



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

## **OTS INTERVIEW REPORT – GENERAL PATHWAY**

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**APPLICANT'S NAME:**

**APPLICANT'S NATIONALITY:**

**TIME AND PLACE OF INTERVIEW:**

**PANEL MEMBERS:**

**INTERVIEW FORMAT:**

**1. *Outline of CICM OTS Assessment process to candidate.***

**2. *Questions to applicant:***

**(a) Undergraduate training:**

**(b) General Hospital Appointments:**

**(c) Anaesthesia training:**

**(d) Medicine Training (Acute and Longitudinal Care):**

**(e) Other postgraduate Training:**

**3. Previous Training and Assessments in Intensive Care Medicine:**

**(a) Training**

**Duration**

**Content**

**Supervision**

**Exposure to subspecialties**

**Cardiothoracic Surgery**

Yes  No

**Neurological/Neurosurgery**

Yes  No

**Trauma**

Yes  No

**Paediatrics (any discipline)**

Yes  No

**Rural (any discipline)**

Yes  No

**(b) Assessments**

**Examinations**

**In-Training Evaluation Reports (or equivalent)**

**Equivalent to Australia or New Zealand**

Yes  No

**Not equivalent but of acceptable standard for consideration**

Yes  No

**Not equivalent**

Yes  No

**4. Experience as a Specialist:**

**Duration**

**Content**

**Equivalent to Australia or New Zealand** Yes  No

**Not equivalent but of acceptable standard for consideration** Yes  No

**Not equivalent** Yes  No

**5. Participation in continuing education and quality assurance activities as an intensive care specialist:**

**Details**

**Equivalent to Australia or New Zealand** Yes  No

**Not equivalent but of acceptable standard for consideration** Yes  No

**Not equivalent** Yes  No

**6. Assessment of a Formal Project /Publications** Yes  No

**7. FDC workshop (or equivalent)** Yes  No

**Recommendation to OTS Committee**

1. **Eligible to proceed to Performance Assessment (Second Part Examination) and Clinical Practice Assessment** Yes  No

**Time required in Clinical Practice Assessment as Senior Registrar/Registrar?**

**Intensive Care** \_\_\_\_\_ months in an General Training Unit

\_\_\_\_\_ months in a Limited G6 Unit

\_\_\_\_\_ months in a Foundation Unit

**Medicine (Acute)** \_\_\_\_\_ months

**Medicine (Longitudinal Care)** \_\_\_\_\_ months

**Anaesthesia** \_\_\_\_\_ months

**Observed Clinical Encounters Required** Yes  No

**Referral to Examination Committee** Yes  No

**Face to Face Courses Required** Yes  No

**Advanced Airway Skills** Yes  No

**Advanced Life Support** Yes  No

**Communication** Yes  No

**Family Donation Conversation** Yes  No

**Introductory Echocardiography** Yes  No

**Introductory (BASIC)** Yes  No

**Management Skills** Yes  No

**Online Courses Required** Yes  No

**Brain Death and Organ Donation** Yes  No

**Burns and Inhalational Injury** Yes  No

**Cultural Awareness** Yes  No

**Evidence Based Medicine** Yes  No

**Focused Cardiac Ultrasound** Yes  No

**Haemodynamics** Yes  No

**Neuro Intensive Care** Yes  No

**Safe Patient Transport** Yes  No

**Spinal Cord Injury** Yes  No

**Tracheostomy** Yes  No

**Workplace Clinical Assessments Required**

**Yes**  **No**

**Brain Death**

Yes  No

**Communication**

Yes  No

**CVC**

Yes  No

**Tracheostomy**

Yes  No

**Pleural Drain**

Yes  No

**Ventilation**

Yes  No

**Life Support**

Yes  No

2. **Eligible for Specialist Recognition/Vocational Registration**

**Yes**  **No**

3. **Ineligible for further consideration**

**Yes**  **No**

**Reasons**

**Signed:** .....  
**Chairperson, OTS Interview Panel**  
**Date:** ...../...../.....