



Board Report to the State and Territory Committees August 2022

Governance

At the March meeting, elections for the Executive Office Bearers were held amongst the current members of the Board for the coming year, the following members were elected unopposed and have taken office from the July Board meeting:

President

Dr Rob Bevan

Vice President

Dr Peter Kruger

Treasurer

Dr Priya Nair

The Board Election process was completed in June, with the results announced at the Annual General Meeting. The following Board members were re-elected: Rob Bevan, Nhi Nguyen, Neil Orford and Mary Pinder. The Board welcomed newly elected Board Member Steve McGloughlin and the newly elected New Fellows Representative, Cara Moore to their first Board meeting. This was also the first meeting for Dr Bronwyn Avard, ACT Committee Chair, as Co-opted representative on the Board.

Honours

The Board acknowledged Professor Imogen A Mitchell, Order of Australia (AM) for significant service to intensive care medicine and to tertiary education, and Professor Rinaldo Bellomo received an honorary doctorate from the University of Helsinki for his contribution to medicine.

Australian Medical Council and National Medical Council of New Zealand Accreditation Update

CICM's training and continuing professional development programs are undergoing the full reaccreditation process by the Australian Medical Council (AMC) and Medical Council of New Zealand (MCNZ) in 2021 and 2022. The College sent a reaccreditation submission to these regulatory bodies in September 2021, and this is available on the CICM website. The Board were provided with an update on the process with the College completing most of the remaining activities. We believe there are several recommendations that will mature our internal capabilities, improve the delivery of the training program and education, that will ultimately be of benefit to our members.

CICM will receive the final reaccreditation report in September 2022.

Training Update

Annual Training Fee

Board approved to implement the annual training fee changes in 2023. The annual trainee fee amount and discounts will be determined as part of the 2023 budgeting process and presented to Board for approval in November 2022.



COLLEGE OF INTENSIVE CARE MEDICINE OF AUSTRALIA AND NEW ZEALAND

ABN 16134292103

Professional and Training Documents and Policies

The College has commenced the review and update of IC-1 Minimum Standards for Intensive Care Units. The Board decided that additional consultation and feedback is required from the committees including further consultation with ANZICS in relation to their draft minimum workforce standards document, this will be progressed, and an update will be presented to the November Board Meeting.

A proposal for a revision to T7 T- 7: Objectives of the Medicine Term was also presented to the Board however further consultation and feedback will be sought from the committees.

Continuing Professional Development

The new Medical Board of Australia 'Continuing Professional Development (CPD) Registration Standard' will be effective from 1 January 2023. CICM will also transition to the Medical Council of New Zealand's (MCNZ) Recertification Standard.

The CICM CPD program will see the following changes:

- 50 hours per year (no longer using points)
- New CPD activity framework

The new Framework will be made up of these new CPD Categories:

- Educational Activities
- Reviewing Performance/Reviewing and reflecting on practice
- Measuring Outcomes/Measuring and improving outcomes

The requirement for the completion of the minimum of 50 hours per year across the three categories of CPD activities is:

- at least 12.5 hours (25 per cent of the minimum) in educational activities
- at least 25 hours (50 per cent of the minimum) in activities focused on *reviewing performance* and *measuring outcomes*, with a minimum of five hours for each category, and
- the remaining 12.5 hours (25 per cent of the minimum), and any CPD activities over the 50-hour minimum, across any of the above types of CPD activity (educational activities, reviewing performance and measuring outcomes)

In addition, Fellows will need to meet the following requirements:

- Compulsory Professional Development Plan at the start of each year and review at the end of each year
- MCNZ Participants will also be required to complete an annual structured conversation

The new registration standard is part of the Medical Board's work to strengthen continuing professional development, which supports doctors through life-long learning.



COLLEGE OF INTENSIVE CARE MEDICINE

OF AUSTRALIA AND NEW ZEALAND

ABN 16134292103

2023 will also see the introduction of the Membership Digital Platform (MDP), which will help ensure that the online process of completing your new CPD program each year will be a cohesive, integrated and engaging experience, with better mobile access and connectivity with your CICM CPD activities.

A comprehensive communications plan regarding these changes will be implemented from August 2023.

Education Update

Indigenous Health

CICM is currently working with ABSTARR Consulting to develop an Aboriginal and Torres Strait Islander curriculum framework, to be incorporated into the CICM training programs. ABSTARR Consulting is also working with CICM to develop online learning resources regarding Aboriginal and Torres Strait Islander health, history, and culture. CICM is also planning to commence development of curricula and resources to support learning in Māori health, history, and culture.

Medical Term update

The description of acute and longitudinal medicine used in the previous version of T-7 is not consistent with terminology used by RACP to describe medicine rotations which engendered difficulty assessing retrospective and prospective medicine rotations for CICM trainees. This has been further compounded by a significant number of trainees who have been granted recognition of prior learning for emergency medicine rotations and were consequently required to source longitudinal medicine positions. The previous guidelines lacked clarity resulting in referral to the Censor for a significantly high number of assessments.

The proposed revised T-7 provides more flexibility with minimum 3 months acute medicine and minimum 3 months of in-patient care. Multiple subspeciality terms are permitted provided at least one involves acute admission of patients with undifferentiated diagnoses. Emergency medicine time is required to be undertaken at registrar level. The medicine term requires the trainee to be at PGY3+, of which a maximum of 6 months may be as a resident or house officer. At least 6 months of medicine term should be undertaken in a registrar position that is approved by the College. Emergency medicine terms must be at registrar level. A registrar position is considered by the Censor to be equivalent to a position accredited by the RACP (or where appropriate by ACEM) and which involves supervision of junior medical officers and supervision by registered specialist physicians.

Further information will be shared with National Committees, state and territory committees and college committees in the coming weeks seeking feedback on this proposal.

Critical Care and Resuscitation (CC&R) Journal update

Board approved the transition of the CC&R Journal from in house publishing to an external publisher subject to contract negotiations. More information will follow once contracts have been signed.

CICM Culture and Wellbeing Project update



COLLEGE OF INTENSIVE CARE MEDICINE OF AUSTRALIA AND NEW ZEALAND

ABN 16134292103

The CICM culture program is led by a small working group, engages with a diverse advisory group, and reports to CICM Board. The goals of this program are to develop a model of ICU culture that combines theoretical considerations, community perspective, and existing knowledge into a broadly applicable way of understanding, measuring, maintaining, and improving culture for the ICU community.

This program is at “stage 2”. A collaboration with the Nous group and CICM has run advisory group workshops, drawn on two years of immersion in Barwon Health ICU, performed a literature review, and is visiting ICUs and undertaking focus groups over next 2-3 months.

The current stage 2 of the culture model program, where we are engaged with Nous, will complete in September with a report at CICM ASM in Wellington.

Workforce and Capacity to Train

Board have convened a Workforce and Capacity to Train working group, that will report to Board as a standing agenda item. The working group has representation from each state, territory and AonZ and a trainee representative. It will also seek formal representation from paediatrics, rural and ANZICS. The working group convened its first meeting in May 2022. Key issues and themes discussed included:

- How to get an accurate sense of our trainee numbers due to a number of trainees doing non accredited training time and inactive trainees.
- The challenges of workforce distribution, especially in rural areas
- The challenges of trainees who are in “holding patterns” while waiting for their medical terms such as anaesthetics.
- The college’s sphere of influence and the challenges of external factors such as LHD and Health departments
- The differences in challenges that are affecting NZ and rural workforce versus the Australian eastern seaboard metro centres
- Building greater links internationally to allow trainees to undertake accredited training time in overseas posts
- The training program becoming more structured, with the college taking on a more active role in facilitating trainees to navigate through their training requirements
- How do we understand if the current needs of the community are being met – if they are not – why not