



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

PRESIDENT'S REPORT TO THE REGIONS

The College Board meeting was held on Thursday 26th November at the College office in Melbourne. The Board welcomed newly co-opted Paediatric Representative Stephen Jacobe (NSW), newly elected ANZICS President, Marc Ziegenfuss (QLD) and ANZCA President, Genevieve Goulding.

The Board noted with sadness the death of Dr Andrew Belessis from New South Wales.

AUSTRALIAN MEDICAL COUNCIL / MEDICAL COUNCIL NEW ZEALAND

The College received the midterm accreditation review from the AMC/MNZC in October and the results were discussed at the Board meeting. The College received numerous commendations in the report regarding the new curriculum and College processes. The Report also contained a number of conditions and recommendations that the College must fulfil. The College is required to provide annual updates to the AMC, and a comprehensive report must be submitted in 2018 to provide evidence that the College has met the required standards. Subject to satisfactory progress, a full assessment will not be required again until 2022. I would like to thank all the Board, College staff and all Fellows and trainees who were involved in this extensive process.

COLLEGE STRATEGIC PLAN

On Friday 27th November the Board held a workshop to finalise the College Strategic Plan for the next five years. Feedback from the Regional and National Committees was discussed and incorporated. The mission statement, vision, strategic outcomes and core values were finalised and a draft was approved. The strategic plan will be completed and ratified at the February Board meeting and then circulated to the Fellowship in early 2016.

EDUCATION

Online Courses

The online courses now available in the Education portal include;

Brain Death and Organ Donation
Burns and Inhalational Injury
Cultural Awareness
Focused Cardiac Ultrasound in Intensive Care
Neuro Intensive Care
Safe Patient Transport
Spinal Cord Injury

The Education Committee will start the review process of published courses in 2016.

Fellow Education Workshops

The Fellow Education Workshops were a new initiative in 2015 and have been very successful, these will continue into 2016 with dates and locations confirmed.

Supervisors of Training

The following Supervisors of Training appointments were noted;

Applicant	Hospital
Dr Maximilian Moser	Box Hill Hospital (VIC)
Dr Deepak Bhonagiri	Campbelltown (NSW)
Dr David Brewster	Cabrini Hospital (VIC)
Dr Thomas Rechnitzer	Royal Melbourne Hospital (VIC)
Dr Jonathon Egan	Children's at Westmead (NSW)
Dr Sean Scott	St Vincent's Hospital (NSW)
Dr Paul Nixon	The Alfred Hospital (VIC)
Dr Oonagh Duff	The Mount (WA)
Dr David Green	Geelong Hospital (VIC)
Dr Martina Ni Chonghaile	Geelong Hospital (VIC)
Dr Irma Bilgrami	The Alfred Hospital (VIC)
Dr Martin Sterba	Wollongong Hospital(NSW)
Dr Liz Croston	Princess Margaret Hospital (WA)
Dr Caroline Killick	Monash Medical Centre (VIC)
Dr Veerendra Jagarlamudi	Wollongong Hospital (NSW)

Focused Cardiac Ultrasound Assessors

The following approved Focused Cardiac Ultrasound Assessors were noted;

Applicant	Hospital
Dr Lyndall Russell	Rockhampton Hospital (QLD)
A/Prof Sharon Kay (Non Fellow)	Royal North Shore Hospital (NSW)
Dr Htun Aung (Non Fellow)	Alice Springs Hospital (NT)
Dr Amod Karnik	Mater Adult Hospital (QLD)
Dr David Sturgess	Mater Adult Hospital (QLD)
Dr Sunil Sane	Logan Hospital (QLD)
Dr Hamish Pollock	Redcliffe Hospital (QLD)
Dr Steve Galluccio	Flinders Medical Centre (SA)

Trainee and Supervisor Surveys

Results of the recent Trainee and Supervisor surveys were tabled at the Board meeting and discussed at length. It is essential that these results are fed back to the Fellowship and this will be done in 2016 most likely via an article in CC&R.

ASSESSMENTS

Examination Results (October/November sittings)

	First Part	Second Part	Paediatric
Total exam candidates	48	64	13
Carrying written mark	0	12	0
	0.0%	18.8%	0.0%
Written section			
Total written candidates	48	52	13
Successful candidates	14	35	9
Pass percentage	29.2%	67.3%	69.2%
Candidates scoring 45 - 50%	12	N/A	N/A
45% rule percentage	25.0%	N/A	N/A
Number invited to oral section	26	47	9
Pass rates			
Written and viva section pass	14	27	8
	29.2%	51.9%	61.5%
Carry and viva pass	0	5	0
	0.0%	41.7%	0.0%
45% mark and viva pass	10	N/A	N/A
	83.3%	N/A	N/A
Viva section passing number	24	32	8
Viva section pass %	92.3%	68.1%	88.9%
Overall exam pass %	50.0%	50.0%	61.5%

Formal Projects

Submission Type	2014	2015
Audit	0	4
Case series	2	2
Prospective Scientific study	10	10
Published manuscript	13	17
Retrospective studies	22	23
Survey	0	2
Thesis	2	1

	2014	2015
Accepted on first submission	29	26
Accepted on first resubmission	12	15
Accepted after more than one resubmission	3	2
Pending resubmission	5	9
Under review	0	7

Submissions	2014	2015
ACT	3	2
NSW	13	14
NZ	3	7
QLD	10	8
SA	4	7
TAS	0	1
VIC	12	17
WA	4	3
TOTAL	49	59

HOSPITAL ACCREDITATION

The following decisions of the Hospital Accreditation Committee were noted by the Board;

HOSPITAL	Pre-2014 Curriculum	Post-2014 Curriculum
Toowoomba Hospital (QLD)	C6: Restricted to 6 months	Limited G6
Princess Alexander Hospital (QLD)	C24: Restricted to 24 months	Unlimited (Cardio, Neuro, Trauma)
Epworth Hospital (VIC)	C12: Restricted to 12 months	Unlimited (Cardio)
Princess Margaret Children's Hospital (WA)	C12: Restricted to 12 months	Unlimited (Neuro, Trauma)
Mount Hospital (WA)	C6: Restricted to 6 months	Limited G6 (Cardio)
Lady Cilento Children's Hospital (QLD)	C24: Restricted to 24 months	Unlimited (Cardio, Neuro, Trauma)
Bankstown Hospital (NSW)	C12: Restricted to 12 months	Unlimited
Royal Perth Hospital (WA)	C12: Restricted to 12 months	Unlimited
Fiona Stanley Hospital (WA)	C24: Restricted to 24 months	Unlimited General Training (Cardio, Neuro, Trauma)

TRAINING

Trainee Numbers

The CEO presented a report to the Board on the current numbers of trainees and predictions for the next few years. In previous years the College has had approximately 200 new trainee registrations per year (although many of these registrations do not complete the training program). In 2014 with the introduction of the new curriculum trainee registrations dropped to 57 and have risen to just over 100 for 2015. Of those who have joined since 1 January 2014, 41 are currently in active training and 21 of those are undertaking core training.

The number of New Fellows each year averaged around 55-60 between 2008 and 2012. In 2013 there were 69. By 2014 this had decreased to 47 and so far this year there have been 44. It seems likely, in view of the reduction in overall trainee numbers, the slowness of the new trainees to progress to core training and the introduction of an additional year of I.C. training (the Transition Year) that we may also see a declining number of graduates from the program over the next few years, although this is hard to quantify and may take a few years to fully take effect.

The new trainee selection policy, changes to First Part Exam exemptions and the new curriculum have reduced the training numbers significantly. However the large influx of new medical school graduates could mean an increase in interest in intensive care training in future and this could require further changes to the trainee selection policy to ensure we are only accepting those most suited to the profession.

Retrieval Medicine Training Time

The Board approved a change to the Regulations to allow time spent in an approved retrieval or transfer service to be counted as acute medicine time. It was agreed that time in stand-alone services will not be approved as core intensive care training time but could still continue to be counted towards elective time.

Singapore Training - Regulation Change

Previously the College Regulations stated that a maximum of 48 months training may be spent outside Australia, New Zealand or Hong Kong. The Board approved adding Singapore to this Regulation so from 1st January 2016, 48 months of training may be spent outside Australia, New Zealand, Hong Kong or Singapore. At least 12 months of continuous core intensive care training must still be spent in one campus in Australia, New Zealand or Hong Kong.

FELLOWSHIP AFFAIRS

Admissions to Fellowship

Name	State
Kathryn Tietjens	NZ
Rebecca Smith	NZ
Ramsy D'Souza	ACT
Arjun Chavan (OTS)	NSW
Janice Yeung	VIC
Neil Davidson	NZ
Nima Kakho	VIC
Binila Chacko	INDIA
Yasmine Ali Abdelhamid	SA
Aidan Burrell	VIC
Nancy Jiang	NSW
Angelly Martinez	QLD
Daniel Ellis (OTS)	SA
Anni Paasilanti	QLD
Naomi Diel	NSW
Colin Barnes	NZ
Jarrold Cross	QLD
Paul Healey	NSW
Prithviraj Thyagarajan	WA
Caleb Fisher	VIC
Matthew Morgan	NSW

Continuing Professional Development

Following the AMC/NZMC inspection, one of the standards that now must be met is mandatory reporting of New Zealand Fellows who are non-compliant with CPD. Changes will be made to the online CPD system in 2016 and details will be sent to the New Zealand Fellows in the coming months.

Special Interest Groups

The Board approved the formation of a Neuro Critical Care Special Interest Group. Further information and an invitation to join the group will be sent in early 2016 after terms of reference and administrative guidelines have been finalised.

POLICY AND PROFESSIONAL

IC-3 Minimum Standards for Intensive Care Units Seeking Accreditation

The Board approved changes to IC 3 and the wording around accreditation levels of units. General Training (Gen) (previously Unlimited) will be used for units where trainees may spend an unrestricted amount of their core intensive care training. Limited General Training (G6) will be for units where trainees may spend up to 6 months. The updated document is now available on the website.

Medicines Australia - Choosing Wisely Advisory Group

The College and ANZICS continue to be involved in the Choosing Wisely campaign. The goal of Choosing Wisely Australia is to start conversations between consumers and clinicians about unnecessary tests, interventions and procedures, enhancing the quality of care and, where appropriate, reducing unnecessary care. Participants have been asked to produce a list of five such procedures and following a survey of the Fellowship, the following list was submitted (1 and 2 will be combined);

1. Do not continue life support for patients at high risk for death or severely impaired functional recovery without offering patients and their families the alternative of care which is focused predominantly on patient comfort.
2. For patients with limited life expectancy (such as advanced cardiac, renal or respiratory failure, metastatic malignancy, third line chemotherapy) ensure patients have a goals of care discussion at or prior to admission to ICU
3. Do not deeply sedate mechanically ventilated patients without a specific indication and without daily attempts to lighten sedation
4. Do not transfuse RBCs in hemodynamically stable, non-bleeding ICU patients with a haemoglobin concentration greater than 7 g/dl
5. Consider antibiotic de-escalation daily
6. Remove all invasive devices as soon as possible

Bullying and Harassment

A draft policy on Bullying and Harassment was tabled at the meeting and discussed at length, work still remains to be done on the document and it will be tabled at the February Board meeting. The College will also be sending out a survey in 2016 to all trainees and Fellows regarding their own experiences.

COMMUNICATION

CICM Website

The new College website was shortlisted in the education category of Australian Website of The Year Awards.

Critical Care and Resuscitation

Rinaldo Bellomo, Editor of the Journal reported to the Board that three associate editors have been appointed, Andrew Berston, Warwick Butt and Paul Young. The Board approved a proposal to publish the journal articles on the CICM website three months after publication, reducing the current six month wait.

FINANCE

The College is currently in a healthy financial position and we look to be ending the year slightly ahead of budget. The Board decided to invite several financial advisors to present at the February Board meeting to investigate investment strategies. The 2016 budget was approved along with a small CPI increase to all fees.



Prof Bala Venkatesh

President, College of Intensive Care Medicine of Australia and New Zealand