



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

PRESIDENT'S REPORT TO REGIONS CICM BOARD MEETING JULY 2019

The College Board meeting was held on 25 and 26 July at the offices in Melbourne.

The Board welcomed new Board Members; Nhi Nguyen, Neil Orford and Nicky Dobos (New Fellows Representative). Newly appointed Trainee Representative, Derick Adigbli, ANZICS President Stephen Warrillow and ANZCA President Rod Mitchell were also in attendance.

HONOURS

A number of Fellows were congratulated for the following awards;
Associate Professor Richard P. Lee, Member of the Order of Australia (AM)
Dr Michael C. Reade, Member of the Order of Australia (AM) Military Division
Dr Penelope C. Stewart, Medal of the Order of Australia (OAM)
Professor John A. Myburgh, Doctor of Science, UNSW

FROM THE OFFICE

The College has recently welcomed some new staff members; Jackie Tunnecliff our new Education Advisor, Angela Dalit as Policy Coordinator and Ashley Leek as the new Administrative Officer for Hospital Accreditation.

TRAINEE SELECTION

Trainee Selection Policy

As reported at the last Board Meeting, the College is implementing some changes to the Trainee Selection Policy. As of January 2020, the College will:

- Utilise Situational Judgement Tests as a part of selection onto the program;
- Reduce the registration intake from two to one per year. The last intake on the current system will close on the 30th of October 2019;
- Use a revised scoring matrix for the structured CV.

We have recently partnered with Monash Institute for Health and Clinical Education to drive the development and implementation of the situational judgement tests (SJT). A group of subject matter experts have been working to create, refine and assess the SJT and these will be piloted in 2019 before being used in the selection of trainees in 2020.

Single Annual Intake

The College has received feedback from several regions who have expressed concern regarding the delays that could occur for future trainees starting Core training when we move to one annual intake in 2020. The training department presented the Board with data that shows from 2013, most trainees wait 12 to 24 months after being accepted into the program before attempting the First Part Examination. The training department has also analysed both the NZ and Australian training years in depth and concluded that neither location will be unfairly disadvantaged by this change. The key message for prospective trainees is to be organised and plan well to ensure minimal delays.

INTENSIVE CARE CULTURE

Following the session on Culture at the ASM, the Board have committed to developing strategies to ensure intensive care units provide a positive work environment. The Board discussed the different roles the College can take while acknowledging the limitations we have due to not being the employer. A working party of Board Members, Welfare SIG members and other interested and relevant parties will be invited to a workshop in November to develop a plan to address this on-going issue. The Board recognise that this will not be an issue that can be resolved overnight. However, the Board is committed to ensuring ongoing change and improvement.

EXTERNAL AFFAIRS

ANZICS

The Executive groups from both the College and ANZICS have agreed to meet annually following the July Board Meeting in Melbourne. Matters discussed during this July meeting included co-location, welfare issues and global health initiatives.

ANZCA

Both Colleges remain engaged and interested in exploring dual training options that will assist future trainees progress through both training programs. This item will remain on the Education Committee agenda and will include discussions around the First Part Examination.

Medical Board of Australia

At a recent stakeholder meeting, the Medical Board of Australia announced the new Trainee Survey that will be sent to all junior doctors when they complete their registration. Unfortunately, this will not be able to replace the CICM trainee survey for some time yet. Strengthened CPD was also discussed with one of the proposed changes to the registration standard being the requirement for all fully registered doctors (including vocational trainees) to complete CPD, via a nominated CPD home. This poses several questions, including what constitutes an accredited CPD home and why a recognised vocational training program is not a valid substitute for CPD. There is to be further consultation on these matters, and it will likely take some time until a final outcome has been reached. The College remains engaged in discussions.

NEW FELLOWS WORKFORCE SURVEY

The College and ANZICS developed a survey for new Fellows that was sent in May to those who graduated between 2016 and 2018. A full analysis will be published in the coming months however early results were positive. The response rate was 67% and 93% of participants indicated they are currently employed as an intensive care consultant, with only 23% not in full time employment as desired. Also pleasing to note was that 80% of respondents were satisfied with their work-life balance.

AUSTRALIAN MEDICAL COUNCIL

The College submitted the 2019 annual report in June and are awaiting a response from the AMC. As we now have very few Conditions and Recommendations to address our final annual report of this accreditation cycle next year should be straightforward. Our current period of accreditation expires in March 2022, meaning in 2021 we will be required to undertake a full accreditation assessment. This will be an enormous task for the College and work began at the Board Meeting with small working parties each being assigned a Standard. The first steps of the process will be to analyse the Standard to assess if we are fulfilling the requirements and if not, how do we ensure we meet them for the 2021 accreditation.

POLICY DOCUMENTS

College Policy Documents are reviewed every five years and the Board approved updates to the following documents:

- IC-7 Guidelines on Administrative Services to Intensive Care Units
- Corporate Policy: Intellectual Property
- Corporate Policy: Financial Delegations

These documents will be updated on the College website.

IC-14 Statement on Withholding and Withdrawing Treatment is a joint statement with ANZICS, and review of this document will begin once the review of the ANZICS Statement on Care and Decision Making at the End of Life has been completed by the ANZICS Death and Organ Donation Committee.

The College also continues work on a Sustainability Statement with a final draft expected at the November Board Meeting.

CICM EVENTS

ASM

The 2019 ASM report was tabled at the meeting and the Board was pleased to see positive feedback from delegates. With over 400 attendees, numbers exceeded expectations and the Board expressed gratitude to the organising committee for ensuring such a successful event. Planning for 2020 in Wellington is well underway with the Board requesting a session in the main program dedicated to culture and welfare issues. The 2021 ASM will be held in Perth and it was agreed to move the conference forward a day to assist with travel arrangements, so the ICU Update/Trainee Symposium will be held on a Wednesday with the ASM running from Thursday – Saturday.

INDIGENOUS HEALTH

The Indigenous Health Committee has been working on a number of projects, including the Australian Reconciliation Action Plan (RAP). The RAP is a formalisation of the College's commitment to continued reflection and action to increase our engagement with Aboriginal and Torres Strait Islander peoples. The Board approved the draft RAP which will now be sent to Reconciliation Australia for comment and approval. The Committee will next begin work on a Maori Health Plan in conjunction with Te Ora.

The College will continue its involvement with the Australian Indigenous Doctors Association Conference, with a Fellow-led workshop planned.

Other initiatives being undertaken by the College include the continuation of sponsorship of Indigenous trainees to the ASM.

SPECIALIST TRAINING PROGRAM

As part of the Specialist Training Program, the College receives funding to be used for educational support projects, which must be approved by the Australian Department of Health. Two projects were approved; a Rural and Regional Conference and the Advanced Communications Course. The first Rural and Regional Conference was run in Darwin in July and attracted over 80 delegates and was well received. The program explored issues around indigenous health and working in remote and resource-poor areas. The next conference will be in Alice Springs in 2020. The Communications Course has been extended from one to two days and has now been run in both Cairns and Darwin, each fully subscribed.

ASSESSMENTS

Capacity to Examine

The Assessment Committee and Board continue to look at the College's capacity to examine for the Second Part Examination. A number of scenarios were discussed with the Board supportive of the Second Part Examination Committee's first steps of; holding the second sitting each year in Sydney and Melbourne alternatively, increasing the number of sites for the hot cases and increasing the length of the Viva day if necessary. The Committee will also be reassessing the current practice of results being released on the final day of the exam as well as the celebration.

EDUCATION

Supervisors of Training

The following Supervisor appointments were noted;

New applications	Hospital
Monique Leijten	Liverpool Hospital, NSW
Shekhar Dhanvijay	Ng Teng General Hospital, Singapore
Mohammad Hamidi	Westmead Hospital, NSW
Lee Tam Teo	John Hunter Hospital, NSW
Nancy Jiang	John Hunter Hospital, NSW
Andras Nyikovics	Mater Health Services, QLD
Sacha Richardson	The Alfred Hospital, VIC
Bevan Vickery	Auckland City Hospital (CVICU), NZ
Kiran Deol	Westmead Hospital, NSW
Ben Murrin	Waikato Hospital, NZ
Geoff McCracken	Waikato Hospital, NZ
Gururaj Nagaraj	Sunshine Coast University Hospital, QLD
Anne-Marie Welsh	Sunshine Coast University Hospital, QLD
Anne-Marie Mitchell	North Shore, NZ
Enda O'Connor	St James Hospital, Ireland
Vishwanath Biradar	Lyell McEwin Hospital, SA
Philippe Le Fevre	Box Hill Hospital, VIC
Ravi Krishnamurthy	Bunbury Regional Hospital, WA
Joanna Longley	Hervey Bay Hospital, QLD

Focused Cardiac Ultrasound Assessors

The following Focused Cardiac Ultrasound Assessors appointments were noted;

Applicant	Hospital
Peter Brunker (non CICM Fellow)	St George Hospital, NSW
Ashley Mattson (non CICM Fellow)	Royal Hobart Hospital, TAS
Kiran Deol	Westmead Hospital, NSW

Atul Gaur	Gosford Hospital, NSW
Ramanathan Kollengode	National University Hospital, Singapore

HOSPITAL ACCREDITATION

The following hospital accreditation decisions were noted:

Hospital	Pre-2014 curriculum	Post-2014 curriculum
Greenslopes Private Hospital (QLD)	C6: Restricted To 6 Months	Limited General Training Cardiac
Wesley Hospital (QLD)	C12: Restricted To 12 Months	General Training Cardiac
Gosford Hospital (NSW)	C12: Restricted To 12 Months	General Training
John Hunter Hospital (Adult) (NSW)	C24: Restricted To 24 Months	General Training Cardiac, Neuro, Trauma
Cairns Base Hospital (QLD)	C12: Restricted To 12 Months	General Training P12
St Andrew's War Memorial Hospital (QLD)	Basic	Foundation
Werribee Mercy Hospital (VIC)	Basic	Foundation
Sunshine Coast University Hospital Paediatric Unit (QLD)	Basic	Foundation
St George Hospital (NSW)	Accreditation not renewed	

ADMISSION TO FELLOWSHIP

The following admissions were noted;

First Name	Surname	State/Country
Anton	Zadoya	VIC
Aashish	Kumar	QLD
Melanie	Jansen	QLD
Vidyesh	Wakade	NSW
Michelle	Gilchrist	NSW
Joanna	Longley	QLD
Clark	Maul	NSW
George	Zhou	WA
Jason	Wright	NZ
Owen	Milne	NSW

Thomas	Burbidge-King	WA
Hussam	Abdelkarim	VIC
Aditee	Parab	NSW
Loki	Johnk	QLD
Jillian	Lee	NSW
Edward	Briggs	WA
Liam	Quinn	NSW
Thomas	Flett	WA
Atul	Wagh	NSW
Angelo	Justus	QLD
Liam	Byrne	ACT
Alyssia	Haling	VIC
Jessica	Lane	NSW
Hamish	Lala	NZ
Jatinder	Grewal	QLD
Guido	Janssen	SA
Matthew	Ostwald	QLD

FINANCE

The Profit and Loss statement for the year to date (January to June) was presented to the Board. Most income and expenditure items are close to budget and at this stage it is likely that we will end the year making a small operational surplus of around 5% of our income.



Dr Raymond Raper AM

President, College of Intensive Care Medicine of Australia and New Zealand