



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

ASSESSMENT OF OVERSEAS TRAINED INTENSIVE CARE SPECIALISTS

This document outlines the procedure that should be followed by overseas trained intensive care specialists who wish to **obtain recognition in Australia or vocational registration in New Zealand as a specialist in intensive care medicine**. To enable an understanding of the requirements, this document outlines the Training and Examination Program for local medical graduates who wish to become intensive care specialists in Section 1 and the mechanism for Assessment of Overseas Trained Specialists (OTS) in Section 2.

In Australia, under an agreement between the Specialist Medical Colleges, State Medical Boards and the Australian Medical Council (AMC), the application from the OTS is initially referred to the AMC for processing. In New Zealand, the application from the OTS must initially go to the Medical Council of New Zealand (MCNZ) for processing.

Assessments cannot be obtained by the applicant making a direct approach to the College of Intensive Care Medicine (CICM). In the application to the relevant State Medical Board, the AMC or the MCNZ, documents attesting to past employment and training must all be original documents. If photocopies are sent, it is necessary for these to be legally notarised.

If the application meets the criteria set by the AMC or MCNZ, the documentation will be forwarded to the CICM for assessment of training, experience and qualifications. The applicant will be advised of this action and will be requested by the AMC or MCNZ to forward the appropriate fee, prior to undertaking the assessment.

The AMC address is:

Australian Medical Council
PO Box 4810
Kingston Act 2604

The MCNZ address is:

MCNZ
PO Box 11-649
Wellington
New Zealand

The AMC and MCNZ have websites with current information: www.amc.org.au and www.mcnz.org.nz.

SECTION 1: SUMMARY OF THE CICM TRAINING PROGRAM

1. INTENSIVE CARE TRAINING AND ASSESSMENT

Details of the adult and paediatric training programs of the CICM are contained in Regulation 5 relating to Training and Examinations. Changes to the training program are made from time to time and it is recommended the applicant contact the College for the most current program requirements.

1.1 Approved Vocational Training

Approved Vocational Training can commence at any time after the completion of 12 months General Hospital Experience following graduation from medical school.

The requirements for admission to Fellowship of the CICM by examination are summarised as follows:

- 36 months Basic Training Years
- 36 months Advanced Training Years

These 6 years undertaken as full-time training (or part-time equivalent) must include as a minimum:

- 24 months Core Intensive Care undertaken as an Advanced Trainee in Units accredited for core training (refer Document IC-3 "Guidelines for Intensive Care Units Seeking Accreditation of Training in Intensive Care Medicine"). A minimum of one core year must be continuous.
- 12 months Clinical Anaesthesia, of which a minimum of six months must be undertaken in a registrar position, in either basic training years, or during the elective advanced training year.
- 12 months Clinical Medicine, of which a minimum of six months must be undertaken in a registrar position, in either basic training years, or during the elective advanced training year.
- 12 months Elective Training undertaken as an advanced trainee (which may be in intensive care, clinical anaesthesia, general medicine, specialist medicine, emergency medicine, surgery, research or other disciplines related to intensive care).
- Successful completion of a Primary Examination acceptable to the Board of the CICM, the Fellowship of the Royal Australasian College of Physicians (FRACP) Written/Clinical Examinations, or another qualification approved by the Censor.
- Successful completion of the Fellowship Examination.
- Completion of a Formal Project.
- Satisfactory in-training assessments performed every six months over the 3 Advanced Training years (see 1.2 below).
- Satisfactory participation in a Medical ADAPT Workshop.

For endorsement in paediatric intensive care, the training program has specific requirements which relate to core paediatric intensive care training and paediatric medicine.

1.2 In-Training Assessment

All candidates are required to be assessed during their advanced intensive care training. These assessments use the criteria and form outlined in Document T-12 "In-training Assessment of Trainees in Intensive Care Medicine".

1.3 **CICM Primary Examination**

The CICM Primary Examination is a test of knowledge and understanding of the basic sciences applied to the clinical practice of intensive care medicine and may be taken any time during basic training. It consists of a written section, a viva section and an objective structured clinical examination (OSCE) sections.

1.4 **Eligibility for Advanced Training**

Eligibility for Advanced Training is dependent upon trainees having completed three years of basic training and achieved one of the following:

1.4.1 Successful completion of the Primary Examinations of the CICM or Australian and New Zealand College of Anaesthetists.

1.4.2 Successful completion of basic physician training and success at the RACP Written and Clinical (adult or paediatric) examinations.

1.4.3 Successful completion of other training programs and/or examinations in other specialties considered acceptable by the Board.

1.5 **Fellowship Examination**

The Fellowship Examination may be taken following the completion of Basic Training, a successful Primary Examination or exemption therefrom, and at least 12 months of the two core years of intensive care training have been completed in a full-time position or in a part-time equivalent position.

The subjects for the Fellowship Examination are the theory and practice of intensive care including relevant aspects of the basic sciences and related disciplines.

The examination consists of written and oral sections. The written component consists of two 150 minute short answer (SAQ) examinations involving 15 questions in each. The Oral sections comprise a Clinical Section, and eight Cross Table Viva Voce examinations.

A separate examination in Paediatric Intensive Care Medicine is held consisting of the same format as the General Fellowship Examination.

1.6 **Award of Fellowship**

Trainees who have completed the training and examination requirements of the College are eligible to apply for admission to Fellowship of the College of Intensive Care Medicine (CICM).

SECTION 2: ASSESSMENT OF OVERSEAS TRAINED SPECIALISTS

2.1 **General**

Graduates of medical schools outside Australia or New Zealand are not automatically eligible for unconditional medical registration in Australia or New Zealand. Graduates must ordinarily pass examinations set by the AMC or the MCNZ and must fulfil a variety of conditions set by the respective Councils.

However, medical practitioners who have satisfied all the training and examination requirements to practise in their field of specialty in another country have been granted alternative pathways to **specialist recognition** in Australia or **vocational registration** in New Zealand. If a case for consideration of such an application is accepted by the AMC or the MCNZ, they will request the relevant Specialist College to assess the specialist training, specialist qualifications and specialist experience of the OTS.

An offer of employment by a hospital or public health authority outside the AMC/MCNZ pathway is no guarantee of specialist recognition.

Applications from OTS for consideration of intensive care specialist recognition in Australia or vocational registration in New Zealand are referred to the CICM by the AMC or MCNZ.

Where the OTS has a primary medical degree from Australia or New Zealand, the OTS can apply directly to the Board of the CICM for assessment via the CICM OTS Process when application to and processing by AMC or MCNZ is not deemed appropriate.

The objective of the CICM OTS Assessment Process is to **assess the proficiency of the OTS to practise in Australia or New Zealand**, so as to provide a standard of care similar to that required of Australasian trained intensive care specialists. The Assessment Process determines whether the OTS is able to perform as an unsupervised specialist in intensive care medicine at a comparable standard to that of a Fellow of the CICM. The Assessment Process can be regarded as a recertification of specialists from non-Australian training backgrounds. **It is not an alternative specialist training program and completion of the process does not automatically guarantee Fellowship of the CICM**

2.2 The Assessment Process

The OTS Committee will conduct the OTS Assessment Process and make their recommendations to the Board. The process will uphold the principles of *Consistency, Objectiveness, Transparency and Procedural Fairness*.

The OTS Committee shall have the following members and shall be chaired by the Censor or Assistant Censor:

1. The Censor
2. The Assistant Censor
3. A New Zealand Board Member
4. The Chairman of Examinations
5. A Fellow nominated by the Board, with qualifications appropriate to the designated field of the applicant.
6. A community representative/stakeholder.

An application for assessment requires that:

1. The OTS has a basic medical qualification that is recognized by the AMC or the MCNZ,
2. The applicant has satisfied all the training and examination requirements to practise intensive care medicine in their country of training, and
3. The applicant is recognized as an intensive care specialist in their country of training.

Applicants for assessment will be informed of:

1. The nature and methods of the OTS Assessment Process, including requirements to be satisfied, and the approximate time that will all take; and
2. The standards of overseas training and clinical performance expected.

The Assessment Process involves three components:

1. A face to face interview by an OTS Interview Panel
2. A Performance Assessment and
3. A Clinical Practice Assessment Period of up to 24 months

Fees will be charged for the OTS Assessment Process.

2.2.1 Interview

In Australia, the OTS Interview Panel shall comprise three of the following: Censor, Assistant Censor, CPT Representative, Chairman of Examinations, and other members of the OTS Committee, Board Members or Fellows. This Panel may include a community representative. The President should not normally be a member of the Panel. The Censor, or in his/her absence, his/her nominee shall be the Chairman. In New Zealand, the New Zealand National Committee (NZNC) shall form a Panel of three from New Zealand Board Members, members of NZNC and

Fellows, and the Censor. The New Zealand Board Member or in his/her absence, his/her nominee, shall be the Chairman. The Chairman of the NZNC should not normally be a member of the Panel. The OTS Interview Panel will forward findings and recommendations to the OTS Committee. The Interview Panel may usually include a member of the regulating authority in the health jurisdiction who would act as an observer only.

2.2.1.1 The OTS Interview Panel will use the following criteria to assess a candidate:

1. Specialist degree and practice in intensive care medicine in the country of training. There must be documentation of medical registration, specialist qualifications in intensive care medicine and details of specialist practice in intensive care medicine. Consideration is given to the *curriculum vitae*, references, and any other documents that portray the candidate's previous practice as an intensive care medicine specialist. Stated experience and qualifications must be substantiated by statements of training and original or certified copies of diplomas from relevant bodies.
2. Training in intensive care medicine must be equivalent with the CICM training in its duration, structure and content, assessments and supervision.
3. Experience as a specialist in terms of management of patients with adequate case mix and severity of illness, use of equipment and procedures, and compliance with standards of good practice in intensive care medicine, must be equivalent to those promoted in College Policy Documents.
4. Participation in continuing education and quality assurance activities must be similar to the College Maintenance of Professional Standards (MOPS) Program. A continuous involvement in recent years is important.

2.2.1.2 The OTS Interview Panel will recommend to the OTS Committee one of the following:

1. Eligibility to proceed to Performance Assessment and Clinical Practice Assessment because training and experience, while not equivalent to the standard of an Australian or New Zealand trained intensive care specialist, is considered to be at a level that should enable the OTS to complete the requirements. The Clinical Practice Assessment will be required to be completed in a post that satisfies requirements as determined by the OTS Interview Panel in Australia or New Zealand for the specific candidate. The recommended period of Clinical Practice Assessment will be up to 24 months and will be determined by the OTS Committee after considering the OTS's training and experience.

OR

2. Eligibility for specialist recognition and possible consideration by the Board of the CICM for admission to Fellowship because training and experience is at least equivalent.

OR

3. Ineligibility for further consideration because training and experience is deemed to not be of the standard of an Australian or New Zealand trained intensive care specialist.

2.2.2 Performance Assessment

2.2.2.1 Performance Assessment will be conducted by the College Examination Committee. Announcement of successful candidates will be made at the completion of the Performance Assessment and such candidates presented to the Court of Examiners.

Performance Assessment is modeled on clinical assessment consisting of:

- Two 150 minute short answer (SAQ) written papers, involving fifteen questions in each. Standardised vivas that evaluate theoretical knowledge, communication skills, procedures and use of specialized equipment.
- An assessment of clinical skills using both critically ill patients in an intensive care.

The candidate may be exempted from the written paper by the OTS Committee after consideration of the OTS' training, experience and previously completed performance assessments.

In order to complete this assessment satisfactorily, the candidate must attain at least 50% of the overall mark, and achieve a satisfactory mark in the assessment of clinical skills. Failure of more than one section will constitute overall failure.

The outcome of the Performance Assessment will be forwarded to the OTS Committee. The Performance Assessment process may be attempted again should the assessment be unsatisfactory. In the event that two unsatisfactory attempts are made at the OTS Examination, the College will review the Assessment (refer 2.4).

2.2.3 **Clinical Practice Assessment Period**

2.2.3.1 The Clinical Practice Assessment Period serves to assess the performance of his/her practice and to familiarise the OTS with intensive care practice in Australia and New Zealand.

2.2.3.2 The OTS must complete a Clinical Practice Assessment Period which the OTS Committee believes to be appropriate, having regard to the standing and experience of the OTS.

1. The period should not normally exceed 24 consecutive months full-time duties in a post that satisfies the requirements as determined by the OTS Committee in Australia or New Zealand for the specific candidate.
2. In certain circumstances this Clinical Practice Assessment may be completed on a part-time basis, subject to prospective approval from the Censor.
3. Following approval of the post, the OTS may commence the Clinical Practice Assessment Period from the date of the interview (if appropriate). Work in Australia or New Zealand before the interview will not normally be considered for Clinical Practice Assessment. The Clinical Practice Assessment Period will be extended until all requirements have been fulfilled. In exceptional circumstances, following satisfactory completion of the Performance Assessment, the Clinical Practice Assessment period may be reduced.

2.2.3.3 The OTS Committee shall nominate a Candidate's Assessor to oversee each candidate's Clinical Practice Assessment Period. This Assessor shall provide to the Chairman of the OTS Committee, an Oversight Assessment Report Form of the OTS's practice after the first three months and then at six monthly intervals. Based on these reports, the OTS Committee may review the initial assessment of the applicant.

2.2.3.4 The OTS Committee may assess the Clinical Practice Assessment period as having been successfully completed, as requiring an additional period of assessment or as being unacceptable and the candidate ineligible for specialist recognition.

2.2.3.5 The Board can facilitate the OTS finding an appropriate post for the Clinical Practice Assessment Period, but cannot be responsible for ensuring availability of such a post.

2.3 **Appeal Procedure**

A candidate may appeal against a CICM decision on a matter of process. The appeal will be considered according to the appeal procedure of CICM.

2.4 **Review**

2.4.1 The OTS Committee will review the cases of candidates who are unsuccessful in their Performance Assessment. The purpose of the review is to facilitate assistance. A mentor may be appointed.

2.4.2 Any OTS assessment not completed satisfactorily within five years from the date of interview will lapse.

2.4.3 The CICM OTS Assessment Process will be subject to on-going review.

2.5 Specialist Registration in Intensive Care Medicine

2.5.1 CICM will recommend a candidate who satisfies all the requirements of the OTS Assessment Process to the AMC or the MCNZ for **recognition as a specialist in intensive care medicine**.

2.5.2 Such an OTS is eligible to be considered by the Board of the CICM for possible admission to the Fellowship of CICM, upon recommendation of the OTS Committee. The Board will assess the candidate on the basis of equivalence of training and may require further experience in a C12 or C24 accredited unit, particularly if the OTS has been working in an Area of Need position during the Clinical Practice Assessment period.

2.6 Advice

The OTS may seek advice from CICM on the Assessment Process, the MOPS program, practice in Australia and New Zealand or other relevant matters.

2.7 Areas of Need

Special consideration in the Assessment Process is given to an OTS appointed to an Area of Need post. This is considered in the complementary Document IC-12 "Intensive Care Services for Area of Need in Australia".

CICM support for specialist recognition will not be granted after the OTS completes his/her appointment in an Area of Need post without successful completion of the OTS Assessment Process.

*Promulgated by FICANZCA: 1998
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This policy document has been prepared having 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 that the practitioner has obtained the current version. Policy Documents have been prepared having regard 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.

College Website: www.cicm.org.au

Flow Chart Summary of Process

