



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

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OBJECTIVES OF TRAINING FOR THE MEDICAL TERM

INTRODUCTION

Trainees in Intensive Care Medicine are required to complete 12 months of clinical medicine training.

The purpose of the Medical Term is to combine attachments in acute care and longitudinal roles to gain experience in acute, episodic, undifferentiated physical disorders, encompassing their acute presentation, in-hospital management, discharge planning and longitudinal management.

The Medical Term requires the trainee to work as part of a multidisciplinary team, supervised by a medical specialist. This excludes predominantly research, laboratory or interventional positions.

How to Satisfy the Medical Term Requirement

Trainees can satisfy the objectives of the 'acute' component of the medical term by completing 6 months of either:

- **Acute Care Medicine** (in a role equivalent to an RACP accredited position that entails initial assessment and management of patients with acute undifferentiated illness); or
- **Emergency Medicine** (in a role equivalent to an ACEM accredited position); or
- **Retrieval Medicine** in a role that meets the retrieval medicine term guideline outlined in T-39 Guidelines Retrieval Medicine Training.

Trainees can satisfy the 'longitudinal' component of the medical term in either:

- **General Medicine**; or
- a **Medical Subspecialty** role with appropriate continuity of patient care over the course of the patient's hospital admission (see 'Supplementary information' below).

At least 6 months of the medical term is required to be in a registrar position that is approved by the College. A registrar position is a position which involves supervision of junior medical

officers and supervision by Medical Specialists. The registrar time can be in either acute or longitudinal terms or a combination of both.

The two required components of the Medical Term will develop specific knowledge, skills, and attitudes. The information below outlines the learning opportunities expected of the medical terms.

1. ACUTE MEDICINE TERM

Learning Requirements

Knowledge

- The diagnosis and management of undifferentiated illness in patients presenting or referred within hospital. Whilst the full spectrum of Internal Medicine cannot be covered in a 6-month term, it is expected that problems presenting commonly to the 'Acute Medical Take' would be encountered.
- The application of history, examination findings and targeted basic diagnostic tests in narrowing a formulated differential diagnosis.
- Understanding of the importance of socio-economic factors that contribute to illness and vulnerability.
- Understanding of the roles of other specialties and the multi-disciplinary team when working in the acute emergency or medical service.

Skills

- Demonstrable competence in history taking, clinical examination, diagnosis, clinical reasoning and therapeutics as related to acute general or emergency medical disorders in the context of an acute admitting shift.
- Demonstrable ability to communicate effectively and sensitively with patients and their families, colleagues and other allied health professionals.
- Performance of effective post-acute handover to a consultant, with peer-review of patient assessment and management.
- Ability to undertake appropriate discharge planning and communication for patients not requiring admission.

Attitudes

- Awareness of and sensitivity to the special needs of patients from culturally and linguistically diverse backgrounds.
- Collaborative approach to working with the range of acute and subspecialty teams in the context of acute patient referral.
- Affirmative approach to working with the multi-disciplinary team when taking and making referrals.

2. LONGITUDINAL CARE TERM

Learning Requirements

Knowledge

- Acquisition of the theoretical knowledge required for competent, supervised practice (at registrar level or equivalent) within the sub-specialty.
- Understanding of the scope and benefits of the sub-specialty area to patient care.

Skills

- Effective application of history, examination findings and specialty diagnostic tests in the acute care setting.
- Ability to provide detailed and informative correspondence to colleagues following patient consultation.
- Effective utilisation of multidisciplinary, team-based approaches to the assessment, management and care of patients with complex needs.
- Effective provision of care and communication to patients, their families and GP's.

Attitudes

- Recognition of the need for (and development of) appropriate patient advocacy skills within the sub-specialty area.
- Recognition of one's limitations of knowledge and expertise in the subspecialty area and preparedness to seek guidance where appropriate.

3. SUPPLEMENTAL INFORMATION

Medical Sub-specialty Opportunities

Apart from General Medicine, there is a wide range of medical subspecialty experiences that might realise the desired learning outcomes. Although an RACP accredited 12 -month general medicine registrar position that includes an acute medicine component will usually satisfy the requirements of the 12-month Medicine term, not all rotations approved by the RACP are considered acceptable to fulfil the medicine requirements.

The following list of disciplines that can be accredited by the College has been created to guide Supervisor of Trainings and trainees on both the General and Paediatric pathways:

- Cardiology
- Community Child Health
- Endocrinology
- Gastroenterology
- General Medicine
- Geriatric Medicine
- Haematology
- Hepatobiliary
- Immunology and Allergy
- Infectious Diseases
- Medical Oncology
- Nephrology
- Neurology
- Paediatric Cardiology
- Paediatric Endocrinology
- Paediatric Gastroenterology
- Paediatric General Medicine
- Paediatric Haematology
- Paediatric Immunology & Allergy
- Paediatric Infectious Diseases
- Paediatric Medical Oncology
- Paediatric Nephrology
- Neurology
- Paediatric Palliative Care
- Paediatric Renal Medicine
- Paediatric Respiratory & Sleep Medicine*
- Paediatric Rheumatology
- Paediatric Thoracic Medicine
- Paediatric Toxicology
- Palliative Care
- Renal Medicine
- Respiratory and Sleep Medicine*
- Rheumatology
- Thoracic Medicine
- Toxicology

The following rotations are not considered suitable for longitudinal care as they do not provide training that satisfies these objectives:

- Relieving (unless all blocks are at least 3 months and are from the above list)
- Term of night duty
- Hyperbaric Medicine
- High Dependency Unit
- Community Palliative Care

Relevant sections of the College's Regulations are:

- 5.3.11 Clinical Medicine Training
- 5.3.14 Rural Experience

* A combination of Respiratory and Sleep Medicine is acceptable - however Sleep Medicine alone is not suitable.

References and sources

T-39 Guidelines Retrieval Medicine Training
College of Intensive Care Medicine of Australia and New Zealand Regulations

Acknowledgments

Not applicable.

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Revision History

Date	Pages revised/ Brief explanation of revision
2019	Clarification on what can and cannot be considered for the CICM Medical training requirements

Further Reading

Not applicable

Publishing Statement

Published by CICM: November 2019 This Training 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 Training Documents are reviewed from time to time, and it is the responsibility of the practitioner to ensure the current version has been obtained. Training 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 Training 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.

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