



## COLLEGE OF INTENSIVE CARE MEDICINE OF AUSTRALIA AND NEW ZEALAND

### REPORT FROM THE

### CICM BOARD MEETING NOVEMBER 2013

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The recent College Board meeting was held on 25<sup>th</sup> and 26<sup>th</sup> at the College Offices in Melbourne. The following items are discussed in this report;

The Curriculum and Regulations  
Trainee Selection Policy  
First Part (Primary) Examination Exemption  
In-Training Evaluation Reports  
Paediatric Intensive Care Committee  
Hospital Accreditation

Rural Health Continuing Education Grants  
Continuing Medical Education Activities  
Intensive Care Foundation  
Finance  
Community Advisory Committee  
Statement on health of asylum seekers

Invited guests included, the President of ANZICS, Andrew Turner, the President of the RACP, Leslie Bolitho and the President of ANZCA, Lindy Roberts (via teleconference), West Australian Regional Committee Chair, John Lewis.

Ram Sistla attended his first meeting as the co-opted Tasmanian Regional Chair, and Mike Anderson attended as the South Australian Representative.

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### CURRICULUM AND THE REGULATIONS

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The requirements of the new curriculum have been finalised and the Board approved the new Regulations which include all the requirements for the new curriculum: training time required in each discipline, the required courses, the workplace based assessments (the Workplace Competency Assessments, the Observed Clinical Encounters and the In Training Evaluation Reports) and the requirements of the Transition to Fellowship year.

As is College policy, changes to the Regulations will not adversely affect current trainees. The new requirements for training and assessment apply ONLY to trainees registering from 1<sup>st</sup> Jan 2014. This also applies to the new exemptions for the First Part (Primary) Examination and the Trainee Selection Policy.

The new Regulations will be published on the website shortly.

The Curriculum Review Project has been a major focus of the College for the last two years and the development of the new curriculum has required a sustained effort from a large number of individuals. All Board Members and the College staff have been actively involved in the review and implementation, and there have also been significant contributions of time effort and expertise from the general fellowship. In particular I would like to thank Richard Lee and Richard Strickland for their outstanding contribution to this important project.

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## TRAINEE SELECTION

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### **Trainee Selection Policy – 1<sup>st</sup> January 2014.**

The Board has implemented a trainee selection policy to come into place simultaneously with the new Curriculum on January 1<sup>st</sup> 2014.

### **Trainee Selection Policy**

Applications to enter the CICM training program will be available to registered medical practitioners who have at a minimum completed PGY1. Selection into the training program requires:

1. Applicants must have spent six months in a College accredited unit, within the last three years. (Units not accredited for training eg overseas units may be approved by the Censor)
2. Applicants must submit either: Two structured references from CICM Fellows who have directly supervised them in intensive care within the last three years, or

Two structured references from other intensive care specialists (non FCICM) who have supervised them in intensive care within the last three years and in addition, attend an interview with two CICM Fellows appointed by the Trainee Selection Panel.

The Trainee Selection Panel will meet four times a year to assess and consider all applications. Panel meeting dates can be found on the CICM website.

Following successful entry into the training program, the already completed six months in an approved unit will usually be retrospectively accredited as Foundation Training.

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## FIRST PART (PRIMARY) EXAM EXEMPTIONS

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After raising the issue at the last Board meeting and receiving considerable feedback from the Fellowship and other stakeholders, the Board has made changes to the new regulations governing the requirements of the First Part (Primary) examination, **to come into place simultaneously with the new Curriculum.**

Trainees who register into the training program from 1<sup>st</sup> January 2014 will not be able to claim an exemption from the CICM Exam through success at the ACEM, ANZCA or RACS Primary exams or the RACP exam.

In order to qualify for an exemption from the CICM First Part examination, trainees will require successful completion of Fellowship with ANZCA, ACEM or RACP. Trainees who have completed an equivalent training and examinations program (for example by other Colleges overseas) may also be considered for exemption by the Censor.

Trainees undertaking a training program with another College and who have completed the First or Primary component of that program may be granted conditional entry into CICM Core Training (ie exemption from the First Part exam). However conditional Core Training will only be ratified on completion of the other College's training program including award of Fellowship.

Trainees who are undertaking Conditional Core Training may not present for the CICM Second Part Examination until such time as their other Fellowship is completed.

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### **IN-TRAINING EVALUATION REPORTS**

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The College has been developing the online In-Training Evaluation Reports (ITER) over the last year and this will be launched on 1<sup>st</sup> January 2014. The online ITER will be used for **all** trainees who have training approved in 2014 onwards. Paper ITA's, for current trainees, will be phased out in the first half of 2014.

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### **PAEDIATRIC INTENSIVE CARE COMMITTEE**

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The Board unanimously voted to introduce a new Paediatric Intensive Care Committee that will represent the views of the Paediatric Intensive Care group on all relevant committees of the Board. Make recommendations to the Board regarding all matters pertaining to Paediatric Intensive Care. Assist the Censor in all matters pertaining to trainees in Paediatric Intensive Care Medicine.

Membership shall include the Chair of the Paediatric Second Part Examination Committee, one representative from each region represented on the CICM board, one representative from a general intensive care unit which admits children will be co-opted onto the committee if not elected as a Regional Committee representative and one paediatric trainee representative.

Expressions of interest to join the committee will be sent to the Fellowship in 2014.

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### **HOSPITAL ACCREDITATION**

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

<b>Royal North Shore (NSW)</b>	<b>C24</b>
<b>Bendigo Hospital (VIC)</b>	<b>C6</b>
<b>St George Hospital (NSW)</b>	<b>C24</b>
<b>Sydney Children's Hospital (NSW)</b>	<b>C12</b>
<b>John Hunter Hospital (NSW)</b>	<b>C24</b>
<b>Royal Children's Hospital (VIC)</b>	<b>C24</b>
<b>Fortis Limited Hospital (India)</b>	<b>C6</b>
<b>Westmead Hospital, General ICU</b>	<b>C24</b>
<b>Gosford Hospital (NSW)</b>	<b>C12</b>
<b>Royal Darwin Hospital (NT)</b>	<b>C12</b>

At a previous Board meeting it was agreed that CICM and ANZCA would carry out joint inspections of anaesthetic units potentially suitable for CICM trainees. These units are not accredited by ANZCA for training however could be deemed suitable for CICM trainees to complete their anaesthetic terms in. Training at the following units was approved;

**Warringal Hospital (VIC)**  
**North Shore Private Hospital (NSW)**

John Lewis, Western Australia Regional Chair, updated the Board on the progress of The Fiona Stanley Hospital. The hospital will be opened in a staged response and the ICU will be functioning when the emergency department opens. The Hospital Accreditation Committee are still

As the new curriculum requires that trainees gain experience in the following areas;

Cardiothoracic Surgery intensive care  
Neurological / Neurosurgery intensive care  
Trauma intensive care  
Paediatrics

The Hospital Accreditation sub-committee have been working to re-classify CICM accredited units to indicate their suitability for training in the above areas. The College will shortly be writing to all Directors of accredited units with an initial classification and will request feedback on these.

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## **RURAL HEALTH CONTINUING EDUCATION**

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The RHCE program recently announced the latest funding grants and the College successfully received funding for two projects. A brain death certification video was awarded a new grant and the Echo and Ultrasound training program run in Alice Springs in 2013 was granted additional funding for 2014.

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## CONTINUING MEDICAL EDUCATION ACTIVITIES

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The Board approved the speakers and program for the 2015 ASM in Darwin and the location of Adelaide for the 2016 ASM.

The New Fellows Conference was approved as an annual event to be held in August 2014.

The Rural Update, previously funded by RHCE, will be run in 2014 as a self-funded event with dates and location to be released shortly.

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## FELLOWSHIP AFFAIRS

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### Admission to Fellowship

The following admissions were noted at the Board meeting;

<b>Name</b>	<b>State</b>
Gregory Leo Kelly	WA
Thomas Henry Rozen	VIC
Rajesh Shetty	INDIA
Lesley Maher	NZ
Soumya S. Ray	WA
Judit Orosz	VIC
Anthony J. Tzannes	WA
Annette E. Forrest	NZ
Sacha D. Schweikert	WA
Monika Gulati	NSW
Ruwan Suwandarathne	NSW
Marc Anders (PAEDS) (OTS)	VIC
Simon Wyer	NSW
Andrew Stapleton	NZ
Michelle Ross-King (OTS)	WA
Peter Velloza	ACT
David Tripp	NZ
Lyndal Russell	NSW
Andras Nyikovics (OTS)	QLD

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## INTENSIVE CARE FOUNDATION

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Representatives from the Intensive Care Foundation Board were invited to the CICM Board to present the strategic plan for the Foundation. Following the presentation the Board agreed to continue the annual donation of 10% of Fellow subscriptions. The Foundation will be required to regular provide reports to the College.

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## FINANCE

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The College is in a healthy financial position and currently the income is slightly ahead of budget in most areas. It is expected that registrations numbers will drop in 2014 due to the introduction of the trainee selection policy and this has been taken into consideration when developing the 2014 budget.

The Board approved the 2014 budget proposed by the CEO and Treasurer.

The Board approved the fees for 2014 and agreed as in previous years to only raise the majority of the fees by CPI, 3% this year.

Changes to the Training Fees were also approved. In the new curriculum the distinction between 'Basic' and Advanced' training is removed and so the differential training fee becomes obsolete. In future **all** trainees will be charged a single Annual Training Fee for each year of their training. This will apply to all training years, whether prospectively or retrospectively approved. The Board approved an Annual Training Fee for 2014 of \$1,400, which is higher than the previous Basic Training Fee, but less than the previous Advanced Training Fee. For the majority of current trainees who are part way through the program, this will result in an overall reduction in their total training fees.

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## COMMUNITY ADVISORY COMMITTEE

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Several outstanding AMC recommendations refer to engagement with stakeholders and consultation with the community. The Board have agreed that one way to tackle this lack of engagement would be to form a Community Advisory Committee. Membership could include representative from Consumers Health Forum, Medical Board (Victoria), the ACCCN and hospital administration

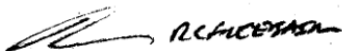
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## STATEMENT ON HEALTH OF ASYLUM SEEKERS

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Following the release of a statement by the RACP on the health of people seeking asylum in Australia, the College will also be releasing a statement declaring that health, both mental and physical, is a basic human right of all people and this includes those seeking asylum in Australia.

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**Ross Freebairn**

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