



**College of Intensive Care Medicine
of Australia and New Zealand**
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STATEMENT ON THE ROLES OF INTENSIVE CARE SPECIALISTS IN HOSPITALS

1. DEFINITION & ROLE OF AN INTENSIVE CARE SPECIALIST

Intensive care specialists diagnose and treat patients with acute, severe, and life-threatening disorders of vital systems that are medical, surgical, or obstetric in origin, whether adult or paediatric.

To achieve the best outcomes for their patients, support the advancement of knowledge in intensive care medicine and to assist in the education of the intensive care specialists of the future, intensive care specialists will fulfil a range of clinical and support roles within the hospital setting during their career.

Support roles are often distributed amongst the specialist medical staff on a 'portfolio' basis depending on the structure and requirements of their Intensive Care Units (ICUs), and on practitioner interest, expertise, and experience.

Intensive care specialists are expected to work collaboratively with colleagues. They should comply with relevant professional standards, codes of practice and employment conditions. They should practice in a respectful and culturally safe manner, and promote diversity, equity, and environmental sustainability.

2. PURPOSE

The Roles of Intensive Care Specialists in Hospitals has been developed to provide an overview of the roles that an intensive care specialist might have during their career.

This Statement describes and promotes the varying roles of an intensive care specialist in a hospital setting and can be used by:

- hospital administrators and management to better understand the varying roles an intensivist might perform.
- junior doctors considering a career in intensive care medicine, so they are aware the type of work involved in the speciality.
- regulators as an official resource when registering international medical graduates (IMGs).

This document should be read in conjunction with other documents and regulations of the College of Intensive Care Medicine of Australia and New Zealand (CICM/the College).

3. THE ROLES OF AN INTENSIVE CARE SPECIALIST

3.1 *Clinical*

- 3.1.1 Provision of care and assumption of responsibility for critically ill and high-risk patients in the ICU.
- 3.1.2 Supervision of ICU medical staff as required in the care of critically ill patients both within and outside the ICU.
- 3.1.3 Collaboration with the intensive care interprofessional healthcare team to provide patient care.
- 3.1.4 Provision of information, updates and support to family, whanau and carers including facilitation of family meetings.
- 3.1.5 Coordination of and collaboration in end-of-life management of patients in the ICU including organ and tissue donation.
- 3.1.6 Urgent and routine consultation and assistance in the management of patients with actual or impending critical illness outside of the ICU.
- 3.1.7 Consultation in the management of planned surgical patients at risk of requiring intensive care services in the perioperative period.
- 3.1.8 Post ICU discharge follow up of patients with sequelae of critical illness.
- 3.1.9 Facilitation of transport of critically ill patients within hospitals.
- 3.1.10 Provision of phone and telehealth consultations about critically ill patients in other facilities including patients who may require retrieval.
- 3.1.11 Facilitation of the transport of critically ill patients between hospitals in conjunction with retrieval services.

3.2 *Educational*

- 3.2.1 Provision of and participation in educational and training activities for all members of the interprofessional healthcare team.
- 3.2.2 Provision and support of teaching, learning and assessment activities for CICM trainees.

3.3 *Administrative*

- 3.3.1 Contribution to the administrative and strategic roles relating to the proper functioning of the ICU and the hospital including but not limited to rostering, recruitment, departmental meetings and policy review and development.
- 3.3.2 Contribution to hospital committees, the committees of health authorities and other organisations.

3.4 *Research*

Participation in and/or support of critical care research activity. This includes assisting trainees in undertaking research and in understanding research methodology and processes.

3.5 *Quality*

Participation in audit, peer review and quality assurance programs for the purposes of improving patient care, as outlined in document IC-8 *Quality Improvement*.

3.6 *Welfare*

Support for initiatives that promote the welfare, wellbeing, and resilience of the ICU staff, which may include acting as the Welfare Advocate (see *IC-31 Guidelines on the Welfare Advocate Role in Intensive Care Units*).

3.7 *Professional*

- 3.7.1 Maintenance of expert clinical knowledge and skills by participating in continuing education and continuing professional development activities and programs.
- 3.7.2 Provision of advice to hospital management and to other bodies outside the hospital (e.g. professional and regulatory bodies) on clinical and other matters relevant to intensive care medicine.
- 3.7.3 Involvement in activities of the College and other professional organisations.
- 3.7.4 Advocating for improved care for intensive care patients - to hospital management, Government, and the public.

4. RELATED DOCUMENTS

These guidelines should be interpreted in conjunction with the following College documents:

IC-1 Minimum Standards for Intensive Care Units
IC-4 The Supervision of Vocational Trainees in Intensive Care Medicine
IC-8 Quality Improvement
IC-10 Guidelines for Transport of Critically Ill patients
IC-31 Guidelines on the Welfare Advocate Role in Intensive Care Units
T-10 The Role of Supervisors of Training in Intensive Care Medicine

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This policy 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.

Policy documents are reviewed from time to time, and it is the responsibility of the practitioner to ensure the current version has been obtained. Policy Documents have been prepared according to the information available at the time of their preparation, 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 that 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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