



COLLEGE OF INTENSIVE CARE MEDICINE OF AUSTRALIA AND NEW ZEALAND

REPORT FROM THE CICM BOARD MEETING JUNE 2012

The recent College Board meeting was held on 21st and 22nd June at the College Offices in Melbourne. Guests at the meeting included Lindy Roberts, President of ANZCA, Leslie Bolitho, President of RACP, Mary White, President of ANZICS, Richard Lee; the Curriculum Review Committee Representative. The Board welcomed new member Dianne Stephens and Trainee Representative Rob Bevan to their first meeting.

The following Fellows were congratulated on receiving awards;

Dr James Judson, Member of the New Zealand Order of Merit
Dr Ray Raper, Member of the Order of Australia
Dr Malcolm Wright, Member of the Order of Australia
Dr Drew Wenke, Medal in the Order of Australia

INTERNAL AFFAIRS

Australian Medical Council

The latest AMC annual report is due in the third week of July, the College should meet all the required recommendations for 2012 and the CEO, Phil Hart, and Director of Professional Affairs, Felicity Hawker, are finalising the report. There is work to be done on the 2013 and 2014 recommendations including issues surrounding a Trainee Selection Policy and Community Representation within the College.

College Corporate Structure

The Board have supported the CEO moving forward in developing a formal corporate structure with opportunities for staff to develop into senior roles in the organisation.

Norva Dahlia Award

Since the Australasian Academy of Critical Care was wound up in 2010, the College has been working on creating an award using the funds from there and the Norva Dahlia Foundation. The

Board have now ratified guidelines for a study grant to assist Fellows and Advanced Trainees of the College in furthering their professional and scientific training in intensive care medicine. The grant may be used for a short term project or short period of study. Recipients will be expected to deliver a tangible outcome from the project or period of study, for example a publication or presentation at a significant scientific meeting. Grant applications will be assessed by a Board appointed panel. A call for applications will be made in due course

Introduction to Intensive Care Video

The College has produced a four minute video to introduce people to the speciality of Intensive Care Medicine. The video will be available on the College website and also for distribution to the regions for university open days.

Hong Kong Committee

Gavin Joynt presented the Board the Chinese literal translation for Fellow, College of Intensive Care Medicine of Australia and New Zealand, which is as follows:

澳洲及紐西蘭深切治療科院士

EXAMINATIONS

Primary Examination

A new examiner was admitted to the Panel of Examiners for the Primary Examination Committee, Dr Paul Goldrick.

The Primary Examination Committee has agreed that capping the examination attempts at five is appropriate. Formal changes to the Regulations regarding all the examinations will be taken to the November Board meeting.

The Board have approved a CICM Primary Medal that can be awarded to the candidate who scores the highest mark in the Primary Examination. The rules surrounding the medal will be similar to those governing the Don Harrison medal.

General Fellowship Examination

Dr Mary Pinder has now taken over as Chair of the General Fellowship Examinations Committee and Dr Jeremy Cohen has been appointed the Deputy Chair of the General Fellowship Examinations Committee.

EDUCATION AND TRAINING

Education Committee

A number of SOT's were approved at the recent Board meeting. The Board discussed holding a pilot education meeting in 2013 targeting SOT's and examiners. If the pilot meeting is successful a special interest group could be formed in the future with an annual meeting to be held. Dr C Corke will pursue this.

Trainee Committee

The Board ratified changes to the Regulations regarding election to the Trainee Committee and election and term of the Trainee Representative to the Board. All changes can be found in the updated Regulations on the website under 2.17.

HOSPITAL ACCREDITATION

Hospital Accreditation Committee

The following hospitals have undergone recent HAC inspections and continue to be accredited for training:

Cork University Hospital, Ireland	C12
Geelong Hospital, Victoria	C12
Warringal Private Hospital	C6
Bundaberg Base Hospital	Basic
Macquarie University Hospital	Basic

RURAL & REMOTE

Rural Update Course – Byron Bay

Planning for the second Rural Update course in Byron Bay (March 2013) is underway and Mike Anderson is working on the program and speakers.

Indigenous Communication DVD

Following another grant from the RHCE, the College have begun work on a communication DVD for doctors dealing with indigenous patients. Filming will begin in the second week of July in Alice Springs

Rural Newsletter

The College will begin working on a rural newsletter focussing on issues and events in rural and remote areas. The newsletter will be sent to all Fellows and Trainees with an opt-out option for those who do not wish to receive it. ANZICS have agreed to share the mailing list for rural practitioners so the newsletter can reach non Fellows practising intensive care.

CONTINUING EDUCATION

2013 ASM: 31st – 2nd June, Wellington

Planning for the 2013 ASM is well underway with a scientific program, speakers and venues all being confirmed. Sponsorship is progressing very well with booths already sold for the 2013 event.

Future ASM Locations

The Board discussed locations for the 2014 and 2015 ASM. As the Sydney Convention Centre is being closed for renovations, there are no venues that can fit the requirements for the ASM in Sydney, therefore it was decided that in 2014 the ASM will be held in Brisbane. Following that, in 2015 the meeting will be held in one of the smaller regions again.

FELLOWSHIP AFFAIRS

Admission to Fellowship by Examination and by the OTS Pathway

The following were formally admitted to Fellowship:

Nicholas Randall	NZ
Eng Lee	SING
David Crosbie	VIC
Matthew Brain	VIC
Madhav Pendyala	NSW
Veerendra Jagarlamudi	NSW
Syed Huq	NSW
Shashi Krishnamurthy	NT
James Anstey	VIC
Asako Ito	NSW
Michael Park	NZ
Rosalba Cross	NSW
Luke McKean	QLD
Máté Rudas	NSW
Markus Skrifvars	NSW
James Winearls	QLD
Nevin Kollannoor	NSW

Ramanathan Lakshmanan	NSW
Anupam Chauhan	TAS
Christopher Poynter	NZ

FINANCE

The College's financial situation is very sound and on budget for the year to date. The Board discussed the current asset base and what possible investments strategies could be investigated in the future. It was agreed to seek expert advice on this.

CURRICULUM REVIEW

Core Resolutions of the Curriculum Review

The Board considered the recommendations of the Curriculum Review Committee. The President thanked Richard Lee for the enormous amount of effort and skill he has brought to the task of re-writing the curriculum documents and in bringing the work of the committee to this point. The general resolutions of the CRC were accepted by the Board, a summary of these resolutions is below. The plan is to have the Curriculum finalized by the end of 2013 and implemented by the start of 2014.

The focus of the Curriculum Review Committee now shifts to implementation of the agreed changes. A major part of the implementation will be involving the Supervisors of Training in the development of the agreed assessment processes, in particular the construction and use of the on-line trainee portfolio. It is anticipated that most of the work of implementation, including the 'build' of the on-line system, will be accomplished within the next 12 months.

Curriculum Resolutions For Training in General Intensive Care Medicine

1. Intensive Care Training time

Intensive Care Medicine training time within the current 6 year program will be increased to 3.5 years, consisting of six months 'foundation' training, two years 'core' training and one year 'transition to specialist' training.

2. Introduction of a Transition Year of Training

The Transition Year of training will be introduced as the final year of training, following successful completion of the Second Part Examination, with a focus on the transition to specialist.

3. Medical Term

The 12 month Medical Term will be maintained. This term requires 6 months in acute medicine (which may be in an emergency department) and 6 months with responsibility for longitudinal care of medical patients

4. Anaesthetic Term

The Anaesthetic Term will be maintained at 12 months duration and a logbook, specified online courses, competency assessment and airway course requirements will be added to meet the aims of the term.

5. Exposure to Paediatric Intensive Care

Trainees will be required, as a minimum exposure to paediatric intensive care, to either:

- a. Spend 6 months training in an accredited PICU; or
- b. Spend 12 months training in a general ICU with adequate paediatric exposure as approved by HAC; or
- c. Attend an accredited paediatric course eg: APLS, APICS, Paediatric BASIC

6. Exposure to Rural Practice

All trainees will be required to spend at least 3 months in a rural hospital during training (not necessarily in intensive care).

7. Limited time in one training location

Trainees may spend no more than 24 months of core and transition training in intensive care units on any one campus.

8. Oversight of Assessment

An overarching committee will be formed, the Assessment Committee, to oversee assessment modes including examinations, ITERs, Work-Based Competency Assessments, online and course based assessments to ensure coordinated, balanced and continuous assessment throughout training and blueprinting of assessment to the curriculum. Peter Morley has been made Chair of this committee.

9. Progression

Trainees must satisfactorily complete the First Part Examination or accepted equivalent before entering the core years of training.

Trainees must satisfactorily complete the Second Part Examination before entering the transition year

10. Broad Experience

The terms Basic and Advanced Training will be removed. All trainees must complete terms in ICUs which are accredited for and provide adequate experience in each of the following:

- a. Trauma ICU
- b. Neurosurgical ICU
- c. Cardiothoracic surgical ICU

11. Assessment Focus

There will be an increased focus on Workplace Based Assessments (WBAs) and courses throughout training including:

- a. Regular submission of an In-Training Evaluation Report (ITER), which maps the stage of the trainee's development in independence, responsibility and skill accumulation. The ITER will include a preliminary interview for discussion of learning needs at 2 weeks, a formative assessment at 8-12 weeks and a summative assessment at 6 months (to be submitted to the college), coordinated by the SOT, during each 6 month term. Similarly at 2 weeks, 2-3 months and 6 months, plus a 12 month summative assessment, for 12 month terms;
- b. Introduction of a concise suite of core Workplace Competency Assessments (WCAs) to be completed at stages during training;
- c. Assessment within online learning packages;
- d. Assessment within courses.

12. Submission of Assessments

All WBAs will be summative and will need to be completed annually by the determined stage of training.

In the first instance this includes all 6 month ITERs, all Workplace Competency Assessments, all online learning packages and all course assessments.

Suggested mandatory WCAs conducted by local assessors (SOTs or delegates), with feedback to the trainee from the assessor, may include:

- Foundation term: CVC insertion with ultrasound, ventilator setup, ALS
- Core years: Brain death certification, ICC insertion, communication skills, four structured clinical ICU cases
- Transition year: Tracheostomy, communication in difficult cases

Suggested mandatory online learning resources include:

- Foundation term: Safe patient transport in hospital, cultural competency
- Core years: Burns and inhalational injury, neurosurgical ICU, spinal cord injury, tracheostomy, advanced haemodynamic management
- Transition year: Evidence based medicine

Suggested mandatory courses include

- Foundation term: Generic 'Basic ICU' course, rapid response team.

- Core years 1 and 2: ADAPT (or replacement), communication, ECHO
- Transition year: Transition to specialist course, difficult airway management

16. Learning Portfolio

The college will move to quickly develop a comprehensive on-line training portfolio which will add structure and direction to trainees learning and will document their development and progress during each term. The electronic training portfolio will be used for documentation of the ITER process and to provide evidence of learning activities undertaken by the trainee during each term.

A core skills logbook will also be developed to monitor satisfactory completion of all core skills and competencies, which are readily recorded and assessed e.g. intubation, airway support, arterial/central line insertion, and when feasible this will be included as part of the electronic training portfolio.

17. Progress Through the Training Program

The requirements for progress through training will be as follows:

Entry into the core years of ICM

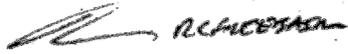
- Satisfactory completion of the required clinical training time for Foundation 6 months
- Satisfactory completion of the First Part Examination
- Satisfactory completion of all foundation courses, learning packages and WCAs
- Satisfactory ITER for the 6 months

Entry into the transition year

- Satisfactory completion of the required clinical training time for the core ICM, Anaesthesia and
Medicine years
- Satisfactory completion of the Second Part Examination
- Satisfactory completion of all core courses, learning packages and WCAs
- Satisfactory ITERs for the 2 core years

Award of Fellowship

- Satisfactory completion of all required clinical training time.
- Satisfactory completion of the formal project requirement
- Satisfactory completion of all transition year courses, learning packages and WCAs.
- Satisfactory ITERs for all terms and Final ITER.



Ross Freebairn

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