



2017 Annual Progress Report
of the
**College of Intensive Care Medicine of Australia and
New Zealand**
for submission to the
Australian Medical Council

30th June 2017

College Details

Please correct or update these details if necessary:

College Name: College of Intensive Care Medicine of Australia and New Zealand

Address: Suite 101,168 Greville Street, PRAHRAN VIC 3181

Date of last AMC accreditation decision: 2015

Periodic reports since last AMC assessment: 2016

Reaccreditation due: March 2019

This report due: 30th June 2017

To be completed by College:

Officer at College to contact concerning the report: Laura Fernandez Low, Policy Officer

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Standard 1: The context of training and education

Areas covered by this standard: governance of the college; program management; reconsideration, review and appeals processes; educational expertise and exchange; educational resources; interaction with the health sector; continuous renewal.

Summary of college performance against Standard 1

In 2016, this set of standards was found to be Met.

1 Summary of significant developments

College response:

As indicated in our 2016 report, a major piece of work over the course of last year was a review of the College's Regulations. Regulation 5, which covers the training program, had been recently extensively revised (with the implementation of the new curriculum), but the remaining regulations had not been reviewed for some time. Over several months, a designated group of Board Members and senior staff worked through the other sections of the Regulations, deleting some outdated sections and revising others. The completed work was presented to the November 2016 meeting of the CICM Board, where the changes were accepted and ratified. The updated College Regulations are attached at Appendix 1.

The College had been informed that intensive care medicine was to undergo detailed workforce modelling with the National Medical Training Advisory Network (NMTAN) in 2016. However, for unknown reasons and despite several efforts to engage with NMTAN, this still has not taken place. In the context of the increasing numbers of medical school graduates in Australia and New Zealand, it is likely there will be an increase in applications for the CICM training program. At the moment the College accredits training units rather than specific posts, and so the total number of training positions is not defined. Until now Directors of Units have often had difficulty in filling their junior medical officer positions, and have usually had a mix of CICM trainees, other college trainees on rotation into ICU, career medical officers and non-trainees filling service positions. However, the College now has serious concerns that the increasing number of medical graduates wishing to enter intensive care training will exceed the capacity of the training program to deliver the required clinical and procedural experience, as well as the ability of supervisors to provide adequate supervision and performance feedback.

To address this issue, a working party has recently been formed to evaluate what the essential factors are that may provide an upper limit to the capacity of the program to deliver the required breadth and depth of training, and hence determine the number of trainees that should be accepted into the program. It is anticipated that this work will be complex and time consuming and may take 12 – 18 months to complete.

The College, as would be expected, has an abiding interest in the process of organ donation and a strong relationship with the Organ and Tissue Authority (OTA). Completion of the OTA's Family Donation Conversation (FDC) workshop is mandatory for all trainees. In collaboration with the intensive care society (ANZICS) the College is assisting the OTA with reviewing the content of the FDC workshop and also the OTA's Guidelines for offering organ and tissue donation. ANZICS, CICM and OTA have developed a three-way memorandum of understanding which will be useful in guiding future collaborative projects (please refer to Appendix 2).

As mentioned in our 2016 report, the formation of the Welfare Special Interest Group was approved and finalised in February 2016. The group is governed by the College's Special Interest Group Terms of Reference which were published on the CICM website in August 2016 and can be found [here](#).

2 Activity against conditions

Conditions to be addressed in the 2017 progress report

Nil remain.

To be satisfied by the 2018 progress report:

Condition 1				
Demonstrate that there are processes in place to ensure ongoing medical educational expertise is available for the development and implementation of programs and projects across the College. (Standard 1.3.1)				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC			X	

College response:

As stated in previous annual reports, the College has until now been of the view that we could most effectively access the required educational expertise through a combination of suitably qualified and experienced Fellows along with consultants engaged to undertake specific tasks, and supported by the College's administrative staff. For the last two years we have also employed a senior Fellow with educational qualifications on a part time basis, primarily to assist with supervisor training.

It has always been our intention, since the commencement of the new curriculum in 2014, to conduct a thorough review of its effectiveness, to ensure that it remains up to date and to suggest further improvements five years after implementation, i.e. in 2019. The College Board have concluded that in order to undertake this task, as well as to further develop other aspects of the College's programs, we will need additional educational expertise and the time has come for us to employ a well-qualified Medical Educationalist as a member of staff. At this time the specific position description, qualifications and experience for the person we will be looking to recruit have not been finalised, but we anticipate that this will be completed and the position filled in the second half of 2017.

3 Statistics and annual updates

Please provide data showing the number of appeals that have been heard in the past year, the subject of the appeal (e.g. selection, assessment, training time, specialist international medical graduate assessment) and the outcome (number upheld, number dismissed).

College response:

The College has not received any appeals against any decisions regarding selection, assessments, training time, SIMG assessments, etc. We have, however, received a small number of requests for review or reconsideration of decisions. Two were for a review of marks in the written component of the exam (which were unchanged) and two were for reconsideration of hospital accreditation decisions, one of which was accepted.

Standard 2: The outcomes of specialist training and education

Areas covered by this standard: educational purpose of the educational provider; and, program and graduate outcomes

Summary of college performance against Standard 2

In 2016, this set of standards was found to be Met.

1 Summary of significant developments

College response:

The College has drafted a document titled 'Development of a Stakeholder Engagement Strategy for the College of Intensive Care Medicine' that will be reviewed by the Community Advisory Group and submitted to the College Board in July. The document will describe how the College will seek and incorporate input from all stakeholders in the future.

To remain informed of changes to the criteria for accreditation of the medicine and anaesthesia terms accredited by the RACP and ANZCA, the College's Administrative Officer for Training and Assessments is now required to confirm with both Colleges if there have been any changes made to the criteria for accreditation every six months.

The ANZCA Handbook for Training and Accreditation is accessed via their website under the 2013 training program tab and contains a version control register on pages 2 and 3 that lists any changes that have been made to the accreditation process. The list of ANZCA approved training sites is also available on their website under the ['Rotations and Training Sites'](#) tab.

The RACP provides a list of their accredited training sites on their website listed under the ['Trainee'](#) tab. Further information on training site accreditation is listed under the heading ['How are hospitals or health services accredited?'](#)

2 Activity against conditions

To be satisfied by the 2018 progress report:

Condition 2				
Develop a mechanism for seeking and incorporating input from stakeholders such as the jurisdictions, health service providers, consumer organisations and other specialist medical colleges in defining the purpose of the College and reviewing the statement of graduate outcomes in relation to community need. (Standard 2.1.2)				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC			X	

College response:

The survey tool should be finalised at the next Community Advisory Group meeting in July. As an additional exercise as mentioned above, the College is also drafting a stakeholder engagement strategy document that will outline the College's process for seeking and incorporating input from all stakeholders in the future.

Standard 3: The specialist medical training and education framework

Areas covered by this standard: curriculum framework; curriculum content; continuum of training, education and practice; curriculum structure;

Summary of college performance against Standard 3

In 2016, this set of standards was found to be Met.

1 Summary of significant developments

College response:

Throughout 2016 and into early 2017, Ms Joanne Dwyer, Project Coordinator for the blueprinting exercise, and the Chair of the Assessments Committee A/Prof Peter Morley, finalised the preliminary blueprinting of the curriculum (found in Appendix 3). The blueprinting document was considered by the Assessments Committee (November 2016) and it became clear that this exercise, which set out to map the essential elements of the curriculum to the main assessment processes, is likely to lead to a more comprehensive blueprinting process, encompassing all elements of the curriculum. Future work will be shared amongst the Assessments and Education Committees with assistance from the new medical education advisor. In addition, an 'Education Executive' comprised of members from both the Education Committee and the Assessments Committee is currently being formed and will be tasked with improving the communication and coordination of tasks relating to the curriculum; their first meeting is scheduled for July.

In May 2017 the College began the recruitment process for a medical education specialist and it is expected the appointee will commence the role in the second half of 2017. As mentioned under Standard 1, the incumbent will be responsible for overseeing the 2019 review of the curriculum which will build on the work currently underway with the blueprinting exercise.

Currently the relatively low number of trainees completing the new curriculum allows the College to readily collect information on an individual's training progress and identify any problems with movement through the training program. The use of reporting software Tableau, provides specific and detailed reports on trainee progress through the program, exam and other assessment completion and learning tasks (face-to-face and online courses) completed, ITER data and course completion. So far, no significant problems have arisen with trainee progress through the new curriculum.

2 Activity against conditions

Conditions to be addressed in the 2017 progress report

Nil remain.

Standard 4: Teaching and learning approach and methods

Summary of college performance against Standard 4

In 2016, this set of standards was found to be Met.

1 Summary of significant developments

College response:

Trainees completing the training program are required to have satisfactorily completed a number of online and face-to-face courses, as outlined in previous reports. Courses are provided by the College and externally and it is the continuing responsibility of the Education Committee to review all new external course applications to ensure compliance with the curriculum. Existing courses are also reviewed annually as are any changes to an existing course. Reviews are conducted by members of the Education Committee including the Chair, Dr Rob Bevan; the Deputy Chair, Dr Dianne Stephens; and the Director of Professional Affairs (Education), Dr Bruce Lister.

Since June 2016, the Executive has accredited ten new courses run by external providers, as follows:

- Five critical care echocardiography courses;
- A focused echocardiography and lung ultrasound haemodynamic failure course;
- A tracheostomy course;
- A 'Beyond Basic – Transthoracic Echocardiography' course; and
- Two airway skills courses.

An improved version of the current online learning platform (using Moodle) will be launched in July 2017 and will allow all online course participants to provide feedback on each completed course. The feedback will be collected from Moodle and referred annually to the Education Committee for review. Moodle will also provide more detailed information on course participation and activity such as time spent on completing a course and attempts at completion.

The Education Committee has overseen the review of the following mandated online courses by appropriate content experts that included CICM Fellows, non-Fellows and subject matter experts:

- Burns and Inhalation Injury
- Neuro Intensive Care
- Spinal Cord Injury

The Brain Death and Organ Donation course is currently under review by Australian and New Zealand Fellows to ensure consistency across both sectors. The Evidence Based Medicine course is still in development and is scheduled for release in September 2017.

The inaugural Trainee Symposium, an initiative arising from discussion at the Trainee Committee, was held on 25th May just prior to the 2017 Annual Scientific Meeting. The Symposium was fully subscribed with over 100 attendees and was extremely well received. The program explored a wide range of topics with both a clinical and non-clinical focus. It is the intention of the College to continue to run this one day event at the ASM in the future. A copy of the Symposium program can be found in Appendix 4.

2 Activity against conditions

Conditions to be addressed in the 2017 progress report

Nil remain.

Standard 5: Assessment of learning

Areas covered by this standard: assessment approach; assessment methods; performance feedback; assessment quality

Summary of college performance against Standard 5

In 2016, this set of standards was found to be Substantially Met.

1 Summary of significant developments

College response:

In December 2016 Professor Chris Wright, (CICM Fellow and Clinical Coordinator, Monash University School of Medicine) conducted a workshop with the College's Panel of Examiners on the principles of standard setting in examinations. Additional supernumerary examiners are now used at all exams to monitor examiner conduct and compliance with calibration standards.

The Second Part Examination Panel has also been trialling the Angoff scoring method. The Angoff method is a widely used standard-setting approach in test development involving a panel of experts (examiners) who review the test items and estimate the probability of a minimally qualified performer answering the items correctly. The estimates for each test item are averaged, and those averages are used to determine the passing percentage (cutscore). At this stage, the Angoff scores are being used as a comparator to the traditional scoring, i.e. all exams are marked twice, and consideration is given to whether Angoff scoring appears to be a more reliable technique.

In May 2017, the second part examination panel invited an Olympic gymnastics judge to speak about calibration and standard setting, which proved to be a valuable insight into making reliable decisions quickly and cooperatively with your co-examiner.

Every sitting of the oral exam has a workshop the day before to finalise questions and calibrate scoring, an additional component of each workshop now is dedicated to an aspect of improving examiner performance.

Since 2016 all oral examinations have assessed professionalism as a component and this is included in the marking template. Exam candidates are reminded of this prior to each exam.

2 Activity against conditions

Conditions to be addressed in the 2017 progress report

Condition 5				
Develop clear criteria for workplace-based assessments to ensure trainees understand what constitutes successful completion of each of these assessments. (Standard 5.1.1)				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC			X	

College response:

A working group from the College Education Committee was formed to review the Workplace Competency Assessments. Each of the eight current WCA's were reviewed separately, examining their structure, content and assessment criteria. The majority of the WCA's were found to be appropriate and should remain in place. In some cases, recommendations were made to modify parts including removing some of the knowledge testing aspects and delivering this in an on-line format. It was also suggested that one of the WCA's (advanced life support) could better be addressed in a face-to-face

course. The recommendations have been sent to the Assessments Committee for a decision on how to move forward with revising (or replacing) each one.

As trainees are not required to have all WCA's completed until the conclusion of their core intensive care training, there are still only a relatively small number who have completed them all. The feedback received so far does not indicate there are significant problems with what constitutes successful completion of the WCA's in their current form. The ongoing Fellow Education Workshops that are run regularly in each region always contain a component of instruction in the delivery of the workplace based assessments.

To be satisfied by the 2017 progress report:

Condition 6				
Finalise the blueprinting of all assessments to align with the new curriculum. (Standard 5.3.1)				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC			X	

College response:

As reported under Standard 3, the project to blueprint assessment processes to the objectives of learning was completed in November 2016. This project while valuable in itself, highlighted the need for a more intensive mapping exercise of the whole curriculum to be conducted. This will be considered by the Education Committee and could well form the basis for the comprehensive review of the new curriculum, scheduled for 2019.

3 Statistics and annual updates

Please provide data showing:

- each summative assessment activity (e.g. Part 1 and Part 2 exams) and the number and percentage of candidates sitting and passing each time they were held.

College response:

2016 statistics include candidates from Australia, New Zealand, Hong Kong and Singapore.

Examination candidates (exam location)	Total	Successful
First Part (Melbourne, April)	42	30
First Part (Melbourne, November)	50	37
General Second Part (West Sydney, May)	55	18
General Second Part (Brisbane, October)	63	39
Paediatric Second Part (Melbourne, November)	11	6

Standard 6: Monitoring and evaluation

Areas covered by this standard: program monitoring; evaluation; feedback, reporting and action

Summary of college performance against Standard 6

In 2016, this set of standards was found to be Met.

1 Summary of significant developments

College response:

The College continues to survey supervisors annually seeking feedback on a number of issues to do with the training program such as workload, support from the College, access to rotations for trainees and areas they would like further training in.

Feedback is sought from trainees twice yearly about the training program. Responses are collated and fed back to individual training sites as a comparison between their site and like training sites. Any concerns are fed back to the Hospital Accreditation Committee (HAC).

The College is drafting a document titled 'Development of a Stakeholder Engagement Strategy for the College of Intensive Care Medicine' that will go to the Board in July. It is hoped this document will describe how the College will seek and incorporate input from all stakeholders in the future.

As discussed above, feedback is sought from all trainees about the quality of their teaching and training in the previous six months, twice yearly. The survey is conducted using Survey Monkey and collated using the program Tableau. Reports are shown comparing the training site in question with all other similar sites. Examples of reports are shown in Appendix 5. These reports are used to inform the accreditation team during hospital accreditation visits and reported to HAC. HAC may revise a site's accreditation status if these reports are unsatisfactory. These reports can be produced without the need to access ANZICS CORE data.

Further information is provided in the response to Condition 7 below.

2 Activity against conditions

Conditions to be addressed in the 2017 progress report:

Condition 7				
Implement methods for analysing and using trainee feedback in program monitoring and for responding to issues raised by trainees. (Standard 6.1)				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC			X	

College response:

The College formally collects and analyses trainee feedback through a six-monthly Quality of Training survey. The results of each survey are summarized and presented to the CICM Board (a summary from 2016 was submitted in last year's report). The Education Committee studies the report from each survey and considers whether any of the results warrant further investigation. The survey contains a section where trainees may detail specific concerns and request further contact with the College. A designated staff member handles all these requests and maintains contact with the relevant trainees.

In the most recent survey, four trainees indicated that they would like further contact with the College to discuss specific issues. This has been done and each of them are pleased to have had the opportunity to express their concerns in some detail.

As detailed in Condition 12 below, the College is now using data collected over several Quality of Training surveys to inform the Hospital Accreditation process. That is, prior to a hospital inspection, a summary report from the previous four surveys, specific to the unit being inspected, is given to the inspection team, to alert them to any particular issues that may have been reported by the trainees; this is only done when a sufficient number of responses have been received to ensure anonymity of the trainees. An example of these reports can be found in Appendix 6.

A standardised report is also being developed (using the recently acquired Tableau software) which will display each unit's results in most of the domains covered by the trainee survey, against an average for all accredited units (again, where a minimum number of responses have been received). This will allow units and supervisors to compare their performance and identify areas for improvement.

By the 2018 progress report:

Condition 8				
Seek feedback from healthcare administrators and other healthcare professionals as part of the College's regular program evaluation activities. (Standard 6.2.2)				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC			X	

College response:

The 2019 curriculum review will involve consultation with stakeholders including medical administrators and other healthcare professionals and specialist colleges. This was also done for the 2014 curriculum review as previously stated, and will also be addressed in the draft document 'Development of a Stakeholder Engagement Strategy for the College of Intensive Care Medicine'.

3 Statistics and annual updates

Please provide:

- A summary of evaluations undertaken, the main issues arising from trainee evaluations and supervisor evaluations and the college's response to them.

College response:

We have just completed the work mentioned in the 2016 submission about developing structured reports of the survey results with the intention of building these reports into the reporting software Tableau to allow the College to provide additional information to the Hospital Accreditation Committee prior to an inspection to help facilitate discussion.

The reports were completed in the first half of 2017 and, as mentioned under Condition 7, are now being sent to individual units but also used by the Hospital Accreditation Committee and Hospital Accreditation Teams to assist with improving the quality of accreditation visits.

Detailed reports can now be created for each unit more efficiently and with greater insight into their operations. The College aims to send a copy of these reports to each unit annually to increase engagement with unit Directors and provide insight into their department; this should be launched in late 2017.

Now that an improved reporting structure has been implemented, this information will be provided to the Education Committee and other relevant stakeholders for further analysis.

Standard 7: Issues relating to trainees

Areas covered by this standard: admission policy and selection; trainee participation in education provider governance; communication with trainees; trainee wellbeing; resolution of training problems and disputes

Summary of college performance against Standard 7

In 2016, this set of standards was found to be Substantially Met.

1 Summary of significant developments

College response:

The College is currently developing a trainee induction course for trainees who are nominated to various College committees. The content has been prepared and will be outsourced to an external developer, Mind Atlas, for conversion into an online course that can be accessed using the education platform (as mentioned under Standard 4, we are about to switch to Moodle).

[The Guide to Recognition of Prior Learning](#) is complete and available on the College website. Trainees will be notified of this via the trainee newsletter to be sent out in September 2017. Trainees were also notified via the [Trainee Newsletter](#) and [E-News](#) of their ability to undertake flexible training.

Training Document [T-31 Appeals, Review and Reconsideration Processes](#) has been revised and is now uploaded to the website.

The option of a trainee chairing the Trainee Committee, rather than the New Fellows' Representative, was considered by the Trainee Committee who agreed that having someone as Chair with a direct link to the Board has strengthened their representation and involvement in governance. The Trainee Committee has been very enthusiastic and active, particularly with their involvement in the inaugural Trainee Symposium.

In response to trainees' concerns about job prospects in intensive care medicine, the College has collaborated with jurisdictions and other stakeholders to provide information on career pathways, addressing workforce distribution issues and training opportunities in different regions. As one example, the College has recently been involved in a project with General Practice Training Queensland to launch a new medical specialty comparison website called MedVersus, which will allow prospective trainees to compare and contrast the various specialty training programs. The College is ready and willing to engage with NMTAN on detailed modelling of the intensive care workforce and future needs.

The College maintains a policy of ensuring that any changes to the training program do not affect current trainees. Information regarding any impending changes is always made available on the website and when necessary sent directly to trainees. All incoming trainees and IMGs can access the website with confidence for the most up-to-date information regarding the curriculum. Once registered with the College, applicants receive the monthly e-news and trainee newsletters that also provide updates.

2 Activity against conditions

Conditions to be addressed in the 2017 progress report

Condition 10				
Document and publish the weighting for the various elements of the selection process, in particular the marking criteria, including that applied to the structured references used by the Trainee Selection Panel to deem suitability for training. (Standard 7.1.3)				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC	X			

College response:

All College documentation relevant to the selection of trainees has always highlighted the need to select quality applicants with the appropriate attitudes and aptitudes to complete training. The College rejects the notion (as stated above) that selection into training is only performed in order to limit numbers.

In November 2016, changes were made to the Trainee Selection Policy and these were introduced for the first round of applications in 2017. These were:

- The number of references required was increased to three with the additional requirement of a reference from a senior ICU nurse.
- The process for collecting references was changed. Applicants now nominate their referees and the College requests the reference directly from the referee.
- The number of registration intake dates has been reduced from four to two.
- A new structured curriculum vitae that will eventually allow points to be awarded for various achievements and experience has been introduced (link to form).

This new structured CV has been used for applicants seeking selection in 2017. Although no marking grid or points to be scored for each achievement/activity are included for the applicant, the Trainee Selection Panel is currently refining a scoring grid using the submitted CVs to validate the grid. This will be submitted to the Board for discussion/approval in July. The scores obtained are currently used only internally for validation of the tool and do not influence selection into the training program at present. When the scoring system is approved and operational it will be included on the form for the applicants' information.

In addition a bank of situational judgment tests (SJTs) have been developed. Educational input will be sought to ensure that the subject matter, the language and the correct responses are appropriate, and these will be trialed in late 2017 or early 2018.

These changes will allow an overall marking system that can rank applicants to be developed, although it is unlikely this will be available until the 2019 applications. Audit of the structured references shows that the marks given by referees vary widely among referees and it is therefore unlikely that these can be used as part of the scoring system. Their main use appears to be to identify applicants who are unsuitable for intensive care training, as is the current practice. This information has been sent to all Supervisors and has been included in several e-newsletters.

By the 2018 progress report:

Condition 9				
Review the processes for selection into the training program to ensure they are rigorous, transparent and fair. (Standard 7.1.2)				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC		X		

College response:

Please refer to Condition 10, above.

3 Statistics and annual updates

Please provide data showing:

- the number of trainees entering the training program, including basic and advanced training;
- the number of trainees who completed training in each program; and
- the number of trainees undertaking each college training program.

College response:

Trainees Entering the Program

New registrations: 148 (not all of these trainees are currently undertaking accredited training).

Trainees Actively Training

Current curriculum – General: 125

Current curriculum – Paediatrics: 4

Pre-2014 curriculum – General: 346

Pre-2014 curriculum – Paediatrics: 10

Pre-2014 curriculum - Advanced: 242, Basic: 114

Total: 485

2016 Completions

General: 58, Paediatrics: 2

Standard 8: Implementing the program – delivery of education and accreditation of training sites

Areas covered by this standard: supervisory and educational roles and training sites and posts

Summary of college performance against Standard 8

In 2016, this set of standards was found to be Substantially Met.

1 Summary of significant developments

College response:

The current process for accreditation of intensive care training sites has not changed significantly in the last year, however the College has begun a project to develop a much more comprehensive electronic database of accredited training units, which will allow for annual online updates of training site information, with each site having access to their own 'dashboard' of information. This will greatly simplify the accreditation data collection and storage process, and will ensure more up to date information on each training site is available (rather than from the current five-year accreditation cycle). This database will be operational by mid-2018.

Regular workshops for supervisors and other Fellows involved in trainee education were again conducted in all regions over the last 12 months, including New Zealand and Hong Kong. There were eleven in all, with a total of 143 participants and several topics were covered during these workshops. In the 'OCE Calibration Workshops' participants were introduced to the educational theory underpinning workplace based assessment and were then given the opportunity to gain experience assessing simulated 'observed clinical encounters' utilising videos and a number of assessment instruments. In some of the workshops, time was allocated to reviewing individual trainee progress and performance. This exercise has proved useful in some states particularly in terms of developing strategies to support trainees with identified difficulties.

One of the benefits of these workshops has been the networking opportunities provided for the Fellows many of whom have not had the opportunity to spend quality time with their colleagues in this type of setting plus it allows an open dialogue regarding some of the College related issues faced by Fellows

As flagged in the College's 2016 report, the College Board approved the final draft of the *Code of Conduct* in November 2016 and it can be found on the College website [here](#).

2 Activity against conditions

Conditions to be addressed in the 2017 progress report

Condition 12				
Implement formal and systematic processes to provide feedback to all Supervisors of Training on their performance in the role. (Standard 8.1.3)				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC			X	

College response:

The College conducts twice yearly quality of training surveys, where all trainees are invited to provide feedback on their most recent training experience, including aspects such as the clinical exposure, teaching, supervision, access to resources, cultural environment and any incidents of bullying. A 'unit level' report has been developed that allows data from the last four surveys to be collated and each

unit is able to compare their numeric results with the overall results for all units combined. To ensure individual trainee anonymity, all comments are removed and unit level results are only revealed when a minimum of five responses have been received from the one unit. This annual report will assist supervisors in evaluating their performance in comparison with other training units and, in due course, from year to year. The first of these reports will be distributed in July 2017 and annually thereafter.

Condition 13				
Finalise, incorporate and publish the accreditation standards which are relevant to intensive care medicine training outcomes, for the medicine and anaesthesia terms in the relevant College accreditation documentation. (Standard 8.2.1)				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC			X	

College response:

The CICM training program includes the requirement for trainees to complete 12 months of anaesthetic training and 12 months of medicine, 6 months of which must be spent in an emergency or acute medicine placement. In most cases these are undertaken in placements accredited by the respective college, i.e. ANZCA, RACP and ACEM, although trainees may apply for 'one-off' approval of training at sites not covered by these colleges (for example, in overseas units) either prospectively or retrospectively. CICM also has a process for accreditation of sites for the anaesthetic component of intensive care training, in hospitals that are not currently accredited by ANZCA.

The standards covering the various 'non-intensive care' aspects of training have been summarised and incorporated into a new document, [T-37 'Requirements for Approval of Clinical Training in Anaesthesia and Medicine as Part of the CICM Training Program'](#). This document was ratified at the March 2017 meeting of the CICM Board.

Standard 9: Continuing professional development, further training and remediation

Areas covered by this standard: continuing professional development; further training of individual specialists; remediation

Summary of college performance against Standard 9

In 2016, this set of standards was found to be Met.

1 Summary of significant developments

College response:

The College has finalised the improvements to the CPD Interface and is in the final testing phase. The improvements have included the ability to clone activities, a feature that allows regular meetings to be added with a simple date change function. The CPD diary is now also mobile friendly and activities can be entered through a number of mobile devices.

Cultural awareness activities receive CPD points under 'Personal Advancement'. New Zealand Fellows are required to complete a cultural competency program each cycle. There are several resources available to CICM Fellows on this topic and the College is in discussions with several organisations, e.g. the Australian Indigenous Doctors Association (AIDA), about access to a number of additional resources being developed and Australian College of Rural and Remote Medicine to develop rural specific resources.

The College runs the ICU Update course on the day prior to the Annual Scientific Meeting; this day is designed to apprise Fellows of the latest changes and developments in the practice of Intensive Care Medicine. The College has recorded the 2017 ICU Update which will be released as podcasts over the next 12 months.

The College is also looking into developing online modules to update Fellows on the changes in intensive care medicine. One option under consideration is to engage Fellows who are active in research to recommend topics each year, and to eventually incorporate the modules into the CPD program.

Fellows registered with the New Zealand Medical Council have been informed of their responsibilities via newsletters, emails and also during Fellow Education Workshops held in New Zealand.

2 Activity against conditions

Conditions to be addressed in the 2017 progress report:

Nil remain.

3 Statistics and annual updates

Please provide data showing:

- the number and proportion of college fellows participating in and meeting the requirements of the college's continuing professional development programs.

The data should reflect both Australian and New Zealand activity for bi-national training programs.

College response:

At the time of this report the College is half way through the CPD cycle:

	Active Fellows	Currently Participating	Currently Not Participating
Australia	772	605	167
New Zealand	94	83	11
Rest of the World	141	84	57

Standard 10: Assessment of specialist international medical graduates

Areas covered by this standard: assessment framework; assessment methods; assessment decision; communication with specialist international medical graduate applicants

Summary of college performance against Standard 10

In 2016, this set of standards was found to be Met.

1 Summary of significant developments

College response:

The College's process for assessment of Specialist International Medical Graduates is detailed in the College Training Document *T-27 Assessment of Overseas Trained Specialists*. This document was reviewed in 2015 to ensure that it is consistent with the Medical Board's good practice guidelines.

The College now submits data annually to the Medical Board's report on the International Medical Specialist pathway and has recently also submitted requested information to Deloitte Access Economics, following their appointment by AHPRA to conduct an external review of specialist medical college performance in the assessment of IMG's.

Compared with the other larger colleges, CICM receives a relatively small number of applications from specialist IMG's. The majority of these are found to be partially comparable.

2 Activity against conditions

Conditions to be addressed in the 2017 progress report

Nil remain.

3 Statistics and annual updates

Please provide data showing:

- the numbers of applicants and outcomes for Specialist IMG assessment processes for the last 12 months, broken up according to the phases of the specialist international medical graduate assessment process (e.g. paper-based assessment, interview, supervision, examination). If a binational college, please provide separate NZ and Australian figures. Please provide separate area of need and Specialist IMG figures.

College response:

Over the last 12 months the College has received a total of 16 applications for Specialist IMG assessment in Australia. Fourteen of these were for general intensive care medicine, two for paediatric intensive care medicine.

One (general ICM) was found to be not comparable after the initial paper based review, a further five (general ICM) were found to be not comparable after the Interim Assessment. Of the ten found partially comparable, eight were in general ICM and two in paediatric ICM. In 2016, four specialist IMG applicants successfully completed the general second part examination.

One application was received for an Area of Need position; this was approved.

In New Zealand over the last 12 months three applications from specialist IMG's proceeded to the interview stage. All three were found to be suitable for the assessment pathway.