



College of Intensive Care Medicine
of Australia and New Zealand
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TRAINEE SELECTION POLICY

1. BACKGROUND

The College, through its Hospital Accreditation Committee, accredits Intensive Care Units for training in intensive care medicine (see Policy Document IC-3 Guidelines for Intensive Care Units Seeking Accreditation for Training in Intensive Care Medicine). Currently, 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. As the size of Intensive Care Units has increased in recent times, so has the number of registrars required to meet service commitments, resulting in an increase in potential training positions in intensive care medicine. Additionally, particularly in larger units, recruitment of suitably trained and experienced registrars to meet service requirements can be extremely difficult, and many units regularly recruit registrars from overseas. For these reasons, the College does not become directly involved in the appointment of intensive care registrars in individual Intensive Care Units, although it makes its Trainee Selection Criteria (see Appendix 1) available to all Intensive Care Units.

A number of the registrars appointed to a particular Intensive Care Unit are existing trainees of the College, trainees of another medical college or career medical officers (CMO). This document applies only to those doctors who are applying to enter the training program in intensive care medicine. Existing trainees will continue to be recognised as trainees providing they continue to demonstrate acceptable performance, which includes timely progression through the training program. The process of assessing and managing existing trainees who are experiencing difficulty is outlined in T-13 Guidelines for Assisting Trainees with Difficulties.

Although the College does not appoint doctors to CICM accredited Intensive Care Units, a criterion for CICM accreditation is that each Unit demonstrates a selection process that is consistent with the principles of natural justice and procedural fairness.

2. RATIONALE

The College expects that a doctor entering the training program in intensive care medicine will have the potential to complete the program successfully. Trainees are expected to achieve all the competencies and show all the values, attitudes and aptitudes required of a specialist in intensive care medicine (see Appendix 2).

It is clear that not all doctors graduating in medicine will have this potential and that a selection process is required to ensure that all trainees selected into the program are capable of its successful completion. When a selection process is used for medical studentsⁱ and for general practice registrarsⁱⁱ, the proportion successfully completing training is increased.

The selection process should result in the best possible applicants being selected into training and must support the overall objective of CICM training. The objective is to produce intensive care specialists who are prepared for the full scope of intensive care practice in line with the Objects of the College as set out in section 1 of the College's Constitution.

3. STATEMENT OF PRINCIPLES

Applicants for the training program in intensive care medicine are selected based upon the principles, eligibility criteria and selection criteria set out in this document. The following principles for the selection of trainees are based on its commitment to achieving the above.

- 3.1 The aim of the selection process is to recruit the best available trainees for the training program, with the objective of producing intensive care specialists who possess the essential values, attitudes and aptitude and the characteristics defined in the CICM curriculum. These characteristics can be broadly described as:
 - i) Academic abilities, including self-learning and research abilities;
 - ii) Clinical skills;
 - iii) Professional qualities including communication skills, reliability, integrity, team work, ethical attitudes and conduct, a commitment to what is best for the patient, health advocacy and management skills.
- 3.2 All applicants who satisfy the eligibility criteria (see below) and apply through the College application process will be considered. The final selection of applicants is based solely on merit. Currently, selection is based on the achievement of minimum entry criteria, rather than a ranking with an arbitrary cut off.
- 3.3 The selection process is documented, transparent and objective, with applicants having access to eligibility criteria, information on the selection process, selection criteria and appropriate appeals processes.
- 3.4 The selection process is subject to ongoing review to ensure its validity and effectiveness.
- 3.5 Full details of the training program and the application process have been disseminated in a letter to the Director and Supervisor(s) of all accredited Intensive Care Units, through the CICM website and other mechanisms to ensure national awareness of opportunity for all eligible applicants in Australia and New Zealand.

4. ELIGIBILITY CRITERIA

Applicants must satisfy all of the following College requirements in order to be eligible for application to the training program, doctors must:

- 4.1 Possess a primary medical degree and have successfully completed a 12 month internship (Post Graduate Year 1);
- 4.2 Be registered as a medical practitioner by the registration authority in the jurisdiction in which they plan to work;
- 4.3 Meet any residency or visa requirements enabling employment at any hospital within the jurisdiction(s) for which they are applying;
- 4.4 Supply documentary evidence of medical registration in Australia, New Zealand or the appropriate registration authority in other jurisdictions;
- 4.5 Have completed 6 months of experience, or Foundation Year training, in an Intensive Care Unit accredited for training by the College. This training must have taken place within the last three years at the time of application for selection.

5. SELECTION CRITERIA

Selection of trainees is based on demonstrable evidence of the criteria listed in Appendix 1, which reflect the essential characteristics for specialist practice as outlined in the College's *Definition of an Intensive Care Specialist* (see Appendix 2).

- 5.1 The criteria is addressed by the candidate and assessed by the Trainee Selection Panel by means of a pro forma application which includes:
 - i) An online application form detailing qualifications, training and experience;
 - ii) A total of three structured references;
 - iii) A structured curriculum vitae (CV).
- 5.2 Applicants may be classified as:
 - 5.2.1 Successful - An applicant who has satisfied the selection criteria;
 - 5.2.2 Unsuccessful - An applicant who has been unable to satisfy the selection criteria. Unsuccessful applicants may reapply after further experience in intensive care medicine. After three unsuccessful attempts the applicant will be deemed ineligible to apply for selection onto the training program.

6. APPLICATION PROCESS

The selection process is published on the College website and applicants are required to contact the Training Department for access to the online application. Selection onto the training program takes place via two intakes per calendar year. All applications must include:

- a) Original or certified copies of a medical degree, proof of medical internship completion, and registration with the Medical Board of Australia, Medical Council of New Zealand or the appropriate registration authority in other jurisdictions;
- b) A structured curriculum vitae (CV) providing biographical information and addressing the selection criteria e.g. clinical experience, academic and other accomplishments and experience. Documentary evidence is required to support the information provided in the CV;
- c) The contact details of three suitable referees for the College to contact in order to obtain a written reference. The reference is based on the applicant's performance in the working and learning environment during the six month Foundation term in intensive care.

7. SELECTION PROCESS

The selection process reflects a minimum entry standard rather than a ranking with an arbitrary cut off. The Selection Panel consists of the Censor, Director of Professional Affairs, a Fellow of the College and a community member.

The Panel will consider the application form, the structured curriculum vitae and the three structured references and determine whether the selection criteria have been met. This involves assessment of the applicant's knowledge, skills and behavior and take into account their clinical experience, academic and other achievements.

Applicants are notified within 30 days of the Selection Panel's meeting. Successful applicants are required to sign the CICM Training Agreement and submit relevant documentation to the College so that prior learning can be accredited where appropriate.

Unsuccessful candidates may access the College's Reconsideration, Review and Appeals' process outlined in sections 14 and 15 of the College Regulations. Candidates may make a maximum of three attempts to be selected into the College training program.

This document should be interpreted in conjunction with the College Regulations.

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APPENDIX 1: Selection Criteria

- a. Academic Abilities
 - i. Sufficient academic achievement to meet the requirements of the training program
 - ii. Excellence in academic performance in the undergraduate medical course
 - iii. Comprehensive knowledge base
 - iv. Some basic knowledge of physiology and pharmacology
 - v. Research experience

- b. Clinical Expertise
 - i. Completion of PGY1 or equivalent
 - ii. Clinical experience which demonstrates the ability to exercise sound clinical ability and judgment
 - iii. A demonstrated commitment to pursuing a career in intensive care medicine
 - iv. At least six months clinical experience in intensive care medicine

- c. Professional Qualities (essential)
 - i. Medical (Clinical) Expert
 - i. Problem solving skills
 - ii. Communicator
 - i. Interpersonal and communication skills with the ability to interact appropriately, ethically and responsibly with patients from varied ethnic backgrounds, their families and all members of the health care team.
 - iii. Collaborator
 - i. Can work effectively within teams and as a leader
 - ii. Can manage conflict appropriately
 - iv. Manager
 - i. Time management skills
 - v. Health Advocate
 - i. Is able to advocate effectively for patients
 - vi. Scholar
 - i. Has a commitment to learning and can facilitate the learning of others
 - vii. Professional
 - i. Demonstrates ethical and legal practice
 - ii. Demonstrates sensitivity to cultural and individual differences
 - iii. Recognises limitations and seeks appropriate assistance
 - iv. Complies with professional expectations of behavior
 - v. Demonstrates insight and responds to feedback
 - vi. A familiarity with the Australian and/or New Zealand health system and demonstrated knowledge of current issues affecting intensive care medicine in the relevant country including cultural diversity issues

- d. Other
 - i. A basic knowledge of the CICM training program
 - ii. A willingness to rotate to different hospitals, including the mandatory rural attachment

- e. Interests and activities in the broader community

APPENDIX 2: Definition of an Intensive Care Specialist

An Intensive Care Specialist is defined by the College as a medical specialist trained and assessed in the high quality, comprehensive and safe, immediate and longitudinal clinical management of critically ill patients. These patients are at variable points in their critical illness and therefore include patients at risk of deterioration to severe illness and those recovering from such illness.

The Specialist is trained to identify and manage patients with severe medical or surgical illnesses.

This includes but is not limited to:

- Care of patients using invasive and non-invasive diagnostic, monitoring and treatment techniques for haemodynamic, respiratory, neurological and renal support;
- Care of patients using specific treatments and monitoring only available in the intensive care unit (ICU). These include but are not limited to the modalities of Continuous Renal Replacement;
- Therapy (e.g. CVVHD), specialised respiratory support (e.g. with complex multimode ventilators, high frequency oscillation and prone ventilation), control of intracranial dynamics guided by specialised monitoring (e.g. brain tissue PO₂) and invasive haemodynamic monitoring (e.g. continuous cardiac output measurement) and cardio-respiratory support (e.g. extra-corporeal membrane oxygenation);
- Organisation and participation in early warning systems to anticipate, prevent and treat deterioration of patients;
- Assistance in the care of or managing sick patients in settings outside ICU, including: the emergency department, hospital ward and high dependency unit;
- Transport of acutely ill patients within, to and between hospitals;
- Assistance with the continuing care of patients recovering from acute illness with specific needs related to that illness, e.g. tracheostomy, respiratory, nutrition, and psychological and neuromuscular problems;
- Providing patient centred care including but not limited to sensitively advocating for their best interests and when necessary end-of-life care;
- Communicating effectively with colleagues, patients and families.

The Specialist is also involved in activities, which support the clinical care of critically ill patients:

- Research into critical illness and all aspects of its management;
- Education on all aspects of the management of critically ill patients;
- Administrative tasks related to the management of critically ill patients and ICUs;
- Quality improvement in the management of critically ill patients.

REFERENCES

ⁱ Urlings-Strop Louise, Stijnen Theo, Themmen Axel PN, Splinter Ted AW. Selection of medical students: a controlled experiment. *Medical Education* 2009;43:175-183.

ⁱⁱ Roberts Christopher and Togno John M. Selection into specialist training programs: an approach from general practice.