

THE COLLEGE OF INTENSIVE CARE MEDICINE OF AUSTRALIA AND NEW ZEALAND

ACN 134292103

REGULATIONS

In all cases in these Regulations, "the College" refers to the College of Intensive Care Medicine of Australia and New Zealand.

1. DUTIES OF OFFICE BEARERS AND OFFICERS OF THE BOARD

Pursuant to Clause 10 of the Constitution, the Board will elect the following at the first Board meeting in each year to take office at the first Board meeting following the Annual General Meeting:

Office-Bearers

1.1 President

Responsible to Fellows and the Board for the oversight of the College.

1.2 Vice-President

Responsible for the smooth running of the Executive and support to the President.

1.3 Treasurer

Responsible to the Board for the oversight of the financial affairs of the College.

Officers

At the first Board meeting following the Annual General Meeting each year, the Board will elect the following:

1.4 Censor

Responsible to the Board for the oversight of individual training applications, evaluation of applications for entrance to College Examinations, supervision of assessment of OTS and AON applications and admission to Fellowship.

1.5 Education Officer

Responsible to the Board for the activities of the Education Committee.

1.6 Chair of Examinations

Responsible to the Board for the activities of the Examinations Committees.

1.7 Chair, Hospital Accreditation Committee

Responsible to the Board for the activities of the Hospital Accreditation Committee.

2. COMMITTEES OF THE BOARD

Pursuant to Clause 14 of the Constitution.

2.1 The Board shall appoint immediately following the Annual General Meeting each year the Chairs of Committees to fulfil certain major functions of the Board.

2.2 The Chair of each Committee shall normally be a member of the Board.

2.3 Decisions of Committees of the Board shall be by simple majority with the Chair exercising a deliberative and a casting vote.

2.4 The quorum for each Committee will be set at its first meeting. The President is an ex officio member of all College Committees.

2.5 All proceedings and reports of the Board or any of its Committees or sub-committees shall be confidential and privileged.

2.6 Reports of Board business will be published at the discretion of the Board and/or President.

2.7 Principal Committees of the Board

2.7.1 Executive Committee

2.7.2 Education Committee

2.7.3 Examinations Committee

2.7.4 Fellowship Admissions Committee

2.7.5 Hospital Accreditation Committee

2.7.6 Overseas Trained Specialists Committee

2.7.7 Finance, Audit and Risk Management

2.8 Executive Committee

2.8.1 Membership shall consist of the President as Chair of the Executive, the Vice President, and Treasurer. Members of Board with particular portfolios may be invited to attend the Executive Committee meetings as appropriate.

2.8.2 The Committee shall report and make recommendations to Board following the review of matters referred to the College, the review and consolidation of Regulations and documentation, development of policy, review of financial matters, and to act on

behalf of the Board where appropriate. The Committee shall also provide advice to the Board following periodic review of the Constitution to facilitate any changes in College policy and activities.

2.9 Education Committee

2.9.1 Membership shall include the Education Officer who shall be Chair, Censor, Assistant Censor, Assistant Education Officer, Chair of the Examinations Committee, Chair of the Training Subcommittee, the Chair of the Trainee Committee or his/her nominee, a Community Representative and such other members as the Board may appoint.

2.9.2 The duties of the Education Committee shall be the implementation of Board policy and provision of advice to the Board on matters related to teaching and education of intensive care trainees, and co-ordination of educational activities. This may include:

- Appointment and accreditation of Supervisors.
- Curriculum development, evaluation and review.
- Development of educational materials and courses.
- Development of educational policy.
- Appropriate collaboration with relevant educational bodies.

2.9.3 The Training Committee is a sub-committee of the Education Committee and membership shall include the Censor who shall be Chair, Assistant Censor, Chair of Examinations, Education officer and their Deputy. Its duties include prospective approval and review of individual training, approval of Formal Projects.

2.9.4 The Trainee Committee is a sub-committee of the Education Committee and represents trainee interests in the affairs of the College, particularly with regard to matters concerning education and training.

2.9.4.1 The Trainee Committee will be constituted by a Trainee representative from each Region of Australia and New Zealand and the New Fellow representative elected to the College. In order to be eligible for nomination to the Committee, Trainees are required to have been registered for training with the College for a minimum of two years, or be a current Advanced Trainee of the College.

2.9.4.2 When a vacancy occurs, nominations will be requested from trainees for a Trainee representative from that region to join the Trainee Committee. If there is more than one trainee nominated for a vacancy, an election will be held within that region in which case the election will be conducted in the same manner as elections for Regional and National Committee membership.

2.9.4.3 The New Fellow representative to the Board will act as the Chairperson for the Trainee Committee.

2.9.4.4 The Trainee Committee will meet by teleconference three times per year prior to the corresponding College Education Committee meetings. A summary of the previous Education Committee meeting minutes will be made available for discussion. Minutes of meetings of the Trainee Committee shall be provided to the Education Committee at least three times a year along with a report from the Chairman.

2.10 Examinations Committee

2.10.1 The Board will appoint annually an Examinations Committee from the Panel of Examiners. The Chair of the Examinations Committee will be appointed annually by the Board from the members of the Board and may not necessarily be an examiner. Membership of this Committee shall include the Chairs and Deputy Chairs of the General Fellowship Examination Committee, the Paediatric Fellowship Examination Committee and the Primary Examination Committee. The Chair will liaise with the Board about all matters relating to examinations and will review the conduct and structure of examinations in conjunction with the Examinations Committee.

2.10.2 The duties of the Examinations Committee shall include the implementation of Board policy, the provision of advice to the Board and the co-ordination of examinations.

2.11 Examination Subcommittees and Courts

2.11.1 A Primary, a Paediatric Fellowship and a General Fellowship Examination Committee will be selected from the Panel of Examiners. The Board, on the advice of the Examinations Committee, will appoint the Chairs and Deputy Chairs of each examinations committee. These Committees will report to the Examinations Committee.

2.11.2 The exam subcommittees will meet on a regular basis and be responsible for the preparation, conduct and assessment of each exam process. These meetings will be chaired by the Chairs of the respective committees.

2.11.3 Courts of Examiners will be appointed for individual Examinations by the Chair of the appropriate subcommittee or nominee.

2.11.4 Any person who has been an Examiner may fill a vacancy at the discretion of the Chair of the relevant examination committee or his/her nominee.

2.11.5 All proceedings and reports of the Examinations Committee and its subcommittees will be confidential and privileged.

2.12 Panel of Examiners

2.12.1 There will be a Panel of Examiners which will be appointed by the Board on the advice of the Examinations Committee.

2.12.2 The tenure for Examiners will commence from 1st January following the appointment, and shall be for three year terms. An examiner may be re-appointed for a maximum of 12 years.

2.13 Fellowship Admissions Committee

2.13.1 Membership shall include the Censor who shall be Chair, the President, the Chair of the Examinations Committee and such other members as the Board may appoint.

2.13.2 The duties of the Fellowship Admissions Committee shall be the consideration of applications for Admission to Fellowship.

2.14 Hospital Accreditation Committee

2.14.1 Membership shall include the Chair, the President, the Education Officer, the Censor and such other members as the Board may appoint. The Chairperson will be elected annually by the Board.

2.14.2 The duties of the Hospital Accreditation Committee shall include the implementation of Board policy and the provision of advice to the Board regarding accreditation of training sites. Its duties include:

- Accreditation and review of training sites
- Appointment of inspection teams
- Collation and analysis of data obtained from accredited and prospective training sites
- Review of documentation relating to accreditation

2.15 Overseas Trained Specialists Committee

2.15.1 Membership shall include the Censor, the Assistant Censor, the Chairman of the Examinations Committee, Chairmen of the respective Fellowship Examination Committees, a New Zealand Board member and one other Fellow nominated by the Board, and a Community/Jurisdictional Representative. The Chair shall be either the Censor or Assistant Censor.

2.15.2 The Overseas Trained Specialists Committee shall be responsible for administration of the assessment of Overseas Trained Specialists.

2.16 Finance, Audit and Risk Management Committee

2.16.1 Membership shall consist of the Vice-President, Treasurer and three other members (who may or may not be Fellows of the College). At least two members will have a high level of financial competence, and one of these members will usually be the Chair. The Chair and members will be appointed by the Board.

2.16.2 The duties of the Committee shall include:

2.16.2.1 Assisting the Board in discharging its duties with regard to the financial affairs of the College.

2.16.2.2 Enhancing the control framework of the College and overseeing the management of its risks.

2.16.2.3 Assisting the Board in complying with its legal and other obligations.

3. **REGIONAL AND NATIONAL COMMITTEES OF THE COLLEGE**

3.1 Where a State or Territory of Australia, or New Zealand or another region, has 7 or more Fellows, a Regional/National Committee may be formed, when approved by the Board.

3.2 Where there are less than 7 Fellows of the College in a given Region, then Fellows may be represented by a Board member from that region. If there is no Board member, then the Region will be represented by a representative appointed by the Board, or the Education Officer. The absence of a formalised Regional/National Committee in a region does not preclude Fellows from holding meetings.

Functions

3.3 Regional and National Committees will:

3.3.1 Advise the Board of any matters that may concern the interests of the College and carry out such other duties as may be delegated to them by the Board.

3.3.2 Conduct their affairs in accordance with the Constitution and the Regulations of the College.

3.3.3 Submit to the Board for approval, any document affecting College policy prior to promulgation.

3.3.4 Hold at least one Business Meeting annually to be known as the Regional Annual General Meeting which will be conducted under the Regulations for Standing Orders at General Meetings (as outlined in the Constitution).

3.3.5 Advise the Board on matters affecting training, accreditation and review of hospital training programs.

- 3.3.6 Submit to the College by 30th April each year, an Annual Report on the proceedings of the Committee during the past 12 months.
- 3.3.7 When requested by the Board of the College, nominate a Convenor, a Scientific Convenor and other members of a Regional Organising Committee for the Annual Scientific Meeting.
- 3.3.8 Inform the Board of the College of any regional political negotiations and obtain its permission before making any specific comment.

Elections

- 3.4 To assist the Board in the appointment of Regional/National Committees, the Fellows of the College in each Region will, every two years, hold a postal ballot during the month of April.
- 3.5 The results of ballots will be forwarded to the Chief Executive Officer before the June Board Meeting, at which the Board will appoint those duly elected to the Committee for the next two years.
- 3.6 Nominations of candidates who desire to submit their names for a Regional/National Ballot, must be signed by two Fellows of the College resident in that region/country. Prior consent of the candidate in writing must be obtained.
- 3.7 If the number of persons nominated for a ballot does not exceed the number of vacancies on a Regional/National Committee, the names of all nominees will be forwarded to the Board in accordance with Regulation 3.5.
- 3.8 If the number of nominations exceeds the number of vacancies, balloting lists will be prepared which contain in alphabetical order, the names of the nominees. If a Fellow of the College elects to vote, he or she will be obliged to vote for the same number of nominees as there are vacancies to be filled.
- 3.9 In the case of Fellows of the College seeking re-nomination, a record of attendance at Regional/National Committee Meetings must accompany the ballot papers.
- 3.10 The ballot having taken place, the Chair of the Regional/National Committee will appoint two scrutineers, who are not presenting for election, to count the votes and notify the Chair of the Committee of the result. Voting papers which do not comply with Regulation 3.8 will be invalid.
- 3.11 In the case of a tied vote, the Chair of the Regional/National Committee will exercise a casting vote, following the procedure in the Constitution.

Tenure

- 3.12 Members of Regional/National Committees will be appointed for two years, but will be eligible for re-appointment.

- 3.13 Except with the approval of the Board, no Fellow will serve on a Regional/National Committee for longer than a total period of 12 years unless he or she be an ex-officio or co-opted member.

Ex-officio Board Member

- 3.14 Members of the Board resident in a Region will be ex-officio Members of that Regional/National Committee and will have full voting rights.

Co-option

3.15 *New Fellow's Representative*

Each Committee will be entitled at its first meeting on or after 1st July, to co-opt to membership for that year a Fellow admitted within the preceding five years, who will have full voting rights.

- 3.16 The Committee will also have the power to co-opt one or more Fellows of the College for a special purpose. Such co-opted Members will attend Regional/National Committee meetings at the discretion of the Chair but will have no voting rights.

3.17 *Trainee Representative*

The elected member of the Trainee Committee will be co-opted to the Regional/National Committee and will have full voting rights.

- 3.18 Any casual vacancy occurring during the two year term of the Regional/National Committee may be filled at the discretion of the Committee.

Elections

- 3.19 Each Committee will elect annually at its first meeting on or after 1st July, from amongst its elected Members:

3.19.1 A Chair, whose term of office will not exceed three consecutive years. The Chair will remain in office, and exercise all of the powers and duties of the Chair as set out in this Regulation, until a successor has been elected.

3.19.2 A Deputy Chairman, whose term of office will not be limited.

3.19.3 A Secretary and a Treasurer who may be the same person, and whose term of office will not be limited.

- 3.20 Office Bearers of each Regional Committee shall be elected by secret ballot. If no nominee for any position secures a majority on the first ballot, there shall be an exhaustive ballot in accordance with Article 9 of the Constitution. The Chair may exercise both a deliberative and a casting vote.

- 3.21 Unless determined otherwise by the Board, the elected Membership of Regional/National Committees will be determined by the number of Fellows in a region/country on the day on which nominations close, according to the formula.

Fewer than 7 Fellows (see Regulation 3.2)

7 - 30 Fellows	-	3 Members
31 - 50 Fellows	-	4 Members
51 - 75 Fellows	-	5 Members
More than 75 Fellows	-	6 Members

The census relating to the number of Fellows in a region shall be taken as at the stated closing date for receipt of nominations

- 3.22 The new Committee will take office at its first meeting on or after the 1st July of the year of election.
- 3.23 The Committee will meet at least three times a year.
- 3.24 A quorum for Regional/National Committee meetings will be decided at the first meeting of the incoming Committee and will not be less than one third of the numbers of elected and ex-officio Members.
- 3.25 Unconfirmed Minutes of all Regional/National Committee meetings must be forwarded to the Chief Executive Officer within one month of the meeting and confirmed Minutes immediately after such confirmation.
- 3.26 Attendance of elected Members at Regional/National Committee Meetings is to be recorded in the Annual Reports of each Committee.
- 3.27 As the College is a legally incorporated educational and scientific body, matters related to remuneration for professional services may not be negotiated by Regional Committees.

4. ADMISSION TO FELLOWSHIP OF THE COLLEGE

Eligibility

Except in the case of Honorary Fellows, no person shall be eligible to be a Fellow of the College, unless at the time of his admission as a Fellow:

- (a) he/she is a registered Medical Practitioner of a State or Territory of Australia or of New Zealand or of some other country or State approved by the Board for the purpose of this clause; or
- (b) he/she holds a medical qualification regarded as satisfactory by the Board.

4.1 *Foundation Fellowship*

Persons who hold Fellowship of the Joint Faculty of Intensive Care Medicine, ANZCA and RACP will be eligible for admission as Foundation Fellows of the College.

4.2 *Honorary Fellowship*

Pursuant to Clause 2.6 of the Constitution:

- 4.2.1 The Board may confer Honorary Fellowship of the College on distinguished persons who have made a notable contribution to the advancement of the science and practice of intensive care medicine who are not practising intensive care in Australia or New Zealand.
- 4.2.2 Honorary Fellowship of the College will normally not be conferred "in absentia".
- 4.2.3 Nominations for the award of Honorary Fellowship of the College may be considered at any Board Meeting.
- 4.2.4 All nominations will be made in writing, formally proposed and seconded by two Members of the Board, and submitted to the Chief Executive Officer at least 28 days before the Board Meeting.
- 4.2.5 Each nomination will be accompanied by curriculum vitae.
- 4.2.6 The Board will vote on the nomination by secret ballot.
- 4.2.7 No award will be made at a meeting of the Board unless three quarters of the Members of the Board present vote in favour.
- 4.2.8 Nominations rejected by the Board may be reconsidered if proposed and seconded at a subsequent Board Meeting.
- 4.2.9 An Honorary Fellow shall be a member of the College and shall have the same powers, privileges and liabilities as a Fellow, except that an Honorary Fellow shall not be required to pay any entrance fee or annual subscription or to satisfy the College's professional development requirements.

4.3 *Admission to Fellowship by Election*

The Board may elect to Fellowship without examination persons who have made a notable contribution to the science and practice of intensive care medicine, in the fields of research, training, education and administration.

- 4.3.1 Applications for admission to Fellowship under this Regulation will be on the prescribed form. References will be sought from three nominated referees.
- 4.3.2 Applications for admission to Fellowship under these Regulations may be considered at any meeting of the Board provided that

applications are submitted to the College 60 days prior to the meeting.

- 4.3.3 Each application will be accompanied by curriculum vitae, criteria for assessment and guide for applicants, copies of all documentary evidence of qualifications and experience, certificate of good standing, evidence of participation in professional, academic and continuing education activities. Documents must be in English or certified translations should be provided.
- 4.3.4 Applications for election to Fellowship, on the prescribed forms and with supporting documentation, will be sent to each Member of the Board at least fourteen days before the day of the Board Meeting.
- 4.3.5 No award will be made at a meeting of the Board unless three quarters of the Members of the Board present vote in favour. This is subject to a minimum of seven Members voting in favour. The Board will vote by secret ballot.
- 4.3.6 Applications rejected by the Board may be reconsidered if formally proposed and seconded at a subsequent Board Meeting.
- 4.3.7 Those admitted to Fellowship by election will pay an entrance fee as prescribed by the Board in addition to the annual subscription.
- 4.3.8 The Board at its discretion may remit the entrance fee and annual subscription of any Fellow admitted under Regulation 4.3.

4.4 *Admission to Fellowship of the College by Training and Examination*

The Board may admit to Fellowship candidates who have completed the training and examination requirements of the College.

- 4.4.1 Candidates for admission to Fellowship by training and examination will fulfil the examination requirements of the Board and complete a prescribed program of training and assessment as detailed in Regulation 5.
- 4.4.2 The Board will define the period of training required by all candidates and approve the nature of the Examinations for the award of Fellowship of the College.
- 4.4.3 Candidates approved by the Court of Examiners at a Fellowship Examination are required, on completion of the prescribed period of training, to forward to the Chief Executive Officer an application for admission to Fellowship.
- 4.4.4 The application for admission to Fellowship must be on the prescribed form and contain such information as the Board may require.
- 4.4.5 The application must be approved by the Fellowship Admissions Committee.

4.4.6 Admission to Fellowship will only be recommended by the Board when all relevant Regulations have been satisfied.

4.4.7 Every application will contain an agreement by the candidate that all communications made by the Board or any of its officers and all answers to any questionnaire made by any referee or any Fellow of the College will for all purposes be deemed a privileged communication.

4.5 *Admission to Fellowship of Overseas Trained Specialists*

The Board may admit to Fellowship medical practitioners who have satisfied all of the training and examination requirements to practise intensive care medicine in countries other than Australia, New Zealand and Hong Kong and who have been recommended for admission to Fellowship by the Overseas Trained Specialists Committee. Applications from Overseas Trained Specialists (OTS) for consideration of intensive care specialist recognition in Australia or vocational registration in New Zealand are referred to the College by the Australian Medical Council (AMC) or the Medical Council of New Zealand (MCNZ).

4.5.1 The Board through its OTS Committee will assess OTS applicants to determine eligibility for specialist recognition or vocational registration, in accordance with the document '*Assessment of Overseas Trained Intensive Care Specialists*'.

4.5.2 Performance assessment may be conducted by the relevant Fellowship Examination Committee. Announcement of the successful candidates will be made at the completion of the Performance Assessment and such candidates presented to the Court of Examiners.

4.5.3 The OTS will normally complete a Clinical Practice Assessment period as determined by the OTS Committee. This period will be overseen by a Clinical Assessor who will report to the Chairman of the OTS Committee. Successful completion is dependent upon satisfactory reports from the Clinical Assessor.

4.5.4 The Board will recommend a candidate who satisfies all of the requirements of the OTS process to the AMC or the MCNZ for recognition as a specialist in intensive care medicine.

4.5.5 The Board may admit to Fellowship Overseas Trained Specialists who have satisfied all of the requirements of the OTS process.

4.5.6 The application for admission to Fellowship must be on the prescribed form and contain such information as the Board may require.

4.5.7 The application must be approved by the Overseas Trained Specialists Committee.

4.5.8 Admission to Fellowship will only be recommended by the Board when all relevant Regulations have been satisfied.

4.5.9 Every application will contain an agreement by the candidate that all communications made by the Board or any of its officers and all answers to any questionnaire made by any referee or any Fellow of the College will for all purposes be deemed a privileged communication.

4.6 Having received and considered all relevant materials and communications in reference to an application for Fellowship of the College, the Board may admit the candidate to Fellowship, reject the application or suspend final determination for any period it thinks fit. The Board the College shall not be required to assign any reasons for the admission or rejection of a candidate or suspension of its decision upon a candidate's application and the decision of the Board on any application shall be final and not subject to appeal.

4.7 Each applicant will sign the following pledge which is binding upon admission to Fellowship:

"I hereby pledge myself as a condition of Fellowship of the College of Intensive Care Medicine of Australia and New Zealand to obey the Constitution and abide by all Regulations of the College."

4.8 All proceedings in relation to the admission to Fellowship will be confidential and privileged.

4.9 Candidates admitted to Fellowship of the College of Intensive Care Medicine of Australia and New Zealand will be entitled to place after their name the letters FCICM.

4.10 The Diploma of Fellowship of the College will be in the following form:

*THE COLLEGE OF INTENSIVE CARE MEDICINE
OF AUSTRALIA AND NEW ZEALAND*

No.....

This is to certify that

.....

*was duly admitted a Fellow of the
College of Intensive Care Medicine of Australia and New
Zealand.*

*Given under the common Seal of the
College of Intensive Care Medicine of Australia and New Zealand,
this day of.....in the year of.....*

- 4.11 Applicants admitted to Fellowship of the College who have satisfied the training and examination requirements in Paediatric Intensive Care will be issued with a Certificate of Endorsement indicating that the Fellowship is awarded in Paediatric Intensive Care Medicine.

5. Program for Training and Certification in Intensive Care Medicine

These Regulations apply to all Trainees who commenced training towards the Diploma of the College of Intensive Care Medicine on or after 1st January 2010. Trainees commencing training prior to that date will be governed by the JFICM Regulations in force at the time of commencement of their training.

The training of an intensive care specialist to the standard required for the award of the Diploma of Fellowship of the College of Intensive Care Medicine of Australia and New Zealand requires the completion of six years of structured supervised training and various examination and other requirements as set out in Regulation 5. Approved training may commence after at least 12 months of general hospital experience.

Definitions:

A **Trainee** in intensive care is a registered medical practitioner who has completed at least 12 months of General Hospital Experience as specified in Regulation 5.2 and who has registered with and been accepted by the College with a view to obtaining the Fellowship of the College by Training and Examination.

A **Basic Trainee** is a Trainee who has completed at least 12 months of General Hospital Experience (usually Post-graduate Year 1), and who has taken up a supervised appointment within a Hospital Department (or other organisation) approved by the College and is occupying a position which meets the requirements for Basic Training as set out in Regulation 5.6.

An **Advanced Trainee** is a Trainee who has completed all the requirements for Basic Training, and has taken up a supervised appointment within a Hospital Department (or other organisation) approved by the College for Advanced Training in Intensive Care Medicine, and is occupying a training position which meets the requirements for Advanced Training as set out in Regulation 5.7 (see below for definition of Advanced Training).

A **Candidate** is a Trainee who has been approved to present for a College examination.

General Hospital Experience refers to the cumulative period of 24 months (full-time equivalent) spent in hospital clinical appointments. Twelve months of general hospital experience is required prior to the commencement of Approved Training as defined below. (Refer Regulation 5.2 and 5.6.)

Approved Training refers to training and experience undertaken by a Trainee in a post within Hospital Departments (or other organizations) approved by the College or a College of a related discipline as appropriate for gaining experience in the areas of practice set out in Regulation 5.3 and for achieving the Objectives of Training.

Basic Training is a minimum period of three years of Approved Training (BTY1, BTY2 and BTY3) designed to provide Trainees with the fundamentals of the practice of intensive care medicine, anaesthesia, medicine and related disciplines and a sound knowledge of relevant applied basic sciences. (Refer Regulation 5.6.)

Advanced Training is a minimum period of three years Approved Training (ATY1, ATY2 and ATY3) following Basic Training, and designed to provide Trainees with experience in intensive care medicine and other requirements for professional practice as an intensive care specialist. (Refer Regulation 5.7.)

Core intensive care training refers to the mandatory period (24 months) of intensive care training undertaken by an Advanced Trainee in an intensive care unit approved by the College in accordance with Regulation 5.15.

‘Senior Registrar’ position is a position that involves increased seniority close to the time of completion of specialist training, ie. when there is a reasonable expectation of completion within a year. The Trainee will have a lesser level of supervision than junior trainees, with greater clinical autonomy and responsibility. Rostering must be independent of junior medical officers and must include longitudinal responsibility for patient care beyond the series of single shifts (this implies a specific on-call component). The position will also involve specific responsibility for supervision and training of more junior medical officers and involvement in research, education and administration. (Refer Regulation 5.5.5.5 and 5.7.7)

Training Time will be calculated in months and is inclusive of normal holiday, sickness and parental leave as well as special leave for training or examinations purposes. (Refer Regulation 5.3.4.)

Interrupted Training. Training will be deemed to be interrupted by any period spent in activities not relevant to training in Intensive Care Medicine. Such periods do not include ordinary leave provisions and ‘relevance’ will be determined by the Censor or the Board. Training in other specialties related to Intensive Care Medicine is not considered an interruption.

An **Intensive Care Unit, Approved Training Post, Hospital Department (or other organisation)** is one recognised by the College for the purpose of providing a Trainee with supervised experience in one or more of the areas of practice set out in Regulation 5, and facilitating the attainment by the Trainee of the defined training objectives.

5.1 Registration and Training Fees

5.1.1 For Training to be approved, Trainees must be registered and must pay the initial Registration Fee and the Annual Training Fees.

5.1.2 Trainees must be registered with the College and have submitted full documentation and have paid the appropriate registration fees before being eligible to present for the Primary or Fellowship Examination. Trainees must be registered with the College before three months of Advanced Training have been completed.

5.1.3 Trainees must sign any authority required to permit the College to have access to and hold all information necessary for training purposes.

- 5.1.4 The Annual Training Fee must be paid by 30 April each year. Trainees taking up an appointment in an Approved Intensive Care Unit (or other training site) after 1 March must pay the Annual Training Fee within three months of commencing in that position.
- 5.1.5 Medical practitioners not registered with the College who make an enquiry about matters related to recognition of experience for training purposes may be required to pay an Assessment Fee.
- 5.1.6 Persons may be deemed by the Board to be exempt in part or in whole from paying the registration or training fees.

5.2 **General Hospital Experience**

- 5.2.1 An intending Trainee may apply for registration with the College after completion of 12 months (full-time equivalent) General Hospital Experience.
- 5.2.2 Basic Training cannot commence until at least 12 months (full-time equivalent) General Hospital Experience has been completed.

5.3 **Definition of Approved Training**

- 5.3.1 Approved Training towards the Diploma of Fellowship will be defined as beginning on the date of commencement of supervised intensive care, anaesthesia, medicine or related training within Hospital Departments (or other organizations) approved by the College or a College of a related discipline for training purposes.
- 5.3.2 Recognition may be given for other training which predates the commencement of Approved Training which must comply with the provisions of Regulation 5.3.
- 5.3.3 For training to be approved, registered Trainees must submit an Application for Approval of Training form to the College office whenever taking up an appointment in an approved Hospital Department (or other organisation). Such information must be submitted to the College office within three months of commencing the appointment.
- 5.3.4 During training, a total of 24 weeks leave for all purposes (eg. annual leave, sick leave, study leave, examination leave, parental leave) may be taken during the minimum 36 months of Basic Training. A total of 24 weeks leave for all purposes may be taken during the minimum 36 months of Advanced Training. Longer periods of leave are addressed in Regulation 5.11.
- 5.3.5 Other training may be approved by the Censor having regard to the Trainee's individual training and experience. A specialist in another related area of acute medicine who is more than 5 years post-award of a postgraduate diploma and who has been working full-time in that specialty will be eligible for award of Fellowship after completion of

supplementary training (as determined by the Training Committee to provide equivalence of training), success at the Fellowship Examination and satisfactory completion of the Formal Project.

5.4 Program Overview

Eligibility for Fellowship of the College requires completion of a six year training program divided into three Basic Training years (BTY's) and three Advanced Training Years (ATY's). This program must include:

- Satisfactory completion of the College or ANZCA Primary Examination, the RACP Written/Clinical Examinations, or other approved examination as outlined in 5.7.3.
- A six year training program comprising three years of basic training and three years of advanced training, which must include:
 - 24 months of core intensive care training (as Advanced Training)
 - 12 months of clinical anaesthesia (which may be undertaken as basic training)
 - 12 months of clinical internal medicine (which may be undertaken as basic training). For trainees undertaking combined CICM and ACEM training, 6 months of this period may be spent in an Emergency Department.
 - 12 months of elective training (which must be undertaken as Advanced Training)
- Satisfactory completion of the Fellowship Examination
- Satisfactory completion of a Formal Project
- Satisfactory In-Training Assessment
- Completion of the Medical ADAPT Course

5.5 Approved Training

5.5.1 Six years of training are required, comprising three years of Basic Training (see Regulation 5.6) and three years of Advanced Training (see Regulation 5.7).

5.5.2 A maximum of 48 months training may be spent outside Australia, New Zealand or Hong Kong. At least 12 months of the two core ATYs must be undertaken in an intensive care unit in Australia, New Zealand, or Hong Kong accredited as C24. (Refer Regulation 5.7.8.)

5.5.3 Trainees registering with the College who have undertaken partial training in other programs acceptable to the Board may be deemed to have completed Basic Training at the discretion of the Censor. The detailed program for such a Trainee will be determined by the Censor having regard to that Trainee's individual training and/or experience.

5.5.4 Training beyond the end of BTY 3 will not be accredited until the College or ANZCA Primary Examination, the RACP Written/Clinical Examinations

or an acceptable Primary Examination has been passed, in accordance with Regulation 5.7.3.

5.5.5 Approved Training will comprise:

5.5.5.1 *Core Intensive Care Training*

24 months of core intensive care medicine training as an Advanced Trainee. This period will not be recognised unless all the requirements for Basic Training have been completed satisfactorily. This period must meet the following requirements:

- a) At least 12 months must be undertaken in a unit or units classified as C24.
- b) 12 months must be continuous and undertaken in one unit.
- c) Core intensive care training must be undertaken in minimum periods of six months, with the exception of rural rotations (refer 5.7.8).
- d) No more than one rotation to a unit classified as C6 is permitted during core intensive care training without prior approval of the Censor.
- e) For the Paediatric Fellowship endorsement, training must include at least 18 months of the ATYs in a paediatric intensive care unit approved for core training. 12 months must be undertaken in a C24 paediatric intensive care unit.

Clinical Anaesthesia Training

5.5.5.2 12 months clinical anaesthesia in either the BTYs or the non-core (elective) ATY year, at least 6 months of which should normally be undertaken in a registrar position.

Clinical Medicine Training

5.5.5.3 12 months clinical internal medicine in either the BTYs or the non-core (elective) ATY year, at least 6 months of which should normally be undertaken in a registrar position. A registrar position is a position considered by the Censor to be equivalent to a position accredited by the RACP and which involves supervision of junior medical officers and supervision by registered specialist physicians. For the paediatric endorsement 12 months must be spent in paediatric medicine.

Elective Training

5.5.5.4 An elective period of 12 months as an Advanced Trainee. Trainees must obtain prospective approval from the Censor for training. The minimum time of approved training under this Regulation will be three months. Training must be in one or more of the following disciplines:

- a) Intensive care medicine
- b) Clinical anaesthesia
- c) General medicine
- d) Specialist medicine
- e) Emergency medicine
- f) Surgery
- g) Pain medicine
- h) Research

Other disciplines related to intensive care medicine

Senior Registrar Training

- 5.5.5.5 A minimum of six months of the three ATYs must be undertaken as a 'Senior Registrar' in intensive care medicine (refer definition under Regulation 5).

5.6 **Basic Training Years (BTYs)**

- 5.6.1 Basic Training will occupy a minimum period of three years of full time equivalent training (BTY 1, BTY2 and BTY3). The BTY1 may be the same as Postgraduate Year 2 (PGY2).
- 5.6.2 It is expected that two of the three years of basic training will be spent in any combination of:
- a) Intensive care medicine
 - b) Clinical anaesthesia
 - c) General medicine
 - d) Specialist medicine
 - e) Emergency medicine
 - f) Surgery
 - g) Pain medicine
 - h) Research
 - i) Other disciplines related to intensive care medicine

Trainees may choose to fulfil the minimum requirements in anaesthesia and/or medicine before commencing advanced training.

- 5.6.3 Basic training must be under the supervision of a specialist in the relevant discipline. This will normally be in a hospital accredited by the relevant training college for that discipline, but other positions may be approved at the discretion of the Censor.
- 5.6.4 The prescribed program for the BTYs of ANZCA and the RACP, ACEM and RACS will be accepted by the College for training. Other programs may be accepted where deemed appropriate by the Censor. The prescribed supervision for these programs will be accepted by the College for its trainees.
- 5.6.5 Where a Trainee is registered with the College for basic training, the Supervisor of Training for Intensive Care Medicine in the

hospital concerned will be responsible for organising the overall supervision of the trainee.

- 5.6.6 Where Trainees are not registered with the College, registration with an approved program will be accepted.
- 5.6.7 The College or ANZCA Primary Examination the RACP Written/Clinical Examinations—or other approved examination should be successfully completed during the BTYs in order to satisfy the requirements for Basic Training. In some circumstances, the Censor may permit this examination to be undertaken during the first ATY under the conditions outlined in Regulation 5.7.4.
- 5.6.8 At the discretion of the Censor and the Training Committee, Trainees who have undertaken specialist training overseas may be exempt from some or all of the elements of the BTYs. Exemption will depend on an assessment of equivalence of training, supervision and examination.

5.7 **Advanced Training Years (ATYs)**

- 5.7.1 Advanced Training will comprise a minimum period of three years, ATY1, ATY2, and ATY3.
- 5.7.2 In order to commence Advanced Training Trainees must have satisfied all the requirements of Basic Training as set out in Regulation 5.6.
- 5.7.3 Eligibility for Advanced Training and presentation for the Fellowship Examination will be dependent upon candidates having achieved one of the following:
 - (a) Success at the College or ANZCA Primary Examination.
 - (b) Basic physician training and success at the RACP Written and Clinical (adult or paediatric) examinations.
 - (c) Successful completion of a postgraduate basic training program (involving at least three years in addition to Post Graduate Year 1) which is accepted by the Board as having a curriculum and assessment process which ensures that the trainee has knowledge and skills similar to that of a successful candidate of the College basic training program including the College Primary Examination.

The Examination must be passed during the BTYs or in some circumstances, ATY1, before training progression. Exemptions will be granted for the purposes of intensive care training only.

- 5.7.4 If the examination is attempted during ATY1, retrospective accreditation for ATY1 is not guaranteed and can only be considered after prospective approval by the Censor, and success at the Examination. If such a conditionally approved year of core

training is accredited, the second year of core training must be a continuous year in a C24 accredited unit and the Fellowship examination may not be attempted during the second core year.

- 5.7.5 All ATYs must be prospectively approved.
- 5.7.6 At least one of the ATYs must be spent as 12 continuous months in a unit approved for core training as C12 or C24.
- 5.7.7 A minimum of six months of the ATYs must be undertaken as a 'Senior Registrar' in intensive care medicine (refer definition under Regulation 5).
- 5.7.8 At least 12 months (not necessarily continuous) of the two core years must be undertaken in an intensive care unit in Australia, New Zealand or Hong Kong accredited as C24.

An Intensive Care Unit accredited as C12 or C24 may rotate trainees to a rural or regional Intensive Care Unit, which is accredited for Basic Training, for a 3 month period in the non-continuous year of Advanced Training. Each trainee may undertake such a rotation only once in Advanced Training and it must be prospectively approved with the approval of that year's training. This time will not qualify as Senior Registrar time.

- 5.7.9 The non-core ATY is considered an elective year and may sometimes be needed to complete the minimum requirements. This year may be spent in any combination of:
 - a) Intensive Care Medicine
 - b) Clinical anaesthesia
 - c) General medicine
 - d) Specialist medicine
 - e) Emergency medicine
 - f) Surgery
 - g) Pain medicine
 - h) Research
 - i) Other disciplines related to intensive care medicine
- 5.7.10 Trainees will be required to complete 12 months of core intensive care training prior to presentation for the General or Paediatric Fellowship Examination.
- 5.7.11 The General or Paediatric Fellowship Examination must be completed successfully in order to satisfy the requirements for Advanced Training.

5.8 In-Training Assessment

All Trainees must participate in the College's in-training assessment process and comply with requests from the College for information relating to their training performance, in accordance with the processes outlined in Policy Document IC-11 *Guidelines for the In-Training Assessment of Trainees in Intensive Care Medicine*.

- 5.8.1 Six monthly assessments are required during the Advanced Training Years, with the exception of the 3 month rural rotation when an assessment must be completed at the end of the rotation (refer 5.7.8).
- 5.8.2 A satisfactory assessment in at least five out of the six assessments, including the final assessment, is essential for the award of Fellowship.
- 5.8.3 The Censor may rule that further training is required in the event of unsatisfactory in-training assessment.

5.9 Formal Project

To satisfy the requirements of advanced training, a Formal Project must be completed by all College trainees, as detailed in the document 'Formal Project Requirements'. Trainees completing this requirement will be eligible for consideration of the award of the Felicity Hawker Medal (refer Regulation 9).

5.10 Medical ADAPT Course

Trainees registering for training from 1st November 2004 are required to complete the Medical ADAPT Course prior to being granted Fellowship.

5.11 Minimum Duration of Training

The minimum duration for the components of approved training in anaesthesia, medicine and elective training is three months.

5.12 Part-time Training

- 5.12.1 Part-time training will be considered on an individual basis and must have prospective approval from the Censor.
- 5.12.2 The specific part-time arrangements must be documented and supported in writing by the Trainee's Head of Department.
- 5.12.3 Part-time training is permissible in any year of training. Advanced Training can not be commenced until the equivalent of the full three years of Basic Training has been completed satisfactorily.
- 5.12.4 Part-time training must result in the same total training time and training content as is required for full-time Trainees.
- 5.12.5 Part-time training requires a commitment to both in-hours and out-of-hours duties. These duties must be assigned on a pro rata basis and must comprise a minimum of 20% of the commitment of a full-time Trainee.
- 5.12.6 Part-time training requires registration with the College and payment of a pro-rata Annual Training Fee.
- 5.12.7 Part-time Trainees must maintain an appropriate record in their Training Portfolio which can be submitted to the Censor on request so that their workload and training can be evaluated accurately.

5.13 Interrupted Training

(Refer definitions, under Regulation 5.)

- 5.13.1 Advanced Training must include at least two years interrupted only by normal holiday or short-term special (eg study or conference) leave.
- 5.13.2 Trainees must notify the College in the event of extended parental leave or sick leave but should seek advice as to the effect on training.
- 5.13.3 If training is interrupted for between one and two years, there must be a minimum of one core advanced training year as part of subsequent training
- 5.13.4 If training is interrupted for between two and four years, two advanced training years including one core year must be completed as part of subsequent training.
- 5.13.5 If training is interrupted for 4 years or more, two core training years must be completed as part of subsequent training.
- 5.13.6 Under exceptional circumstances, the Censor may allow interrupted training without the need for additional training.

5.14 The Primary Examination

- 5.14.1 Candidates for the Primary Examination must have completed at least 12 months General Hospital Experience and be registered trainees.
- 5.14.2 Candidates may present for the Primary Examination prior to commencing Approved Training and at any time during Basic Training.
- 5.14.3 Candidates for the Primary Examination must have fulfilled requirements for entry to the examination by the date on which the written section of the examination is held.
- 5.14.4 Primary Examinations will be held at times determined by the Board.

- 5.14.5 The subject areas for the Primary Examination are set out in the *Syllabus for the Basic Sciences in Intensive Care Medicine*.

The Primary Exam is not split by subject thus the complete written and oral exams need to be taken at the same sitting unless prior exemption has been awarded.

- 5.14.6 The examination comprises a written and oral section. The written section may be taken in cities of Australia and New Zealand or other areas at the discretion of the Board. The oral section will be held in a capital city in Australia or New Zealand at the discretion of the Board.
- 5.14.7 Applications to present for the Primary Examination must be made on the approved form together with all relevant documentation verifying completion of the requirements of Regulation 5.14.1 and the prescribed fee. The completed application must be received by the Administrative

Officer at least 56 days before the commencement date of the written examination.

5.15 The Fellowship Examination (General or Paediatric)

- 5.15.1 Candidates presenting for admission to the Fellowship Examination must have satisfied the requirements of Regulation 5.7.3 and have completed Basic Training and one year of Advanced Training in core intensive care. These requirements must be satisfied by the date on which the written section of the examination commences.
- 5.15.2 Applications to present for the Fellowship Examination must be made on the approved form together with all relevant documentation verifying completion of the requirements of Regulation 5.15.1 and the prescribed fee. The completed application must be received by the Administrative Officer at least 56 days before the commencement date of the written examination.
- 5.15.3 Candidates for the Fellowship Examination must have fulfilled requirements for entry to the examination by the date on which the written section of the examination is held.
- 5.15.4 Where the training required to present for the Fellowship Examination has not been completed by the closing date for application, but will be completed by the date of the written section of the examination, a written statement will be required from the applicant's Supervisor of Training certifying the completion of training requirements as set out in Regulation 5.15.1 by the date of the written section.
- 5.15.5 The subjects for the Fellowship Examination will be the theory and practice of intensive care medicine, including relevant aspects of the basic sciences, anaesthesia and clinical medicine.
- 5.15.6 The examination comprises written and oral sections. The written section may be taken in cities of Australia and New Zealand or other areas at the discretion of the Board. The oral sections will be held in a capital city in Australia or New Zealand at the discretion of the Board.
- 5.15.7 Fellowship Examinations in general and paediatric intensive care medicine will be held at times to be determined by the Board.
- 5.15.8 On successful completion of the Fellowship Examination, candidates will be issued with the following certificate:

This is to certify that has satisfied all examination requirements of the College of Intensive Care Medicine of Australia and New Zealand. Award of Fellowship of the College is dependent on completion of all training and examination requirements as set out in College Regulations. On completion of these requirements, it is anticipated that the Board of the College will admit her/him to Fellowship of the College.

5.16 Examination application and conduct

- 5.16.1 To be permitted to present as a Candidate at a designated examination, the Trainee must submit an application for approval by the Censor.
- 5.16.2 A Candidate who withdraws his or her application may be refunded the fee provided that written notice of withdrawal is received by the Administrative Officer before the published date on which entries close.
- 5.16.3 A Candidate whose entry has been accepted and who withdraws from the examination on or after the date on which entries close, or who fails to attend at the examination, may be required to forfeit the examination fee.
- 5.16.4 A Candidate whose entry has been accepted may withdraw from the examination on medical or compassionate grounds. Satisfactory evidence must be produced in support of such an application. This application must be made in writing within seven days of withdrawal or failure to present for examination. The Board may refund a proportion of the fees paid or may hold the fee over for the next examination. In this situation, the Candidate must submit a new application for the next examination. Entry to a subsequent examination is not automatic. This Regulation should be read in conjunction with Policy Document IC-12 *Examination Candidates Suffering from Illness, Accident or Disability*.
- 5.16.5 The Board may decline to accept any examination entry.
- 5.16.6 If the candidate is not satisfied with the Board's decision, the Appeals Procedure should be invoked.
- 5.16.7 Examination fees shall be determined by the Board.
- 5.16.8 The Chair of the Court of Examiners for any College examination may refuse to proceed with the examination of a Candidate who:
- 5.16.8.1 Infringes the relevant College Regulations.
- 5.16.8.2 Is considered by the Examiners to be guilty of behaviour prejudicial to the conduct of the examinations.
- 5.16.9 The Chair of the Court of Examiners for each Examination will be responsible for ensuring that Candidates are informed of the decision of the examiners in respect of that examination as soon as is practicable after a decision has been made. Letters will be handed directly to the Candidates by the Invigilator at a specified time and place. In the event that a Candidate does not appear to receive this notification, the letter will be posted to the candidate by the first available mail. Candidates for the Fellowship Examination will further be informed that consideration for granting of the Fellowship of the College is dependent on the receipt of certified documents by the Administrative Officer that show that the Trainee has completed all training requirements as set out in Regulation 5.4.

5.17 Intensive Care Units Approved for Training

The Board will approve intensive care units as suitable for core intensive care training. Units may be approved as follows:

- 5.17.1 The core component of intensive care training must be undertaken in Units approved by the Board for core training for 24, 12 or 6 months. These Units are classified as C24, C12 or C6 respectively. Not more than one period of training in a Unit classified as C6 will be permitted during core intensive care training, without prior approval of the Censor.
- 5.17.2 An Intensive Care Unit, Hospital Department (or other organization) must be approved by the College in order to provide training in intensive care medicine. Such approval requires an accreditation review which has been accepted by the Board.
- 5.17.3 Training within approved Hospital Departments (or other organizations) must provide clinical experience both in-hours and out-of-hours and ensure supervision at all times in accordance with the requirements of Policy Document IC-4 *The Supervision of Vocational Trainees in Intensive Care Medicine*.
- 5.17.4 A Hospital Department or other organisation may be recognised as suitable only for Advanced Training.

5.18 **Other posts approved for training**

- 5.18.1 Posts for the anaesthesia component of intensive care training will normally be in hospitals approved for training by the Australian and New Zealand College of Anaesthetists.
 - 5.18.2 Posts approved for the medical component of intensive care training will normally be in hospitals with programs approved for training by the Royal Australasian College of Physicians. This post must not be in an intensive care unit.
 - 5.18.3 Posts in surgery related to intensive care will normally be in hospitals with training posts approved for training by the Royal Australasian College of Surgeons.
 - 5.18.4 Posts in Emergency Medicine will normally be in hospitals with training posts approved for training by the Australasian College for Emergency Medicine.
 - 5.18.5 Notwithstanding the above Regulations, the Censor may approve other training, providing supervision of the Trainee is undertaken by a specialist in the discipline.
 - 5.18.6 Subject to the provisions of Regulation 5.6.3 (and unless approved retrospectively under 5.3.2) training in other disciplines may be recognised following prospective approval by the Censor.
- 5.19 All enquiries, applications and communications relating to training must be addressed to the Administrative Officer for Training, College of Intensive Care Medicine, Suite 101, 168 Greville Street, Prahran VIC 3181, Australia.

6. ANNUAL SUBSCRIPTION

Pursuant to Clause 3 of the Constitution.

- 6.1 The annual subscription to be paid by Fellows will be decided by the Board and will be payable on the first day of January in each year.
- 6.2 Fellows admitted on or after the first day of July in any year will pay half the annual subscription for that year.
- 6.3 Remissions and Exemptions
- 6.3.1 Conditions under which reduction or exemption of the annual subscription may be granted are as at Regulation 6.6 and are set out on the subscription notice.
- 6.3.2 Notwithstanding 6.3.1 the Board may remit the whole or part of the annual subscription payable by a Fellow.
- 6.4 If the subscription of a Fellow is unpaid for a period of 12 calendar months after it becomes due, the Fellow shall cease to be a Fellow of the College and shall lose all rights and privileges of Fellowship. The Board may, if it thinks fit, reinstate the member upon payment of all arrears (on such conditions as the Board determines, including payment of interest of arrears of unpaid subscriptions).
- 6.5 The Board may announce to the public generally or to any professional body or organisation, the fact that such person has ceased to be a Fellow of the College.

6.6 **Subscription Exemptions and Concessions** **College of Intensive Care Medicine of Australia and New Zealand** **Granted under one category only**

1.	Fellows over the age of 60 years, but less than 65 years	25%
2.	Fellows over the age of 65 years, practising any form of medicine	50%
3.	Fellows under the age of 65 years practising medicine but not practising intensive care or related disciplines	50%
4.	Fellows not practicing any form of medicine	100%
5.	Fellows working in a missionary or similar field where the income is small	100%
6.	Fellows engaged in full-time College funded or College-approved research and undertaking no more than two clinical sessions per week	50%
7.	Fellows undertaking two or less sessions per week over one full year in Intensive Care, not practising any other form of medicine or related activity	50%
8.	Fellows permanently resident outside Australia and New Zealand	50%

9.	Fellows permanently outside Australia, New Zealand, Hong Kong, Singapore or Malaysia after 5 years of residency outside these countries	75%
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Note for exemptions/concessions

- (a) Fellows wishing to apply for concessions 4 to 10 should forward complete details to the Chief Executive Officer for consideration by the Board.
- (b) Any Fellow currently in receipt of exemption/concession 4 to 10 should sign below if the original reasons for the exemption/concession continue to apply.

Signature _____ Date _____
Concession Number applied for: _____

7. SCIENTIFIC MEETINGS OF THE COLLEGE

7.1 Scientific Meetings of the College will be held at such times and places as the Board may from time to time by resolution direct.

7.2 *Standing Orders at Scientific Meetings*

7.2.1 The text of remarks introducing a discussion and all papers and reports read at meetings of the College will be the property of the Board and will not be published without the sanction of that Board.

7.2.2 There will be a time limit, to be announced by the Chairman at the beginning of the meeting, for presentation of papers and for participation in the discussion.

8. THE G.A. (DON) HARRISON MEDAL

The G.A. (Don) Harrison Medal was established by the Faculty of Intensive Care, Australian and New Zealand College of Anaesthetists in 1994. Professor Harrison was one of the founding fathers of education, examination and training of intensive care specialists in Australia and New Zealand. The Medal was adopted by the Joint Faculty of Intensive Care Medicine, ANZCA and RACP in 2002, and subsequently adopted by the College in 2010 upon its establishment.

- 8.1 All candidates who present for the Fellowship Examination may be considered for this Award.
- 8.2 The Medal is awarded by the Board on the recommendation of the Examinations Committee.
- 8.3 The Medal is awarded on merit, to the best performing candidate at each General Fellowship Examination.

- 8.4 If two or more candidates are found to have reached the required standard and to have achieved the same number of marks, the Examinations Committee will adjudicate. Special note will be taken of the performance of the candidates in the Clinical Section of the Examination.
- 8.5 The winner of the G.A. (Don) Harrison Medal is advised of the Award by the President following the recommendation of the Chair of the Examinations Committee. The Medal will be presented to the recipient at a future ASM or Ceremony.

**FACULTY OF INTENSIVE CARE, ANZCA
PROFESSOR G.A. (DON) HARRISON MEDAL WINNERS**

Inaugural award	1994	Andrew Belessis, NSW
	1995	Ho Kwok-ming, HK
	1996	Edward R. Stachowski, NSW
	1997	Janet Liang, NZ
	1998	Not awarded
	1999	Mark John Hayden, UK (Paediatric Intensive Care Examination)
	2000	Colin Brett McFadyen, NSW
	2001	Anthony P. Delaney, NSW

**JOINT FACULTY OF INTENSIVE CARE MEDICINE, ANZCA AND RACP
PROFESSOR G.A. (DON) HARRISON MEDAL WINNERS**

	2002	Neil R. Orford, Vic
	2003	Jeremy Cohen, Qld & David J.R. Morgan, WA – joint winners
	2004	Carole Louise Foot, Qld
	2005	Timothy Peter Stanley, NSW
	2006	Owen Roodenburg, SA
	2007	Richard Strickland
From 2008, awarded following each Exam	May 2008 Oct 2008	Ed Litton Sara Jane Allen
	May 2009 Oct 2009	Michael Putt Oliver Flower

**COLLEGE OF INTENSIVE CARE MEDICINE OF AUSTRALIA
PROFESSOR G.A. (DON) HARRISON MEDAL WINNERS**

2010

9. THE FELICITY HAWKER MEDAL

The Felicity Hawker Medal was established in 2004 to honour Dr Felicity Hawker, inaugural Dean of the Joint Faculty of Intensive Care Medicine. It was adopted by the College upon its establishment in 2010.

- 9.1 The Felicity Hawker Medal will be awarded to the Trainee, or Fellow within 1 year of award of the Diploma of Fellowship, who is judged to make the best contribution at the Formal Project Session held as part of the CICM or ANZICS Annual Scientific Meeting (ASM).
- 9.2 Eligibility for the Prize will be limited to current or past College-registered trainees presenting material related directly to their Formal Project report.
- 9.3 Application to present at the Formal Project Session must be accompanied by an abstract of the material to be presented. The Formal Project Report must be submitted for evaluation at least one month prior to the scheduled date of presentation. Whilst all criteria for submission of the Report apart from the presentation must be met, it is not essential that the Project Report has been fully assessed and accepted prior to application.
- 9.4 The Board shall, from time to time, appoint three adjudicators for the Prize in addition to the Chair of the Education Committee who will Chair the Adjudication Panel. This task may be delegated to the Chair of the CICM or ANZICS ASM Committee. Adjudicators may co-opt additional adjudicators at the ASM should one or more of the appointed adjudicators be unable to attend.
- 9.5 If, in the opinion of the adjudicators, no presentation attains a sufficiently high standard, the Medal will not be awarded.
- 9.6 If necessary, the ASM Scientific Convenors will pre-select presentations for the Formal Project Session on the basis of the submitted abstracts. A ten minute presentation, followed by five minutes of questions, will form the basis on which each entry for the Medal is considered by the adjudicating panel. The presentation must be based on the material submitted in the trainee's Formal Project Report.

FELICITY HAWKER PRIZE WINNERS

Inaugural award	2005	Peter John Victor, SA Do Oximes have a role in human organophosphate (OP) poisoning?
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2006	Edward Litton C-Reactive Protein Concentration as a Predictor of Post-ICU Discharge In-Hospital Mortality
2007	Siva Senthuran Outcomes of dialysis patients with end stage renal disease needing intensive care unit (ICU) admission
2008	Dr David Knight Randomised controlled trial to assess the effect of synbiotics on ventilator associated pneumonia
2009	Balu Bhaskar The Effect of Blood transfusion on long-term survival after Cardiac surgery

10. THE COLLEGE MEDAL

The 'Joint Faculty of Intensive Care Medicine Medal' was established in 2005 to recognise an outstanding contribution to the Specialty of Intensive Care Medicine and was first presented at the inaugural JFICM Annual Scientific Meeting that year. It was adopted by the College upon its establishment in 2010.

- 10.1 The College Medal may be awarded intermittently at the discretion of the Board of the College with the sole criterion being that the Nominee has made an outstanding and major contribution to the specialty of Intensive Care Medicine.
- 10.2 Eligibility shall be limited to Fellows of the College.
- 10.3 Nominations shall be considered at any Board Meeting.
- 10.4 All nominations shall be formally proposed and seconded in writing by two members of the Board, and submitted to the Chief Executive Officer at least 30 days before the Board Meeting.
- 10.5 Each nomination shall be accompanied by a curriculum vitae and supporting documentation.
- 10.6 The Board will vote on each nomination by secret ballot following discussion.
- 10.7 No award shall be made unless three-quarters of the members of the Board present vote in favour.
- 10.8 The successful Nominee and the College Fellowship will be notified following the Board meeting.
- 10.9 The Medal will be presented to the successful recipient at a subsequent Annual Scientific Meeting or Ceremony.
- 10.10 A nomination rejected by the Board may be reconsidered if formally proposed and seconded at a subsequent Board Meeting.

JFICM MEDAL WINNERS

Inaugural award	2005	Geoffrey Malcolm Clarke, WA
	2006	Lindsay I.G. Worthley, SA
	2007	Ronald Valentine Trubuhovich, NZ
Posthumous award	2008	Gordon Alfred (Don) Harrison, NSW
	2009	Felicity Helen Hawker, Vic

COLLEGE MEDAL WINNERS

Inaugural award	2010
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11. ACADEMIC DRESS

- 11.1 For Fellows, the gown will be of black stuff, with looped sleeves. The square yoke and the fronts will be faced in 35mm royal blue and gold satin ribbon, separated by 35mm black. The royal blue ribbon will be on the inside edge of the facings and yoke, the gold will be on the outside edge. A red satin ribbon of 35 mm will be hemmed to the sleeve cuff.
- 11.2 During their term only, Members of the Board will have 35mm royal blue satin ribbon attached to the sleeve cuff and bottom hem. Each sleeve will be covered with six gold silk faced buttons together in three pairs with braided silk cord. The blue ribbon around the sleeve cuff will be relinquished upon retirement from the Board.
- 11.3 For the Vice-President, a black gown will be made from lightweight pure wool in the same style as a Board Member's gown. In addition, the square yoke and fronts will be faced with 35mm royal blue satin ribbon and 12mm oak leaf gold bullion braid. The sleeves will be trimmed with 12mm of oak leaf gold bullion braid running around each sleeve at chest level. 35mm royal blue satin ribbon will be trimmed to the bottom hem.
- 11.4 For the President, a black gown will be made from lightweight pure wool in the same style as a Board Member's gown. In addition, the square yoke and fronts will be faced with 35mm royal blue satin ribbon and 12mm oak leaf gold bullion braid. The sleeves will be trimmed with 35mm royal blue satin ribbon around the armholes, and there will be one bar of 25mm oak leaf bullion braid at the sleeve head edged with 35mm royal blue satin ribbon. 35mm royal blue satin ribbon will be trimmed to the bottom hem.

12. REVIEW AND RECONSIDERATION PROCESSES

Preamble

College Appeals Process (refer Regulation 13.)

It is expected that persons will lodge a formal appeal only as a last resort. Before convening the Appeals Committee, the Chief Executive Officer will generally advise an applicant to seek a reconsideration and/or review of the original decision.

The Appeals Committee shall only be convened if the Chief Executive Officer is satisfied that the applicant has exhausted all other avenues of reconsideration and review of the relevant decision.

12.1 Reconsideration and Review of Decisions

The processes of reconsideration of a decision and review of a decision allow an applicant to present additional information relevant to a decision, and to ensure that the Committee/Group has had the opportunity to receive and consider all relevant information.

12.2 Grounds of Reconsideration and Review

12.2.1 Any person who is dissatisfied with, and adversely affected by a decision referred to below may apply to have the decision reconsidered. Any person who remains dissatisfied after such reconsideration may apply to have the decision reviewed. Any person who remains dissatisfied following review of the decision may, within three months of receipt of notice of such decision, apply to the Chief Executive Officer to have the matter heard by the Appeals Committee. The process for a formal appeal is detailed in Regulation 13.

12.2.2 The decisions which may be reconsidered or reviewed are:

12.2.2.1 Decisions of the Censor or Assistant Censor, the Committees for Examinations, or the Hospital Accreditation Committee, the Supervisors of Training, or a Formal Project Assessment Committee in relation to the assessment of progress of trainees of the College (including admission, dismissal or recognition of training).

12.2.2.2 Decisions of the Board or Committees in relation to applications for admission to Fellowship.

12.2.2.3 Decisions of the Overseas Trained Specialists Committee or Interviewing Panel, or Area of Need Appointees in relation to applications from Overseas Trained Doctors (OTS) for assessment for recognition on behalf of the Australian Medical Council, or the Medical Council of New Zealand, or any applicable State or Territory Medical Board (or for other appropriate purposes).

12.2.2.4 Decisions of the Overseas Trained Specialists Committee or Interviewing Panel in relation to examinations or training required by the Chair of the

OTS Committee to be undertaken by OTS for assessment as set out above.

- 12.2.2.5 Decisions of the Board in relation to participation in the MOPS Program, awarding of points to activities, and awarding of the MOPS Certificate.
- 12.2.2.6 Decisions of the Committees of the College, in relation to accreditation for training by hospitals, units, other organisations or supervisors.
- 12.2.2.7 Decisions of the Honorary Treasurer in relation to the financial status of Fellows, trainees or other persons.
- 12.2.2.8 Such other decisions of the College or Committees, as the Board may permit or determine from time to time.

12.3 Reconsideration Committee

12.3.1 A reconsideration of a decision is undertaken by the same Committee or person who made the original decision.

12.3.1.1 The applicant for a reconsideration should lodge the application in writing with the Chief Executive Officer stating reasons for the request. The applicant should provide any additional material considered relevant to the decision.

12.3.1.2 The Committee will convene as the Reconsideration Committee either at its next scheduled meeting, or by special arrangement.

12.3.1.3 The Reconsideration Committee will consider:

12.3.1.3.1 all the original material and documentation;

12.3.1.3.2 all additional material and documentation supplied by the applicant;

12.3.1.3.3 any additional material and documentation considered relevant by the Chair.

12.3.2 Minutes of the Reconsideration Committee deliberations, whether as part of a scheduled meeting or specially convened, shall be kept in accordance with the normal Committee practice.

12.3.3 Decisions of the Reconsideration Committee.

12.3.3.1 The decision made by the Reconsideration Committee shall be conveyed to the applicant in writing following the meeting.

12.3.3.2 Where possible, the Reconsideration Committee should endeavour to provide the applicant with reasons for the decision.

12.3.3.3 The applicant should be advised of the opportunity for review of the decision should he/she be dissatisfied with the decision.

12.4 Review Committee

12.4.1 A review of a reconsidered decision is undertaken by the nominees of the Committee which oversees the Committee or person making the original decision.

12.4.2 The Review Committee will not have any members who have been part of the Committee making or reconsidering the decision. The Chair of the relevant Committee will ensure, before convening the Review Committee, that all those taking part were not part of the original Committee or Reconsideration Committee.

12.4.3 An applicant seeking a review will lodge the request in writing with the Chief Executive Officer, and may provide additional material/documentation not previously submitted.

12.4.4 The Review Committee will consider:

12.4.4.1 All the original material and documentation.

12.4.4.2 All additional material and documentation supplied by the applicant.

12.4.4.3 Any additional material and documentation considered relevant by the Chair.

12.4.4.4 Whether the principles of natural justice were followed when making the original decision, or reconsidering that decision.

12.4.4.5 The Chair will, in addition, obtain information regarding the policy and procedures relevant to the decision.

12.4.5 Minutes of the hearing of the Review Committee shall be confined to a report listing the documentation presented and a report of the decision to the Committee making the original decision, if any.

12.4.6 Decisions of the Review Committee.

12.4.6.1 The decision made by the Review Committee shall be conveyed to the applicant in writing following the meeting.

12.4.6.2 The decision made by the Review Committee shall be conveyed to the original Committee in writing following the meeting.

12.4.6.3 The Review Committee is not required to furnish the applicant with reasons for the decision but, where changing the decision, should endeavour to provide reasons to the original Committee.

12.4.6.4 The applicant should be advised of the availability of Appeal and the College Appeals Process (refer Regulation 13).

13. APPEALS PROCESS

Preamble

It is expected that persons will lodge appeals only as a last resort, with the College having exhausted avenues of reconsideration by the body making the original decision.

13.1 Reconsideration and Review of Decisions

Before convening the Appeals Committee, the Chief Executive Officer may advise an applicant to seek a reconsideration of the original decision. Such reconsideration shall not, and does not, constitute an appeal under these Rules.

The Appeals Committee shall only be convened if the Chief Executive Officer is satisfied that the applicant has exhausted all other avenues of reconsideration and review of the relevant decision.

13.2 Appeals Committee

13.2.1 An Appeals Committee may be convened by the Chief Executive Officer, comprising the following:

Chair: The Vice-President of the College, or another Board member appointed by the Board.

Members: Two Fellows of the College, at least one of which will have specialised knowledge of the subject matter of the appeal.

Two other appropriately qualified persons who are not Fellows of the College, of whom one will be a member of the legal profession.

13.2.2 The Appeals Committee will not comprise any individual who was party to the decision of the College to which the appeal relates.

13.2.3 The Chief Executive Officer and the College Solicitor shall be the Secretary and Legal Adviser respectively to the Appeals Committee, but shall not form part of the Appeals Committee.

- 13.2.4 A quorum for meetings of the Appeals Committee will be the Chair and three other members. All members of the Appeals Committee shall be entitled to vote on decisions. The Appeals Committee shall decide on the basis of a majority vote. In the event of an equality of votes, the Chair may exercise a casting vote.

13.3 Grounds of Appeal

- 13.3.1 Any person adversely affected by a decision referred to below, may, within three months of receipt of notice of such decision, apply to the Chief Executive Officer to have the decision reviewed by the Appeals Committee. Such application shall be in writing and accompanied by all relevant information or grounds upon which the person seeks to rely in respect of the review.
- 13.3.2 The decisions which may be reviewed by the Appeals Committee are:
- 13.3.2.1 Decisions of the Censor or Assistant Censor, the Committees for Examinations, or the Hospital Accreditation Committee, the Supervisors of Training, or a Formal Project Assessment Committee in relation to the assessment of progress of trainees of the College (including admission, dismissal or recognition of training).
- 13.3.2.2 Decisions of Boards or Committees in relation to applications for admission to Fellowship.
- 13.3.2.3 Decisions of the Censor or Overseas Trained Specialists Committee or Interviewing Panel, or Area of Need Appointees in relation to applications from Overseas Trained Doctors (OTS) for assessment for recognition on behalf of the Australian Medical Council, or the Medical Council of New Zealand, or any applicable State or Territory Medical Board (or for other appropriate purposes).
- 13.3.2.4 Decisions of the Overseas Trained Specialists Committee or Interviewing Panel in relation to examinations or training required by the Chair of the OTS Committee to be undertaken by OTS for assessment as set out above.
- 13.3.2.5 Decisions of the Board in relation to participation in the MOPS Program, awarding of points to activities, and awarding of the MOPS Certificate.
- 13.3.2.6 Decisions of the Board and Committees of the College, in relation to accreditation for training by hospitals, units, other organisations or supervisors.

13.3.2.7 Decisions of the College in relation to the financial status of Fellows, trainees or other persons.

13.3.2.8 Such other decisions of the College or Committees, as the Board may permit or determine from time to time.

13.3.3 An appeal may only be made on one or more of the following grounds:

13.3.3.1 That an error in law or in due process occurred in the formulation of the original decision.

13.3.3.2 That relevant and significant information was not considered, or not properly considered, in the making of the original decision.

13.3.3.3 That the original decision was clearly inconsistent with the evidence and arguments put before the body making the original decision.

13.4 Consideration of Appeals

13.4.1 In any appeal, the applicant will have the onus of proof to establish the grounds of the appeal.

13.4.2 At least twenty-one days prior to the convening of the Appeals Committee hearing, the Chief Executive Officer will advise the applicant of:

13.4.2.1 The date, time and place of the hearing. For Appeals generated in Australia or New Zealand, every effort will be made to convene the Appeals Committee in the relevant Australian State/Territory or New Zealand in order to minimise costs to the appellant.

13.4.2.2 The right of the applicant to appear before the Appeals Committee and to seek leave to have legal representation.

13.4.3 An applicant to the Appeals Committee shall have the right to appear and address the Appeals Committee in relation to his or her submissions. The applicant may be accompanied by another person, but shall not be entitled to have an advocate or be legally represented before the Appeals Committee, unless the Appeals Committee has given its prior consent.

13.4.4 The Appeals Committee must act according to the rules of natural justice and decide each appeal on its merits. The Appeals Committee is not bound by the rules of evidence and, subject to the rules of natural justice, may inform itself on any matter, and in such manner as it thinks fit.

- 13.4.5 The Appeals Committee shall be entitled to consider all relevant information which it thinks fit, and may invite any person to appear before it or to provide information.
- 13.4.6 The Appeals Committee shall conduct its affairs with as little formality as possible, but otherwise, subject to these Rules, shall have full power to regulate its conduct and operation.
- 13.4.7 Except where otherwise required by law, or otherwise determined by the Appeals Committee, a transcript of the hearing of the Appeals Committee and other information provided to the Appeals Committee, shall be kept confidential (save that information may be released with the consent of the applicant and a report of the Appeals Committee may be issued by the Appeals Committee to the Board, and/or published by the Board, as the Board thinks fit).
- 13.4.8 Minutes of hearings of the Appeals Committee shall be confined to a report of the decision made by the Appeals Committee and its recommendations, if any, to the Board.
- 13.4.9 Costs to the appellant associated with convening a meeting of the Appeals Committee will be capped at AUD1,000 per Appeal. The Appeals Committee may recommend to the Board that some or all of the costs be waived. In the event that the Appeal is successful, all College related costs paid by the appellant will be refunded.
- 13.4.10 The Chief Executive Officer may delegate his or her powers and duties in respect of any appeal to such persons as he or she determines.

13.5 Decisions of the Appeals Committee

- 13.5.1 An Appeals Committee may, upon considering all submissions:
- 13.5.1.1 Confirm the decision which is the subject of the appeal.
- 13.5.1.2 Revoke the decision which is the subject of the appeal.
- 13.5.1.3 Revoke the decision and/or refer the decision to the Board or relevant Committee for further consideration (upon such terms or conditions as the Appeals Committee may determine).
- 13.5.1.4 Revoke the decision and/or replace it with such other decision as it thinks fit.
- 13.5.1.5 Recommend to the Board whether part or all of the costs associated with the Appeals Committee should be waived.