



**College of Intensive Care Medicine
of Australia and New Zealand**
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MINIMUM CRITERIA FOR HOSPITALS SEEKING ACCREDITATION FOR FOUNDATION TRAINING FOR INTENSIVE CARE

PURPOSE

The purpose of this guideline document is to outline the application process and requirements for hospitals seeking to be accredited for foundation training in intensive care medicine.

SCOPE

This guideline applies to all intensive care units who wish to be accredited in foundation training in intensive care medicine.

1. INTRODUCTION

All trainees of the College of Intensive Care Medicine (the College) are expected to have completed six (6) months of foundational experience in intensive care medicine prior to entry into the training program. All intensive care units (ICU) accredited by the College for General Intensive Care training are suitable for Foundation training.

2. APPLICATION

- 2.1 Units applying for Foundation accreditation are required to submit a datasheet to the Hospital Accreditation Committee. A physical inspection of the unit may not be required.
- 2.2 The application must also be reviewed and supported by the relevant College regional committee.
- 2.3 Accreditation approval is granted for a 5-year cycle.
- 2.4 At the end of each 5-year cycle, units will be required to complete a truncated version of the datasheet to be considered by the Hospital Accreditation Committee for renewal of accreditation.
- 2.5 The Hospital Accreditation Committee should be notified of any significant changes in staffing, case or mix data that occur during the 5-year cycle.

3. FOUNDATION ACCREDITATION CRITERIA

To be accredited for Foundation training, all ICUs must be established, operational and have the following:

- 3.1 A minimum five (5) beds with simultaneous invasive ventilation capacity of at least three (3) beds;
- 3.2 A minimum case load of 250 ICU patient admissions annually with:
 - a broad case mix including both general medical and surgical patients;
 - reasonable patient illness acuity including some patients who receive invasive ventilation for more than 24 hours.
- 3.3 At least one (1) Intensive Care Specialist who is a Fellow of the College (FCICM) and who has a significant clinical role within the unit;
- 3.4 Established policies and procedures covering admission, discharge and common clinical situations;
- 3.5 Established policies and procedures for transport of patients into the ICU and out of the ICU to an appropriate, higher level facility;
- 3.6 Appropriate numbers of trained and experienced nursing staff;
- 3.7 The majority of nursing staff will have undertaken or be engaged in post-graduate training in Intensive Care;
- 3.8 Capability for and regular use of invasive haemodynamic monitoring;
- 3.9 Capability for and regular use of invasive and non-invasive mechanical ventilation;
- 3.10 ICU participation in emergency (for example, Medical Emergency Team or cardiac arrest) and outreach programs;
- 3.11 Availability of teaching and resource material including internet access, textbooks, journals;
- 3.12 Established review processes (for example, Quality Assurance, Mortality and morbidity, critical incident monitoring, clinical indicators);
- 3.13 Medical Director with an appropriate specialist qualification;
- 3.14 Nurse Manager with an appropriate, post-graduate qualification;
- 3.15 The trainee appointment must be substantially in Intensive Care. Some participation in the clinical activities of an associated unit is allowable, especially for 'out-of-hours' practice (for example, cross cover with anaesthesia);
- 3.16 An appropriately trained and experienced medical specialist must supervise the clinical practice of the trainee. Supervision must be available at all times. See T-10 The Role of Supervisors of Training in Intensive Care Medicine.

- 3.17 There must be a structured education program in which the trainee participates. If the program is hospital-based, there must be a significant Intensive Care component.

References and related documents

T-10 The Role of Supervisors of Training in Intensive Care Medicine.

Acknowledgments

Not applicable.

Document Control

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Revision History

Date	Pages revised/ Brief explanation of revision
2014	No changes.
2019	Included application process, foundation units to be reviewed every 5 years and reformatting.
2020	No change.

Further Reading

IC-1 Minimum standards for Intensive Care Units.

IC-3 Minimum Standards for Intensive Care Units Seeking Accreditation.

T-16 Guide for Hospitals seeking Accreditation.

Publishing Statement

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