



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

## PRESIDENT'S REPORT TO THE REGIONS – NOVEMBER BOARD

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The College Board meeting was held on 24 & 25 November at the offices in Melbourne. The Board welcomed regular guests, ANZICS President Marc Ziegenfuss and ANZCA President David Scott.

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### COLLEGE NEWS

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#### **Designated Gift Recipient Status**

The College has been classified as a Designated Gift Recipient (DGR) organisation by the Australian Tax Office. DGR status means that anyone who chooses to make a donation to the College can claim it as a tax deduction.

#### **College IT Projects**

The College undertakes a number of IT projects throughout the year that affects both trainees and Fellows. Currently the following projects are underway;

CPD Module: changes are being made to the current CPD module to comply with MCNZ requirements and improve the usability for all our Fellows by making it mobile responsive. Testing of these changes is underway and the new system will be launched early in 2017.

Members Portal Refresh: The purpose of this project is to improve the usability of the Members Portal by updating the design and making it mobile responsive.

Hospital Accreditation Dashboard: This project is in the very early stages with business requirements drafted and sent to the developer to obtain a high level quote for the project. The aim of the project is to create an online data sheet and hospital dashboard which will be available to unit Directors and accreditation teams. It is hoped that stages of the project will be rolled out throughout 2017.

Final ITER Project: The standard ITER requires modifications for the final period of training, which will be the second six months of the transition year. The business requirements are currently being drafted.

Trainee Dashboard for Pre-2014 Trainees: The trainee dashboard was initially constructed to cater for trainees on the new curriculum. We are currently finalizing modifications to include the pre-2014 trainees as well.

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## FELLOWSHIP AFFAIRS

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### Revalidation

The Medical Board of Australia has established an Expert Advisory Group to propose the future model for revalidation in Australia. The process is still underway; however the likely approach is a two pronged model: strengthened CPD and, separate to this, a mechanism for identifying and assessing at-risk and poorly performing practitioners. The College remains engaged with the Medical Board and will communicate any relevant information to the membership.

### Regional/National Committee Updates

Minutes and reports from almost all Regional and National Committees were tabled at the Board. There have been a number of events and meetings held across the regions including Trainee Presentation Nights and education days for trainees. The Board have committed to supporting the regions with these activities and will continue to do so by providing administrative support for registration and advertising. For courses charging a registration fee, the College can process payments and keep funds in a sub-ledger to pay the relevant invoices and costs.

### Annual Fellowship Subscription

The Board voted to again increase the annual Fellowship subscription fee for 2017 by CPI, which this year is 2%. In view of the increased administration required to support the training program, the Board voted to increase the annual training fee by 5%.

### Fellow Education Workshops

To date in 2016 the College has held workshops in Western Australia, Queensland, Northern Territory, Singapore, New Zealand, Victoria and Queensland. Two final workshops are being held in New South Wales and Hong Kong in December.

A number of topics were covered during these workshops. In the ACE Calibration Workshops participants were introduced to the educational theory underpinning workplace based assessment and were then given the opportunity to gain experience assessing simulated observed clinical encounters utilising videos and a number of assessment instruments.

In some of the workshops, time was allocated to reviewing individual trainee progress and performance. This exercise has proved useful in some states particularly in terms of developing strategies to support trainees with identified difficulties. One of the most useful aspects of these workshops has been the opportunity to update Fellows on the new curriculum in a Q&A style format.

One of the unforeseen benefits of these workshops has been the networking opportunities provided for the Fellows many of whom have not had the opportunity to spend quality time with their colleagues in this type of setting plus it allows an open dialogue regarding some of the College related issues faced by Fellows

The recent Queensland workshop focussed on resilience and team building. Paediatric intensive care social worker, Liz Crowe, presented a 5 hour program that was very well received. The day explored individual resilience and wellbeing as well as working in a team environment and addressed issues surrounding bullying and harassment.

The proposed plan for 2017 is to invite Liz Crowe to speak at a workshop and Bruce Lister to run a truncated version of the program in the other regions.

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## TRAINING & ASSESSMENTS

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### **Trainee Selection**

The Board dedicated a full session on Friday 25<sup>th</sup> November to discuss trainee selection and possible improvements to the process. The issue was discussed at length and it was agreed that some changes to current policy will be trialled over the next 12 months. Changes to the types and number of references were signalled and a scored structured CV was discussed. Felicity Hawker, the Director of Professional Affairs, will also begin working on a project on situational judgement tests that may be used in a future selection process. At the same time a working party has been established to investigate and define what the limiting factors are to our capacity to train, ie to guarantee that all trainee accepted into the program will have adequate exposure to the necessary training experience and procedures.

### **Quality of Training Survey**

The College conducts twice yearly surveys of all active trainees regarding quality of training and the training environment. We have been exploring how to construct a brief summary report of the relevant items in the survey, which can provide feedback to the accredited training units of their results, in comparison to the overall results. The College recently obtained new software called Tableau which is a data analysis tool. This software can now be used to analyse the results of the Quality of Training Survey and the draft reports were tabled at Board. For units that have had less than five responses across the four surveys, a generic report will be sent. This report will provide a summary of surveys across all units. For units that have had at least five responses to the survey, a comparative report will be sent. This report will compare the specific unit's results against the overall result for all units.

### **Specialist Training Positions (STP) Funding**

The Department of Health has announced that funding for the current 900 STP funded positions is guaranteed for 2017, however there are to be no additional positions, so any new applications will be added to a reserved list in case there are unfilled posts. The College currently has 16 positions (three of these are for the anaesthetic component of intensive care training).

### **Examination Committees**

The Board discussed the structure of the College examination committees and it was agreed that it would be appropriate that the Chair of Assessments would be an ex-officio member of each examination committee. This should facilitate the flow of information to and from Board.

## Examiner Distribution

Regional breakdown	First Part	Second Part	Second Part Paediatric
ACT	1	1	0
Canada	0	0	1
Hong Kong	0	2	0
New Zealand	3	5	2
NSW	7	16	3
NT	4	0	0
QLD	14	12	2
SA	4	3	1
TAS	0	2	0
United Kingdom	0	0	1
VIC	3	9	2
WA	0	2	1
<b>TOTAL</b>	<b>36</b>	<b>52</b>	<b>13</b>

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## EDUCATION

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### Supervisors of Training

The following new Supervisors have been appointed:

Applicant	Hospital
Arvind Rajamani	Nepean Hospital, NSW
Celia Bradford	Royal North Shore Hospital, NSW
Dimity McCracken	Orange Health Service, NSW
Kerry Benson-Cooper	Auckland City Hospital, NZ
Ritesh Sanghavi	Campbelltown Hospital, NSW
Jonathon Fraser	Royal Adelaide Hospital, SA

## **Focused Cardiac Ultrasound Assessors**

The following approved Focused Cardiac Ultrasound Assessors have been appointed:

<b>Applicant</b>	<b>Hospital</b>
Joanne Ritchie	Middlemore Hospital, NZ
Sachin Gupta	Frankston Hospital, VIC
Andrew Casamento	Austin & Northern Hospitals, VIC
Brett Sampson	Flinders Medical Centre, SA
Jonathon Buckmaster	Royal Hobart Hospital, SA

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## **POLICY**

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### **Code of Conduct**

The Board ratified the new CICM Code of Conduct that outlines the College's expectations of practice and behaviour for its Fellows, outlined in terms of knowledge, skills, values and relationships as applied to the training of intensive care specialists and the delivery of care to patients. The document will be published on the website under Professional Documents.

### **Joint Statement on Rapid Response Systems**

In late 2014 the College and ANZICS began work on a joint position statement on rapid response systems and the role of intensive care in them. A steering committee of 10 members was formed and 34 Fellows/Members from Australia and New Zealand were approached to work on various aspects of the statement. The authors were split into groups and each tasked with answering a different question. Throughout the last two years these groups have been working collaboratively on the document and a draft was sent to the regional committees of both organisations earlier this year. Following extensive feedback and alterations to the draft, a final version of the document was tabled at both the ANZICS and CICM Board where it was unanimously approved. The statement will shortly be published on the College website.

The Board approved the creation of a supplementary policy document to further define the College's expectations for resourcing and staffing of ICU-led rapid response teams. This will be developed over coming months.

### **Regulations**

A small working party of College staff and Board members recently conducted a review of the College Regulations. Since the development of the new College, the Regulations have remained unchanged with the exception of Regulation 5 which relates to training and assessments. Following the review, the working party proposed a number of updates to the Regulations, the changes were all minor corrections, re-wording and updating to reflect current practice. A log of these changes is available if requested. The updated Regulations will be published on the website.

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## HOSPITAL ACCREDITATION

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The following hospital accreditation decisions were noted;

<b>HOSPITAL</b>	<b>Pre-2014 Curriculum</b>	<b>Post-2014 Curriculum</b>
<b>Norwest Private Hospital</b>	C6: Restricted to 6 months	Limited General Training
<b>Children's Hospital at Westmead</b>	C24	General Training; Cardio, Neuro, Trauma
<b>Christian Medical College</b>	C12: Restricted to 12 months	General Training; Neuro
<b>Ng Teng Fong General Hospital</b>	C24: Restricted to 24 months	General Training; Neuro, Trauma
<b>Calvary Mater Newcastle Hospital</b>	C6: Restricted to 6 months	Limited General Training
<b>Epworth Hospital (Richmond)</b>	C12: Restricted to 12 months	General Training; Cardio
<b>Robina Hospital</b>	C6: Restricted to 6 months	Limited General Training
<b>Prince Charles Hospital</b>	C12: Restricted to 12 months	General Training; Cardio
<b>St Vincent's Hospital</b>	C24: Restricted to 24 months	General Training; Cardio, Neuro, Trauma
<b>Calvary Wakefield Hospital</b>	C6: Restricted to 6 months	Limited General Training; Cardio
<b>Tamworth Rural Referral Hospital</b>	C6: Restricted to 6 months	Limited General Training; Rural
<b>Flinders Medical Centre</b>	C24: Restricted to 24 months	General Training; Cardio, Neuro, Trauma
<b>Rockhampton Hospital</b>	C12: Restricted to 12 months	General Training; Rural, Paeds (A-P12)
<b>Lyell McEwin Health Service</b>	C12: Restricted to 12 months	General Training
<b>Concord Repatriation General Hospital</b>	C12: Restricted to 12 months	General Training
<b>Sydney Adventist Hospital</b>	C6: Restricted to 6 months	Limited General Training; Cardio

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## EXTERNAL AFFAIRS

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### **Organ and Tissue Authority**

On the Wednesday preceding the Board meeting, the Presidents of both ANZICS and CICM with relevant members of staff met with the OTA executive. This meeting was extremely productive as it cemented the important relationship the authority has with the two organisations. The group discussed concerns regarding the recently drafted %Best Practice Model+document and further discussion of this document will be held in the coming months. Both CICM and ANZICS were extremely pleased with the opportunity to meet with the OTA in person and it was agreed that annual meetings would be scheduled.

### **Retrieval Medicine**

The Board was updated on the developments in retrieval medicine and the proposal from ACEM to form a Faculty of Pre Hospital and Retrieval Medicine. The College are supportive of this venture however wish to ensure that appropriate representation of intensive care remains a priority. Neil Widdicombe from QLD is the Colleges representative on the current ACEM Pre Hospital and Retrieval Medicine Committee and remains an active participant and a vital link between the Colleges. The CICM Retrieval Special Interest Group will remain engaged with the process. The College is now awaiting an official memorandum of understanding to be sent.



### **Associate Professor Charlie Corke**

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