COLLEGE OF INTENSIVE CARE MEDICINE
OF AUSTRALIA AND NEW ZEALAND

Australian Medical Council
Progress Report
June 2019

College Details

Please correct or update these details if necessary:

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

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

Date of last AMC accreditation decision: 2015

Periodic reports since last AMC assessment: 2016, 2017 and 2018 (Comprehensive)

Reaccreditation due: 31 March 2022

To be completed by College:

Officer at College to contact concerning the report: Phil Hart

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Verify report reviewed

The information presented to the AMC is complete, and it represents an accurate response to the relevant requirements.

Verified by:	Phil Hart
Signature:	
Date:	3 June 2019

(Chief Executive Officer responsible for the program)

Summary of 2018 Findings

Standard	2018 Findings	No. of Conditions*
Overall	**Met**	**3**
1. The context of education and training	Met	Nil
2. The outcomes of specialist training and education	Met	Nil
3. The specialist medical training and education framework	Met	Nil
4. Teaching and learning methods	Met	Nil
5. Assessment of learning	Met	1
6. Monitoring and evaluation	Met	0
7. Issues relating to trainees	Substantially Met	2
8. Implementing the training program – delivery of educational resources	Met	Nil
9. Continuing professional development, further training and remediation	Met	Nil
10. Assessment of specialist international medical graduates	Met	Nil

*Following 2018 comprehensive report

Standard 1: The context of training and education

Areas covered by this standard: governance of the college; program management; reconsideration, review and appeals processes; educational expertise and exchange; educational resources; interaction with the health sector; continuous renewal.

Summary of college performance against Standard 1

In 2018, this set of standards was found to be Met.

1 Summary of significant developments

In 2018 the College of Intensive Care Medicine (CICM) submitted our Comprehensive Report. Since then no issues of particular significance have arisen, that could affect the capacity of the College to meet the accreditation standards. However, there are a few matters of sufficient substance to warrant inclusion in this Progress Report.

1.1 Withdrawal of Accreditation from Westmead Hospital Intensive Care Unit

The College process for accreditation of sites as suitable training locations for CICM trainees is a very detailed and rigorous process. The decision to withdraw accreditation from a training site is infrequent and only taken after careful consideration, in the context of serious concerns about aspects of the training environment there. Following a routine inspection of Westmead Hospital's ICU in September 2018 (which included interviews with senior staff and trainees) the decision was made to withdraw accreditation for training. The College contacted all trainees that were affected by this decision and worked with them to find alternative training positions. While the loss of accreditation has had an impact on Westmead's ability to attract junior medical staff, it has had minimal overall effect on the training program (due to available capacity at other sites). The College is working with Westmead to rectify the shortcomings of the unit and in due course, the unit may be ready to re-apply to be considered as an accredited intensive care training unit.

1.2 Training Capacity

In the 2018 report we described our activity in exploring the parameters around the upper limit to the College's (and the accredited training sites) capacity to guarantee a satisfactory training experience. This is a very complex and multi-factorial problem and is continuing to be explored. In late 2017 and early 2018 we conducted several surveys of unit directors, supervisors of training and trainees to collect data on working hours, on-call requirements, learning opportunities, availability of sub-specialty rotations, exposure to required procedural skills, as well as perceptions of readiness for specialist practice. (The results of the survey have been written up as a report and accepted for publication in the June issue of Critical Care and Resuscitation).

The survey results do not provide a clear solution to the problem, however there are some indications that availability of required anaesthetic training time as well as some sub-speciality intensive care rotations may be a limiting factor, and exposure to particular procedural skills may also be an issue. In order to acquire more detailed information about trainees' exposure to various procedures, from the start of 2019 trainees have been asked to keep a record of their involvement in various procedures (e.g. percutaneous tracheostomy) using a log-book provided by the College on an electronic platform. As data is entered into the log-book the College will be able to gather a better picture of trainees' overall procedural experience.

The College is mindful that with the increase in the number of medical graduates in recent years and increased competition for vocational training positions, the College's capacity to provide satisfactory training (and consequently the number of trainees to accept into the program each year) is a critical issue. We are hopeful of collaborating with the National Medical Training Advisory Network (NMTAN) and the National Medical Workforce Strategy in order to have Department of Health support for the process.

1.3 Specialist Training Program

At the start of 2018 the College took over responsibility for the administration of the intensive care training positions funded through the Specialist Training Program (STP). There are currently 14 intensive care STP positions, along with two Integrated Rural Training Pipeline positions and one position funded through the Training More Specialist Doctors in Tasmania program. These positions were previously administered by the College of Anaesthetists (ANZCA). Bringing the intensive care positions 'inhouse' has led to better communication with the STP training sites and has also given us access to educational support funding through the program.

Over 2019/2020 we are running two STP-funded educational support projects. One is a two-day Advanced Communication Skills course, which will be provided on eight occasions over the next two years, the other is an annual conference (in Darwin in July 2019 and Alice Springs in 2020) which will focus on the particular issues around the provision of critical care services in rural and remote areas.

1.4 Statement on Gender Balance

A small working party, chaired by the Board's New Fellows Representative Dr Sarah Yong, has over the course of 2018 prepared a Position Statement on Gender Balance within the College. The stimulus for this was the acknowledgement that while half of all medical students and almost half of new trainees are female, less than a quarter of College Fellows are, and in many circumstances (for example speakers at conferences or representation on interview panels), the imbalance is often even greater. The Position Statement outlines the College's commitment to promoting respect and inclusivity within intensive care medicine and also sets out targets for female representation in College activities, including membership of College committees, examiners and speakers at College affiliated meetings, including the Annual Scientific Meeting.

The Position Statement on Gender Balance is attached refer Appendix 1.

2 Activity against conditions

Nil remain.

3 Statistics and annual updates

Requests for Reconsideration			
Reason for Reconsideration	**Number of reconsiderations**	**Outcome**	
		Upheld	**Dismissed**
Eligibility to be accepted into the training program	1	1	
Training requirements for Specialist IMG assessment	1		1
Remarking of Exam	2	1	1

Requests for Review			
Reason for Review	**Number of reviews**	**Outcome**	
		Upheld	**Dismissed**
Failure of training term (Reconsideration was dismissed)	1		1

Requests for Appeal			
Reason for Appeal	**Number of appeals**	**Outcome**	
		Upheld	**Dismissed**
	0		

The College receives few requests for reconsideration, has only ever had one request for review (of a dismissed request for reconsideration) and has not as yet had any decision go to appeal. With this small number it is hard to identify any system issues. Several trainees have requested that their exam marks be scrutinised, which does highlight the importance of examiner training, calibration of marking templates and careful construction of exam questions (both written and oral). The College works hard to ensure the consistency and fairness of exam marking, with regular examiner workshops to develop questions and marking templates.

Policy/ Procedure	Description of changes
College Governance Chart	No change.
Conflict of Interest	No change.

Standard 2: The outcomes of specialist training and education

Areas covered by this standard: educational purpose of the educational provider; and, program and graduate outcomes

Summary of college performance against Standard 2

In 2018, this set of standards was found to be Met.

1 Summary of significant developments

2.1 Graduate Outcomes

The College has for some time conducted regular surveys of recent graduates from the training program. These surveys have been fairly broad in scope, including such things as employment status, further training, career satisfaction (including work-life balance) and perceptions about the adequacy of the training program and preparedness for practice as an independent specialist. One of the consistent themes of previous surveys has been that, while graduates in general feel that the training program prepared them very well for the 'Medical Expert' aspect of specialty practice (i.e. in providing high quality clinical care to critically ill patients), they felt less well prepared in areas such as communicating and negotiating with colleagues and particularly in undertaking the management and administrative tasks required of a specialist.

It was largely in response to this feedback that in the previous review of the training program (major changes implemented in 2014) it was decided to introduce a Transition Year of training, to be undertaken after completion of the Second Part (Fellowship) Examination, and with a particular emphasis on teaching, quality improvement and administrative duties. (The document T-26: Objectives of Training for the Transition Year has been included in a previous Annual Report). The first cohort of trainees to complete their training under the 'new' curriculum are now reaching the point of graduation. It will be interesting to compare the results of future surveys with previous ones, to determine whether the introduction of the Transition Year of training has had an impact on graduates' perception of their readiness for specialist practice.

2.2 Conjoint Committee in Pre-Hospital and Retrieval Medicine

CICM is partnering with three other colleges (ACEM, ANZCA and ACRRM) in the development of a specific training program, leading to the award of a diploma, in the field of pre-hospital and retrieval medicine (which includes emergency transport of critically ill patients to and between hospitals). ACEM is providing administrative support to this committee, which has representation from all involved colleges. At this stage many aspects of the diploma are still to be decided, such as recognition of prior learning (and 'grandfathering'), accreditation of training rotations, continuing professional development requirements. It is anticipated that the first intake of trainees may be in the second half of 2020.

2.3 Bullying and Harassment

The College Board is committed to eliminating bullying and harassment from the intensive care training and working environment. A survey of all Fellows and trainees was undertaken in 2016, which revealed a significant incidence of bullying and harassment. The survey was repeated in 2018 and it was somewhat disappointing, given the efforts that have been made by all the colleges and the health environment generally, that the results were not markedly improved. The results may have been influenced by several factors, including improved awareness of what constitutes bullying, and increased willingness to report it.

The response rate to the second survey was lower than the first, which may possibly indicate a lower incidence in the overall community (people with nothing to report may be less likely to complete the survey) or may perhaps just be a 'survey fatigue 'effect. The issue of bullying and harassment is a standing item at all CICM Board meetings now and will continue to be a matter of importance.

2.4 Indigenous Health Committee

During 2018 the Indigenous Health Committee (IHC) initiated the development of a Reconciliation Action Plan (RAP). The RAP was drafted following extensive investigation into work undertaken by other Colleges and organisations, liaison with industry bodies and committee meetings. Final refinements to the RAP and detailed implementation steps are targeted for presentation to the July 2019 meeting of the CICM Board. A separate Māori Health Working Group is also planned to be established mid 2019; the group will be responsible for the development and implementation of a Māori Health Plan.

IHC members proactively engaged with industry groups during the year. This included representatives attending both the LIME and AIDA conferences. Further the IHC Chair attended the LIME/AIDA Indigenous Health Education Workshop for Specialist Medical Colleges in Canberra in March 2019.

At the 2018 AIDA conference, IHC committee members conducted a workshop which featured four interactive roundtable group discussions. The discussions focused on the introduction of the Modified Early Warning Score (MEWS) and the Paediatric Early Warning System (PEWS) and their application to a number of different patient scenarios. Junior doctors and medical students who participated gained an understanding of how to apply physiological principles to acutely deteriorating patients. The College also sponsored a junior medical officer to attend the conference. Following on from the positive response to these initiatives in 2018, the IHC are again collaborating with AIDA regarding the 2019 conference.

Recognising the importance of research into indigenous health, the IHC also began discussions with the Australian and New Zealand Intensive Care Society (ANZICS) about the potential to work collaboratively on some specific research initiatives.

2.5 Welfare of Fellows and Trainees

Following a recommendation from the College's Welfare Special Interest Group, the Board agreed to engage with Converge International, a professional counselling service that offers confidential, short term support for a variety of personal or work-related personal problems. All Fellows, trainees and College staff now have access to this service. While the usage has not been high, the service has been utilised by a number of people and is felt to have been a worthwhile initiative.

2 Activity against conditions

Nil remain.

Standard 3: The specialist medical training and education framework

Areas covered by this standard: curriculum framework; curriculum content; continuum of training, education and practice; curriculum structure.

Summary of college performance against Standard 3

In 2018, this set of standards was found to be Met.

1 Summary of significant developments

3.1 Curriculum Framework

There have been no significant developments to the curriculum framework since the last report. In the next 12 months, the College will continue to pursue the mapping, or blueprinting, of the curriculum framework (see response to item 4.1 Teaching and Learning Approach).

3.2 The Content of the Curriculum

Since the 2018 report, the College has progressed with a range of initiatives including the design and delivery of the new Advanced Communication Skills Course for trainees. This new course relates to Standard 3.2.3 and offers content in general communication skills for intensive care practice, breaking bad news and communicating with grieving families, using interpreters, open disclosure, cultural humility, speaking up and negotiation as well as skills in feedback. Prior to attending the face-to-face course, an online component must be completed. The online course component is a high-quality resource that contains videos and interactive exercises that help trainees prepare for the face-to-face course. The face-to-face course runs over two full days with interactive teaching including simulation. The first iteration of the course was offered in April 2019 with subsequent deliveries in June, July and September. Feedback from the first run of the course has been very positive.

Following feedback from our trainees, the College has decided to run the course in more rural and remote areas; Cairns (June 2019) and Darwin (July 2019). This will give the many rural trainees an opportunity to access the course without having to fly to a major capital city.

Finally, the core faculty members who created the course will be conducting training workshops in various states for Fellows. This will ensure there is a broad geographical spread of Fellows who can deliver the course; and that delivery is consistent and of a high-quality. It allows the College to offer the course in a wide range of locations that are convenient for trainees and meet the course enrolment demand.

Another curricular content initiative since the previous report is the College's program for the "Intensivist as Educator". Intensive care specialists have key roles as educators (Standard 3.2.7) and as such, the College launched a project in 2018 to review the learning needs of the 'Intensivist as Educator'. A program outline has been developed, which includes the following key topics: 1) Feedback in the clinical workplace, 2) Clinical teaching, 3) Workplace based assessment (WBA), 4) Trainee in difficulty and 5) Mentorship. A working group is developing resources based on these topics. It is expected the resources will be available online for trainees and Fellows in the second half of 2019.

In the next 12 months, the College will hold an Indigenous, Rural and Remote Intensive Care Medicine Conference in Darwin in July 2019. This conference is aimed at bringing together intensive care medicine trainees and specialists to explore the challenges of providing high quality critical care services in regional and rural Australia. A particular emphasis will also be the delivery of culturally appropriate critical care to Aboriginal and Torres Strait Islander patients.

In 2019, CICM will also focus attention on developing specific resources for paediatric trainees and Fellows, as well as the output of the Paediatric Section. With 10 accredited paediatric training units, over 60 paediatric trainees and 89 paediatric Fellows it is an ideal time to develop a more structured approach to how the College delivers the training program to paediatric trainees. Initial plans include creating a paediatric network of interested Fellows to carry out a learning needs analysis on what the College could be doing to support paediatric trainees. In time, the College may look to creating education material specific for paediatric supervisors of training and Fellows.

3.3 Continuum of Training, Education and Practice

In 2018, the College had its first trainee to complete training under the 2014 training program and subsequently gain Fellowship. With more trainees expected to complete the 2014 training program in 2019, the College will be able to explore the 'new' training program from a graduate's perspective. In the next 12 months, the College will begin to evaluate the new training program, particularly the final year of training – the Transition Year. The College plans to survey stakeholders (i.e. trainees, new graduates and Fellows) to explore their experiences, identify any barriers/enablers to the Transition Year position and discover ways to better improve preparedness for intensive care medicine practice.

3.4 Structure of the Curriculum

In the past twelve months there has been minor changes to the requirements of the rural term. The CICM curriculum includes a mandated three-month term in a rural or remote hospital (i.e. a hospital that is not in a capital city or major metropolitan centre). The revised document T34: Guidelines for the Rural Term (See Appendix 2) sets out the criteria by which time spent in a regional or rural setting will be regarded as meeting CICM's requirements and approved for training. This document clarifies the new expectations and is publicly available so that trainees and all members of the College, are clear on the expectations for this stage of the training program. The College has no specific plans for further development in this area over the next 12 months.

2 Activity against conditions

Nil remain.

Standard 4: Teaching and learning approach and methods

Areas covered by this standard: teaching and learning approach; teaching and learning methods.

Summary of college performance against Standard 4

In 2018, this set of standards was found to be Met.

1 Summary of significant developments

4.1 Teaching and Learning Approach

The College has begun to explore online software that will facilitate transparent and user-friendly curriculum mapping. This has been a collaboration between the training and IT departments to identify an appropriate software solution. Over the next 12 months, the College will trial the software to more clearly map teaching and learning approaches to the curriculum content as well as assessment approaches.

4.2 Teaching and Learning Methods

During 2018 the College created the Online Quality Assurance Checklist to assist in the evaluation and design of the training program's online courses. Although this development supports Standard 6, it is also a significant development for Standard 4.2. The Online Quality Assurance Checklist was based on a similar document from the National Health Service and tailored to suit CICM purposes. The checklist has been reviewed by the College Education Committee and will be used to review the quality and design of all online courses. It has already been used to review the Brain Death and Organ Donation course and as a result, enhancements to the course to address identified gaps are in progress. It is also currently being used to inform the design of the new Tracheostomy online course.

The College has launched a logbook for trainees. The logbook is an online record of trainees' procedural experience that can be used for both data collection (i.e. to determine activities taking place in clinical learning), but also as a way for trainees to facilitate reflective practice and the development of teaching and learning goals. The logbook is not a mandatory part of the CICM training program, however already 1100 individual procedures have been logged across 55 accredited sites. The feedback from trainees about the logbook has generally been positive. Over the next 12 months the College will continue to review the logbook and will decide whether this will become a mandatory part of the training program in future.

In 2018 the College become involved in an interprofessional collaborative network called the Australia and New Zealand Clinical Educators Network (ANZCEN). ANZCEN was developed by two Fellows of CICM, it is an inter-professional, inter-organisational community that aims to foster the development and activities of clinician educators in critical care. The first event involved CICM, as well as the Australian and New Zealand Intensive Care Society and the Australian College of Critical Care Nurses. Over the next 12 months, CICM will continue to engage with this inter-professional group as they move to increase interprofessional education in critical care which will be beneficial for the development of our trainees.

2 Activity against conditions

Nil remain.

Standard 5: Assessment of learning

Areas covered by this standard: assessment approach; assessment methods; performance feedback; assessment quality.

Summary of college performance against Standard 5

In 2018, this set of standards was found to be Met.

1 Summary of significant developments

5.1 Assessment Approach

Since last report, the College has completed work modifying the online version of the Final In-Training Evaluation Report (FITER). The FITER is the final assessment and occurs at the completion of the trainee's Transition Year. The FITER now includes a section which requires the supervisor of training to comment explicitly on their opinion of the trainee's competence in providing a high standard of intensive care practice without supervision. This decision informs whether a trainee is eligible to apply for the awarding of Fellowship and therefore progress to practicing as a specialist. The FITER is an assessment approach for trainees in the Transition Year (i.e. only post-2014 curriculum trainees) and is applicable to both general and paediatric training programs. This online form will be launched in the first half of 2019.

In next 12 months the College will look to actively develop a plan to move more assessments online. In particular the College is looking to digitise the Observed Clinical Encounter and Workplace Competency Assessment forms. The College is also looking to move some elements of the examinations online. Over the next few months CICM will explore options to deliver the written component of the examination online. This would have significant improvements for marking the examination and potentially improve access for people to complete the written examination. Careful consideration and confidence in the provider of the online examination and the processes involved is needed before the College will move to an online method for this high-stakes assessment.

5.2 Assessment Methods

During 2018 the College approved the use of the Angoff Scoring system for the Second Part Examination. This approach will be used to make decisions about the pass/fail cut-off score in the 2019 General Second Part Written Exam. The Second Part Paediatric Exam will trial the Angoff approach in 2019 year with potential for application in 2020.

The College also launched in October 2018, a new mandatory supervisor of training workshop and released online learning material about the Workplace Competency Assessments and Observed Clinical Encounters to better support the assessment decisions made by supervisors when completing the various workplace-based assessments.

The College continues to look at ways to improve the training of examiners. Planned initiatives include better induction into College processes and professional development opportunities such as item writing, item calibration and peer review of assessment items. The College believes these activities will help to enhance the examiners ability to write high quality exam questions and answer templates. Further it will increase the examiners confidence in their assessment decision making.

5.3 Performance Feedback

As mentioned above, the College has launched a new mandatory supervisor of training workshop. This professional development opportunity for supervisors includes the following content: learning in the workplace, feedback and managing underperformance. The College processes for assisting the 'Trainee in Difficulty' have been made a feature of the workshop, with a view to better supporting supervisors in the early identification of trainees who are underperforming or not meeting the requirements of the training program. The 'Trainee in Difficulty' component includes a detailed explanation of processes and procedures, a discussion about feedback, education strategies, remediation and documentation of the trainee's performance plan. This new workshop has had positive evaluations from the supervisors who have participated.

In next 12 months the College will launch a range of initiatives to improve the quality of feedback provided to trainees. Firstly, as mentioned in response 3.2, the College is developing a range of resources for the 'Intensivist as Educator'. Part of this online package will include material aimed at improving feedback in the clinical workplace. Additionally, professional development opportunities and a modification to the assessment template will be provided for examiners to improve the written feedback given to candidates who fail the Second Part Examination.

CICM has also recently begun exploring a partnership with the Deakin University Centre for Research in Assessment and Digital Learning (CRADLE), to investigate the feedback culture in specialist medical training from trainee and Fellow perspectives with an aim to improve practices in workplace-based feedback. This project is still in its early stages.

5.4 Assessment Quality

Since the last report, the College has evaluated the Second Part Examination as part of a regular review of assessment quality. Some elements of the examination process will be improved by the professional development for examiners mentioned above (standards 5.2 & 5.3).

Over the last 12 months the College has seen an increase in the number of candidates presenting for examination. Therefore, the College will be exploring the logistics of examination processes to ensure continued fairness, quality and consistency of the assessment given the increasing numbers, while meeting the rising demand.

2 Activity against conditions

Conditions to be addressed in the 2019 progress report

By the 2019 progress report:

Condition 5				To be met by: **2016**
Develop clear criteria for workplace based assessments to ensure trainees understand what constitutes successful completion of each of these assessments. (Standard 5.1.1)				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
			X	
AMC commentary				
The AMC notes that the Assessments Committee has received the feedback from the review of the Workplace Competency Assessments process, and therefore expects the College to finalise work in order to meet this condition by the next report.				

The Assessments Committee has completed the revision of the seven mandatory Workplace Competency Assessments (WCAs). These are: Brain Death WCA, Communication WCA, Central Venous Catheter WCA, Percutaneous Tracheostomy WCA, Pleural Drain WCA, Ventilator Set-Up WCA, Basic and Advanced Life Support WCA's are now available from the College website and can be downloaded.

To further support trainees, supervisors and Fellows with their understanding of workplace-based assessments, the College developed the Workplace Based Assessment Introductory Guide. This online short course covers a range of content from "Is WBA Useful?" to the Training & Assessment Program outline.

The College has recently launched a project to take the WCAs online (as mentioned under section 5.1). It is anticipated that this project's scope will incorporate both the technical development of the online assessments as well as a further review of the content in the context of an online delivery mode.

3 Statistics and annual updates

Examination Activity	**Number of candidates sitting examination**	**Number of candidates passed examination**	**% of candidates passed examination**
First Part Examination (two sittings each year)	124	68	55%
Second Part Examination (two sittings each year)	134	69	51%
Second Part Paediatric (one sitting each year)	12	10	83%

Standard 6: Monitoring and evaluation

Areas covered by this standard: program monitoring; evaluation; feedback, reporting and action.

Summary of college performance against Standard 6

In 2018, this set of standards was found to be Met.

1 Summary of significant developments

6.1 Monitoring and Evaluation

The College continues to monitor and evaluate the quality of its training program on a regular basis, focusing primarily on education & training outcomes and issues arising from training. The monitoring and evaluation occur in both a formal and informal manner, with feedback collected through committees and individuals, as well as through regular surveys, forums and seminars.

As the new curriculum (introduced in 2014), only applied to trainees commencing the program from 2014 onwards, with all existing trainees continuing under the previous training regulations, there has so far only been one trainee complete the 2014 program. It is expected that by the end of 2019, there will be four new Fellows who will have completed the post-2014 curriculum. The College is planning to directly contact each new Fellow and ask them to complete a survey to determine whether the new requirements have had an impact on preparedness for life as a specialist. It is envisaged that while the numbers of new Fellows completing the new program are small, the College will be able to readily communicate with each one and obtain high-quality data that can be used as an evaluation tool. As outlined in 5.3, we have engaged with the Deakin University Centre for Research in Assessment and Digital Learning (CRADLE). This will be an opportunity to analyse the effectiveness of the current workplace-based assessments and look for ways to improve them.

2 Activity against conditions

Nil remain.

3 Statistics and annual updates

Evaluation activity	Issues arising	College response to issues
Quality of Training Survey (twice yearly)	Reports of less than ideal training environment in some settings continues to be of some concern.	Data obtained from the survey is used to inform accreditation visits. Summary data is sent to all units annually
Supervisor of Training Survey	Supervisors seek to be better equipped to improve the delivery of feedback and manage underperformance.	Develop additional modules for supervisor workshops
Partnership with Deakin	Effectiveness of WBAs.	Formalising how to proceed with this project.

Standard 7: Issues relating to trainees

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

Summary of college performance against Standard 7

In 2018, this set of standards was found to be Substantially Met.

1 Summary of significant developments

7.1 Issues Relating to Trainees

The major focus of work for Standard 7 has been further development and refinement of the Trainee Selection Process (see below).

2 Activity against conditions

Condition to be addressed in the 2019 progress report

Condition 9				To be met by: **2018**
Review the processes for selection into the training program to ensure they are rigorous, transparent and fair. (Standard 7.1.2)				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
			X	
AMC commentary				
This condition is overdue and the AMC notes that the process for selection into the program is still under review. The College is asked to focus efforts in this area to ensure selection processes are demonstrably rigorous, transparent and fair.				

Currently the process for selection into the training program involves structured references that are sought from two Fellows of the College and one senior nurse who have each worked with the candidate in a supervisory capacity during the required six months of intensive care experience. Referees are asked to rate applicants on 16 aspects of their performance as a junior medical officer in the ICU. This has been used as a selection tool since January 2014. The requirement for this is documented on the CICM website and the website has been updated to show the aspects of performance that are assessed by the referees. These are:

- Demonstrates a comprehensive knowledge base
- Has some basic knowledge of physiology and pharmacology
- Has clinical experience which demonstrates the ability to exercise sound clinical ability and judgment
- Has a commitment to pursuing a career in intensive care medicine
- Demonstrates problem solving skills
- Demonstrates a commitment to learning and can facilitate the learning of others
- Earns and maintains the respect of his/her colleagues
- Demonstrates interpersonal and communication skills with the ability to work well and efficiently within the health care team
- Can work effectively within teams and as a leader
- Can manage conflict appropriately

- Demonstrates time management skills
- Is able to accept the limits of his/her competence and functions and values the experience of others
- Seeks assistance when appropriate
- Is self-aware and able to recognise his/her behaviours, particularly with regard to correction or criticism
- Is willing to put in the work required to achieve successful outcomes
- Demonstrates integrity and compassion in patient care
- Shows personal commitment to honouring the choices and rights of others and shows cultural sensitivity
- Exhibits high standards of moral and ethical behaviour towards patients and families
- Can advocate effectively for patients

Possible scores for each aspect of performance are:

1. Falls far short of expected standard
2. Falls short of expected standard
3. Expected standard
4. Better than expected standard
5. Exceptional performance

To be selected, applicants must score 3 or more for each aspect of performance. This score requirement has also been added to the website.

Other processes for selection are being developed:

1. A structured Curriculum Vitae (CV) is submitted by the candidate. Applicants are scored on:
    a. Qualifications (postgraduate diplomas, degrees, other Fellowships etc)
    b. Clinical experience in intensive care medicine
    c. Academic achievement
    d. Research and audit
    e. Professional development
    f. Rurality and indigenous origin
    g. Contributions to community

These CVs have been scored since 2016 and the scoring system has been modified twice since then. Since the second intake of 2017 all scores have been entered into a database. To date these scores have been used to refine the tool and have not been used for selection purposes. In 2020 there will only be one intake of trainees in September, rather than the two intakes that occur currently. For that intake, trainees will be given a score for their CV. The scoring matrix will be circulated 12 months before applications for selection close.

2. Situational Judgment Tests (SJTs)

The College has been working on developing SJTs for some time. In October 2018 we entered a partnership with Monash Institute for Health and Clinical Education (MIHCE) to develop a bank of SJTs to be used in the College selection process that should be ready to use for selection for the September 2020 intake above. Since October, work has been done to determine the test domain blueprint, item type and response anchors. An in-person item-creation workshop was held in February 2019 in which a number of Subject Matter Experts met in Melbourne to develop items or questions. Over 100 items were created, and they are now being edited and formatted

by the MIHCE SJT development team. When this phase is complete there will be an item review workshop and hopefully the SJTs will be piloted by the October 2019 selection applicants.
The College believes this process will be demonstrably rigorous, transparent and fair. SJTs have been shown to have higher face validity than many other selection tools, are less impacted by socio economic and cultural bias and coaching has been found to have little effect on their scores. We look forward to incorporating them into our selection process.

Condition 10				To be met by: **2017**
Document and publish the weighting for the various elements of the selection process, in particular the marking criteria, including that applied to the structured references used by the Trainee Selection Panel to deem suitability for training. (Standard 7.1.3)				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
			X	
AMC commentary				
This condition is overdue. The AMC notes that some changes to the process have already been made but the documentation and publication of the elements of the selection process will be completed upon the end of the review work and demonstrated in the College's next report. This work links to condition 9.				

The marking criteria for the structured references have been published on the College website (see Condition 9 above). The marking grid for the structured CV will be finalised at the next meeting of the Trainee Selection Panel which will be held in the next several months. The scoring system for the SJTs will be developed in conjunction with MICHE. The weighting system for the three elements will be developed in the second half of 2019.

3 Statistics and annual updates

Number of trainees entering training program										
Training program	**ACT**	**QLD**	**NSW**	**NT**	**SA**	**TAS**	**VIC**	**WA**	**NZ**	**Total**
2018	6	38	55	1	5	5	34	11	15	170
Aboriginal and Torres Strait Islander and Māori trainees			1						1	2

Number of trainees undertaking training program										
Training program	**ACT**	**QLD**	**NSW**	**NT**	**SA**	**TAS**	**VIC**	**WA**	**NZ**	**Total**
2018	8	82	115	7	31	6	75	32	41	397
Aboriginal and Torres Strait Islander and Māori trainees		1	1						1	3

Number and gender of trainees undertaking each training program				
Training program	**Male**	**Female**	**Unspecified**	**Total**
2018	234	163	0	397

Number of trainees completing training program										
Training program	**ACT**	**QLD**	**NSW**	**NT**	**SA**	**TAS**	**VIC**	**WA**	**NZ**	**Total**
2018	0	7	19	1	3	1	9	8	6	54
Aboriginal and Torres Strait Islander and Māori trainees										

Policy / Procedure	Description of changes
Selection into training	Refer to commentary in response to Condition 9.

Standard 8: Implementing the program – delivery of education and accreditation of training sites

Areas covered by this standard: supervisory and educational roles and training sites and posts

Summary of college performance against Standard 8

In 2018, this set of standards was found to be Met.

1 Summary of significant developments

In order to support the delivery of education at training sites to meet the accreditation standards the College continues to develop the following resources:

8.1 Supervisor Workshop

As outlined in Section 5.3, the supervisor of training workshops have been revised to include learning in the workplace, giving constructive feedback and managing underperformance. The feedback from these workshops has been positive and it is the intention of the College to continue the current format into and beyond 2019.

8.2 Online Hospital Accreditation System

After the successful launch of the first phase of the online Hospital Accreditation System (HAS) in March 2018, the College has continued development on Phases 2 and 3 of this major project. Phase 2 will allow staff and the Hospital Accreditation Committee (HAC) to administer the process completely online and ensure the accurate recording of all accreditation outcomes. This phase will also trigger automated alerts for staff to know when a particular unit has a progress report due. This feature will assist us to remain engaged with our units on a regular basis. Phase 3 of the project is the Director Dashboard, which will allow the College to display a level of transparency with our units that has not been previously available. Instead of only making formal contact once every five years, we intend to use this platform as a main form of communication. If there is a change in administration (e.g. the Director moves on), the unit will still be able to access all accreditation-related documents and important upcoming dates.

8.3 Reporting back to Units

As mentioned in the previous submission, the College has been using results from the Quality of Training surveys to inform Hospital Accreditation visits. In addition to these, annual reports of the summary results are sent to units in December of each year. This has been running for the last two years and the feedback has been positive. A goal for 2019 is to produce and disseminate statistical analysis of trainee performance based on submitted In-training Evaluation Reports. In time, these reports will accompany accreditation information on the Director Dashboard.

8.4 Script for HAC Inspectors

The College is in the process in developing more resources for the members of accreditation inspection teams. Following on from the recent Board meeting and the discussion there about developing the resources for HAC inspectors, the Chair of HAC (Associate Professor Peter Kruger) has developed a list of potential talking points that will be used as a part of an inspector induction course to help with getting the most out of the site visit. This will assist with team member ‘calibration’ to ensure quality and standardisation of the process.

8.5 Protected Trainee Discussion Time

This is a new initiative that the College hopes to build into the program during an accreditation site visit. The objective is to provide trainees with the opportunity to speak confidentially with the trainee representative on the inspection team. From this interaction the College hopes to gain an understanding from trainees of their opinion of the culture and work environment without them being concerned about discussing it in front of Fellows or senior staff members from their workplace.

8.6 Reporting back to Participants

Historically, the outcome of an inspection is only given to the Unit Director and Hospital CEO. The expectation is that the relevant information is then disseminated amongst the staff. Recent feedback indicates that this is not always the case, so the College is developing a mechanism for reporting back to all members of the unit after an inspection.

2 Activity against conditions

Nil remain.

3 Statistics and annual updates

Site Accreditation Activities Jan – Dec 2018											
	ACT	**QLD**	**NSW**	**NT**	**SA**	**TAS**	**VIC**	**WA**	**NZ**	**HK & overseas**	**Total**
Total Number of Sites / Posts visited	0	2	6	1	2	0	7	2	3	0	**23**
Routine visits	0	1	5	1	2	0	5	2	2	0	**18**
New unit Accreditation visits	0	0	0	0	0	0	1	0	0	0	**1**
Application for Accreditation Upgrade visits	0	0	1	0	0	0	1	0	1	0	**3**
Number not accredited	0	0	1	0	0	0	0	0	0	0	**1**
New Unit Applications	0	1	2	0	0	0	2	0	0	0	**5**

Standard 9: Continuing professional development, further training and remediation

Areas covered by this standard: continuing professional development; further training of individual specialists; remediation.

Summary of college performance against Standard 9

In 2018, this set of standards was found to be Met.

1 Summary of significant developments

9.1 Continuing Professional Development (CPD) Program

The College is now halfway through the current CPD cycle and we are pleased with participation rates of Fellows to date. We expect numbers to increase in the next few months as we approach the last quarter of the cycle. At the beginning of 2018, the College conducted an audit of 66 Fellows (5% of our Fellowship) and all had successfully completed the process.

The College endeavours to continuously improve the user experience for Fellows, one new initiative introduced in the last 12 months is the automatic addition of College-run activities to the CPD diary. If a Fellow attends a College event, this activity is automatically added into an individual's diary and considered audited. We have received positive feedback from Fellows regarding this service improvement.

As part of the CPD Program, the College assesses activities and courses run by external providers. These activities are then listed in the online diary. In 2018, over 50 activities were assessed and so far in 2019, 25 more have been assessed. Forefront in the minds of many at the College is the welfare of our trainees and Fellows. Through the e-news and Welfare Special Interest Group, we have been advertising the specific non-clinical activities recognised for CPD that relate to this area.

9.2 College CPD Activities

Along with our CPD program, the College strives to also provide quality educational activities for Fellows throughout the year. The Annual Scientific Meeting is a high-quality scientific conference open to all Fellows and trainees. In 2018 we recorded our highest attendance to date (in Hobart). The program offered an in depth look at Critical Care Cardiology.

The New Fellows Conference is held annually and is open to Fellows within three years of Fellowship. Each year it explores a range of non-clinical topics including communication, non-clinical portfolios, welfare of yourself and others, speaking up against bullying and harassment.
A new initiative in 2019 will be the inaugural Directors Conference. This event will be open to all Directors and Deputy Directors of Intensive Care Departments. The program will explore issues around leadership, both in and out of the hospital setting, and how to promote and maintain good culture in your unit. Other College events that provide valuable CPD for Fellows include; Supervisor of Training Workshops, Examiner Workshops and Regional Committee Events, such as medico legal workshops.

9.3 External Engagement

The College remains actively engaged with the Medical Board of Australia and Medical Council of New Zealand. In preparation for the changes to the CPD requirements of both countries, the Fellowship Affairs Committee and Board have begun discussion around multi-source feedback mechanisms and how to increase and improve Fellows participation in cultural competence activities.

2 Activity against conditions

Nil remain.

3 Statistics and annual updates

The current two-year CPD cycle finishes on the 31 December 2019. It is expected as the cycle end date approaches the participation rates will increase as Fellows enter their activities for the period.

Fellows participating in and meeting the requirements of the College's CPD programs								
Number of Fellows			Fellows currently participating in CPD					
Australia	New Zealand	Other	Australia		New Zealand		Other	
			Total no.	Total %	Total no.	Total %	Total no.	Total %
907	122	118	554	61%	72	59%	46	40%

The College allows Non-Fellows to participate in our CPD program, however very few do so, only nine in total at the moment.

Non-Fellows participating in and meeting the requirements of the College's CPD programs		
Non-Fellowship participating in CPD		
Australia: 3	**New Zealand: 3**	**Other: 3**

Standard 10: Assessment of specialist international medical graduates

Areas covered by this standard: assessment framework; assessment methods; assessment decision; communication with specialist international medical graduate applicants.

Summary of college performance against Standard 10

In 2018, this set of standards was found to be Met.

1 Summary of significant developments

10.1 Assessment of Specialist International Medical Graduates

In 2018, the College modified the process for assessment of specialist international medical graduates to have a betterer alignment with College Regulations and Policy Document T-27: Assessment of Overseas Trained Specialists. Previously, applicants attending the face-to-face interview were advised of the panel's recommendations verbally immediately following the interview. In order to bring the process more in line with regulations and ensure consistency between Australia and New Zealand, the decision was made to have the interview panel's recommendations ratified by the broader Overseas Trained Specialists (OTS) Committee prior to the applicant being advised of the outcome. This move was made to allow greater transparency of decisions between the panel, OTS Committee and the Board, to ensure that the applicant is provided with the fairest possible evaluation of their prior learning and experience.

The College continues to experience a relatively small number of applications and while we acknowledge that numbers of applications could increase in coming years, reflecting the advancement of training programs in ICU around the world, we do not expect any changes to capacity or an inability to meet accreditation standards.

2 Activity against conditions

Nil remain.

3 Statistics and annual updates

New Applicants undertaking Specialist International Medical Graduate Assessment		
Number of new applicants since last progress report:	**Australian Numbers**	**New Zealand Numbers**
	20	**1**

Assessment of Specialist International Medical Graduates		
Phase of IMG Assessment	**Australian Numbers**	**New Zealand Numbers**
Initial Assessment	20	1
Interim Assessment Decision: • Not Comparable • Partially Comparable • Substantially Comparable		
	8	0
	11	0
	1	1
Ongoing Assessment	-	-
Final Assessment	-	-
Total:	**20**	**1**

Appendices

Appendix 1: IC-28 Statement On Gender Balance Within The College Of Intensive Care Medicine.

Appendix 2: T34: Guidelines for the Rural Term

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

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STATEMENT ON GENDER BALANCE WITHIN THE COLLEGE OF INTENSIVE CARE MEDICINE

INTRODUCTION

The College of Intensive Care Medicine is committed to providing an inclusive environment that welcomes contributions from the broad diversity of the intensive care community.

There is a gender imbalance in Intensive Care Medicine in Australia and New Zealand, and also throughout the world. This imbalance is more pronounced within senior academic and leadership positions. There are compelling reasons to pursue gender balance to ensure that intensive care medicine attracts the best medical graduates (of whom more than 50% are women), has a workforce representative of the community of patients it serves and reaps the advantages of diverse leadership teams.

This document outlines the commitments the College makes to promote an inclusive culture across all domains of College activity, with a focus on improving gender balance. In some areas the College has committed to targets for female representation. These are voluntary. They are not quotas and there are no penalties attached to them. Nevertheless, the College has adopted these targets as a statement of intent, recognising that targets are effective drivers of change.

COMMITMENTS

1. Gender balance across CICM leadership

The College will strive to improve female representation in CICM leadership roles by:

1.1 Regularly auditing and publishing female representation across the breadth of College leadership and representation positions including the College Board, speakers at College-affiliated meetings including the Annual Scientific Meeting, College examiners and members of College accreditation teams

1.2 Setting targets for female representation:

For College board members, College examiners and speakers at College-affiliated meetings the targets will be minimum 30% in 2019, minimum 40% in 2020 and 50% from 2022 onwards.

1.2.1 For elected positions such as the Board, the College will work towards these targets by promoting and encouraging diversity.

1.2.2 For positions on committees and other College affiliated roles, where a position remains unfilled, the College will seek suitably qualified candidates with consideration to gender and cultural diversity.

1.2.3 With regard to meeting targets for female representation at all College affiliated fora, the College will:

- Ensure the organising committee has acceptable female representation.
- Publish the College's expectations in the relevant manuals to ensure committees are well informed.
- Aim for diversity throughout all sessions, including balanced gender

representation when choosing session chairs, and particularly avoiding all-male panels wherever possible.
- Strive to invite speakers early, as women may be more likely to turn down late invitations for numerous reasons including greater difficulties travelling to meetings.
- Ensure, where possible, that events are family friendly; this could, for instance, include the provision of childcare facilities at the Annual Scientific Meeting.

1.3 Collaborate formally with the Women in Intensive Care Medicine Network (WIN-ANZICS) Committee.

2. Trainee selection

The College will strive to ensure the trainee selection process is transparent and fair, and to minimise the impact of unconscious bias. This will be achieved by publishing objective criteria for trainee selection and using tools that select for diversity such as Situational Judgement Tests. The College will work towards blinding initial applications and ensure that any training selection panel includes at least one woman and one man. Panellists will be encouraged to undertake training in unconscious bias. Questions, whether written or at interview that could potentially discriminate based on protected characteristics (for example, caring responsibilities or sexual orientation) are prohibited.

3. Employment interviews

College-accredited intensive care units will recruit intensive care doctors at all levels using transparent and fair processes. All employment selection panels should aim for 50% female representation on the interview panel, including at least one senior female and one senior male panellist, preferably both doctors. Questions that could potentially discriminate based on protected characteristics (for example, caring responsibilities or sexual orientation) are prohibited.

4. Flexible workplace environment

The College commits to create and maintain a flexible training program that allows recruitment and retention of a diverse group of trainees, without compromising the rigorous standards for which CICM is recognised.

4.1 The College will support accredited ICUs to offer high quality part-time training positions and part time specialist positions. Accredited units should ensure that parental leave is accessible for trainees and specialists (see Regulation 5.7.3). Pregnant and breast-feeding trainees and specialists should be supported in rosters (eg avoiding night shifts in the third trimester) and in the provision of appropriate private facilities for breastfeeding or expressing breast milk. Appropriate time for these activities should be enabled.

4.2 Where training terms are interrupted by the start or end of parental leave, the College undertakes to provide advice to the trainee as to how the interrupted terms are likely to be accredited before the start of leave, so that the trainee can plan for future training.

4.3 The College will continue to support trainees and specialists transitioning back to clinical work following extended leave including parental leave (see IC-15).

5. Promoting respect and inclusivity within intensive care medicine

The College commits to promoting respect and inclusivity in intensive care medicine

5.1 Ensuring that trainees and fellows are adept at effectively calling out inappropriate behaviour in the ICU by including speaking up in the face of BDSH behaviours and bystander silence in the mandatory communication training for all CICM trainees and

encouraging Fellows to do the same as part of CPD

5.2 In recognition of the insidious impact of unconscious bias on the career progression of minority-identifying doctors, the College undertakes to include unconscious bias training within workshops and symposia specifically addressing how to provide feedback and career advice to trainees in a gender-neutral manner. The College also undertakes to recognise unconscious bias and cultural competence training within the College CPD framework.

Please refer to IC-20 for further detail.

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This document was prepared in collaboration with the WIN-ANZICS Committee.

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GUIDELINES FOR RURAL TERM

1 INTRODUCTION

The CICM curriculum includes a mandated three-month term in a rural or remote hospital. In Australia and New Zealand, a rural or remote hospital can most easily be defined as a hospital **that is not in a capital city or major metropolitan centre**. The College bases the hospital accreditation for rural training on the Rural, Remote and Metropolitan Areas (RRMA) classification. Hospitals in metropolitan centres (RRMA classifications M1 and M2) are **not** suitable for the completion of the CICM rural term.

Zone		**Category**
Metropolitan	M1	Capital cities
	M2	Other metropolitan centres (urban centre population > 100,000)
Rural	R1	Large rural centres (urban centre population 25,000-99,999)
	R2	Small rural centres (urban centre population 10,000-24,999)
	R3	Other rural areas (urban centre population < 10,000)
Remote	Rem1	Remote centres (urban centre population > 4,999)
	Rem2	Other remote areas (urban centre population < 5,000)

Suitable posts to meet the objectives of the rural term in Hong Kong will be approved by the Censor.

For more information about RRMA classifications, see www.aihw.gov.au/rural-health-rrma-classification

2 ABOUT THE RURAL TERM

Training for the three month rural term can occur at any time during the program, and can be in any approved discipline. This requirement may be retrospectively accredited with approval from the Censor. Please refer to section 5 of the College regulations for further information.

3 AIMS OF THE RURAL TERM

The aims of the term are for CICM trainees to explore and experience the unique professional and personal benefits and challenges of working in rural and remote settings. More than 20% of ICU patients in Australia and New Zealand are managed in these settings.

The features of regional and rural practice include:

- Unique and often unusual case-mix.
- Requirement to be adaptable without access to tertiary services.
- Large referral distances (and hence duration) for patients to present to the regional/rural hospital.
- Requirement to manage patients for a prolonged period whilst awaiting retrieval.
- Limited access to speciality services.
- Requirement for some units to transport the patients.
- Emphasis on general ICU principals, rather than sub-speciality practice.
- Become a part of the community and be responsive to community needs.

4 LEARNING OUTCOMES

Specific competencies will not be defined for this term but exposure to key experiences should include:

1. Observing and participating in the continued care of patients with disease, injuries and complaints unique to the particular rural environment.
2. Assisting referral of a range of patients to major metropolitan centres for emergency or elective service provision including appropriate selection, planning, coordination and transfer information and follow-up. This may also include the stabilisation and transport of patients to the tertiary referral centre.
3. Managing patients in an environment with limited access to specialist referral and limited support.
4. Using telemedicine to support clinical services and continued professional development.
5. Managing patients in an environment with limited access to diagnostic services.
6. Working with health professionals who may need to have clinical roles with broader scope than equivalent metropolitan professionals, in order to ensure that rural patients have comprehensive care.

References and sources

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Further reading

Document Control

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Publishing Statement

Published by CICM: March 2019 This Professional Document has been prepared with regard to general circumstances, and it is the responsibility of the practitioner to have regard to the particular circumstances of each case, and the application of this document in each case. The college's Professional Documents are reviewed from time to time, and it is the responsibility of the practitioner to ensure the current version has been obtained. Professional Documents have been prepared according to the information available at the time of their publication, and the practitioner should therefore have regard to any information, research or material which may have been published or become available subsequently. Whilst the college endeavours to ensure its Professional Documents are as current as possible at the time of their preparation, it takes no responsibility for matters arising from changed circumstances or information or material which may have become available subsequently.