



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

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**Annual Progress Report**

of the

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

for submission to the

**Australian Medical Council**

**2<sup>nd</sup> July 2014**

## Identifying information

Name: [College of Intensive Care Medicine of Australia and New Zealand \(CICM\)](#)

Address: [Suite 101, 168 Greville Street PRAHAN VIC 3181](#)

Date of last AMC accreditation decision: [2011](#)

Periodic reports since last AMC assessment: 2012, 2013

Re-accreditation due: [2015 \(follow-up assessment\)](#)

This report due: [Period 2, 2<sup>nd</sup> July 2014](#)

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## Report template

### 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.

#### Quality improvement recommendations from the AMC Accreditation Report

Recommendation BB				
Define its stakeholders and identify a strategy or strategies to support their appropriate engagement in College activities. (Standard 1.4)				
Rating	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC			X	
AMC commentary				
There is evidence of some attention being paid to this recommendation since the previous review and further efforts are being encouraged. The planned initiative of a website page for the public is noted and it would be expected that this would be in place by the 2014 review. An update is requested in the next progress report.				

#### *College response:*

##### Community Advisory Group

The College's Community Advisory Group was established in early 2014 and held its first meeting in April. In accordance with the Terms of Reference (Appendix 1), the Group aims to provide a mechanism through which the Board can receive advice and feedback from a consumer and community stakeholder perspective, on broad issues which relate to the training of intensive care medical specialists and the practice of intensive care medicine. This includes the trainee selection policy, curriculum content, trainee performance reviews, the assessment of overseas trained specialists, the review of College policies and information written for the public on the College website.

The current members of the Group are:

- Three community representatives, two who have had involvement with College committees previously (CICM OTS Assessment Committee) and are also previous community members of the Victorian Medical Board, and one representative from the Consumers Health Forum
- Representative from the Australian College of Critical Care Nurses
- Representative from the Australian Association of Social Workers (yet to be appointed)
- College staff (CEO, Policy Officer and Director of Professional Affairs) will attend meetings of the group.

##### CICM Website, Information for Patients and Family

The *Patients and Families* page on the website is designed to provide information to the community on the role of the College, intensive care medicine practice, and some basic information on what to expect in an intensive care unit. The content of this page was reviewed by the Community Advisory Group to ensure it meets the needs of a public audience that is unfamiliar with intensive care medicine and its associated jargon; the page can be viewed [here](#).

The Community Advisory Group will be involved in the ongoing review of the College curriculum and training program to ensure the College continues to provide high quality education and training in intensive care medicine. Several members of the Committee are highly experienced in this regard.

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)				
Rating	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC			X	
AMC commentary				
The College has made some progress in relation to this recommendation since the previous review although it is noted that the letters to the CHO's was only recently sent. It will be interesting to see the outcome of the proposed meetings at the next review.				
An update is requested in the next progress report.				

*College response:*

Through its association with the CPMC, the College has significant interactions with The Medical Board of Australia and Health Departments. It has participated in The MBA's forum on revalidation and recertification in March 2013/2014 and the AMC forum on Overseas Trained Specialists in February 2014. The College also has regular exchanges of information with Health Workforce Australia regarding workforce issues and frequent interactions with the Organ and Tissue Authority.

The request for meetings with Chief Health Officers in each state of Australia to discuss formal ties between the College and State Government Health Departments has resulted in a proposed meeting which will be held in July 2014 in Victoria. The College has already established strong relationships with the New South Wales, Queensland and Western Australia state governments through Fellows in our Regional Committees, and we frequently interact with bodies such as AHPRA, the Medical Board of Australia, the Commonwealth Department of Health and Chief Medical Officer, the Organ and Tissue Authority, NSQHS, ACHS and Health Workforce Australia. See also 'Statistics and annual updates' below and [Recommendation DD](#) for further information.

During hospital accreditation inspections, College representatives routinely meet with senior health service representatives and hospital CEO's to discuss issues affecting intensive care training.

## 2 Summary of significant developments introduced or planned

*College response:*Changes to Governance

There have been no significant changes to the governance structure of the College, however there have been a number of substantial changes to the education and training programs which came into effect for all new trainees who registered with the College after 1 January 2014 (trainees who registered before that date are covered by the training regulations in effect at the time they registered). These changes are reported on in more detail in the relevant sections of this report, however in summary the main ones are:

1. The introduction of a new curriculum for training, with mandated exposure to a variety of clinical conditions, increased emphasis on continuous assessment and specified learning activities, including face-to-face and on-line courses (see [Standard 3](#)).
2. A more rigorous policy for selecting trainees into the training program, intended to ensure that trainees entering the program have the necessary attributes to complete the program and to successfully pursue a career as intensive care medical specialists (see [Standard 7](#), [Condition 13](#)).

3. The removal of many of the existing exemptions from the CICM First Part (Primary) Examination. Please see Standard 5, 'Summary of significant developments' for further detail.

#### Changes to Training Resources

As part of the new curriculum, trainees will be required to attend a number of one-day (or in some cases two-day) courses (see Standard 4 and Recommendation GG). Some of these courses already exist and are provided by external bodies; however the College has invested heavily in developing two courses specific to the needs of intensive care trainees. These are a Communications Skills course and a Management Skills course. Both of these courses are mandatory under the new curriculum and will be delivered and further developed by the College.

The College is also (through the contribution of many Fellows) developing a number of on-line courses which will be available to all trainees through the College's e-learning portal.

### **3 Statistics and annual updates**

#### *College response:*

Over the last 12 months the College has maintained interactions with stakeholders through regular attendance at meetings, workshops and written submissions, for example:

- Regularly scheduled meetings of the Committee of Presidents of Medical Colleges
- The Medical Board of Australia workshop regarding OTS assessments (February 2014)
- The Intensive Care Foundation, to which the College donates an annual sum towards funding research into intensive care
- Submissions to the Australian Commission on Safety and Quality in Health Care on '*Safe and High Quality End of Life Care in Acute Hospitals*' (March 2014) and '*Training and Competencies for Recognising and Responding to Clinical Deterioration in Acute Care*' (June 2014)
- Organ and Tissue Authority: the College is working with the authority in the development of an online training course titled *Brain Death and Organ Donation*
- Rural Health Continuing Education program: provision of a grant towards a brain death certification course for Fellows and non-intensive care specialists (a CPD activity)
- Submission to RACP on *Review of Ethical Standards* (April 2014)
- Collaboration with ANZCA and ACEM on *Guidelines for the Transport of Critically Ill Patients* (July 2013) and with ANZCA on *Guidelines on Sedation* (March 2014)
- Submission to National Maternal Mortality Advisory Committee on *Maternal Death Reporting Form* (August 2013)
- Contribution to NSW Health Workforce Data (December 2013)
- Submission to the Department of Health on *Storage of Advanced Care Information on the Personally Controlled Electronic Health Record* consultation (December 2013)
- Submission to Australian Council on Health Care Standards *Clinical Indicator Report* (May 2014)

## Standard 2: The outcomes of the training program

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

Condition 5				
Provide evidence of processes for regularly reviewing the statement of graduate outcomes in relation to community need. (Standard 2.2.1)				
Rating	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC			X	
AMC commentary				
In the supplementary material it supplied, the College highlighted that it has plans to set up a small committee of members of the community to meet after each Board Meeting (February, June and November) to discuss any changes made to the training program with reference to the statement of graduate outcomes and to regularly review the statement. An update is requested in the next progress report.				

*College response:*

### Community Advisory Group

As noted in Recommendation BB, the Community Advisory Group was established in early 2014. At their meeting in April 2014 the Group reviewed the *Definition of an Intensivist* document. The next meeting is scheduled for September, and in the meantime the Group has been tasked with reviewing the content written for the public page of the College website. Their feedback proved very helpful and was retained in the final version which was posted on the website.

### Survey of Recently Graduated Fellows

The College conducts an annual survey of Fellows recently graduated from the training program, which was sent out again in February 2014 (survey questions and responses are found in Appendix 2). The responses highlighted several gaps in knowledge identified by the respondents; those, along with the action taken to fill those gaps, are as follows:

- Competently taking on management and administrative duties: the new curriculum now requires trainees to attend the CICM Management Skills Course. The first course was successfully run in March 2014. The topics covered included different management roles in ICU, performance management, conflict management, writing a business case, negotiation skills, risk management and working in a team (see Appendix 3 for course program).
- Contributing to quality improvement: the Management Course also provides some information on this topic. In addition the Transition Year of training is designed to address non-clinical topics such as this, as listed in the *Objectives of the Transition Year*.
- Contributing to research activities: the Formal Project requirement addresses this and provides an opportunity to learn the basic principles of research. In addition the new curriculum includes the completion of an online module on evidence based medicine which is due to be released later in 2014.
- Ultrasound techniques: this has been addressed in the new curriculum with the introduction of the mandatory completion of an ultrasound course.
- Paediatric intensive care exposure: this has also been addressed by the new curriculum with the introduction of a compulsory 3 month training period in paediatrics.

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)		
Rating	Progressing	Satisfied and closed
AMC	X	
AMC commentary		
The College has made substantial progress in relation to this recommendation since the previous review. An update is requested in the next progress report.		

*College response:*

Over the last 12 months the College has maintained interactions with stakeholders through regular attendance at meetings, workshops and written submissions with organisation such as:

External Bodies

- Regularly scheduled meetings of the Committee of Presidents of Medical Colleges
- Medical Board of Australia – ongoing contact and attendance at meetings regarding OTS assessments
- Strong relationship with the Australian Health Practitioner Regulation Agency
- Ongoing collaboration with the Intensive Care Foundation, to which the College donates an annual sum towards the funding of research in intensive care medicine
- Health Workforce Australia, to assist in developing models for current and future health workforce needs.

Fellows

The CICM Education Conference, Annual Scientific Meeting and Clinical Update Course are all held every year and provide opportunities for Fellows to attend sessions run by educational experts on topics relevant to teaching, supervision, research and clinical skills to encourage best practice in Intensive Care Medicine.

Community

In addition to the increased interaction with government and health stakeholders, another priority for the College was to better engage with the general community. This is being realised through the activities of the Community Advisory Group and its ability to provide direct input from community representatives into College policy (see [Recommendation BB](#) and [Condition 5](#)).

The College maintains a high level of interaction with other medical colleges and government bodies (see [Standard 1 'Statistics and annual updates'](#)). The CICM President is an invited guest at ANZCA Council meetings and Board meetings of the intensive care society (ANZICS) and the Presidents of those bodies as well as the President of RACP, are invited guests at all CICM Board meetings.

## 2 Summary of significant developments introduced or planned

*College response:*

The College has established a number of new groups in the last 12 months to assist in further development of our programs and our interaction with stakeholders and the broader health community.

The Community Advisory Group had its first meeting in early 2014 and will provide a forum for discussion and advice to the CICM Board.

The Overseas Aid Committee was established as a sub-committee of the CICM Board to explore ways the College can make a contribution to improving health outcomes in our region.

The Retrieval Medicine Special Interest Group has been initiated, to provide a forum for those Fellows with a particular interest in the issues around retrieval and transport of critically ill patients to discuss standards and clinical methods.

### 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

Condition 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)				
Rating	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC			X	
AMC commentary				
Evidence presented by the College shows that a substantial amount of work has been undertaken in relation to this recommendation.				
An update is requested in the next progress report.				

#### *College response:*

The review of the curriculum for training in intensive care medicine was completed in 2013 and implemented for all trainees registering with the College from 1st January 2014. Trainees who commenced training prior to that date will complete their program under the requirements of the old curriculum.

A brief outline of the requirements of the new curriculum is as follows:

#### **TRAINING TIME**

Total training time will remain at 6 years, consisting of a minimum of 42 months spent in accredited intensive care medicine training, 12 months of Anaesthetics, 12 months of Medicine (including 6 months of Emergency or Acute Medicine) and 6 months in an elective placement. At least 3 months of training must be undertaken in a rural hospital.

#### *Intensive Care Training Time*

The required 42 months of specific intensive care training is divided into three stages:

#### Foundation Training of 6 months

Core Training (24 months) Entry into Core Training requires completion of a recognised First Part (Primary) Examination and other specified learning and assessment tasks.

Transition Year (12 months) Entry into the Transition Year requires successful completion of the CICM Second Part Examination in either General or Paediatric Intensive Care Medicine, satisfactory In-Training Evaluation Reports (ITER's) during Core Intensive Care Training, Anaesthetics and Medicine, and other specified learning and assessment tasks.

#### **ASSESSMENTS**

##### *Examinations*

Trainees will be required to successfully complete a recognised First Part (Primary) Exam and the CICM Second Part (Fellowship) Exam.

##### *In-Training Evaluation Reports*

Regular (six monthly) reports from Supervisors will monitor trainee progress via an on-line In-Training Evaluation Report (ITER)

*Workplace Competency Assessments*

Trainees will be required to satisfactorily complete a number of specific Workplace Competency Assessments (WCA). These can be supervised by any Fellow of the College. The required WCA's are: ventilator set-up; insertion of CVC; brain death certification; insertion of ICC; communication skills; performance of tracheostomy.

*Observed Clinical Encounters*

Trainees are required to satisfactorily complete a minimum of eight Observed Clinical Encounters (akin to 'Mini CExs'), two during each six months of Core Training. OCE's can be supervised by any Fellow of the College.

*Formal Project*

All trainees must satisfactorily complete the requirements of the Formal Project. The Project must be submitted for assessment prior to commencing the Transition Year.

**REQUIRED LEARNING ACTIVITIES**

Trainees will be required to undertake a number of specific learning activities at each stage of training, either through attendance at specified courses or by completing on-line learning packages.

*Courses*

- An introductory intensive care medicine course
- The College Communication Skills course
- An advanced airways skills course
- An introductory echocardiography and ultrasound course
- Either the Medical ADAPT course or the Organ and Tissue Authority Family Donation Conversation workshop
- The College Management Skills course

*Online learning packages*

Trainees will be required to complete a number of online learning activities. In most cases these will be through the College online learning system, but in some cases may be external courses (e.g. the Mauriora Foundation Course in Cultural Competency)

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)		
Rating	Progressing	Satisfied and closed
	X	
AMC commentary		
<p>The College has changed the requirements for Fellowship to include a Transition Year of training, which it is argued will provide adequate time for completion of the formal project. The College has recently commenced a review of the requirements of the Formal Project. While it is acknowledged that this may have been delayed due to the Curriculum review, it would be expected that the review of the requirements of the formal project would be completed by the next review cycle and the results communicated to all affected candidates.</p> <p>An update is requested in the next progress report.</p>		

*College response:*

The recommendation of the Curriculum Review Committee was that the requirement for trainees to complete a Formal Project should remain a mandatory part of the curriculum. However it was acknowledged that there was some confusion about the specific requirements of the Formal Project, and a review of the Formal Project guidelines was conducted in 2013. As a result of this, the Formal Project Requirements document has been revised and makes more explicit the scope of activities that will be acceptable. Previously many trainees were attempting projects that were unnecessarily complex and struggled to complete them. It is hoped that the revised guidelines will better assist trainees and their Supervisors to undertake more appropriate projects that can be more readily completed.

The new guidelines also clearly state what other previously completed work may fulfil the requirement and gain an exemption from the Formal Project, e.g. a previously published paper, literature review, etc.

One of the main problems with the Formal Project has been that some trainees postponed progress on it until after success at the Fellowship Examination, which meant that in some cases the completion of the Project was delaying their graduation from the Fellowship program, long after all other requirements were finished. This issue should be dealt with through the introduction of the Transition Year of training, and the requirement that trainees must have submitted their Formal Project for review prior to commencing the Transition Year (they would still have that year to revise and remediate any shortcomings).

## **2 Summary of significant developments introduced or planned**

*College response:*

There have been substantial changes to the curriculum framework, which all come into effect for new trainees who registered with the College after 1<sup>st</sup> January 2014. These have been described in previous sections. The overall fundamental requirements for training (e.g. length of training) however, remain unchanged.

The College has always taken the view that no trainee should be disadvantaged by changes to training regulations that take place during their training. As the new curriculum has additional requirements that are not part of the 'old' curriculum, it was decided that existing trainees will complete their training under the regulations in place at the time they registered. It is acknowledged that this has the potential to cause some confusion for the next few years, as the 'old' trainees complete the program and the College will in effect be running two parallel programs, however the College training department has the capacity to effectively manage this transition phase.

## Standard 4: Teaching and learning methods

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)		
Rating	Progressing	Satisfied and closed
	X	
AMC commentary		
The report is not clear about the result of the 2012 trial of end of rotation questionnaires for trainees, however this initiative is to be encouraged. This has been marked as “progressing” because it is not yet implemented. An update is requested in the next progress report.		

### *College response:*

#### *Inspection Cycle*

The time interval between inspections of accredited training sites has been decreased to every five years, replacing the previous seven year cycle, thus increasing the frequency of routine inspections.

#### *ICU Data Collection*

The College has also entered into an agreement with the Australian and New Zealand Intensive Care Society (ANZICS) to provide the College with extracts of the data collected annually from ICUs by their Centre for Outcome and Resource Evaluation (CORE) division. CORE is a bi-national quality assurance program which provides audit and analysis data of the performance of Australian and New Zealand intensive care units.

Each year ICUs across Australia and New Zealand submit detailed data to CORE regarding critical care resources, patient outcomes, mortality, staffing, case-mix and caseload etc.; all of which are routinely used when determining accreditation status of ICUs for training by the College. In 2013 CORE agreed to provide the College with annual extracts of the data collected; the data is reviewed by the Chair of the Hospital Accreditation Committee to ensure ongoing compliance with minimum requirements for accreditation. Permission to acquire this data was obtained from individual accredited units before proceeding.

#### *Quality of Training Survey*

This trainee survey (survey questions and responses are found in [Appendix 4](#)) is sent out in February and August each year at the end of the training terms so that trainees are able to comment on their most recent training experience. The survey is designed to collect trainee feedback on the teaching and supervision provided in the unit during the relevant training period. It also provides the option to anonymously request College involvement in addressing any issues with the training unit. To date the feedback received has not required any College intervention. The results of each survey are analysed and considered by the College Education Committee.

Recommendation GG		
Increase the College's role as a provider of educational courses and resources for its trainees. (Standard 4.1.2)		
Rating	Progressing	Satisfied and closed
	X	
AMC commentary		
The planned development of on-line learning modules is noted and will likely become an important resource for all trainees. An update is requested in the next progress report.		

*College response:*

As part of the requirements of the new Curriculum, trainees must complete a number of specific face-to-face and online courses.

*Face to Face Courses*

There are six mandated face to face courses. In some cases (e.g. Introductory Intensive Care, Advanced Airways Skills) these are provided locally by the accredited intensive care training units. The Medical ADAPT Course and the Family Conversations Workshop are provided by the Organ and Tissue Authority. For the remaining two courses (Communication Skills in Intensive Care and Introduction to Management Skills), because of the very specialised subject matter it was felt that the College was best equipped to develop and provide these courses. The Communication Skills course has now been run a number of times and is well established, and the Introduction to Management Skills course was run successfully for the first time in March 2014.

*On-line Courses*

The College has invested heavily in developing a modern online learning environment that is readily accessible by all trainees through the College website. An authoring group of senior College Fellows has supervised the creation of a number of online courses, each with a multi-choice quiz requirement. These will be gradually made available to trainees throughout 2014. The subject matter of the online courses was specifically chosen to supplement the teaching trainees would normally receive in the training units. The courses are:

- Safe Patient Transport
- Neurological Intensive Care
- Burns and Inhalational Injury
- Spinal cord Injury
- Haemodynamic Assessment and Support
- Tracheostomy
- Brain Death and Organ donation
- Evidence Based Medicine
- Focused Cardiac Ultrasound in ICU

In addition to these College courses, trainees will also be required to complete external online courses in cultural awareness, including the Mauriora Foundation Course in Cultural Competency.

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)		
Rating	Progressing	Satisfied and closed
AMC commentary		
<p>In the 2011 accreditation report, the AMC commented that the College gave relatively little guidance or oversight to units conducting formal courses, and the College would need to consider how it monitored their educational relevance, particularly as the curriculum changed, and how it would supplement these courses.</p> <p>It is unclear from the information provided what structures the College has put in place to monitor the actual courses offered by intensive care units, particularly in light of the curriculum review. An update is requested in the next progress report.</p>		

*College response:*

As described above, the College has mandated a number of courses to be completed by all trainees. Some of these courses will mainly be delivered by the local intensive care units (e.g. Introductory Intensive Care, Advanced Airways Skills, Introductory Echocardiography). In order to have their course recognised as fulfilling the College's requirements, units need to submit the course outline for approval by the College Education Committee, based on the stated educational requirements of the course. A list of approved courses is published on the College website.

Accredited training units also run their own internal educational programs for their trainees, which supplement the College's specific course requirements. The College monitors these programs through the hospital accreditation process. Prior to each hospital accreditation inspection, units are required to report on their education program as part of the pre-assessment data submission. The inspection team then discusses the comprehensiveness of this program with the local consultant staff and trainees during the inspection.

## **2 Summary of significant developments introduced or planned**

*College response:*

As part of the new curriculum, there has been a greatly increased emphasis on the requirements for trainees to undertake specific formal educational courses, both face-to-face and online. Some of the face-to-face courses and most of the on-line courses have been developed by the College to ensure the content is aligned with the objectives of the curriculum, whilst other courses are provided by external providers, e.g. the Organ and Tissue Authority's Family Conversation Workshop.

## Standard 5: Assessment

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

Condition 7				
Undertake blueprinting of all assessments as part of the development of the new curriculum. (Standard 5.3.1)				
Rating	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC			X	
AMC commentary				
The College is establishing 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. An update is requested in the next progress report.				

### *College response:*

Prior to the 2012 - 2013 review of the curriculum, the College relied heavily on the First Part (Primary) and Second Part (Fellowship) examinations as the key assessments in the training program. As part of the curriculum review, the assessments sub-committee (of the Curriculum Review Committee) undertook a lengthy process of matching the items on the new In-Training Evaluation Report to the revised objectives of training. In addition, the introduction of specific Workplace Competency Assessments will ensure that all trainees achieve the requisite skills in key identified aspects of the curriculum.

Following the conclusion of the curriculum review process, a new standing committee of the CICM Board, the Assessment Committee, was established to coordinate all aspects of assessment throughout the curriculum into the future. The Assessment Committee will oversee all assessment processes, including the First Part and Second Part examinations as well as the workplace based assessments (ITER's, WCA's and OCE's) and its central task is to undertake ongoing coordination and blueprinting of assessment processes to the curriculum. The Assessment Committee is chaired by Associate Professor Peter Morley, who is a CICM Board member and also Director of Medical Education for the Royal Melbourne Hospital Clinical School, The University of Melbourne.

## 2 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)		
Rating	Progressing	Satisfied and closed
AMC	X	
AMC commentary		
The College has undertaken substantial work on this recommendation and the new tools will be introduced from 2014.		
The AMC expects to be able to close this recommendation in 2014.		

### *College response:*

One of the main outcomes of the curriculum review was the introduction of a much more robust process of workplace-based assessment, designed to provide ongoing formative (and in some

cases summative) feedback on each trainee's performance and progress throughout the course of their training. The three main components of the workplace-based assessments are:

#### *In-Training Evaluation Reports*

Regular (six monthly) reports from Supervisors will monitor trainee progress via an online In-Training Evaluation Report (ITER). The intensive care ITER is divided into seven categories of medical practice (based on the CanMEDS classification) with a total of 23 items to be assessed. The rating system is a sliding scale, with the trainee assessed against the standard expected of a new graduate Fellow. It is expected that trainees will demonstrate progress along the scale for each item with each subsequent ITER (clearly at varying rates). There are different versions of the ITER for the anaesthetic, medicine and elective components of training. A paper version of the intensive care ITER is included at Appendix 5. Every trainee now has an online portfolio which will contain (among other things) all their completed ITER's.

#### *Workplace Competency Assessments*

Trainees will be required to satisfactorily complete a number of specific Workplace Competency Assessments. These can be supervised by any Fellow of the College. The required WCA's are: ventilator set-up; insertion of CVC; brain death certification; insertion of ICC; communication skills; performance of tracheostomy. An example of the WCA marking sheet for brain death certification has been included at Appendix 6.

#### *Observed Clinical Encounters*

Trainees are required to satisfactorily complete a minimum of eight Observed Clinical Encounters (akin to 'Mini CExs'), two during each six months of Core Training. OCE's can be supervised by any Fellow of the College.

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)		
Rating	Progressing	Satisfied and closed
AMC	X	
AMC commentary		
The College has introduced a requirement for candidates to complete 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 impact of these changes should be monitored to ensure that they achieve the desired outcome and be reported to AMC in 2014.		

#### *College response:*

The new curriculum requires all trainees to complete and submit a minimum of two OCE's for each six months of Core Intensive Care Training, a total of at least eight in all. The purpose of the introduction of the OCE is to provide trainees with a structured assessment and feedback format for the requisite knowledge, skills and behaviours related to the clinical assessment of a critically ill patient. It is anticipated that most trainees will complete many more than the required minimum number, under the supervision of a Fellow of CICM. Trainees are encouraged to complete OCE's which focus on a variety of different clinical presentations and organ systems (respiratory, renal, neurological, etc.).

As the requirement to complete the OCE's is part of the new curriculum, only trainees who register from 1<sup>st</sup> January 2014 will be subject to this requirement. It will be some time, therefore, before the

impact of this change is apparent in the outcome of other formative and summative assessments of the trainees.

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)		
Rating	Progressing	Satisfied and closed
AMC	X	
AMC commentary		
The planned changes to the In Training Evaluation Report (ITER), once effectively implemented, should address the issues raised at the AMC accreditation review. An update is requested in the next progress report.		

*College response:*

The issue of the final period of training being undertaken in disciplines other than intensive care, and the difficulty then of having the CICM Supervisor of Training completing the Final In-training Assessment, when they may not have seen the trainee for 12 months or more, was a particular issue that needed addressing.

With the introduction under the new curriculum of the Transition Year as the final year of training (which must be completed in a CICM accredited intensive care unit) this problem will be resolved. The CICM Supervisor of the trainee's Transition Year will complete an ITER at the mid-point of the Transition Year and a Final ITER at the conclusion of the year.

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)		
Rating	Progressing	Satisfied and closed
AMC	X	
AMC commentary		
The In-Training Assessment is now designated as the In-Training Evaluation Report (ITER), based on the seven Can-MEDS domains of medical practice. General competencies to be assessed across the seven domains are mapped against a section of the revised Objectives 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. This is progressing well, with an update is requested in the next progress report.		

*College response:*

The ITER system is now 'live' and will be used for all periods of training (intensive care, anaesthetics, medicine and elective) from now on. All completed ITERs will be stored in the trainee's electronic portfolio and will be able to be accessed by the trainee's current intensive care Supervisor. Intensive care Supervisors will access the ITER using their usual member log-in, while nominated Supervisors of other (non-ICU) periods of training will be given access only to the ITER for the period of training they are supervising.

The ITER has a separate section for completion by the trainee, as a self-assessment. The two assessments (Supervisor and trainee), once completed, can be viewed together for comparison and discussion. The ITER is specifically designed to demonstrate a trainee's progress with time, along the journey from 'novice' trainee to a Fellow of the College, for each of the 23 items assessed.

The ITER is designed to be intuitive in its operation and it has a number of assists built in (e.g. 'pop-ups' with the performance indicators listed, for each of the items being assessed) however there are also user guides available electronically as part of the online system.

## **2 Summary of significant developments introduced or planned**

### *College response:*

A major outcome of the curriculum review process has been the introduction of a more comprehensive range of workplace based assessments. It is well recognised that assessment and feedback arising from authentic clinical situations is a potent driver of learning and enables early identification of trainees having difficulty.

The combination of the new on-line In Training Evaluation Report, the required Competency Assessments and Observed Clinical Encounters is intended to better guide trainees and Supervisors on trainee progress, improve the frequency and quality of feedback and goal setting and also improve a trainee's readiness to successfully complete the major summative assessments (i.e. First Part and Second Part Examinations).

All completed ITERS are reviewed by the College training department. Any that do not demonstrate a satisfactory rate of progress or contain comments indicating a level of concern from the Supervisor will be referred to the College Censor for review. The Censor has a number of options available, from monitoring the trainees future progress, initiating discussion with the supervisor, setting specific learning goals for the trainee, to if necessary, requiring the trainee to undertake remedial training (including additional training time).

Following an extensive review of the syllabus and structure of the First Part (Primary) exams of other colleges, the CICM Board resolved to remove many of the existing exemptions for the CICM First Part examination. From 1<sup>st</sup> January 2014, new trainees will not be able to claim an exemption from the CICM exam through success at the ACEM, ANZCA or RACS Primary exams or the RACP exam. In order to qualify for an exemption from the CICM First Part examination, trainees will require successful completion of Fellowship with ANZCA, ACEM or RACP. Trainees who have completed an equivalent training and examinations program (for example by other Colleges overseas) may also be considered for exemption by the Censor.

Trainees undertaking a training program with another College and who have completed the First or Primary component of that program may be granted conditional entry into CICM Core Training (i.e. exemption from the First Part exam). However, conditional Core Training will only be ratified on completion of the other College's training program including award of Fellowship.

## **3 Statistics and annual updates**

### *College response:*

The College holds Part 1 (Primary) exams and Part 2 (General Fellowship) exams twice each year, and a smaller Part 2 (Paediatric Fellowship) exam once a year.

- Primary (First Part) exam in May 2013: 21 candidates, 12 passed (57%)
- Primary (First Part) exam in November 2013: 27 candidates, 13 passed (48%)
- First Part exam in May 2014: 38 candidates, 22 passed (58%)

- General Fellowship (Second Part) exam in May 2013: 34 candidates, 13 passed (38%)
- General Fellowship (Second Part) exam in October 2013: 64 candidates, 28 passed (43%)
- Second Part exam in May 2014: 35 candidates presented, 19 passed (54%)
- Paediatric Fellowship exam in November 2013: 4 candidates presented, 2 passed (50%)

## Standard 6: Monitoring and evaluation

Areas covered by this standard: program monitoring and outcome evaluation

Condition 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)				
Rating	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC			X	
AMC commentary				
<p>The College provided additional information on the development of the Online Trainee Portfolio (OTP) as part of the Curriculum Review Project. The OTP will require trainees to advise the College of the name and contact details of their supervisor for the medicine and anaesthesia terms, allowing the College in turn to contact the supervisor and grant them access to the trainee's portfolio via the OTP. Progress should be reported in the next report.</p> <p>The College has undertaken some work toward meeting this recommendation for supervisors within the College, but it was unclear how the College is engaging supervisors from the medical and anaesthetic terms. This was a particular concern at the accreditation and requires specific attention. This condition was due to be completed in 2013. An update is requested in the next progress report.</p>				

### College response:

The online Education Portal was launched in January 2014. Once a trainee's anaesthetic or medicine training has been approved they are required to register the name and contact details of their nominated Supervisor with the College, after which the College will contact the Supervisor via email with details on how to access the Education Portal. Once logged in, the Supervisor can access information on trainee assessment and links to relevant College documents such as:

- [Guide to CICM Training for Supervisors](#) document
- Guides to completing In-Training Evaluation Reports (ITER) for Intensive Care, Anaesthesia and Medicine training; separate guides available for [intensive care supervisors](#) and [non-intensive care supervisors](#)
- Access to the ITERs for Intensive Care, Anaesthesia and Medicine training
- Workplace Competency Assessments (WCA)
- Information on Formal Projects with relevant statistics and examples of accepted Projects
- Access to 'Assessments' email address for any questions
- Online learning courses

The Supervisor is also able to access the [Objectives of the Anaesthesia Term](#) and the [Objectives of the Medicine Term](#). To date the Education Portal has been running successfully and enabled greater interaction with Supervisors from non-intensive care medicine terms. This new system has established a direct link between the College and the Supervisor which previously did not exist. Not only does it make it easier for the College to contact the Supervisor if necessary, but it also provides a means for the Supervisor to alert the College to any concerns they may have with regard to a trainee or the training program. Supervisors are able to email the Training Department of the College with any enquiries directly from the Education Portal.

Supervisors often provide feedback on the training program at Supervisor workshops; this appears to be the best forum for gathering feedback as it seems Supervisors feel supported by the presence of their peers and have a direct link to the College due to the presence of College staff

and Board members. Workshops were run in major centres throughout Australia and New Zealand in November and December 2013 and will continue to be held several times each year.

Condition 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)				
Rating	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC			X	
AMC commentary				

*College response:*

As mentioned in Recommendation FF, the trainee survey continues to be sent out twice a year and was most recently sent to trainees in February 2014. The results of the survey were forwarded to the Education Committee for consideration.

To date no trainee has reported difficulties with their training unit and requested review of the unit by the College. Given that the survey is completed anonymously in order to encourage honest feedback with no fear of penalty, the College is unable to identify a particular unit unless a trainee specifically requests College intervention.

In order to improve the response rates to the survey the College sends out several reminders to recipients to complete the survey. The survey has also been discussed at Trainee Committee meetings and it is hoped that the trainee representatives on the Committee will champion the survey and encourage other trainees to complete it and view it as a useful tool to assist their training. The survey questions and responses can be found in Appendix 4.

Condition 10				
Develop ways to collect qualitative information on outcomes including the newly graduated fellows' preparedness for the role of consultant. (Standard 6.2.1)				
Rating	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC			X	
AMC commentary				
The College indicates it has begun 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. An update is requested in the next progress report.				

*College response:*

Graduands Survey

The drafted survey questions were sent to the Trainee Committee for feedback to ensure the appropriateness of the content. The final survey was sent to all Fellows who graduated in the previous year (February 2013 – February 2014). The results were very positive but did show that

the training program does not adequately address some of the non-clinical components of intensive care practice such as leadership and management skills. These areas have been addressed within the new curriculum, with the introduction of mandatory attendance at courses designed to assist trainees in these areas.

#### Trainee Survey

The responses to the Trainee Survey provide the College with an indication of the overall satisfaction trainees have with their training. No serious issues have been identified and the results show that the vast majority of trainees are satisfied with the training they receive.

Condition 11				
Implement processes for engaging health care administrators, other health care professionals and consumers in the evaluation process. (Standard 6.2.2)				
Rating	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC			X	
AMC commentary				
<p>Whilst there are a number of planned initiatives, these have not yet been implemented. The College indicates that the processes for engaging health care administrators and other health professionals are still under development. The College has come up with an innovative idea to have a website forum where people can leave comments and reviews, which if implemented, would be a very positive step.</p> <p>As the recommendation is to be met by 2014, so the limited progress at this stage is satisfactory. An update is requested in the next progress report.</p>				

#### *College response:*

As reported in Recommendation BB the College has set up a Community Advisory Group consisting of various community representatives including a retired Board Member of the Medical Board of Australia and a representative from the Australian College of Critical Care Nurses; the Group met on 30<sup>th</sup> April 2014. It is planned to recruit a health care administrator and an allied health representative onto this Committee. This Committee has already reviewed the content on the patients and family page of the College website, and in future will review various College policies and documents.

Supervisors and trainees currently contribute to the evaluation of the training program through regular surveys (see Conditions 5, 8 and 10).

#### Quality improvement recommendations from the AMC Accreditation Report

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).		
Rating	Progressing	Satisfied and closed
AMC	X	
AMC commentary		
The planned CICM Educators Conference is to be commended. An update is requested in the next progress report.		

*College response:*

The first CICM Educators Conference, titled 'Valuing Education in the ICU' was held on 5<sup>th</sup> & 6<sup>th</sup> September 2013 at the Gold Coast. Over 60 delegates (mainly CICM Supervisors) attended and the program featured a broad range of presenters, some international medical educationalists and some local intensive care specialists with a particular interest in education. The enthusiasm for the subject, reflected in the very positive feedback, means that the meeting will become an annual event on the CICM education calendar.

Over the course of 2013, a total of 17 supervisor workshops were held in major cities throughout Australia and New Zealand. These were held in two clusters, one in April/May and the other in October/November. The first series of workshops was to give all Supervisors the opportunity to debate the proposed changes to the curriculum and to suggest modifications, whilst the second series of workshops was to discuss the assessment processes required by the new curriculum and to ensure that all Supervisors were familiar with the workplace based assessment tools and their application.

Face-to-face Supervisor workshops will continue to be held regularly and the College also now sends out a quarterly education newsletter to all Supervisors, from the College's training department.

## **2 Summary of significant developments introduced or planned**

*College response:*

The major review of the CICM Curriculum which took place over 2012/2013, resulted in the implementation of the new curriculum for all new trainees from 1<sup>st</sup> January 2014. The Curriculum Review committee was then disbanded, with responsibility for completion of implementation tasks and ongoing review reverting to the Education Committee and the newly formed Assessment Committee.

## **3 Statistics and annual updates**

*College response:*

The College conducts six-monthly surveys of all trainees regarding their most recent training term. The results of the most recent survey can be viewed in Appendix 4.

Trainees also complete an exit survey following each attendance at a First Part or Second Part examination

An annual survey of new Fellows is conducted each year, focusing on their perception of how well the training program prepared them for the transition from trainee to Fellow (see Appendix 2). Many of the concerns that New Fellows have expressed are being addressed with the curriculum changes. It will be interesting to compare the results of the New Fellow's survey in future when trainees begin to graduate from the new curriculum.

## 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

Condition 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)				
Rating	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC			X	
AMC commentary				
<p>The College should give consideration to the application of its appeals process in light of the published selection criteria and associated processes.</p> <p>This is seen as an area of risk for the College: there are concerns that the College is not fully prepared for an appeal from someone who is not a member of the College and is therefore not covered by the processes in the constitution. This condition was due to be completed in 2013. An update is requested in the next progress report.</p>				

### *College response:*

The new selection process for trainees commenced on 1<sup>st</sup> January 2014. Due to the significant change in the curriculum on that date, a large number of trainees registered in the preceding few months and only 19 trainees have applied for selection so far this year. Candidates who cannot provide two satisfactory references from Fellows of the College must be interviewed; the first applicant requiring this will be interviewed in July. The application process is initially paper-based and administered centrally through the College's head office, therefore the selection criteria are consistently applied. However, this process is separate from that by which hospitals appoint and employ intensive care registrars. The College plays no part in hospital employment processes.

The Appeals Policy document allows an appeal from someone who is not a member of the College, for example a person who applies to join the College training program but is not selected into the training program (see Appendix 7).

Condition 15				
Develop a process for evaluating de-identified appeals and complaints. (Standard 7.4.4)				
Rating	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC			X	
AMC commentary				
<p>The College is currently engaged in revising the process for dealing with requests for review of decisions, complaints and appeals. An update is requested in the next progress report.</p>				

### *College response:*

The processes for review and reconsideration of College decisions and the appeals process have been incorporated into the College Regulations as Regulation 14 and 15. To allow for an appeal by someone who is not a member of the College (for example an applicant who is not selected into the training program), a separate College document has been drafted (see *Appeals Policy* in Appendix 7). To date all requests for reconsideration have been successfully resolved and have

not progressed to the review stage. There have been no appeals and consequently the College has no de-identified data on appeals to evaluate.

The College seeks opinions from trainees in an anonymous format and provides an opportunity to make a complaint after:

- Each training rotation (6 monthly)
- The oral section of the Primary and Fellowship examinations

## **2 Summary of significant developments introduced or planned**

*College response:*

Since the submission of the 2013 progress report, the new Trainee Selection Policy was implemented and to date is running smoothly. The first round of interviews for Trainees who were not able to submit references from two Fellows will take place in July.

The *Appeals Policy* has been updated to ensure that it covers all applicants, not only those who are trainees or Fellows of the College (see Appendix 7).

## **3 Statistics and annual updates**

- *The number of trainees entering the training program, including basic and advanced training;* 223 trainees registered with the College from May 2013 – May 2014; 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;* 54 trainees graduated to Fellowship in the period May 2013 – May 2014; 48 through the general intensive care pathway and 6 through the paediatric intensive care pathway.
- *The number of trainees undertaking each college training program.* There are currently 611 trainees registered and actively in training with the College (578 general intensive care trainees and 33 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

Condition 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)				
Rating	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
			X	
AMC commentary				
<p>The planned changes are noted, which relate to the new online portfolio which all supervisors will complete. The College says this will allow it 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.</p> <p>The College has made good progress, and believes this will be met in the near future.</p> <p>The College should monitor engagement and uptake by supervisors from medicine and anaesthesia to ensure compliance with College requirements. Although this condition was due to be completed in 2013, an update is requested in the next progress report.</p>				

### College response:

The Education Portal was launched in January 2014 and has been running successfully. All Supervisors for non-intensive care training terms are now contacted by the College directly and granted access to the Education Portal. The Portal allows the Supervisor to access and complete the ITER and also provides access to documents relevant to the training program such as:

- *Guide to CICM Training: Supervisors* document
- Guides for completing ITERs for Intensive Care Supervisors and non-Intensive Care Supervisors
- Information on the requirements for the Formal Project including examples of acceptable submissions
- Information on the College's activities
- Contact details including a direct email address to the Training Department for any enquiries

To date the Portal has been very well received by Supervisors and has enabled those supervising non-intensive care terms to increase their engagement with the College.

Condition 17				
Implement more regular and formal feedback processes with regards to the role and performance of supervisors of training. (Standard 8.1.3)				
Rating	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
			X	
AMC commentary				
<p>The College indicates that its biannual survey 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. An update is requested in the next progress report.</p>				

*College response:*Survey of Trainees

As mentioned in Conditions 9 and 10, the survey is sent to all trainees registered at the time with the College as undertaking training. This is sent to all registered trainees in February and August to ensure trainees on different training cycles are captured. The responses received have been reviewed internally by staff in the Training Department, the Manager of Education and Training and the Chief Executive Office and are also sent to the Education Committee for review and discussion.

To date no feedback received has been of such a nature that it has required College intervention with a specific unit or Supervisor.

Supervisor Workshops

The Supervisor workshops which ran in late 2013 provided detailed information on the use of the ITER, namely how to assess and supervise trainees, and deal with trainees who are underperforming. Another workshop on the ITER is scheduled for June 2014 at the College's Annual Scientific Meeting; the program includes open question time for Supervisors to discuss topics with College staff and Board members. Supervisor workshops will continue to be held at regular intervals.

Condition 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)				
Rating	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
		X		
AMC commentary				
The College response indicates that the Objectives of Training for the anaesthesia and medicine terms are currently undergoing review by the Assessment Subcommittee of Curriculum Review Committee. While some of this work follows on from the curriculum review further attention to this recommendation is required, with an update in the next progress report.				

*College response:*

As noted in the College's 2013 report, the Objectives of Training for the Anaesthesia and Medicine terms were reviewed as part of the curriculum review and made available to Supervisors via the Education Portal.

Supervisors of non-intensive care training terms are given access to the College Education Portal and ITER system. This contains resources such as the *Guide to Completing the In-Training Evaluation Report for Non-intensive Care Supervisors of Training* and the *Guide to CICM Training for Supervisors* (see Condition 8). This second Guide outlines the knowledge and skills trainees are expected to develop during their anaesthesia and medicine training time and provides a direct link to the relevant Objectives of Training document. The Guides also describe the expected level of competence that a trainee should have acquired following the completion of their training in each term.

In order to ensure that training terms in medicine or anaesthesia are suitable for CICM trainees, an Approval of Vocational Training form must be completed and approved by the Censor. Trainees are only able to undertake training in departments which have been accredited by the relevant college (ACEM, RACP or ANZCA) for training. In some instances, where a trainee wishes to undertake training in a department not accredited for training, they must provide the Censor with a

job description outlining their duties before the post will be approved. This allows the College to ensure that a broad range of training opportunities is available for trainees.

## **2 Summary of significant developments introduced or planned**

*College response:*

The period between hospital inspections has been reduced from seven years to five years, and the College also now receives annual data on each accredited unit's activity (through the ANZICS-CORE research centre).

Through the new ITER system Supervisors (particularly those from non-ICU training terms) now have a much better system of direct communication with the College. Regular trainee surveys provide feedback twice each year on the quality of training received.

## **3 Statistics and annual updates**

*College response:*

The total number of intensive care units now accredited for either basic and/or advanced training is 131 with a breakdown as follows:

Units accredited for Basic Training only: 26  
 Units accredited as C6: 33  
 Units accredited as C12: 37  
 Units accredited as C24 35

From the period May 2013 – June 2014 a total of 25 accreditation inspections were conducted; 24 of those Hospitals either continue to be accredited or were granted accreditation. One Intensive Care Unit's accreditation (at Hornsby Ku-ring-gai Hospital, NSW) was altered to better reflect the training opportunities within the Unit.

A total of 13 units applied for accreditation for the first time. Ten of those have now been accredited and one was refused accreditation as it did not meet the minimum criteria for training. In addition, five units applied for accreditation for the anaesthetic component of intensive care training and at the time of publication three of those units have been accredited.

## Standard 9: Continuing professional development

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

### 2 Summary of significant developments introduced or planned

*College response:*

The College launched a new CPD program in 2012 with the first two-year cycle recently concluding in December of 2013. The CPD Committee has not implemented any changes to the program or endorsement processes however we request on-going feedback from the participants and will review the program periodically to assess the need for change. As the previous program (Maintenance of Professional Standards) was not compulsory for all Fellows, the College has been extremely pleased with participation rates for the first cycle. The transition from voluntary to compulsory was a successful one with only a small number of Fellows needing to be counselled regarding their participation.

### 3 Statistics and annual updates

*College response:*

Completion of the College CPD program is compulsory for all Fellows of the College, however it is possible for dual Fellows to satisfy the requirements through completion of the ANZCA, RACP or ACEM programs or for overseas Fellows, a similar program in their country of residence.

Fellows are required to submit detailed information on their CPD activities every two years online via the CICM website. The last cycle ran from January 2012 – December 2013; the current cycle began in January 2014 and will end in December 2015.

For the 2012 – 2013 CPD cycle:

- 587 Fellows enrolled in the CICM program
- 254 Fellows enrolled in other CPD programs (ANZCA, RACP, ACEM or an overseas program)
- 16 Fellows did not submit their activities by the conclusion of the last cycle (31<sup>st</sup> December 2013). The College has been in contact with each Fellow numerous times and offered support to complete their CPD activities. The College will continue to encourage and counsel them in accordance with the *Policy for Compliance with the College Continuing Professional Development Program* (provided in the 2013 report).