College of Intensive Care Medicine of Australia and New Zealand
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MINIMUM STANDARDS FOR INTENSIVE CARE UNITS SEEKING ACCREDITATION FOR TRAINING IN INTENSIVE CARE MEDICINE

1. GENERAL

1.1 The College of Intensive Care Medicine determines the duration of general training and the nature of specialty training that may be undertaken in individual intensive care units, for the purpose of its Regulations relating to training in intensive care medicine.

1.2 The College of Intensive Care Medicine expects that supervision of vocational trainees will conform to the principles of the document IC-4 *The Supervision of Vocational Trainees in Intensive Care Medicine*.

1.3 All specialists employed in accredited units have an obligation to teach trainees, as outlined in document IC-2 *Intensive Care Specialist Practice in Hospitals Accredited for Training in Intensive Care Medicine*.

1.4 Intensive care units accredited for training by the College of Intensive Care Medicine must meet the following criteria:

1.4.1 The unit must fulfil the requirements of either Level III (for longer periods of training) or Level II (for more limited, 6 month terms of training) as outlined in document IC-1 *Minimum Standards for Intensive Care Units.*

1.4.2 The unit must offer trainees a wide spectrum of experience with an acceptable case load.

1.4.3 The hospital should provide a comprehensive range of medical and surgical specialties.

1.4.4 There must be access to a wide spectrum of investigations and therapeutic procedures.

1.4.5 Trainees must work adequate hours within the intensive care unit as distinct from high dependency units or other rostered duties. If inadequate hours are worked in intensive care, the Censor may rule that the trainee or trainees must extend the duration of their core training.

Where trainees are involved in routine patient care in a high dependency unit, the high dependency unit should meet the criteria as described in document IC-13 *Recommendations on Standards for High Dependency Units Seeking Accreditation for Training in Intensive Care Medicine.*

1.4.6 Unit policies and rosters must ensure that adequate clinical management experience (including performance of procedures) is available to trainees. If excessive numbers of trainees are considered to limit the adequacy of training for individuals, then the Censor may rule that the trainee or trainees must extend the duration of their core training.

1.4.7 Safe working hours for trainees must be maintained and welfare issues addressed. It is expected that trainees will work and learn in an environment that is supportive and respectful and free of harassment, bullying and undue conflict.

1.4.8 When appointments to the specialist staff are made, the advice of a properly constituted committee capable of evaluating the qualifications of the applicants must be sought. College nominees are available to committees for this purpose.

1.4.9 Positions for training in intensive care units accredited by the College of Intensive Care Medicine must be advertised. The selection process must conform to College guidelines. Selection panels for the appointment of trainees in intensive care should include a Fellow of the College of Intensive Care Medicine.

1.4.10 Allow CICM access to data submitted to ANZICS CORE or provide data annually from other relevant databases as outlined in document IC-1, section 6.3.2.

1.5 To be accredited, a unit must offer a program of education, quality assurance and research which include a formal teaching program readily available to trainees.

1.6 The unit must offer on-site access to adequate intensive care educational resources including electronic and internet-based resources, textbooks, journals, management guidelines and protocols or clinical care pathways.

1.7 The hospital must have a comprehensive continuing education program for its staff and should provide adequate electronic or physical library facilities.

1.8 The hospital must be prepared for the College, at intervals determined by the Board, to carry out visits to the unit to assess its suitability for training. Information about caseload, staffing patterns and the rosters must be provided.

1.9 The training appointment must be entirely in intensive care, and should include provision for the trainee to take part in out-of-hours rosters in intensive care.

1.10 Supervisors of Training are nominated by the unit and appointed by the Board of the College. The Supervisor is expected to carry out the duties listed in document *T-10 The Role of Supervisors of Training in Intensive Care Medicine.*

1.11 The hospital must agree to notify the Board, through its Supervisor of Training, of any changes that might affect training. Changes such as a reduction in the workload, a significant change in case-mix or acuity or a reduction in the number of specialist staff working in the unit are regarded as important.

1.12 Applications for a change in training designation will be received by the Board, and may necessitate re-inspection of the unit.

2. DESIGNATION OF UNITS FOR TRAINING

2.1 Subject to criteria being met, the number of training posts in a unit accredited for training is unrestricted and determined by workplace practices in the unit, unless otherwise specified. Units accredited for core training are also suitable for foundation and elective training and, unless otherwise specified, the intensive care component of anaesthesia training.

2.2 The duration of core training that may be undertaken in a given unit may be limited by case numbers, case mix, and other unit characteristics.

This section applies to trainees on the new training program who registered with the College *from* 1st January 2014 onwards:

2.2.1 **General Training (Gen)**

This designation is granted only to Level III units and paediatric units, where in addition to the Level III status the Board deems it would be possible for a trainee to spend an otherwise unrestricted amount of their core intensive care training. Such units will be major intensive care units and may be in tertiary referral hospitals or in larger district general hospitals. They will usually have more than three specialists who are Fellows of the CICM, two of whom have at least a 50% FTE involvement in the unit. The unit will have well established teaching, research and quality assurance programs and the patients will have a high level of illness severity. The case mix will be diverse, including a large number of general intensive care patients (medical and surgical) with a high level of complexity. Such units may also meet requirements for specialty training but this would be in addition to meeting requirements for general intensive care training. Exposure to burns, spinal injuries and transplant services is desirable. Total case numbers will usually exceed 750 patients per annum with at least a 40% ventilation rate.

2.2.2 **Limited General Training (G6)**

This designation is granted to Level II, Level III or paediatric units where the case load, case mix, supervision or facilities are limited, such that the period of core training in that unit should be restricted to six months. Even if the case load meets the description of General training (see 2.2.1), the case mix may be more limited. It might be that the case load is predominately surgical or that the general medical case load is limited. This is in no way any reflection on the quality of care in that unit. Rotation to units with this designation from larger ICUs is encouraged. Normally, not more than one period of 6 months Core training in a unit with this designation is allowed. A second period of training in any such unit requires prior approval of the Censor and will only be granted if specific benefit in training will be achieved.

2.2.3 **Neurosurgical Intensive Care Training**

Units will be designated as Neurosurgical Intensive Care training sites if the hospital has a dedicated neurosurgical department and manages complex neurosurgical and neuro-trauma patients with a sufficient ICU case load and case mix. Units may be so designated if the patients are managed within a dedicated geographical site or intermingled amongst a more general ICU population. Trainees must have direct involvement in patient care under the supervision of an intensive care specialist.

2.2.4 **Cardiac Surgical Intensive Care Training**

Units will be designated as Cardiac Surgical Intensive Care training sites if the hospital has a dedicated cardiac surgical department and manages complex cardiac surgical and major aortic surgical patients with a sufficient ICU case load and case mix. Paediatric Intensive Care Units will be designated as Paediatric Cardiac Surgical Intensive Care training sites if the hospital has a dedicated cardiac surgical department and manages complex cardiac surgical (including Risk Adjustment for Congenital Heart Surgery (RACHS category 5 and 6) with a sufficient ICU case load (minimum 250 cases per year) and case mix. Units may be so designated if the patients are managed within a dedicated geographical site or intermingled amongst a more general ICU population. Trainees must have direct involvement in patient care under the supervision of an intensive care specialist.

2.2.5 **Trauma Intensive Care Training**

Units will be designated as Trauma Intensive Care training sites if the hospital has a designated trauma unit or department and manages complex trauma patients with a sufficient ICU case load and case-mix. Units may be so designated if the patients are managed within a dedicated geographical site or intermingled amongst a more general ICU population. Trainees must have direct involvement in patient care under the supervision of an intensive care specialist.

2.2.6 **Paediatric Intensive Care for General Intensive Care training**

Paediatric Intensive Care Units meeting the requirements for either limited (6 months) or general paediatric training will be suitable for the paediatric component of general intensive care training. As well, adult or mixed intensive care units will be designated as paediatric training sites for this purpose if the intensive care unit admits and manages a sufficient paediatric case load and case mix. Trainees must have direct involvement in the care of these patients under the supervision of an Intensive Care Specialist. Units admitting and managing more than 100 paediatric patients annually will be designated Paediatric 6 month sites while those admitting and managing between 50 and 100 patients will be designated Paediatric 12 month sites.

2.3 **This section applies to trainees undertaking the previous training program who registered with the College prior to 1st January 2014:**

2.3.1 **C24: Unrestricted core training**

This classification is granted only to Level III units and Paediatric Units, where in addition to the Level III status the Board deems it would be appropriate for a trainee to spend the whole of their core training in intensive care. C24 accredited units will be major intensive care units in tertiary referral hospitals and will usually have more than 3 Specialists who are Fellows of the CICM and who have at least a 50% involvement in the unit. The patients will have a high level of illness severity. The case mix will be diverse, normally including five of the following six specialties: trauma, general medicine, general surgery, cardiac surgery, acute cardiology and neurosurgery. Exposure to burns, spinal injuries and transplant services is desirable. Total case numbers will usually exceed 750 patients per annum with at least a 40% ventilation rate. Trainees are required to spend at least one year of core intensive care training in a unit with a C24 classification.

2.3.2 **C12: Twelve months core training**

This classification is granted to Level III units and Paediatric Units, and occasionally to Level II units, where the caseload and case-mix are adequate, but where the Board considers it would be unsuitable for a trainee to spend the whole of their core intensive care training. C12 accredited units will usually have more than two specialists who are Fellows of the CICM and who have at least a 50% involvement in the unit. The case mix will be diverse including general medicine, and general surgery and may also include, acute cardiology cardiac surgery, trauma and neurosurgery. Total case numbers will usually exceed 500 patients per annum with at least a 40% ventilation rate.

2.3.3 **C6: Six months core training**

This classification is granted to Level II, Level III or Paediatric Units where the case load, case mix, supervision or facilities are limited, such that the period of core training in that unit should be restricted to six months. This is not a reflection on the quality of care in that unit. The C6 classification is also designed to encourage rotations to such units from other units. Normally, not more than one period of C6 training in a given unit is allowed during core intensive care training. A second period of C6 training in another unit requires prior approval of the Censor and will only be granted if specific benefit in training will be achieved.

2.4 **Criteria for Determining Designation of Units**

The determination of a unit's designation will be made with regard to points listed in paragraph 1 above, the unit's case load, case mix, severity of illness of patients, range and frequency of procedures, supervision of trainees and facilities of the unit.

2.5 **Criteria for Foundation Training Accreditation**

2.5.1 The unit must be established and operational according to the following:

2.5.1.1 Minimum five beds with simultaneous invasive ventilation capacity of at least three beds.

2.5.1.2 Minimum case load of ICU patients of 250 admissions annually. A broad case mix including both general medical and surgical patients, and reasonable patient illness acuity including some patients who receive invasive ventilation for more than 24 hours.

2.5.1.3 At least one intensive care specialist who is a Fellow of the College (FCICM) and who has a significant clinical role within the unit.

2.5.1.4 Established policies and procedures covering admission, discharge and common clinical situations.

2.5.1.5 Established policies and procedures for transport of patients in and out of the ICU to an appropriate, higher level facility.

2.5.1.6 Appropriate numbers of trained and experienced nursing staff. It is expected that the majority of nursing staff will have undertaken or be engaged in post-graduate training in intensive care.

2.5.1.7 Capability for and regular use of invasive haemodynamic monitoring and invasive and non-invasive mechanical ventilation.

2.5.1.8 Capability for and regular use of non-invasive ventilation.

2.5.1.9 ICU participation in emergency (e.g. MET or cardiac arrest) and outreach programs.

2.5.1.10 Availability of teaching and resource material (internet access, text books, journals etc.).

2.5.1.11 Established review processes (e.g. quality assurance, mortality and morbidity, critical incident monitoring, clinical indicators etc.).

2.5.1.12 A Medical Director with an appropriate specialist qualification.

2.5.1.13 A Nurse Manager with an appropriate, post-graduate qualification.

2.5.2 The trainee appointment must be substantially in Intensive Care. Some participation in the clinical activities of an associated unit is allowable, especially for 'out-of-hours' practice (e.g. cross cover with anaesthesia).

2.5.3 An appropriately trained and experienced medical specialist must supervise the clinical practice of the trainee. Supervision must be available at all times.

2.5.4 There must be a structured education program in which the trainee participates. If the program is hospital-based, there must be a significant intensive care component.

2.5.5 Endorsement of the completed Foundation Training application by the local Regional Committee is required prior to consideration by the Hospital Accreditation Committee.

2.6 **Affiliated ICU Accreditation Guidelines**

It is possible for trainees to undertake a rotation from approved general training units to a nearby affiliated ICU, not separately approved for training. The affiliated unit will be prospectively assessed and approved by the College Hospital Accreditation Committee as outlined below. These units are not accredited for training in their own right but are approved as an adjunct to the nearby 'parent' unit.

Considerations for affiliate status include:

2.6.1 The rotation may only be undertaken where the 'parent' unit is accredited for unlimited general training.

2.6.2 The rotation should add to the trainee experience for example, sub-specialty exposure, variant case mix, or exposure to private hospital medical practice.

2.6.3 The units should be close to each other – this is not simply defined by a specific distance but rather by the relationship. The two units would generally share specialist staff, Supervisor of Trainers and teaching arrangements, for example. If the two units do share resources for trainee teaching, supervision and mentoring, then they must be sufficiently close to each other to enable this sharing. It is expected the affiliate unit staffing would allow a trainee to be able to attend relevant teaching sessions.

2.6.4 The affiliated unit will be reviewed by the accreditation team, ideally on the same day as any accreditation visit to the parent unit. Physical facilities must meet the standards required of training units. Information on caseload and case mix and on staffing within the affiliated unit will be separated from the dataset for the main ICU to facilitate assessment of compliance with College standards.

2.6.5 The duration of trainee rotation to the affiliated unit cannot exceed 16 weeks (4 months) in any 1-year period (or pro-rata). This may be undertaken in a single block or may be spread

over the year in shorter blocks so that the affiliated unit may effectively function as a pod of the parent unit.

2.6.6 The rotation may be undertaken only once during an individual trainee's core training time although the Censor has discretion to potentially approve a second period if there is a very specific benefit to the trainee.

3. ACCREDITATION OF CORE INTENSIVE CARE TRAINING IN OVERSEAS UNITS

Twelve months of core training in an overseas Intensive Care Unit, which is not accredited by CICM, may be accredited for CICM training provided that the following conditions are met:

3.1.1 The unit must meet the criteria set out below.

3.1.2 The training must be accredited prospectively by the Censor.

3.1.3 The 12 months must be continuous and be in a single unit.

3.1.4 The trainee must occupy a role with clinical training consistent with training required in a C24 unit.

3.1.5 The remaining 12 months of core ICU training must be continuous and in a C24 or C12 unit in Australia, New Zealand or Hong Kong conforming to conditions set out in *Regulation 5*.

3.2 Training in a non-accredited ICU overseas may be approved for 12 months of core intensive care training by the CICM providing the following conditions are met:

3.2.1 The unit has been accredited for intensive care training by the relevant national training body.

3.2.2 The unit must be fully established and operational and have a Director who is a FCICM or who has a specialist qualification acceptable to the relevant national intensive care training body.

3.2.3 Trainees must be exposed to at least two specialists who are Fellows of CICM or who have a specialist qualification acceptable to the relevant national intensive care training body. At least two such specialists should have a minimum of 50% involvement in the unit.

3.2.4 In all other respects the unit should comply with document IC-3 *Guidelines for Intensive Care Units Seeking Accreditation of Training in Intensive Care Medicine* and meet the requirements for C24 accreditation.

3.2.5 An appropriate Supervisor of Training is appointed as set out in Training Document T-10 *The Role of Supervisors of Training in Intensive Care Medicine.*

3.2.6 An In-Training Assessment (ITA) or In-Training Evaluation Report (ITER) is performed at six monthly intervals as outlined in Training Document T-12 *Guidelines for the In-Training Assessment of Trainees in Intensive Care Medicine.*

3.2.7 Trainees must provide a report on the experience and training provided at the end of the training term on the assurance that this will not reflect on the accreditation of that year.

3.2.8 A CICM trainee, in conjunction with their Supervisor of Training, should initiate the process of accreditation when experience available in a specific overseas Intensive Care Unit that is not accredited for training with the College is sought. The Hospital Data Sheet is completed and submitted to the Censor via the College to be reviewed and assessed using

the criteria above. Each segment of core intensive care training must be approved prospectively.

3.2.9 When a trainee has submitted a successful application for training in such a unit, for the subsequent two years the Censor may approve 12 months of core training for subsequent trainees based only on a prospective training application. Such units would be considered as 'approved for training' rather than accredited for training.

4. TEACHING AND RESEARCH

4.1 There must be a formal, documented and demonstrable program of teaching provided for trainees. This teaching will include the following with an appropriate mix of didactic lectures, and bedside and more formal tutorials including simulation:

4.1.1 Tutorials

4.1.2 A bedside review of patients with the intensive care specialist on duty for the unit that should occur at least twice daily.

4.1.3 Case presentations and review sessions.

4.1.4 Mortality and morbidity sessions.

4.2 The unit should have an active, documented and demonstrable research program to which trainees are encouraged to contribute in a significant way.

4.3 The unit should have adequate clerical, data collection and administrative support. Trainees are expected to take part in routine unit data collection (e.g. patient demographic data, APACHE data, morbidity and mortality data).

4.4 The unit should have active quality assurance (QA) and quality improvement (QI) programs. Trainees are expected to take part in these activities.

4.5 Access to an appropriate level of funding for research coordinators to support the active research program. As a minimum, funding to support the full time research coordinator position for a Level III Unit (refer to Document IC-1) is expected, as is an appropriate part-time position in smaller units.

4.6 These guidelines should be interpreted in conjunction with the following documents of the College of Intensive Care Medicine:

IC-1 *Minimum Standards for Intensive Care Units*

IC-2 *Intensive Care Specialist Practice in Hospitals Accredited for Training in Intensive Care Medicine*

IC-4 *The Supervision of Vocational Trainees in Intensive Care Medicine*

IC-7 *Administrative Services to Intensive Care Units*

IC-8 *Quality Improvement*

IC-13 *Recommendations on Standards for High Dependency Units Seeking Accreditation for Training in Intensive Care Medicine*

T-10 *The Role of Supervisors of Training in Intensive Care Medicine*

References and sources

Not applicable.

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