



College of Intensive Care Medicine of Australia and New Zealand

ABN: 16 134 292 103

TRAINING AGREEMENT

The College of Intensive Care Medicine (CICM) is committed to ensuring that all vocational training in Intensive Care (and the compulsory terms in Anaesthesia and Internal Medicine) is undertaken in an appropriate environment and that all parties – CICM and its representatives and Trainees - understand and are informed of their rights and obligations.

CICM training must be conducted in a manner that ensures transparency of process, assessment and decisions.

This document sets out the rights, responsibilities and obligations of each party involved in the CICM training process. It should be signed when the Trainee commences in the training program, ideally after discussion with the Supervisor of Training in the first term of training, and then sent to the College, usually with the Trainee Registration form. The Chief Executive Officer will then sign it, and return a copy to the Trainee.

A. TRAINEE RESPONSIBILITIES AND DECLARATION

1. I will endeavour to achieve the objectives of training, as set out by CICM.
2. In particular, I will develop the necessary skills, attributes, and undertake the necessary experience required, to provide safe, high quality care to patients, namely:

Medical and technical expertise, clinical judgement and decision making, communication and collaboration skills, health advocacy, professional attitudes and behaviour to patients, colleagues and other health professionals, management and leadership skills, and a commitment to assisting Trainees and colleagues with their learning and development needs.
3. To achieve these objectives, and in accordance with the principles of adult learning, I will undertake training by:

Reflecting and building upon my own experience, identifying my learning needs, being involved in planning and documenting my education and training, and evaluating the effectiveness of my learning experiences.
4. I acknowledge that my training each year must be prospectively approved by CICM, and will be supervised appropriately. I agree, when in a CICM approved training site, to meet with my Supervisors at least every six months.
5. I understand that I will receive feedback on my performance, and will be advised on how best to address any areas that need improvement. I accept that training will require me to move between hospitals, and may require experience in rural and/or private practice settings.
6. I understand that CICM collects and holds personal data for the purpose of Trainee registration, for the administering of the Training Program, and for evaluating my progress. I consent to have this information used and shared, both within the College and with my employer, for these purposes. If I wish at any time to request access to the information I have provided, I understand that I may contact CICM and request to review it (unless subject to privacy or confidentiality requirements).
7. I understand that CICM documentation and/or materials will be provided to me during the course of the training program. I acknowledge that this material is owned by the College, is subject to

intellectual property protection, and therefore cannot be used by me for purposes other than training, without the College's prior approval.

8. I agree to make all applications, complete the relevant feedback forms, and provide all information required by CICM within the time limits or deadlines stipulated. I acknowledge that it is my responsibility to ensure that all time limits and deadlines are met.
9. I agree to pay for all accredited training in order to remain an active trainee of the College, and understand that it is my responsibility to inform the College if I am undertaking interrupted training or training towards another specialty.
10. If I am not undertaking training that can be accredited toward my CICM training, I will pay the deferred training fee in order to remain an active trainee. I understand that I will become a "Non active trainee" if I do not comply with these requirements. If I cease or suspend my training I will notify the College in writing. Unless otherwise agreed, my training will be suspended if no application for training (AVT Form) or assessment (ITA Form) or other progress report is returned to the College for 24 months.
11. I acknowledge that it is my responsibility to be fully informed and aware of all requirements of CICM, particularly rules, guidelines and policies in relation to the Training Program and to observe all relevant CICM policies in relation to training.
12. I agree that if I have concerns regarding my training, it is my responsibility to seek to have these concerns addressed. I acknowledge that I can approach and seek appropriate guidance from my Supervisor of Training or relevant CICM Staff. These are available on the CICM website.
13. I agree and acknowledge that, whilst I may seek advice from my Supervisors and relevant CICM Fellows in relation to aspects of my education and training, my Supervisors are not authorised to vary the rules and guidelines for the Training Program, or the policies of CICM in relation to the Training Program. Requests for any change or variation of these conditions, guidelines or policies or any extension of time must be made to the CICM Censor and be confirmed to me in writing by CICM.
14. I understand that if I do not reach work-related performance standards I may be required to undertake a further period(s) of training as recommended by the CICM Censor.
15. I agree to participate, if required, in CICM's review processes in relation to unsatisfactory performance or progress in the Training Program, including a Trainee Performance Review (TPR). Refer Document T-13 "Guidelines for Assisting Trainees with Difficulties" and T-14 "Trainee Performance Review". I also understand that I can initiate the TPR if I feel that I have been unfairly assessed or treated. I am aware that if I disagree with any decision made about my training, CICM has a formal Reconsideration and Review process that precedes the final Appeals Process. I agree to abide by the final decision of the Appeals Process.
16. I release CICM (and its representatives) from all claims or liability arising from advice or assistance given in good faith.
17. I certify that I am free from substance abuse disorder, and have no illnesses or other conditions which my treating physician(s) advise(s) will preclude the safe practice of intensive care medicine or training.

I undertake to inform the College if I develop any of these conditions.

I acknowledge that if I develop a substance abuse disorder, and/or any condition which my treating physician(s) advise(s) will preclude the safe practice of intensive care medicine or training, this may result in the suspension or termination of my training at any time, and prevent my admission to Fellowship of CICM.

18. I undertake to notify the College if conditions are placed on my medical registration.

B. CICM DECLARATION AND RESPONSIBILITIES

CICM agrees to provide support to its representatives (Supervisors of Training) to provide the Trainee with appropriate resources and support in the following areas:

1. Assisting the Trainee to achieve completion of all Training requirements (including courses, examinations and the formal project).
2. Reviewing the Trainee's learning objectives for each term, to ensure that they are realistic, achievable, and within the scope of the learning opportunities available.

3. Advising the Trainee, as requested, on resources available to assist the Trainee in achieving the objectives.
4. Ensuring appropriate supervision.
5. Encouraging a climate conducive to learning and training.
6. Meeting regularly with the Trainee at least every six months for the purposes of support, feedback and assessment, to review the Trainee's progress, and to provide feedback on performance (while the Trainee is in a CICM-approved training site).
7. Completing the Supervisor's Report component of the ITA in a timely fashion, and discussing its contents with the Trainee, before sending it to CICM.
8. Encouraging the Trainee to keep copies of his/her ITA reports.
9. Assisting the Trainee to be able to attend any appropriate educational sessions.
10. Encouraging the Trainee to make appropriate time allowance for learning needs.
11. Encouraging the Department to roster Trainees fairly, and to ensure an appropriate balance between training, service, rest and study time.

CICM and its representatives agree to use reasonable endeavours in the following areas:

12. Supporting an appropriate, fair, and transparent selection process of Trainees.
13. Providing access for Trainees to educational material related to the Training Program.
14. Ensuring that any information held by the College on a Trainee is stored in a manner in which ensures confidentiality.
15. Ensuring that any information supplied by the Trainee cannot be disclosed to third parties except as required by Law.
16. Answering in an accurate and timely manner any queries the Trainee may have on the Training Program, clinical assessments, the examinations process, and reporting requirements.
18. Responding in a timely manner to applications for approval of individual training positions requiring prior approval.
19. Responding to any other enquiries in a timely manner.

ACCEPTANCE BY TRAINEE AND CICM

We accept the rights and responsibilities of our respective positions in this Agreement.

Signed:

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Trainee
 Date:

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 Name in block letters

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Chief Executive Officer
 Date:

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 Name in block letters

This Agreement will be reviewed five years after the date of signing.