



COLLEGE OF INTENSIVE CARE MEDICINE OF AUSTRALIA AND NEW ZEALAND



WELCOME
REGULATION CHANGES
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WELCOME

Welcome to the first edition of the Supervisor of Training Newsletter!

Firstly we wish to thank you for all the support you provide to our trainees through your role. It is recognised that this is a most important role within the College with broad responsibilities for guiding trainees through the requirements of becoming independent intensive care specialists. In this brief report the aim is to provide updates for Supervisors with particular reference to College Regulation changes that will impact on your duties.

REGULATION CHANGES

Over the last 12 months there have been several changes to the Regulations which were ratified by the Board and have altered the training requirements for new trainees registering with the College. Trainees who were already registered with the College will continue training under the Regulations which were current at the time of their registration with the College.

This can be problematic when trainees have prolonged their training and may result in confusion. The College website reliably displays the current training regulations <http://www.cicm.org.au/regulations.php>. The College has put in place new processes to ensure that the relevant Regulations related to when a trainee registers are available through the Training Department of the College.

Recent Rule Changes (changes shown as underlined text):

Regulation .5.5 *Approved Training will comprise:*

5.5.5.1. Intensive Care training as a Basic Trainee

12 months of intensive care training may be undertaken as a basic trainee in units approved by the College for training. Trainees who have completed training with another College (ANZCA, ACEM, or RACP) are eligible to have this period reduced to 6 months by fulfilling the following:

- a) Completing all components of the second specialty;
- b) Satisfactory completion of an approved introductory intensive care course. The College Education Committee must approve such courses in advance.

This Regulation change is in the spirit of recognising a wide variety of learning opportunities, while ensuring that training is completed in both specialties without compromising training time.

Regulation 5.7.8

At least 12 months (not necessarily continuous) of the two core years must be undertaken in an intensive care unit in Australia, New Zealand or Hong Kong

accredited as C24.

An Intensive Care Unit accredited as C12 or C24 may rotate trainees to a rural or regional Intensive Care Unit, which is accredited for Basic Training, for a 3-month period in Advanced Training. Each Trainee may undertake that year's training only once in Advanced Training and it must be prospectively approved. This time will not qualify as Senior Registrar time.

This regulation change was in the spirit of promoting rural training experience and supporting those Intensive Care Units with established rural training rotations. Such rotations need to be prospectively approved by the Censor.

Deferred/Interrupted training

The deferred training Regulations have been updated to ensure that the College is aware of the trainee's progress. A number of trainees have drifted in and out of training over a prolonged period of time, particularly in the setting of undertaking the FCICM as a second specialty.

Deferred Training refers to any time period prospectively approved by the Censor that does not represent mandatory training or interrupted training, and provides experience useful to career development in addition to normal training requirements.

5.1.7 Trainees who are in a Deferred Training period will be required to pay the appropriate Deferred Training Fee.

5.3.4. Until all of the requirements of training are met, a Trainee must remain actively registered for training with the College and submit In-Training Assessments every 6 months, and be employed in a supervised training position and meet the requirements of 5.3.3 above except where training is deferred or interrupted (Refer regulation 5.13.7.)

5.7.2 All Advanced Training must be continuous with the exception of Deferred Training (refer to 5.3.4) and Interrupted Training (refer 5.13).

5.7.5 All ATYs must be prospectively approved. All Advanced Training must be prospectively approved including Deferred Training and Interrupted Training.

5.13.7 All Trainees must be in continuous training. Training may be deferred for periods of 12 months with prospective approval from the Censor. Approval will only be granted upon submission of a report that outlines the reasons for the deferral of training, which must be related to the progression of training in intensive care.

At the completion of the deferred period, a written report must be submitted to the Censor to certify that the objective of the deferred training period was achieved.

TRAINEE DIFFICULTIES

Trainees Experiencing Difficulties

In 2011 there was an increase in the number of trainees experiencing difficulties with their training and hence coming to the attention of the Censor. This number is small (n = 8) when looking at the total number of trainees coming through (166). As a Supervisor you would understand that appropriate management and assistance for these trainees requires considerable input and understanding. Interestingly the most common reasons for referral to the Censor are issues of poor communication or professional conduct. These have generally been identified in previous interim training assessments and remedial support programs have not resolved the issue.

Such issues related to team behaviour, professionalism and communication are generally the most difficult to remedy and require a protracted period to successfully resolve. Many of the trainees in this situation have not appreciated the concept of progression in training, such that over the training program they should be progressively working towards being able to act as an independent consultant in a staged manner. I guess the most common description of some trainees not progressing through the training program is that they are just

marking time and not appreciating the difference in performance which is expected at each stage of the training program, which involves moving from consultant directed practice to consultant collaborative practice.

How much of the problem that should be regarded as a workplace issue, professional regulatory authority issue, or specifically a College issue is often difficult to clearly define. The limited portability of the training portfolio from the Supervisor's viewpoint and being dependent on the trainee to present the information, can limit these issues being consistently managed especially over longer periods than just a single term.

The College's Training Document (T-13) *Guidelines for Assisting Trainees with Difficulties* is a useful resource to ensure that processes exist within a unit to recognise trainees having problems in the early stages of training and draft a remediation plan. In general these principles should be in place in the unit:

- A regular forum with all consultants to discuss the progress of all trainees. This forum should form the basis of information for trainee assessments to make clear to all that any assessment is the collective opinion of the unit and not an individual supervisor. Issues need to be identified and plans made with the trainee early in the term wherever possible.
- Specific evidence should be provided to support a report both for the trainee performing well as well as those who are struggling with specific training issues, rather than a general impression.
- Any suggestions for remediation should be documented with a specific action plan and time frames for such actions, which are agreed to by the trainee. The Training Department of the College and the Censor/Professional Affairs Officer can provide both general and specific advice to assist with these remediation plans. These plans can be very simple or detailed depending upon the nature of the issue: such plans may involve hospital based or external courses that are increasingly available such as clinical communication/open disclosure courses, cultural awareness programs, and leadership programs. The need for these can be reinforced by the Censor as required under Regulation 5.8.3. The remediation plans should form part of the interim assessments with end of term assessment documenting where these issues need continued attention. A discussion with the trainee should gain clear direction on passing the training plan over to the next Supervisor of Training either formally or informally, to assist in the trainee's progress as required.

EXAMINERS

IS THERE A COLLEGE EXAMINER IN YOUR ICU?

The College strongly encourages all Units accredited as C24 to have at least one College Examiner on their staff so that trainees preparing for the Final Examination have access to an Examiner to assist in guiding their study. Applicants must have held Fellowship with the College for at least 5 years in order to qualify for application. For further information please contact [Daniel Angelico](#) at the College office.

CURRICULUM REVIEW

At the recent meeting of the Board the Curriculum Review Committee presented an outline of the proposed changes to the curriculum and it was clear that the nature of assessment will significantly change with the aim of progressing the trainee from a novice status to expert. We would greatly encourage wide input into the new draft curriculum plans and assessment tools that should be available on the College Website shortly. In the spirit of improve and existing excellent

training program and streamlining assessment measures.

On a side note the College is planning to hold a workshop for Supervisors of Training in New Zealand in the next few months. A date has not yet been finalised but will be announced shortly.

Cheers and thanks for your continued support of our trainees.

Rob Boots and Mike Anderson

Censor and SOT Liaison Officer