can assist and guide a Trainee through the training program, but is not involved in any formal assessments of their training.

2 Summary of significant developments introduced or planned

Accreditation of Training Sites (ICUs)

The Accreditation Subcommittee of the Curriculum Review Committee has reviewed every accredited ICU and assigned a classification (in addition to the existing C6/C12/C24 grades) which will serve to identify a Unit's case-mix to ensure trainees are able to train at sites with various sub-specialities such as trauma, cardiothoracic surgery, paediatrics and neurosurgery.

Supervisors

As mentioned in Recommendation WW above, the Training Document T-10 was reviewed by the College to include information on the difference between Supervisors and mentors. The process of appointing Supervisors of Training remains largely the same, with the minor exception of the introduction of an application form (see Appendix 5) to be submitted by the nominating Director of Intensive Care. All other requirements remain the same as outlined in T-10.

3 Statistics and annual updates

Please provide data showing:

- A summary of accreditation activities including sites visited, sites / posts accredited or not accredited.

The total number of intensive care units now accredited for either basic and/or advanced training is 128 with a breakdown as follows:

Units accredited for Basic Training only = 24

Units accredited as C6 = 28

Units accredited as C12 = 40

Units accredited as C24 = 36

From the period of May 2012 - June 2013 a total of 16 accreditation inspections were conducted and all 16 either continue to be accredited or were granted accreditation. A total of ten units applied for accreditation for the first time, including for basic training accreditation, and at the time of publication eight of those have been accredited; in addition eight ICUs applied for basic training accreditation for the first time.

Standard 9: Continuing professional development

Areas covered by this standard: continuing professional development; retraining and remediation of under-performing fellows

Summary of college performance against Standard 9 in 2011

These standards were MET.

1 Accreditation recommendations

Conditions to be addressed in the 2013 progress report

Nil

Quality improvement recommendations from the AMC Accreditation Report

Nil

2 Summary of significant developments introduced or planned

Since the last report there have been no major changes to the CPD program.

3 Statistics and annual updates

Please provide data showing:

- the number and proportion of College Fellows participating in and meeting the requirements of the college's continuing professional development programs.

As of 1st January 2012 enrolment in a CPD (Continuing Professional Development) program became compulsory for all Fellows of the College. Fellows are required to submit detailed information on their CPD activities every two years online via the CICM website. Although enrolment in a program is compulsory, Fellows are not required to enrol in the CICM program, but instead can choose to participate in the ANZCA, RACP or ACEM CPD programs.

Fellows currently enrolled in a CPD program:

- 494 Fellows enrolled in the CICM program (393 from Australia, 58 from New Zealand and 40 from other countries)
- 161 Fellows enrolled in other CPD programs (ANZCA, RACP or ACEM or an overseas program)
- Approximately 180 Fellows are yet to submit their activities in accordance with the requirements of the two year cycle for which the deadline is 31st December 2013. Fellows are currently being encouraged to submit their activities before the deadline, however those who have not submitted data by 31st December 2013 will be followed up according to the *Policy for Compliance with the College Continuing Professional Development Program* (see Appendix 6).

APPENDIX 1 – LETTER TO CHIEF MEDICAL OFFICERS OF EVERY AUSTRALIAN AND NEW ZEALAND HEALTH DEPARTMENT

28th May 2013

Prof Gary Geelhoed
Chief Medical Officer
Department of Health
PO Box 8172
Perth Business Centre
Perth WA 6849

Dear Dr Geelhoed,

The College of Intensive Care Medicine of Australia and New Zealand (CICM) is the accredited organisation for specialist education and training in intensive care medicine in Australia and New Zealand. Currently it has over 900 Fellows and more than 600 registered trainees. The College is also responsible for setting standards of practice in intensive care medicine, and its Policy Document

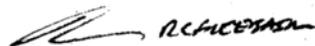
IC-1: *Minimum Standards for Intensive Care Units* is widely used as the standard for intensive care staffing, operational requirements, intensive care unit design and equipment, and for defining levels of intensive care units.

The College is seeking to increase its involvement with Health Departments and Health Services in each state and territory of Australia. Although in some regions there is some representation of Fellows on committees that oversee intensive care services, clinical outcomes after intensive care management etc., this is not always the case, and there seems to be limited involvement of CICM Fellows in committees related to education, training and research.

I would be very grateful if you would consider including CICM Fellow representation on any oversight body run by your department relating to the practice of intensive care medicine, and also to education and training. I would also be grateful if a regular (perhaps annual) meeting could be arranged between you or your representative and a senior Fellow of the College such as a local member of the CICM Board or the Chair of the Regional Committee).

Our Chief Executive Officer, Mr Phil Hart, would be very happy to facilitate requests for nomination of a Fellow to any relevant committees or to assist with arranging representation at meetings. He can be contacted at philh@cicm.org.au or on +61 3 9514 2888.

Yours sincerely,



Dr Ross Freebairn
President

DOCUMENT BACKGROUND

In August 2011 the Curriculum Review Committee was formed and appointed by the Board of the College of Intensive Care Medicine to undertake a review of the College's training program. The recommendations are based on well-established medical educational principles, recommendations made by the Australian Medical Council, and input received following an extensive call for submissions from Fellows of the College and other external stakeholders.

This document contains the final recommendations presented and approved by the Board of the College in June 2012. The review will now enter a phase of planning and development and include the creation of various subcommittees and working parties.

CURRICULUM REVIEW RESOLUTIONS FOR CHANGE TO THE CICM TRAINING PROGRAM

1. GENERAL

- 1.1 The Curriculum for General Intensive Care Medicine Training will be used to plan and deliver all aspects of the College training program including: definition of Intensivist, competencies and outcomes, content, teaching and learning resources and assessments. Blueprinting and matching of all education will occur.

2. TRAINING STRUCTURE

- 2.1 Intensive Care Medicine training time within the current 6 year program will be increased to three and a half (3.5) years, consisting of six months of *Foundation Training*, two years of *Core Training* and one year of *Transition to Specialist Training* (or *Transition Training*).
- 2.2 The terms Basic and Advanced Training will be removed and all trainees must complete terms in Intensive Care Units which are accredited for and provide adequate experience in each of the following:
 - Trauma Intensive Care
 - Neurosurgical Intensive Care
 - Cardiothoracic Surgical Intensive Care
- 2.3 The Transition Year of training will be introduced as the final year of training, following successful completion of the *Second Part Examination*, with a focus on transition to a specialist pathway.
- 2.4 The 12 month Medical Term will be maintained. This term requires 6 months in acute medicine (which may be in an Emergency Department) and 6 months with responsibility for longitudinal care of medical patients. The requirement for satisfactory completion of the assessment of 4 Mini-Clinical Examinations (Mini-CEX) during the 12 months will be added. In-Training Evaluation Reports (ITER) as for ICU terms will be mandated.
- 2.5 The Anaesthetic Term will be maintained at 12 months duration and a logbook (including a number of intubations to be specified), online learning, competency assessment and airway course requirements will be added to meet the aims of the term.
- 2.6 The Anaesthetic Term will be undertaken in a department approved by the CICM and supervision must be by a Fellow of the appropriate medical college. All departments accredited by the Australian and New Zealand College of Anaesthetists (ANZCA) or the Hong Kong College of Anaesthesiologists (HKCA) for anaesthesia have such approval and a 3 year paper approval process for other posts will be by application to the Censor.
- 2.7 The requirement will be introduced for each trainee to either:

- Spend 6 months of training in an accredited paediatric intensive care unit; or
- Spend 12 months of training in a general intensive care unit with adequate paediatric exposure as approved by the Hospital Accreditation Committee; or
- Attend an accredited paediatric courses e.g.: Advanced Paediatric Life Support (APLS), Advanced Paediatric Intensive Care Simulation (APICS), Paediatric Basic Assessment and Support in Intensive Care (BASIC), etc.

2.8 The requirement for each trainee to spend at least 3 months in a rural hospital during training will be introduced.

2.9 Trainees will spend no more than 24 months of Core Training and Transition Training in one intensive care unit on one campus.

2.10 The requirements for progress through training will be revised as follows:

Entry into the *Core (Intensive Care Medicine) Training Years*

- Satisfactory completion of the required clinical training time for *Foundation Year 6* months
- Satisfactory completion of the First Part Examination
- Satisfactory completion of all *Foundation Year* courses, learning packages and WCAs
- Satisfactory ITER for the 6 months

Entry into the *Transition Year*

- Satisfactory completion of the required clinical training time for the Core Training, Anaesthesia and Medicine years
- Satisfactory completion of the Second Part Examination
- Satisfactory completion of all core courses, learning packages and WCAs
- Satisfactory ITERs for the 2 Core Years and progression of performance

Award of Fellowship of the College

- Satisfactory completion of the required clinical training time for the Anaesthesia, Medicine and Transition years
- Satisfactory completion of the formal project requirement and all Transition Year courses, learning packages and WCAs
- Satisfactory ITERs for each 6 month training period of the Transition Year and the Final ITER

3. ASSESSMENTS

3.1 There will be an increased focus on Workplace Based Assessments (WBAs) and courses throughout training including:

- Revision of the In-Training Assessment (ITA) form to an In-Training Evaluations Report (ITER) which maps the stage of the trainee's development in independence, responsibility, trustworthiness and skill accumulation. The ITER will include a preliminary interview for discussion of learning needs at 2 weeks, a formative assessment at 8 - 12 weeks and a summative assessment at 6 months which is to be coordinated by the Supervisor of Training (SOT) during each 6 month training period. For 12 month training periods an ITER must be undertaken as above with the addition of a 12 month summative assessment.
- Introduction of a concise suite of core Workplace Competency Assessments (WCAs) to be completed at stages during training.
- Assessment via online learning packages.
- Assessment via courses.

3.2 All WBAs will be summative and will need to be completed annually by the determined stage of training. In the first instance this includes:

- All 6 month ITERs

- All Workplace Competency Assessments (WCAs)
 - All online learning packages
 - All course assessments
- 3.3 Mandatory WCAs conducted by local assessors (SOTs or delegates), with feedback to the trainee from the assessor will include:
- *Foundation Training Year*: central venous catheter (CVC) insertion, ultrasound, ventilator setup, ALS (or relevant course or Australia/New Zealand National Committee certified)
 - *Core Training Years*: Brain death certification, inter-costal catheter (ICC) insertion, Communication, 4 structured clinical ICU cases
 - *Transition Training Year*: tracheostomy, communication in difficult cases
- 3.4 Mandatory online educational packages will include:
- *Foundation Training Year*: safe patient transport in hospital and cultural competency
 - *Core Training Years 1 and 2*: burns and inhalational injury, neurosurgical intensive care, spinal cord injuries, tracheostomy, advanced haemodynamic management
 - *Transition Training Year*: evidence based medicine (EBM) course
- 3.5 Mandatory courses will include:
- *Foundation Training Year*: a generic 'basic ICU' course, rapid response team
 - *Core Training Years 1 and 2*: ADAPT (or replacement), communication, ECHO
 - *Transition Training Year*: generic 'transition to specialist' course, difficult airway management

4. GOVERNANCE

- 4.1 An overarching committee will be formed, the Assessment Committee, to oversee assessment modes including examinations, ITERs, Workplace Based Competency Assessments (WCA) and online and course based assessments to ensure complementary, coordinated, balanced and continuous assessment throughout training.
- 4.2 A review of current College committees will be undertaken and will include education (development and delivery), accreditation (HAC, SOT, courses), registration and assessment committee amongst others.
- 4.3 The College will move expeditiously to address the issues of intellectual property, ownership and delivery of courses and online packages.

5. EXAMINATIONS

- 5.1 Trainees must satisfactorily complete the First Part Examination (formerly Primary Examination) or accepted equivalent before entering the core years of training.
- 5.2 Trainees must satisfactorily complete the Second Part Examination (formerly Fellowship Examination) before entering the Transition Year of training.

6. EDUCATIONAL TOOLS

- 6.1 Trainees will use a learning portfolio to add structure and direction to learning, and document their learning during training; this will include lists of areas for development during each training period and a logbook function (see 6.2). The learning portfolio will be used during the ITER process to provide evidence of learning undertaken by the trainee during each training period and in preceding training periods.
- 6.2 A core skills logbook will be developed to monitor satisfactory completion of all core skills and aggregated competencies, which are readily recorded and assessed. For example intubations, airway support, arterial/central line insertion. When feasible this will be moved online as part of the College e-portfolio for trainees.



**College of Intensive Care Medicine
of Australia and New Zealand**

TRAINEE SELECTION POLICY

1. OVERVIEW

The College, through its Hospital Accreditation Committee, accredits Intensive Care Units for Basic and Advanced training in intensive care medicine (see Policy Document [IC-3 Guidelines for Intensive Care Units Seeking Accreditation for Training in Intensive Care Medicine](#)). Currently, subject to criteria being met, the number of training posts in a unit accredited for training is unrestricted and determined by workplace practices in the unit. As the size of ICUs has increased in recent times, so has the number of registrars required to meet service commitments, resulting in an increase in potential training positions in intensive care medicine. Additionally, particularly in larger units, recruitment of suitably trained and experienced registrars to meet service requirements can be extremely difficult, and many units regularly recruit registrars from overseas.

For these reasons, the College does not become directly involved in the appointment of intensive care registrars in individual ICUs, although it makes its Trainee Selection Criteria (see Appendix 1) available to all ICUs.

A number of the registrars appointed to a particular ICU will be existing trainees of the College, trainees of another medical college or career medical officers (CMOs). This document applies only to those doctors who are applying to enter the training program in intensive care medicine. Current trainees will normally continue to be recognised as trainees providing they continue to demonstrate acceptable performance, which includes timely progression through the training program. The process of assessing and managing existing trainees who are experiencing difficulty is outlined elsewhere.

Although the College does not appoint doctors to CICM accredited ICUs, a criterion for CICM accreditation is that each ICU demonstrates a selection process that is consistent with the principles of natural justice and procedural fairness.

2. RATIONALE

The College expects that a doctor entering the training program in intensive care medicine will have the potential to complete the training program successfully and to achieve all the competencies and show all the values, attitudes and aptitudes required of a specialist in intensive care medicine (see Appendix 2).

It is clear that not all doctors graduating in medicine will have this potential and that a selection process is required to ensure that all trainees selected into the program are capable of its successful completion. When a selection process is used for medical students¹ and for general practice registrars², the proportion successfully completing training is increased. The selection process should result in the best possible applicants being selected into training and must support the overall objective of CICM training, which is to produce intensive care specialists who are prepared for the full scope of intensive care practice in line with the Objects of the College as set out in section 1 of the College's Constitution.

3. STATEMENT OF PRINCIPLES

Applicants for the CICM training program in intensive care medicine will be selected based upon the principles, eligibility criteria and selection criteria set out in this document. The following principles for

the selection of trainees for the College's specialist training program in intensive care medicine are based on its commitment to achieving the above:

- 3.1 The aim of the selection process is to recruit the best available trainees for the training program, with the objective of producing intensive care specialists who possess the essential values, attitudes and aptitude and the characteristics defined in the CICM curriculum. These characteristics can be broadly described as:
 - 3.1.1 Academic abilities, including self-learning and research abilities
 - 3.1.2 Clinical skills
 - 3.1.3 Professional qualities including communication skills, reliability, integrity, team work, ethical attitudes and conduct, a commitment to what is best for the patient, health advocacy and management skills.
- 3.2 All candidates who satisfy the eligibility criteria (see below) and apply through the College application process (see Appendix 3) will be considered. The final selection of candidates will be based solely on merit. In the initial stages at least selection will be based on the achievement of minimum entry criteria, rather than a ranking with an arbitrary cut off.
- 3.3 The selection process will be documented, transparent and objective, with applicants having access to eligibility criteria, information on the selection process, selection criteria and appropriate appeals processes.
- 3.4 The selection process will be subject to ongoing review to ensure its validity and effectiveness.
- 3.5 Full details of the training program and the application process will be disseminated in a letter to the Director and Supervisor(s) of all accredited ICUs, through the CICM website and other mechanisms to ensure national awareness of opportunity for all eligible applicants in Australia and New Zealand.

4. ELIGIBILITY CRITERIA

Applicants must satisfy all of the following College requirements in order to be eligible for application to the training program:

- 4.1 To apply for the training program in intensive care medicine in Australia or New Zealand, doctors must possess a primary medical degree and have successfully completed a 12 month internship (Post Graduate Year 1).
- 4.2 To join the training program in Australia, doctors must possess:
 - 4.2.1 General registration with the Medical Board of Australia under the National Registration and Accreditation Scheme;

Or,

 - 4.2.2 Limited registration for postgraduate training or supervised practice as set out in the Medical Board of Australia Registration Standard (Limited Registration for Postgraduate Training or Supervised Practice Registration Standard). This involves a number of requirements including successful completion of the AMC MCQ examination, criminal history check, IELTS, and statements from the employer and proposed supervisor;

And,

 - 4.2.3 Doctors must also meet any Residency or Visa requirements enabling employment at any hospital within the jurisdiction(s) for which they are applying.

- 4.3 To join the training program in New Zealand, doctors must have appropriate medical registration with the New Zealand Medical Council i.e. general scope or restricted general scope registration in intensive care medicine.
- 4.4 Documentary evidence of medical registration in Australia or New Zealand must be provided with the application to become a registered trainee of the College.
- 4.5 Prospective trainees cannot enter the CICM training program until they have completed 6 months of experience in an Intensive Care Unit; the Unit does not need to be accredited for training with the College.

5. SELECTION CRITERIA

Selection of trainees for the CICM specialist training program in intensive care medicine is based on demonstrable evidence of the criteria listed in Appendix 1, which reflect the essential characteristics for specialist practice in intensive care medicine outlined in the *CICM Definition of an Intensive Care Specialist* (Appendix 2). The criteria will be addressed by the candidate and assessed by the selection panel by means of a written pro forma application and confidential written pro forma reports from three referees – two of whom must be Fellows of the College.

5.1 Applicants for the CICM training program may be classified as:

5.1.1 Successful, being an applicant who has satisfied the selection criteria;

5.1.2 Unsuccessful, being an applicant who has been unable to satisfy the selection criteria. Unsuccessful applicants may reapply after further experience in intensive care medicine. After three unsuccessful attempts the applicant will be deemed ineligible to apply for selection into the training program.

6. APPLICATION PROCESS

The selection process will be published on the College website along with the application form and referee form for completion by the applicant and referees. Selection into the training program will take place twice yearly in April and November for training commencing in August and February. Applications must be received 14 days prior to the meeting and the closing date will be advertised on the College website.

6.1 An application must include:

- An application on the appropriate College form including original copies of a medical degree, proof of medical internship completion, and registration with the Medical Board of Australia or Medical Council of New Zealand;
- A structured curriculum vitae providing biographical information and addressing the selection criteria e.g. clinical experience, academic and other accomplishments (Appendix 4);
- Three structured referees' reports from three Fellows of CICM based on their firsthand experience of the applicant's performance in the working and learning environment during the six month Foundation term in Intensive Care and also addressing the selection criteria (Appendix 7; Pro forma for structured Referee's Report).

7. SELECTION PROCESS

The selection process will reflect a minimum entry standard rather than a ranking with an arbitrary cut off. The Selection Panel will consist of the Censor, Chairman of Assessments, Director of Professional Affairs, a community member and another Fellow of the College.

The Panel will consider the application form, the structured curriculum vitae and the three structured references and determine whether the selection criteria have been met. This will involve assessment of

the applicant's knowledge, skills and behavior and take into account their clinical experience, academic and other achievements.

Applicants will be notified by mail within ten days of the Selection Panel meeting. Successful applicants will sign the CICM Training Agreement and submit relevant documentation to the College so that prior learning can be accredited where appropriate. Unsuccessful candidates may access the College's Reconsideration, Review and Appeals process. Candidates may make a maximum of three attempts to be selected into the College training program.



**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 have a good understanding of the College's Regulations relating to Training and Examinations. To be able to advise trainees of these Regulations and of any changes made by the College where relevant.
- 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 available to meet with potential trainees who wish to discuss the option of Intensive Care Training.
- 2.1.4 To advise trainees about resources, courses and conferences which are relevant to their professional development.
- 2.1.5 To monitor supervision, experience and fair allocation of duties for trainees and if necessary, to advocate for them and facilitate appropriate changes.
- 2.1.6 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.

- 2.1.7 To liaise with the Director of the Department to ensure that trainees working in the Department are able to meet their training requirements.
- 2.1.8 To ensure an adequate orientation program is available for all new trainees.
- 2.1.9 To ensure that there is a structured educational program for trainees both within the institution and as part of available external programs.
- 2.1.10 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.
- 2.1.11 To advise and assist candidates regarding the Primary and Fellowship Examinations by providing or organising tutorials and trial examinations. After the Examination, a Supervisor should provide feedback from the Chairman of Examinations to the failed candidate and advise on future planning.
- 2.1.12 To advise and assist trainees in securing required Medical and Anaesthetic terms.
- 2.1.13 To meet regularly with trainees in order to provide both formative and summative assessment, to ensure that training requirements are being met, and to receive feedback from trainees about the department.
- 2.1.14 To undertake in-training assessments in accordance with Policy Document T-12 '*In-Training Assessment of Trainees in Intensive Care Medicine*'.
- 2.1.15 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.
- 2.1.16 To assist in the identification and counselling of trainees with difficulties, and to initiate remedial action. While the Supervisor may not have all the skills required to assist a particular trainee, the Supervisor should have knowledge of people and resources that may be able to assist (within the hospital, the College or in the community) and refer appropriately.
- 2.1.17 The Supervisor may facilitate a formal mentorship scheme within the Department, or direct trainees to other appropriate mentors.

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.

4. THE ROLE OF MENTORS

A mentor is a complex synthesis of role model, trainee advocate, friend and confidant. A mentor is often involved in many aspects of a trainee's life.

- 4.1 A mentor may be chosen by a trainee or may be assigned as part of a formal Department mentorship scheme. In either case, the mentor and the trainee should have a relationship that is mutually agreeable and comfortable.
- 4.2 A mentor should be experienced, enthusiastic, readily accessible to trainees and have a desire to facilitate the growth of a trainee into a specialist.
- 4.3 A mentor should have a comprehensive understanding of the department, hospital and clinical environment.
- 4.4 A mentor may not be able to solve every problem for trainees, but may be able to direct trainees to appropriate resources.
- 4.5 A mentor may offer guidance and advice to trainees on ethics and standards of professional behaviour.
- 4.6 A mentor may be familiar with the objectives of the CICM curriculum and therefore be able to provide academic assistance to trainees.
- 4.7 A mentor may have a general knowledge of the career options available to trainees and suitable training posts and could provide advice regarding this.
- 4.8 A mentor is empathetic and actively listens in order to assist trainees with personal problems that may impact on their career.
- 4.9 A mentor may be able to act as an advocate for trainees, particularly those trainees facing adversity.
- 4.10 A mentor should not be involved in the trainee's assessment process.

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, 2013*



College of Intensive Care Medicine
of Australia and New Zealand

INTENSIVE CARE MEDICINE SUPERVISOR OF TRAINING NOMINATION FORM

NOTE: This form must be completed by the Director of Intensive Care and all sections must be completed.

Please read [Training Document T-10: The Role of Supervisors of Training in Intensive Care Medicine](#) before completing this form.

① GENERAL INFORMATION

Full name of Hospital:

Name of Director of Intensive Care:

Number of trainees currently in the ICU who require supervision and assessment:

② DETAILS OF NOMINEE

Name of Fellow you wish to nominate as SOT:

How long has the nominee worked in your Intensive Care Unit?

What is their FTE appointment to the Unit?

Date nominee was awarded FCICM (not date Exam was passed):

If the nominee was awarded FCICM less than 3 years ago what type of support structure will be put in place?

For a co-appointment please provide name of more senior Fellow:

Please provide additional details of support provided to assist him/her in their role:

Please list reasons for nominating the Fellow:

Will you support the nominee's attendance at a Supervisor of Training workshop within the first year of their appointment?

How many non-clinical sessions per week will be allocated to the nominee to perform their role?

Please attach a copy of the nominee's curriculum vitae.

③ DECLARATION

I agree that the information provided on this application form is true and accurate and is not intended to mislead the College in any way.

I understand that the information provided in this application form is used for accreditation of training sites and may be provided to relevant medical boards, the ANC and government authorities.

*Signature of Director of Intensive Care:

*Signature of Supervisor of Training nominee:

Signature of co-appointed Fellow or previous SOT (if applicable):



**College of Intensive Care Medicine
of Australia and New Zealand**

**Policy for Compliance with the College
Continuing Professional Development Program**

1. Introduction

It is mandatory for Fellows of the College who are in active practice to engage in a Continuing Professional Development (CPD) program. Compliance with a CPD program is a requirement for specialist registration with the Medical Board of Australia and for vocational registration with the Medical Council of New Zealand.

2. Aims

The College CPD program aims to:

- 2.1. Facilitate the participation of Fellows in effective CPD that addresses their scope of practice
- 2.2. Demonstrate the accountability of Fellows to patients and society by monitoring participation
- 2.3. Satisfy the relevant requirements of regulatory bodies in Australia and New Zealand by demonstrating compliance.

3. Compliance with CPD

3.1. The biennial requirements of each CPD cycle are detailed on the College website under the “Continuing Professional Development (CPD) program”.

3.2. The College CPD program is the only program recognised by the College for the purposes of providing an annual statement of participation, or the cycle-end certificate of CPD compliance.

3.3. Dual Fellows may demonstrate compliance by completing the CPD program (and providing a statement of participation from) either:

- The College (CICM) and/or
- The College of their primary specialty / vocational scope (approved by the Australian Medical Council or Medical Council of New Zealand) and/or
- An approved program of the relevant College of their country/jurisdiction of practice.

3.4. Randomly selected CPD participants are expected to produce evidence of compliance with their chosen CPD program if selected for review at the end of a CPD cycle.

3.5. An annual CPD statement of participation will be available to participants, provided that the participant demonstrates CPD program activity by the entry to the CPD diary of at least of 15 CPD activity units for that year.

3.6. When a Fellow is absent from practice due to incapacity, or other leave of absence, or has retired, special considerations may apply. In these circumstances, the CPD officer must be informed as soon as possible, and supporting documentation must be provided by the Fellow.

3.7. All Fellows will be informed that the College may release details of their CPD compliance if asked by the relevant regulatory authority.

4. Non-compliance with CPD, assistance and counselling

4.1. Assistance and counselling will be provided by the College CPD team. Participants who have, or anticipate having difficulty with CPD compliance are encouraged to discuss their situation with the College CPD Officer. The CPD team may assist the participant in the following ways:

4.1.1. Review the aims and process of CPD with the participant to improve the participants understanding of CPD. This may be achieved by correspondence, or if deemed necessary, by facilitating an interview with the CPD officer or designate.

4.1.2. Assist the participant to identify CPD activities that will lead to CPD compliance.

4.1.3. In appropriate circumstances, provide for a period of suspension of CPD requirements, and advice on planning a personalised re-entry process at the end of the suspension period.

4.2. Non-compliance with CPD is defined as:

4.2.1. Failure of a participant to submit evidence of CPD activities via the online CPD diary. Participants who do not submit CPD activities by the 31st March following the completion of their current CPD cycle are non-compliant.

4.2.2. An inadequate submission by a participant. This occurs when a participant submits activities in the CPD diary, but the submitted activities fall short of the total minimum requirement for CPD points, or fall short of minimum requirements in one or more designated activity groups.

4.2.3. Failure to provide the CPD Officer with sufficient documentation to support the claims to the minimum number of activities required for compliance, within 6 weeks of the date of the letter of notification of audit.

5. Consequences of non-compliance, and remediation

5.1. When an individual Fellow is found to be non-compliant, the following actions will be taken:

5.1.1. The Fellow will be notified of his/her failure to demonstrate compliance by email and letter delivered to the addresses provided to the College by the Fellow. The College will seek an explanation for the failure, and the Fellow will be invited to submit CPD activities for the deficient reporting period. The correspondence will include a summary of the requirements of the College, and of the Medical Board of Australia or Medical Council of New Zealand with regard to CPD compliance.

5.1.2. The Fellow will be offered assistance to comply with College CPD requirements. This may include interventions (as outlined in 4.1 above) advice on identifying valid CPD activities that may have been undertaken, procurement of relevant supporting material, and documentation. A three month grace period will be given to complete outstanding documentation. An administrative fee for late submission may be charged.

5.1.3. A Fellow who responds to requests for clarification and receives advice, but is unable to comply with CPD activity requirements, will not receive a CPD certificate for that cycle.

5.1.4. A Fellow who has failed to achieve CPD compliance for one or more cycles will be eligible to receive an annual certificate of CPD participation only when they have fulfilled the standard requirements for the new CPD cycle *and* completed the shortfall of CPD activity from the previously incomplete cycle. The Fellow will be automatically audited at the completion of the new CPD cycle.

5.1.5. Should the Fellow not respond to initial correspondence, a second, final, notice of non-compliance will be delivered to the Fellow by the same means.

5.1.6. A non-compliant Fellow, or one who fails to respond satisfactorily to correspondence, will not receive a CPD certificate for that CPD cycle.

5.1.7. The CPD Committee may recommend to the Board of CICM the suspension of a Fellow who has failed to comply with CPD requirements, unless it is satisfied that there are relevant and exceptional circumstances and that the shortfall can be remedied within an acceptable time.

6. Communication of CPD compliance to third parties

Before releasing an individual participant's CPD compliance status to any authorised third party, the College will provide written notification to that Fellow, and allow a period of 21 days for the participant to indicate their objection to such action.

7. Appeal process

Participants who are dissatisfied with the outcome of a decision in relation to this policy may appeal to the CPD officer, who will refer the decision to the Fellowship Affairs Committee for re-consideration. Should the dispute not be resolved, the Fellow may choose to use the formal College Appeal Process (Regulation 14).

Promulgated June 2012

¹ Urlings-Strop Louise, Stijnen Theo, Themmen Axel PN, Splinter Ted AW. Selection of medical students: a controlled experiment. *Medical Education* 2009;43;175-183

² Roberts Christopher and Togno John M. Selection into specialist training programs: an approach from general practice