



REGULATIONS

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

1. 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
Chair of the Professional Affairs Committee, 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 appoint the following:

- 1.4 Censor
Responsible to the Board for the activities of the Censors Committee and for oversight of individual training applications, evaluation of applications for entrance to College examinations, trainee performance, supervision of assessment of Specialist International Medical Graduate (SIMG) and Area of Need (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 Assessments
Responsible to the Board for the activities of the Assessments Committee and Examinations Committees.
- 1.7 Chair, Hospital Accreditation Committee
Responsible to the Board for the activities of the Hospital Accreditation Committee.
- 1.8 Such other appointments as are deemed necessary for the efficient conduct of College affairs.

2. COMMITTEES OF THE BOARD

Pursuant to Clause 14 of the Constitution.

- 2.1 The Board shall, at the first Board meeting following the Annual General Meeting each year appoint 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. Specific terms of reference for each Committee shall be regularly reviewed and updated.
- 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 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 that report directly to the Board

- Executive Committee
- Education Committee
- Assessments Committee
- Fellowship Admissions Committee
- Hospital Accreditation Committee
- Finance, Audit and Risk Management
- Trainee Committee
- Professional Affairs Committee
- Paediatric Intensive Care Committee
- Censor's Committee
- Indigenous Health Committee
- Community Advisory Committee
- Regional Rural and Remote Committee (Rural Committee)

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 Board can represent and act on behalf of the Board where appropriate. Duties include the development and implementation of the Strategic Plan, coordination of the review and update of the Regulations and Constitution, development of policy, including oversight of the review schedule for all policies, guidelines and statements, complaints processes, the review process for Committee ToRs, including the evaluation of committee structures, monitoring and evaluation and continuous quality improvement data, election processes and Board evaluation and professional development.

2.9 Education Committee

- 2.9.1 Membership shall include the Education Officer who shall be Chair, a Deputy Chair, a member of the Censor's Committee, Assessment Committee, and Trainee Committee, the Chair of the Online Education Subcommittee and any other members as the Board may appoint.

2.9.2 Duties include the implementation of Board policy and provision of advice to the Board on matters related to training and education of intensive care trainees, and coordination of educational activities. This may include:

- Appointment and training/professional development of Supervisors of Training
- Curriculum development, evaluation, and review
- Development of educational materials and courses
- Development of educational policy
- Appropriate collaboration with relevant educational bodies

2.9.3 An Online Education Subcommittee will report to the Education Committee. This subcommittee will be responsible for the development and facilitating the delivery of the CICM Online Education Program.

2.10 Assessments Committee

2.10.1 Membership shall consist of the Chair, Deputy Chair, Chair and Deputy Chair of Second Part Examination Committee, Chair and Deputy Chair of Paediatric Second Part Examination Committee, Chair and Deputy Chair of First Part Examination Committee, Chair of the Education Committee, New Fellows Representative, , a Workplace Based Assessment sub-committee representative, a community representative and such other members the Board may appoint.

2.10.2 Duties include overseeing assessment modes including examinations, ITERs, Work-Based Competency Assessments, online and course-based assessments to ensure complementary, coordinated, balanced and continuous assessment throughout training. The Committee is responsible for the implementation of Board policy, the provision of advice to the Board and the co-ordination of examinations and other assessments.

2.10.3 The Workplace Based Assessment Subcommittee has been established to oversee work-based assessments which are part of the program of assessment for the College training programs and the SIMG Pathway. The WBA Subcommittee reports to the Assessments Committee.

2.11 Examination Sub-committees and Courts

2.11.1 A First Part, a Paediatric Second Part and a General Second Part Examination Committee will be selected from the Panel of Examiners. The Board, on the advice of the examination committees, will appoint the Chairs and Deputy Chairs of each examinations committee. These Committees will report to the Assessments Committee.

2.11.2 The examination sub-committees will meet on a regular basis and be responsible for the preparation, conduct and assessment of each examination process. These meetings will be chaired by the Chairs of the respective committees. The Chair of Assessments is an ex-officio member of all examination committees.

2.11.3 Courts of Examiners will be appointed for individual examinations by the Chair of the appropriate examination sub-committee.

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.

2.12 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 relevant examination committees.
- 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 Formal Project Panel

- 2.13.1 A Chair will be appointed by the Board. Panel members are nominated by the relevant Regional/National Committees and appointed by the Assessments Committee, with at least one representative from each Australian state, and one representative from New Zealand.
- 2.13.2 Duties include reviewing relevant policies and the assessment of individual projects which will be undertaken by two members of the Panel who do not reside in the same state as the trainee whose Project is being assessed.

2.14 Fellowship Admissions Committee

- 2.14.1 Membership shall include the Censor who shall be Chair, the President, the Chair of the Assessments Committee and such other members as the Board may appoint.
- 2.14.2 Duties include the assessments of applications for Admission to Fellowship.

2.15 Hospital Accreditation Committee

- 2.15.1 Membership shall include the Chair, Deputy Chair, the Education Chair (or nominee), the Censor (or nominee), Regional / National Accreditation Representatives and Trainee Representatives.
- 2.15.2 Duties include the making, implementing and overseeing decisions regarding the duration and nature of speciality training that can be conducted at accredited training sites.

2.16 Finance, Audit and Risk Management Committee

- 2.16.1 Membership shall consist of the President, Vice-President, Treasurer and three other members (who may or may not be Fellows of the College, one of which will be the College CEO). At least two members will have a high level of financial competence.
- 2.16.2 Duties include: assisting the Board in discharging its duties with regard to the financial affairs of the College, enhancing the control framework of the College and overseeing the management of its risks and assisting the Board in complying with its legal and other obligations.

2.17 Trainee Committee

- 2.17.1 Membership of 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 Board. The New Fellow Representative on the Board will act as the Chair for the Trainee Committee.
- 2.17.2 Duties of the Trainee Committee include representing trainee interests in the affairs of the College, particularly with regard to matters concerning education and training.

2.18 Professional Affairs Committee

- 2.18.1 Membership shall consist of the Vice-President, Immediate Past President Continuing Professional Development (CPD) Officer, Paediatric Representative, Rural Representative, New Fellows Representative, Indigenous Health Committee Representative, Aotearoa New Zealand Representative, an independent and experienced Fellow that is not a member of the Board, and such other members as the Board may appoint.
- 2.18.2 Duties include overseeing Special Interest Groups, the CPD program, and special externally funded projects relating to the remit of the Professional Affairs Committee. The committee is also responsible for the consideration of honours and awards relating to Fellows, oversight of the Culture Program, guidance to the College's workforce strategy, member engagement strategies, including the ASM, programs, and activities to support the wellbeing and welfare of Fellows and Trainees, and other duties as specified by the Board

2.19 Paediatric Intensive Care Committee

- 2.19.1 Membership shall consist of the Chair of the Paediatric Second Part Examination Committee, one representative from each region represented on the CICM Board, one representative from a general intensive care unit which admits children who will be co-opted onto the committee if not elected as a State or National Committee representative, one paediatric trainee representative, such other members that the Board may appoint.
- 2.19.2 Duties include representing the views of the Paediatric Intensive Care Section on all relevant committees of the Board, making recommendations to the Board and, assisting the Censor in all matters pertaining to trainees in Paediatric Intensive Care Medicine.

2.20 Censor's Committee

- 2.20.1 Membership shall consist of the Censor, Deputy Censor, Deputy Censor (Paediatrics), Paediatric Representative, a New Zealand Representative, one New Fellows Representative (not elected by Board), two CICM Fellows and such other members the Board may appoint.
- 2.20.2 Duties include providing a forum where those Fellows involved in carrying out assessments of individual trainees at various stages can meet to consider and discuss issues of relevance. The committee is responsible for reviewing the criteria for admission into the training program, overseeing the Trainee Selection Panel and the SIMG Committee, and approval of training and trainee performance.

2.21 Trainee Selection Panel

- 2.21.1 Membership shall consist of the Censor, Director of Professional Affairs, a Fellow of the College, a community member and such other members that the Board may appoint.
- 2.21.2 Duties include assessing applications for entry into the training program.

2.22 Specialist International Medical Graduates Committee

- 2.22.1 The membership of the Specialist International Medical Graduates (SIMG) Committee shall include the Chair (Censor) Deputy Chair (Deputy Censor), a Paediatric representative, the Chair of the Assessments Committee, one New Zealand Board Member, one SIMG Representative for Aotearoa New Zealand, one SIMG Representative for Australia, one SIMG Representative (recent graduand), a Community Representative, and such other members the Board may appoint.
- 2.22.2 Duties include responsibility for the assessment of Specialist International Medical Graduates.

2.23 Indigenous Health Committee

- 2.23.1 Membership of the Committee shall consist of the Chair, Deputy Chair, at least two Fellows from Australia and Aotearoa New Zealand, two Trainee Representatives (one from Australia, one from Aotearoa New Zealand), a representative from the Australian Indigenous Doctor's Association (AIDA), a representative from Te Ora Ratu Aotearoa (Te ORA, New Zealand Māori Doctors' Association), an Aboriginal and/or Torres Strait Islander Community Representative, a Māori Community Representative, a Pasifika Community Representative and such other members as appointed by the Board.
- 2.23.2 Duties include overseeing the College's commitment to improving Aboriginal, Torres Strait Islander, Māori, and Pasifika health and wellbeing by supporting the development of the curriculum and educational resources, fostering the recruitment and retention of doctors from these communities, advising on collaboration with relevant organisations and communities, making recommendations on policies, and suggesting opportunities to enhance cultural safety for both FCICM and non-FCICM intensive care practitioners.

2.24 Community Advisory Committee

- 2.24.1 Membership of the Committee shall consist of a maximum of 8 Community Representatives, including a Chair, an Aboriginal and/or Torres Strait Islander Community Representative and a Māori Community Representative.
- 2.24.2 Duties include providing advice on strategies to improve consumer engagement, building relationships with community stakeholders, enhancing awareness of intensive care medicine within the community, representing community interests at other College committees, and other duties as specified by the Board.

2.25 Regional Rural and Remote Committee (Rural Committee)

- 2.25.1 Membership shall consist of the Chair, Deputy Chair, Executive Committee Representative, Aotearoa New Zealand Representative, CPD Representative, two trainee representatives (one from Australia and one from Aotearoa New Zealand), an Aboriginal and/or Torres Strait Islander Community Representative, a Māori Community Representative and such other members as the Board may appoint.
- 2.25.2 Duties include providing advice on required supports for trainees and Fellows working in Regional, Rural and Remote intensive care units, progressing strategies to address workforce supply and distribution issues and other duties as specified by the Board.

3. STATE AND NATIONAL COMMITTEES OF THE COLLEGE

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

Functions

- 3.2 State and National Committees will:

- 3.2.1 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.
- 3.2.2 Conduct their affairs in accordance with the Constitution and the Regulations of the College.
- 3.2.3 Submit to the Board for approval, any document affecting College policy prior to promulgation.
- 3.2.4 Advise the Board on any matters that may affect training and accreditation.
- 3.2.5 Submit an Annual Report to the College, on the proceedings of the Committee during the past 12 months.
- 3.2.6 When requested by the Board of the College, nominate local Fellows to assist with; hospital accreditation visits, local interviews, and College meetings.
- 3.2.7 Inform the Board of the College of any regional political negotiations and obtain Board approval before making any specific comment.
- 3.2.8 Run educational activities for both Fellows and trainees of the College.

Elections

- 3.3 To assist the Board in the appointment of State/National Committees, the Fellows of the College in each region will, every two years, hold a ballot towards the end of the year.
- 3.4 The results of ballots will be forwarded to the Chief Executive Officer before the last Board Meeting of the year, at which the Board will appoint those duly elected to the Committee for the next two years.
- 3.5 Nominations of candidates, who desire to submit their names for a State/National Ballot, must be signed by two Fellows of the College resident in that region/country.
- 3.6 If the number of persons nominated for a ballot does not exceed the number of vacancies on a State/National Committee, the names of all nominees will be forwarded to the Board in accordance with Regulation 3.5.
- 3.7 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, they will be obliged to vote for the same number of nominees as there are vacancies to be filled.
- 3.8 In the case of Fellows of the College seeking re-nomination, a record of attendance at State/National Committee Meetings must accompany the ballot papers.
- 3.9 In the case of a tied vote, the Chair of the State/National Committee will exercise a casting vote, following the procedure in the Constitution.

Tenure

- 3.10 Members of State/National Committees will be appointed for two years but will be eligible for re-appointment.
- 3.11 Except with the approval of the Board, no Fellow will serve on a State/National Committee for longer than a total period of 12 years unless they are an ex-officio or co-opted member.

Ex-officio Board Member

- 3.12 Members of the Board resident in a region will be ex-officio Members of that State/National Committee and will have full voting rights.

Co-option

3.13 *New Fellow's Representative*

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

- 3.14 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 State/National Committee meetings at the discretion of the Chair but will have no voting rights.

3.15 *Trainee Representative*

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

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

Office Bearer Elections

- 3.17 Each Committee will elect annually at its first meeting from amongst its elected members:

3.17.1 A Chair, whose term of office will not exceed two consecutive terms. 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.

3.17.2 A Deputy Chair, whose term of office will not be limited.

- 3.18 Office Bearers of each State 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.

- 3.19 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 seven 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

- 3.20 The new Committee will take office on 1 January after elections the prior year.

- 3.21 The Committee will meet at least three times a year.

- 3.22 A quorum for State/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.
- 3.23 Minutes of all State/National Committee meetings will be included in the Board papers.
- 3.24 As the College is a legally incorporated educational and scientific body, matters related to remuneration for professional services may not be negotiated by State 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 their admission as a Fellow:

- (a) They are 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) they hold a medical qualification regarded as satisfactory by the Board.

4.1 Honorary Fellowship

Pursuant to Clause 2.6 of the Constitution:

- 4.1.1 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 medicine in Australia or New Zealand.
- 4.1.2 Honorary Fellowship of the College will normally not be conferred "in absentia", Honorary Fellowship may be awarded posthumously.
- 4.1.3 Nominations for the award of Honorary Fellowship of the College may be considered at any Board Meeting.
- 4.1.4 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.
- 4.1.5 Each nomination will be accompanied by curriculum vitae.
- 4.1.6 The Board will vote on the nomination by secret ballot.
- 4.1.7 No award will be made at a meeting of the Board unless three quarters of the Members of the Board present vote in favour.
- 4.1.8 Nominations rejected by the Board may be reconsidered if proposed and seconded at a subsequent Board Meeting.
- 4.1.9 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 admission fee or annual subscription or to satisfy the College's professional development requirements. An Honorary Fellow is not entitled to vote at any College meeting.

4.2 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.

- 4.2.1 Applications for admission to Fellowship under this Regulation will be on the prescribed form. References will be sought from three nominated referees.
- 4.2.2 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.
- 4.2.3 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, and evidence of participation in professional, academic and continuing education activities. Documents must be in English or certified translations should be provided.
- 4.2.4 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.
- 4.2.5 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.
- 4.2.6 Applications rejected by the Board may be reconsidered if formally proposed and seconded at a subsequent Board Meeting.
- 4.2.7 Those admitted to Fellowship by election will pay an admission fee as prescribed by the Board in addition to the annual subscription.
- 4.2.8 The Board at its discretion may remit the admission fee and annual subscription of any Fellow admitted under Regulation 4.2.

4.3 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.

- 4.3.1 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.
- 4.3.2 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.
- 4.3.3 Candidates approved by the Court of Examiners at a Second Part Examination are required, on completion of the prescribed period of training, to forward to the College an application for admission to Fellowship.
- 4.3.4 The application for admission to Fellowship must be on the prescribed form and contain such information as the Board may require.
- 4.3.5 The application must be approved by the Fellowship Admissions Committee.

- 4.3.6 Admission to Fellowship will only be recommended by the Board when all relevant Regulations have been satisfied.
- 4.3.7 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.

4.4 Admission to Fellowship of Specialist International Medical Graduates

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 Specialist International Medical Graduates Committee. Applications from Specialist- International Medical Graduates (SIMG) 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).

- 4.4.1 The Board through its SIMG Committee will assess SIMG applicants to determine eligibility for specialist recognition or vocational registration, in accordance with the document '*Assessment of Specialist International Medical Graduate Policy*'.
 - 4.4.2 Performance assessment may be conducted by the relevant Second Part Examination Committee.
 - 4.4.3 The SIMG will normally complete a period of Supervised Clinical Practice as determined by the SIMG Committee. This period will be overseen by a Supervisor who will provide reports to College staff. Successful completion is dependent upon satisfactory reports from the Supervisor.
 - 4.4.4 The Board will recommend a candidate who satisfies all of the requirements of the SIMG process to the AMC or the MCNZ for recognition as a specialist in intensive care medicine.
 - 4.4.5 The Board may admit to Fellowship Specialist International Medical Graduates who have satisfied all of the requirements of the SIMG process.
 - 4.4.6 The application for admission to Fellowship must be on the prescribed form and contain such information as the Board may require.
 - 4.4.7 The application must be approved by the Specialist International Medical Graduates Committee.
 - 4.4.8 Admission to Fellowship will only be recommended by the Board when all relevant Regulations have been satisfied.
 - 4.4.9 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.
- 4.5 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 of 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.

4.6 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."

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

4.8 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.

4.9 Candidates admitted to Fellowship will be required to pay an admission fee.

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.....*

5. PROGRAMS FOR TRAINING AND CERTIFICATION IN INTENSIVE CARE MEDICINE

These Regulations apply to all trainees training towards the Fellowship of the College of Intensive Care Medicine. From February 2024, these Regulations supersede all others, including those applicable to trainees who joined prior to 1st January 2014.

The training of an intensive care specialist to the standard required for the award 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 courses, assessments and other requirements outlined in these Regulations. Training may be in General or Paediatric Intensive Care Medicine.

Training can only commence once selection into the program has occurred, and all requirements of the Trainee Selection Policy are satisfied.

5.1 Training Program Overview – General Intensive Care Required Training Time

- Minimum of 42 months of intensive care medicine training time, apportioned into Phases of Training, consisting of:
 - 6 months of Foundation training (Phase 0)
 - 24 months of Core training (Phase 2)
 - 12 months of Transition training (Phase 3)

Trainees must spend a minimum of 12 months of Phase 2 intensive care OR 12 months of Phase 3 at a different hospital campus to the hospital campus where they have undertaken the majority of training during Phase 2 and 3.

- 12 months of clinical anaesthesia (can be completed in Phases 1 or 2 or recognised as prior learning (RPL)).
- 12 months of clinical medicine (can be completed in Phases 1 or 2 or as recognised prior learning (RPL))
- 6 months of elective training (can be completed in Phases 1 or 2 or as recognised prior (RPL))

No more than one of the above training requirements can be accomplished during the same training period.

Rural experience: each trainee is required to spend at least 6 months in a rural hospital at a PGY3 or higher level (PGY3+). Training can be undertaken in terms of 3-month minimum duration.

Paediatric experience: each trainee is required to spend a defined period of time in a position approved for paediatric experience.

Trainees must also complete terms in intensive care units that are accredited for and provide adequate experience in each of the following:

- Cardiothoracic surgery intensive care
- Neurological / Neurosurgery intensive care
- Trauma intensive care

Assessments

Satisfactory completion of all Workplace Based Assessments (WBA), including In-Training Evaluation Reports (ITER), Workplace Competency Assessments (WCA) and Observed Clinical Encounters (OCE) at each stage of training, online-learning packages and course requirement.

Satisfactory completion of the First Part Examination unless exempted, before entering the Core years of training.

Satisfactory completion of the Second Part General Examination before entering the Transition year.

Formal Project

Satisfactory completion of a Formal Project.

Teaching and Learning Activities:

Prescribed courses must be completed before progression to Phase 3 except the Management Skills course, which must be completed before the end of Phase 3.

Online courses must be completed before progression to Phase 3 except for the relevant Indigenous Health and Cultural Safety online course which must be completed before progression to Phase 2.

Progression through the Training Program:

Phase 0

This phase refers to the period prior to selection into the training program and which includes 6 months foundation training experience in a CICM accredited intensive care unit and other pre-vocational training.

Phase 1

This phase refers to the period between selection into the training program and commencement of Phase 2. Progression to Phase 2 is dependent on satisfactory completion of:

- The CICM First Part Exam (unless exempted or conditionally exempted) and
- The relevant Indigenous Health and Cultural Safety course

Phase 2

This phase refers to the period after the mandatory components of Phase 1 have been completed and before the commencement of Phase 3. Progression to Phase 3 is dependent on satisfactory completion of:

- Required minimum clinical training time and assessments for Phase 2 intensive care medicine, anaesthesia, and medicine requirements.
- Second Part Examination
- All prescribed courses and WBA (including OCEs, WCAs and ITERs). All WCAs, except for tracheostomy, anaesthesia for percutaneous tracheostomy and communication – advanced, must be completed in Phase 2.
- Submission of a Formal Project in the format prescribed in the guideline.
- Exposure to two out of the three sub-specialities (as defined by the Hospital Accreditation Committee) in:
 - o Cardiothoracic surgery intensive care
 - o Neurological / Neurosurgery intensive care
 - o Trauma intensive care

Phase 3

This phase refers to the final training period of the intensive care medicine training program prior to applying for admission to Fellowship.

Applying for admission to Fellowship depends on:

- Successful completion of all Phases and the mandatory training and assessment requirements required in each phase, including:
 - o Successful completion of the Transition year (Phase 3)
 - o Satisfactory FITER for the Transition year
 - o Satisfactory completion of all prescribed courses, learning packages and WBA
 - o Successful completion of the Formal Project
 - o Satisfactory exposure to all sub-specialities including paediatrics

5.2 Training Program Overview: Paediatric Intensive Care

- Minimum of 42 months of intensive care medicine training time, apportioned into Phases of Training, consisting of:
 - 6 months of Foundation training (Phase 0)
 - 24 months of Core training (Phase 2)
 - 12 months of Transition training (Phase 3)

Trainees must spend a minimum of 12 months of Phase 2 intensive care OR 12 months of Phase 3 at a different hospital campus to the hospital campus where they have undertaken the majority of training during Phase 2 and 3.

- 12 months of clinical paediatric anaesthesia (can be completed in Phases 1 or 2 or recognised as prior learning (RPL)).

- 12 months of clinical medicine (can be completed in Phases 1 or 2 or as recognised prior learning (RPL))
- 6 months of elective training (can be completed in Phases 1 or 2 or as recognised prior (RPL))

No more than one of the above training requirements can be accomplished during the same training period.

Rural experience: each trainee is required to spend at least 6 months in a rural hospital at a PGY3 or higher level (PGY3+). Training can be undertaken in terms of 3-month minimum duration.

Paediatric experience: each trainee is required to spend a defined period of time in a position approved for paediatric experience.

Trainees must also complete terms in intensive care units that are accredited for and provide adequate experience in each of the following:

- Paediatric Cardiothoracic surgery intensive care
- Paediatric Neurological / Neurosurgery intensive care
- Paediatric Trauma intensive care

Assessments

Satisfactory completion of all Workplace Based Assessments (WBA), including In-Training Evaluation Reports (ITER), Workplace Competency Assessments (WCA) and Observed Clinical Encounters (OCE) at each stage of training, online-learning packages and course requirement.

Satisfactory completion of the First Part Examination unless exempted, before entering the Core years of training.

Satisfactory completion of the Second Part Paediatric Examination before entering the Transition year.

Formal Project

Satisfactory completion of a Formal Project.

Teaching and Learning Activities:

Prescribed courses must be completed before progression to Phase 3 except the Management Skills course, which must be completed before the end of Phase 3.

Online courses must be completed before progression to Phase 3 except for the relevant Indigenous Health and Cultural Safety online course which must be completed before progression to Phase 2.

Progression through the Paediatric Training Program:

Phase 0

This phase refers to the period prior to selection into the training program and which includes 6 months foundation training experience in a CICM accredited intensive care unit and other pre-vocational training.

Phase 1

This phase refers to the period between selection into the training program and commencement of Phase 2. Progression to Phase 2 is dependent on satisfactory completion of:

- The CICM First Part Exam (unless exempted or conditionally exempted) and
- The relevant Indigenous Health and Cultural Safety course

Phase 2

This phase refers to the period after the mandatory components of Phase 1 have been completed and before the commencement of Phase 3. Progression to Phase 3 is dependent on satisfactory completion of:

- Required minimum clinical training time and assessments for Phase 2 intensive care medicine, anaesthesia, and medicine requirements.
- Second Part Paediatric Examination
- All prescribed courses and WBA (including OCEs, WCAs and ITERs). All WCAs, communication – advanced, must be completed in Phase 2.
- Submission of a Formal Project in the format prescribed in the guideline.
- Exposure to two out of the three sub-specialities (as defined by the Hospital Accreditation Committee) in:
 - Paediatric Cardiothoracic surgery intensive care
 - Paediatric Neurological / Neurosurgery intensive care
 - Paediatric Trauma intensive care

Phase 3

This phase refers to the final training period of the intensive care medicine training program prior to applying for admission to Fellowship.

Applying for admission to Fellowship depends on:

- Successful completion of all Phases and the mandatory training and assessment requirements required in each phase, including:
 - Successful completion of the Transition year (Phase 3)
 - Satisfactory FITER for the Transition year
 - Satisfactory completion of all prescribed courses, learning packages and WBA
 - Successful completion of the Formal Project
 - Satisfactory exposure to all sub-specialities including paediatrics

5.3 Training Time in General Intensive Care Medicine

- 5.3.1 A minimum of six years of training are required including foundation intensive care training. Phase 2 and Phase 3 training terms must be prospectively approved. Previous supervised training in intensive care, medicine, anaesthesia, and other disciplines with appropriate documentation may be retrospectively accredited at the discretion of the Censor.
- 5.3.2 Training must be completed within a maximum time frame of 12 years. Trainees who have not completed all components of the training program in 12 years will be removed from the training program. This does not include parental leave. Trainees undertaking dual training or who have other valid reasons may seek an extension from the Censor. (see T-13 Guidelines for Assisting Trainees with Difficulties).
- 5.3.3 A maximum of 48 months training may be spent outside Australia, New Zealand, Hong Kong or Singapore. At least 12 months of continuous Core training must be undertaken in an intensive care unit on one campus in Australia, New Zealand or Hong Kong accredited for Core training in accordance with 5.3.8.
- 5.3.4 For training to be prospectively approved, registered trainees must submit an “Application for Approval of Training” to the College a minimum of 30 days prior to commencing the appointment.

5.3.5 Phase 2 may not be commenced until all requirements of Phase 1 are completed, including satisfactory completion of the CICM First Part Examination requirements, in accordance with Regulation 5.5.4.1

5.3.6 Core intensive care training may only be completed in Phase 2 and must be undertaken in terms which must be minimum six months duration. An exception applies for trainees taking parental leave, who may vary the minimum duration in accordance with their plans for parental leave. The minimum duration for the components of approved training in anaesthesia, medicine, intensive care (Foundation and Rural only) and elective training is three months.

5.3.6.1 Approval of shorter periods is at the discretion of the Censor.

5.3.7 *Foundation Intensive Care Training (Phase 0)*

5.3.7.1 6 months of Foundation intensive care training must be undertaken in units accredited by the College. Please refer to the Trainee Selection Policy for full details.

5.3.8 *Core Intensive Care Training (Phase 2)*

5.3.8.1 A minimum of 24 months of Phase 2 intensive care medicine training must be undertaken in units accredited for this purpose by the College. No part of this period will be recognised unless trainees have been selected into the training program and all requirements of Phase 0 and Phase 1 have been successfully completed.

5.3.8.2 At least one period of 12 months must be continuous and undertaken in one campus.

5.3.8.3 No more than one rotation to units classified as suitable for 6 months training is permitted during the minimum 2 years of Phase 2 intensive care training without prior approval of the censor.

5.3.8.4 Trainees must complete terms in units that are accredited for and provide adequate experience in:

- Adult Neurological / Neurosurgery intensive care
- Adult Cardiothoracic surgery intensive care
- Adult Trauma intensive care

5.3.8.4.1 At least two out of three of the above sub-specialities must be completed in Phase 2 training. Trainees may complete the remaining subspecialty in Phase 3.

5.3.8.4.2 Only two of the above sub-specialities can be completed simultaneously in any 6 month period.

5.3.8.5 An intensive care unit accredited as general training without limitation (G24) may rotate a trainee to a rural or regional unit, which is accredited for training, for a 3-month period. Each trainee may undertake such a rotation only once in Core training and it must be prospectively approved by the Censor.

5.3.9 *Transition Intensive Care Training (Phase 3)*

5.3.9.1 A minimum of 12 months of intensive care medicine training must be undertaken in units accredited for this purpose by the College. This period

will not be recognised unless all requirements for progression to Phase 3 have been completed. This period must meet the requirements outlined in the T-26 Objectives OF Training: Transition Year.

- 5.3.9.2 The Transition Year can be undertaken in any intensive care unit accredited by the College in a role pre-approved by the Censor.
- 5.3.9.3 Trainees must apply to the College for prospective approval by the Censor before the commencement of the term.
- 5.3.9.4 The 12 months must be continuous and undertaken in one unit except for trainees taking parental leave.

5.3.10 *Clinical Anaesthesia Training*

- 5.3.10.1 12 months clinical anaesthesia training must be undertaken in positions approved by the College for training. Please refer to T-8 Objectives of Training for the Anaesthesia Term.
- 5.3.10.2 At least 6 months should be undertaken in a registrar position that is approved by the College. A registrar position is considered by the Censor to be equivalent to a position accredited by ANZCA and which involves supervision of junior medical officers and supervision by registered specialist physicians
- 5.3.10.3 Satisfactory In-Training Evaluation Reports (ITER) are required for all prospectively approved anaesthesia training.
- 5.3.10.4 Anaesthesia training may be accredited retrospectively at the discretion of the Censor.

5.3.11 *Clinical Medicine Training*

- 5.3.11.1 12 months clinical medicine training; 3 months of this term must be acute medicine, and 3 months must involve responsibility for longitudinal care of medical patients.
- 5.3.11.2 At least 6 months should be undertaken in a registrar position that is approved by the College. A registrar position is considered by the Censor to be equivalent to a position accredited by the RACP (or where appropriate by the ACEM) and which involves supervision of junior medical officers and supervision by registered specialist physicians.
- 5.3.11.3 Satisfactory In-Training Evaluation Reports (ITER) are required for all prospectively approved clinical medicine training.
- 5.3.11.4 Clinical medicine training may be accredited retrospectively at the discretion of the Censor.

5.3.12 *Elective Training*

- 5.3.12.1 An elective training period of 6 months may be undertaken in a position or positions approved by the College.

Elective training may be in one of the following disciplines:

- Intensive care medicine
- Clinical anaesthesia
- Clinical internal medicine (adult and paediatric)
- Specialist medicine
- Emergency medicine
- Surgery
- Pain medicine
- Research
- Other disciplines related to intensive care medicine

5.3.13 *Paediatric Experience*

5.3.13.1 Trainees are required to gain exposure to paediatrics by completing an approved period of training as defined in T-40 Paediatric Exposure Guidelines.

5.3.13.2 The above requirements may be retrospectively accredited with approval from the Censor.

5.3.14 *Regional, Rural and Remote Experience*

5.3.14.1 Trainees must spend at least six months in a regional, rural or remote hospital at a PGY3 of higher level (PGY3+) as outlined in the T-34 – Guideline for the Regional, Rural and Remote Training Term.

5.3.14.2 The above requirement may be retrospectively accredited with approval from the Censor.

5.4 Training Time in Paediatric Intensive Care Medicine

5.4.1 A minimum of six years of training are required including foundation intensive care. Phase 2 and Phase 3 training terms must be prospectively approved. Previous supervised training in intensive care, medicine, anaesthesia, and other disciplines with appropriate documentation may be retrospectively accredited at the discretion of the Censor.

Phase 0 foundation training for paediatric intensive care may be undertaken in a general intensive care unit accredited for this purpose by the College.

5.4.2 Training must be completed within a maximum time frame of 12 years. Trainees who have not completed all components of the training program in 12 years will be removed from the training program. This does not include parental leave. Trainees undertaking dual training or who have other valid reasons may seek an extension from the Censor. (see T-13 Guidelines for Assisting Trainees with Difficulties).

5.4.3 A maximum of 48 months training may be spent outside Australia, New Zealand, Hong Kong or Singapore. At least 12 months of continuous Core training must be undertaken in an intensive care unit on one campus in Australia, New Zealand or Hong Kong accredited for Core training in accordance with 5.4.10.

5.4.4 For training to be prospectively approved, registered trainees must submit an *Application for Approval of Training* to the College a minimum of 30 days prior to commencing the appointment.

5.4.5 Phase 2 may not be commenced until all requirements of Phase 1 are completed, including satisfactory completion of the CICM First Part Examination requirements, in accordance with Regulation 5.5.4.1.

- 5.4.6 A minimum 18 months of Phase 2 paediatric intensive care must be undertaken in paediatric unit/units (PICU) accredited for this purpose by the College. Additional time may be undertaken in general intensive care units accredited for this purpose by the College and/or in neonatal intensive care.
- 5.4.7 Core intensive care training may only be completed in Phase 2 and must be undertaken in terms which must be minimum six months duration. An exception applies for trainees taking parental leave, who may vary the minimum duration in accordance with their plans for parental leave. The minimum duration for the components of approved training in anaesthesia, medicine, intensive care (Foundation and Rural only) and elective training is three months.
- 5.4.7.1 Approval of shorter periods is at the discretion of the Censor.
- 5.4.8 *Foundation Intensive Care Training (Phase 0)*
- 5.4.8.1 6 months of Foundation intensive care training must be undertaken in units accredited by the College. Please refer to the Trainee Selection Policy.
- 5.4.9 *Core Paediatric Intensive Care Training (Phase 2)*
- 5.4.9.1 A minimum of 24 months of Phase 2 intensive care medicine training must be undertaken in units accredited for this purpose by the College. No part of this period will be recognised unless trainees have been selected into the program and the requirements of Phase 0 and Phase 1 have been successfully completed.
- 5.4.9.2 A minimum of 18 months of Phase 2 intensive care training must be undertaken in a CICM accredited Paediatric Intensive Care Unit (PICU).
- 5.4.9.3 At least one period of 12 months must be continuous and undertaken in one unit.
- 5.4.9.4 No more than one rotation to units classified as suitable for 6 months training is permitted during the minimum 2 years of Phase 2 intensive care training without prior approval of the censor.
- 5.4.9.5 Trainees must complete terms in units that are accredited for and provide adequate experience in:
- Paediatric Cardiothoracic surgery intensive care (minimum duration 12 months)
 - Paediatric Neurological / Neurosurgery intensive care
 - Paediatric Trauma intensive care
 - 12 months must be spent in a unit approved for Paediatric Cardiothoracic surgery intensive care.
- 5.4.9.5.1 Only two of the above sub-specialities can be completed simultaneously in any 6 month period.
- 5.4.9.6 Up to 6 months of Phase 2 paediatric intensive care training time may be undertaken in a neonatal ICU accredited by the RACP. This time must be prospectively approved by the Censor.
- 5.4.9.7 An intensive care unit accredited as general training without limitation (G24) may rotate a trainee to a rural or regional unit, which is accredited for training,

for a 3 month period. Each trainee may undertake such a rotation only once in Core training and it must be prospectively approved by the Censor.

5.4.10 *Transition Intensive Care Training (Phase 3)*

- 5.4.10.1 A minimum of 12 months of intensive care medicine training must be undertaken in units accredited for this purpose by the College. This period will not be recognised unless all requirements for progression to Phase 3 have been completed. This period must meet the requirements outlined in the *T-26 Objectives of Training: The Transition Year* document.
- 5.4.10.2 The Transition year can be undertaken in any intensive care unit accredited by the College in a role pre-approved by the Censor.
- 5.4.10.3 Trainees must apply to the College for prospective approval by the Censor before the commencement of the term.
- 5.4.10.4 The 12 months must be continuous and undertaken in one unit, except for trainees taking parental leave.

5.4.11 *Clinical Anaesthesia Training*

- 5.4.11.1 12 months clinical anaesthesia or paediatric anaesthesia training must be undertaken in position approved by the College. Please refer to T-8 Objectives of Training for the Anaesthesia Term
- 5.4.11.2 At least 6 months should be undertaken in a registrar position that is approved by the College. A registrar position is considered by the Censor to be equivalent to a position accredited by ANZCA and which involves supervision of junior medical officers and supervision by registered specialist anaesthetists.
- 5.4.11.3 Satisfactory In-Training Evaluation Reports (ITER) are required for all prospectively approved anaesthesia training.
- 5.4.11.4 Anaesthesia training may be accredited retrospectively at the discretion of the Censor.

5.4.12 *Clinical Paediatric Medicine Training*

- 5.4.12.1 12 months clinical paediatric medicine training; 3 months of this term must be in acute medicine (which may be in a Paediatric Emergency Department) and 3 months must involve responsibility for longitudinal care of medical patients.
- 5.4.12.2 At least 6 months should be undertaken in a registrar position that is approved by the College. A registrar position is considered by the Censor to be equivalent to a position accredited by the RACP (or where appropriate by the ACEM) and which involves supervision of junior medical officers and supervision by registered specialist physicians.
- 5.4.12.3 Satisfactory In-Training Evaluation Reports (ITER) are required for all prospectively approved clinical medicine training.
- 5.4.12.4 Clinical medicine may be accredited retrospectively at the discretion of the Censor.

5.4.13 *Elective Training*

5.4.13.1 An elective training period of 6 months may be undertaken in a position or positions approved by the College. Elective training may be in one of the following disciplines:

- Intensive care medicine
- Clinical anaesthesia
- Clinical medicine (adult and paediatric)
- Specialist medicine
- Emergency medicine
- Surgery
- Pain medicine
- Research
- Other disciplines related to intensive care medicine

5.4.14 *Regional, Rural and Remote Experience*

5.4.14.1 Trainees must spend at least six months in a regional, rural or remote hospital at a PGY3 or higher level (PGY3+) as outlined in the T-34 – Guideline for the Regional, Rural and Remote Training Term.

5.4.14.2 The above requirement may be retrospectively accredited with approval from the Censor.

5.5 Assessments in General and Paediatric Intensive Care Medicine for Intensive Care Terms

5.5.1 In-Training Evaluation Report (ITER)

5.5.1.1 All trainees must participate in the College's ITER process and comply with requests from the College for information relating to training performance.

5.5.1.2 A satisfactory report in all ITER, including the final assessment, is essential for the award of Fellowship.

5.5.1.3 In the event of an unsatisfactory ITER, the Censor may defer recognition of the training time until satisfactory remediation has been documented or rule that further training is required.

5.5.2 Workplace Competency Assessment (WCA)

5.5.2.1 All prescribed WCA must be completed by the end of training.

5.5.3 Observed Clinical Encounters (OCE)

5.5.3.1 A minimum of one OCE must be completed during every 3 months of Core training. Training will not be accredited if these assessments have not been completed.

5.5.4 The First Part Examination

5.5.4.1 Trainees who meet one of the following criteria will qualify for an exemption from the CICM First Part Examination:

Successful completion of:

- Fellowship of the ACEM
- Fellowship of the ANZCA
- Fellowship of the RACP

Trainees who have completed an equivalent training and examinations program (for example by other Colleges overseas) may also be considered for exemption by the Censor.

Trainees undertaking a training program with another College (or equivalent) and who have completed the First or Primary component of that program may be granted conditional entry into Core training.

Conditional Core training will only be ratified on completion of the other Colleges training program including award of Fellowship (or equivalent).

- 5.5.4.2 Candidates must be registered trainees with the College, having submitted all required documentation and paid the appropriate fees before being eligible to present for the First Part Examination.
- 5.5.4.3 Candidates may present for the First Part Examination at any time before entering Phase 2 and commencing Phase 2 intensive care training.
- 5.5.4.4 First Part Examinations will be held at times determined by the Board.
- 5.5.4.5 The subject areas for the First Part Examination are described in the *Syllabus for the Basic Sciences in Intensive Care Medicine* document.
- 5.5.4.6 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.
- 5.5.4.7 If a candidate achieves the Angoff cut-off score in the written section and is unsuccessful at the oral section, they will be eligible to present for the oral section at the next two scheduled examinations without re-sitting the written section. Candidates are still required to apply for subsequent oral section attempts, adhering to the prescribed application requirements.
- 5.5.4.8 Trainees have a maximum of five attempts at the First Part Examination

5.5.5 The Second Part Examination (General or Paediatric)

- 5.5.5.1 Candidates presenting for the Second Part Examination must have satisfactorily completed at least one year of Core training in intensive care. These requirements must be satisfied by the date on which the written section of the examination commences.

Trainees who are undertaking Conditional Core Training may not present for the Second Part Examination.

- 5.5.5.2 In the event a trainee changes pathway (from general to paediatrics or vice-versa), any previously accrued attempts at a College examination will be reviewed by the Censors Committee to determine the number of attempts that the individual trainee has left on the new pathway.

- 5.5.5.3 The subjects for the Second Part Examination will be the theory and practice of intensive care medicine, including relevant aspects of the basic sciences, anaesthesia and clinical medicine.
- 5.5.5.4 The examination comprises of 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.
- 5.5.5.5 Second Part Examinations in General and in Paediatric intensive care medicine will be held at times to be determined by the Board.
- 5.5.5.6 If a candidate achieves the Angoff cut-off score in the written section and is unsuccessful at the oral section, they will be eligible to present for the oral section at the next two scheduled examinations without re-sitting the written section. Candidates are still required to apply for subsequent oral section attempts, adhering to the prescribed application requirements.

5.5.6 Examination application and conduct (First and Second Part)

- 5.5.6.1 To be permitted to present as a candidate at a designated examination, the trainee must submit an application for approval by the Censor.
- 5.5.6.2 Applications to present for Examinations must be made on the approved form together with all relevant documentation and the prescribed fee. The completed application must be received by the College before the stated closing date of the examination.
- 5.5.6.3 A Candidate who withdraws their application may be refunded the fee provided the College receives written notice of withdrawal by the published date on which entries close.
- 5.5.6.4 A Candidate whose entry has been accepted and who withdraws from the examination after the date on which entries close, or who fails to attend the examination may be required to pay 30% of the examination fee unless extenuating circumstances apply.
- 5.5.6.5 The Board may decline to accept any examination application.
- 5.5.6.6 Decisions of the Board to reject examination applications are subject to the Reconsideration, Review and Appeals process outlined in IC-23.
- 5.5.6.7 Examination fees shall be determined by the Board.
- 5.5.6.8 The Chair of the Court of Examiners for any College examination may refuse to proceed with the examination of a candidate who:
 - a) Infringes the relevant College Regulations.
 - b) Is considered by the Examiners to be guilty of behaviour prejudicial to the conduct of the examination.

5.5.7 Formal Project

- 5.5.7.1 A Formal Project must be completed satisfactorily by all College trainees, as detailed in the Training Document T-9 *Formal Project Requirements*. Trainees completing this requirement will be eligible for consideration of the award of the Felicity Hawker Medal.

- 5.5.7.2 A Formal Project must be submitted in the format prescribed in the Formal Project Requirements before entering Phase 3.

5.5.8 Courses

- 5.5.8.1 Prescribed courses will be completed by the end of each phase of training and before progression to the next phase of intensive care medicine training.
- 5.5.8.2. Prescribed online packages will be completed by the end of each phase of training and before progression to the next phase of intensive care medicine training.

5.6 Part-time Training

- 5.6.1 Part-time training will be considered on an individual basis and must have prospective approval from the Censor.
- 5.6.2 The specific part-time arrangements must be documented and supported in writing by the trainee's Head of Department.
- 5.6.3 Part-time training is permissible in any year of training. Trainees cannot advance to the next phase of training until all the requirements of the previous phase is completed satisfactorily.
- 5.6.4 Part-time training must result in the same total training time and training content as for full-time trainees.
- 5.6.5 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 0.4 of the commitment of a full-time trainee.
- 5.6.6 Trainees undertaking part-time training are entitled to a discount on the Annual Trainee Member Fee. Please refer to the Fees Policy.
- 5.6.7 Trainees who wish to return to training after a period of two but no more than three years must pay the relevant reassessment fee and lodge an application.
- 5.6.8 Trainees in interrupted training for three or more years will be dismissed from the training program.

5.7 Leave

- 5.7.1 For a 12 month term of training to be accredited no more than 8 weeks leave for all purposes (except for parental leave) can be taken.
- 5.7.2 In the event of extended leave for all purposes trainees must notify the College and the Censor will make a ruling on whether additional training is necessary.
- 5.7.3 Parental Leave
There is no limit on the duration of parental leave or on the number of times parental leave can be taken in training. Each application for parental leave covers a maximum of 52 weeks. A trainee must submit a new application at the end of the approved 52 weeks if they wish to extend the parental leave arrangement. Please refer to T-3 Parental Leave Policy for additional information.
- 5.7.4 Trainees who wish to return to training after a period of two, but no more than three years must pay the relevant reassessment fee and lodge an application.

5.7.5 Trainees in interrupted training for three or more years will be dismissed from the training program.

5.8 Interrupted Training

(See 5.14 for definitions)

- 5.8.1 Trainees may interrupt their CICM training for up to 3 years (156 weeks) over the course of their training program, however a maximum of 1 year (52 weeks) can be approved at any one time.
- 5.8.2 Periods of interruption to training will contribute to the maximum timeframes permitted for completion of training, with the exception of parental leave. (See regulation 5.3.2 or 5.4.2)
- 5.8.3 Trainees who reach the maximum allowance of 3 years and are undertaking further dual training may request an extension from the Censor, however this may not result in an extension of the maximum timeframe for completion of CICM training. (See regulation 5.4.2).
- 5.8.4 Periods of interruption to training due to parental leave will not contribute to the maximum interruption to training allowance or maximum timeframes for completion of training. The allowance and timeframe will be extended by each period of parental leave that is approved.
- 5.8.5 Trainees must inform the College prospectively, via the prescribed form, of any planned interruptions to training, and with appropriate third-party supporting evidence for the period of interruption to be approved.
- 5.8.6 Trainees who reach the maximum interruption to training allowance must recommence their training with a placement that can be accredited towards outstanding training requirements or in an accredited intensive care unit, or they may be removed from the training program.

5.9 Intensive Care Units Approved for Training

- 5.9.1 An Intensive Care Unit, Hospital Department (or other organisation) must be approved by the College in order to provide training in intensive care medicine. Such approval requires an accreditation visit that has been accepted by the Board.
- 5.9.2 The required components of intensive care training must be undertaken in units approved by the Board for the specific components of training including:
 - General intensive care practice
 - Neurosurgical intensive care practice
 - Cardiothoracic intensive care practice
 - Trauma intensive care practice
 - Paediatric intensive care practice
- 5.9.3 For general intensive care experience units are classified as suitable for a maximum of 6, 12 or 24 months accredited training. Not more than one period of training in units classified as suitable for 6 months general training will be permitted during Core intensive care training, without prior approval of the Censor. Criteria for each classification, including caseload, case mix and unit facilities will be determined by the Board.

- 5.9.4 Training within approved Hospital Departments (or other organisations) 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*.
- 5.9.5 A Hospital Department or other organisation may be recognised as suitable for Foundation Training only.

5.10 Other posts approved for training

- 5.10.1 The anaesthetic component of intensive care training will be completed in anaesthetic departments approved by CICM and supervision must be by a Fellow of the appropriate college. All units accredited by ANZCA or HKCA for anaesthesia have such approval. The Censor may approve other posts after submission of a form outlining characteristics of the post and a job description.
- 5.10.2 Posts approved for the medical component of intensive care training will be in hospitals with programs approved for training by the RACP. This post must not be in an intensive care unit. The Censor may approve other posts after submission of a form outlining characteristics of the post and a job description.
- 5.10.3 Posts in Emergency Medicine will be in hospitals with training posts approved for training by the Australasian College for Emergency Medicine (ACEM). The Censor may approve other posts after submission of a form outlining characteristics of the post and a job description.
- 5.10.4 Notwithstanding the above Regulations, the Censor may approve other training, providing supervision of the trainee is undertaken by a specialist in the discipline.

5.11 Consideration of Program Variation

- 5.11.1 On application and for a clearly defined purpose or opportunity, the Censor may consider a proposal for a variation to training time, program content, or training placement. Such an application will be considered on its merits for the individual trainee. The principle applied will be that the proposal must comply with the existing curriculum requirements of the CICM, evidence is provided that the learning objectives requirements will be accomplished and existing standards of supervision and assessment must apply.

5.12 Registration and Training Fees

- 5.12.1 For Training to be approved, trainees must be registered and must pay the initial Trainee Registration Fee and the Annual Training Fee.
- 5.12.2 Trainees must sign any authority required to permit the College to have access to, hold and supply to Supervisors of Training (SOT) all information necessary for training purposes.
- 5.12.3 The Annual Training Fee must be paid within the timeframe specified on the invoice each year unless other arrangements have been agreed to. Please refer to the Fee Policy for further information regarding fees.
- 5.12.4 Persons may be deemed by the Board to be exempt in part or in whole from paying the registration or training fees.
- 5.12.5 A trainee who fails to pay the annual training fee by the due date prescribed in the CICM Fees Policy in the year to which the fee applies will be removed from the CICM Training Program without further notice.

5.12.6 A trainee who is removed from the program for failure to pay within the prescribed timeframe will have three (3) months from the removal date to apply for reinstatement to the program and retain all accredited training and assessments completed at the point of removal. A trainee must pay the outstanding annual training fee in full at the time of application for reinstatement.

(Refer to CICM Fees Policy for more detailed information.)

5.13 Removal from the Training Program

5.13.1 A trainee will be considered for removal from the training program if one of the following events are triggered. A trainee;

- (a) fails to progress in the training program following a Trainee Performance Review.
- (b) is unsuccessful in either the written or oral components of the First Part Examination on the fifth attempt.
- (c) is unsuccessful in either the written or oral components of the Second Part Examination (General or Paediatric) on the fifth attempt.
- (d) fails to successfully complete all components of the training program within 12 years from the date of registration (exclusive of parental leave).
- (e) exceeds a total of 3 years (156 weeks) (exclusive of parental leave) of interruption to training.
- (f) fails to submit an application in response to the show cause notice within 30 days of the notice being sent to the trainee.

5.13.2 All trainees will be invited to show cause as to why they should not be removed from the program following the triggering of one of the events outlined in 5.13.1 (a) – 5.13.1 (f). (*See T-13 for show cause process*).

5.13.3 Unless the Censors Committee accepts that a trainee has demonstrated, via the show cause process, that there are exceptional circumstances to allow them to remain in the training program, the committee will recommend to the Board that a trainee be removed from the training program.

5.13.4 All decisions to remove a trainee from the Training Program will be made by the Board upon a recommendation of the Censors Committee.

5.13.5 Trainees who are removed from the training program by a decision of the Board, or who withdraw following an event that triggers the show cause process, will be ineligible to reapply to the training program.

5.14 Former trainees re-entering to the training program

5.14.1 Former trainees are only eligible to apply to re-enter the training program if they;

- (a) voluntarily withdrew from the CICM training program in the absence of an event that would trigger a show cause notice (see regulation 5.13.1 (a) to 5.13.1 (f)).
- (b) were removed from the training program due to non-payment of the annual training fee.

5.14.2 Former trainees who wish to re-enrol in the CICM Training program must meet all current eligibility requirements and apply via the selection in training process.

5.14.3 Former trainees who are successful via selection into the training program process will be assessed for RPL for previous training completed after a successful outcome is determined.

5.14.4 RPL granted will be at the discretion of the Censors Committee, or delegate.

In making a decision on RPL that will be granted, the following will be considered;

- length of time since the training or assessment was completed
- training and experience completed since ceasing enrolment in the CICM training program
- previous assessment results
- differences between previous training programs, assessments, examinations, training time requirements and the training program at the time of the application to re-enrol.

5.14.5 RPL decisions may result in a trainee being required to re-sit an examination, repeat an assessment, undertake a period of training time previously completed, not be provided with the maximum number of examination attempts prescribed under the current regulations or receive a reduced period to complete the training program.

5.15 GENERAL DEFINITIONS

A **trainee** in intensive care medicine is a registered medical practitioner who has completed at least 12 months of General Hospital Experience and satisfied all the requirements of the College selection process.

A **candidate** is a trainee who has been approved to present for a College examination.

General Hospital Experience (PGY1 or internship) refers to the cumulative period of time spent in hospital clinical appointments, which is required prior to the commencement of approved training.

Approved Training refers to experience undertaken in a post within hospital departments (or other organizations) approved by the College.

A **term** refers to a single period of training that is supervised and assessed.

The **Foundation Term** is a minimum period of 6 months approved training following General Hospital Experience. This term is designed to provide initial experience in intensive care medicine and other initial requirements before commencing the Core years of intensive care training. The **Foundation Term** is undertaken in **Phase 0**.

Phase 0 refers to the period before selection into the training program, during which period foundation time is completed and full general registration with the relevant medical board should be achieved.

Phase 1 refers to the period after selection into the training program and the training and assessments required to be completed prior to commencing Phase 2.

Phase 2 refers to the period of training years commenced after all requirements of Phase 1 have been completed and the period within which training and assessment requirements are completed prior to entering Phase 3.

Phase 3 refers to the final phase of training in the intensive care medicine training program within which trainees are preparing for admission to Fellowship.

The **Core intensive care training** years refer to the mandatory period (24 months) of intensive care training undertaken by a trainee in an intensive care unit or units approved by the College. **Core intensive care training** years are undertaken in **Phase 2**.

The **Transition intensive care training** year refers to the final mandatory period (12 months) of intensive care training undertaken by a trainee in an intensive care unit or units approved by the College. **Transition intensive care training** is undertaken in **Phase 3**.

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.

Interrupted Training does not include ordinary leave provisions and refers to;

- a. time spent at a training site not accredited as part of the CICM Training Program
- b. time spent in a training role that cannot be accredited towards CICM training requirements, except for time being completed in an accredited intensive care medicine unit.
- c. time spent in a locum position or Career Medical Officer role (or equivalent)
- d. time spent in an approved training post that does not meet minimum requirements for accredited training as prescribed in the regulations (e.g. duration, time fraction, excessive leave)
- e. extended periods of leave such as annual/carers/sick leave/study leave beyond the leave allowances prescribed in the regulations.
- f. parental leave, however, variations to interruption to training regulations apply (see regulation 5.7.3, 5.8.4 and the CICM Parental Leave policy).

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.

Workplace Based Assessment (WBA) includes all forms of assessment, that may be undertaken formally in the workplace and shall include assessments such as In-training Evaluation Reports (**ITER**, previously ITA), Workplace Competency Assessments (**WCA**, which assess individual competencies or skills), Observed Clinical encounters (**OCE**), online course tests, **Focused Cardiac Echos** and other assessments as determined by the Board and its committees.

Conditional Core Training refers to intensive care training time that is entered into by trainees who have been exempted from the First Part Examination in accordance with 5.5.4.1. This training will only be ratified (become Core training) after the completion of the alternative Fellowship (or equivalent).

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 in January of each year.
- 6.2 Fellows admitted after 31st January in any year will pay a pro rata amount.
- 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, upon resolution of the Board the Fellow will cease to be a Fellow of the College and will 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 granted under one category only.

	CATEGORY	DISCOUNT
1.	Fellow retired from practicing any form of medicine	100%
2.	Fellow over the age of 65 still practicing Intensive Care Medicine	50%
3.	Fellow working part-time (ten or less hours per week in intensive care medicine over the full year including both public and private appointments)	50%
4.	Fellow on long term leave (e.g. parental or sick leave) or in a full time research position	50%
5.	Fellow permanently resident outside Australia and New Zealand	50%
6.	Fellow permanently resident outside Australia, New Zealand, Hong Kong, Singapore or Malaysia after 5 years of residency outside these countries	75%
7.	Fellow working in charitable position with low income	100%

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 The Board has overall responsibility for the following:
- 7.2.1 ASM budgets; any items that fall outside the approved budget, including but not limited to; speaker fees, must be submitted to Board for approval.
- 7.2.2 Sponsorship and exhibition.
- 7.2.3 Theme and international speakers.
- 7.3 The relevant Regional or National Committee shall assist the Board with the appointment of a Convenor.
- 7.4 An ASM Committee should consist of members from the appropriate jurisdiction. Membership should normally include the following: Convenor, Scientific Convenor, ASM

Officer, Conference Organiser and a number of Fellows to assist with sponsorship and marketing.

7.5 The text of remarks including any 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.

7.6 All speakers will be asked to declare any conflict of interests.

8. CONTINUING PROFESSIONAL DEVELOPMENT

8.1 Fellows of the College are expected to fulfil the requirements of the CICM CPD Program in accordance with Policy Document IC-18 *Policy for Compliance with the Continuing Professional Development Program*. All Fellows must complete the CICM program or alternatively dual Fellows who complete the College CDP programs of either RACP, ANZCA or ACEM can apply to have this accepted in its place.

9. 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.

9.1 All candidates (excluding Specialist International Medical Graduates) who present for the Second Part Examinations (General) may be considered for this Award. Candidates who are sitting the examination for their second or subsequent occasion, or who are carrying a written mark from a prior examination, will not be eligible.

9.2 The Medal is awarded by the Board on the recommendation of the Second Part Examination Committee.

9.3 The Medal is awarded on merit, at the discretion of the Committee, to the best performing candidate at the examination.

9.4 If two or more candidates are found to have reached the required standard and to have achieved the same number of marks, the Second Part Examination Committee will adjudicate. Special note will be taken of the performance of the candidates in the Oral Section of the examination.

9.5 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 Second Part Examination Committee. The Medal will be presented to the recipient at a future ASM or Ceremony.

10. THE ALAN DUNCAN MEDAL

The Alan Duncan Medal was established by the Board of The Joint Faculty of Intensive Care, Australian and New Zealand College in 2008. Alan Duncan was the Dean of JFICM from 1997 to 1999. It was adopted by the College upon its establishment in 2010.

10.1 All candidates (excluding Specialist International Medical Graduates) who present for the Paediatric Second Part Examination may be considered for this Award. Candidates who are

sitting the examination for their second or subsequent occasion, or who are carrying a written mark from a prior examination, will not be eligible.

- 10.2 The Medal is awarded by the Board on the recommendation of the Paediatric Second Part Examination Committee.
- 10.3 The Medal is awarded on merit, at the discretion of the Committee, to the best performing candidate at the examination.
- 10.4 If two or more candidates are found to have reached the required standard and to have achieved the same number of marks, the Paediatric Second Part Examination Committee will adjudicate. Special note will be taken of the performance of the candidates in the Oral Section of the examination.
- 10.5 The winner of the Alan Duncan Medal is advised of the Award by the President following the recommendation of the Chair of the Paediatric Second Part Examination Committee. The Medal will be presented to the recipient at a future ASM or Ceremony.

11. THE GILLIAN BISHOP MEDAL

The First Part Examination Medal was established by the Board of the College of Intensive Care Medicine in 2012 and renamed the Gillian Bishop Medal in 2019.

- 11.1 The medal is awarded by the Board on the recommendation of the First Part Examinations Committee.
- 11.2 Only one medal may be awarded each year and the award of the medal is at the discretion of the committee.
- 11.3 All candidates who present for the First Part Examination may be considered for this award. Candidates who are sitting the examination for their second or subsequent occasion, or who are carrying a written mark from a prior examination, will not be eligible.
- 11.4 The medal will be awarded to the candidate who scores the highest mark in the examination and achieves a required standard. If two or more candidates are found to have reached the required standard and to have achieved the same number of marks, the First Part Examinations Committee will adjudicate. The medal, however, may be shared.
- 11.5 The winner of the Gillian Bishop medal will be advised of the award by the President following the recommendation of the Chair of the First Part Examination Committee. The medal will be presented to the recipient at a future ASM or ceremony.

12. 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.

- 12.1 The Felicity Hawker Medal is 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 Felicity Hawker Medal Presentation held as part of the Annual Scientific Meeting (ASM).
- 12.2 Guidelines on the award of the Felicity Hawker Medal including eligibility criteria and application details are published in document T-29.

13. 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.

- 13.1 Each year, a single College Medal is awarded by the Board, with the sole criterion being that the Nominee has made an outstanding and major contribution to the specialty of Intensive Care Medicine.
- 13.2 Eligibility shall be limited to Fellows of the College. Current sitting Board members are precluded from being nominated for the College Medal.
- 13.3 Nominations will be considered at the November Board Meeting.
- 13.4 All nominations shall be formally supported by a current Fellow of the Board.
- 13.5 All nominations will be submitted anonymously via the College's online structured nomination form.
- 13.6 The Board will vote on each nomination by secret ballot following discussion.
- 13.7 No award shall be made unless a majority of present voting members are in favour.
- 13.8 The Medal will be presented to the successful recipient at a subsequent Annual Scientific Meeting or Ceremony.
- 13.9 Unsuccessful nominees can be renominated for the College Medal in future rounds.

14. ACADEMIC DRESS

- 14.1 For Fellows, the gown will be of black material, 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 35mm will be hemmed to the sleeve cuff.
- 14.2 For Board Members, during their term only, the Fellows gown 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.
- 14.3 For the Vice-President, a black gown will be 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.
- 14.4 For the President, a black gown will be made 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.

14.5 Fellows are expected to wear Academic Dress on certain specified occasions;

14.5.1 All Fellows who present for Graduation at the ASM must wear the College Fellows gown.

14.5.2 All Board Members who participate in the stage party at the ASM must wear the College Board gown.

14.5.3 All co-opted Board Members or Fellows who participate in the stage party at the ASM must wear the College Fellows Gown.

15. REVIEW AND RECONSIDERATION PROCESSES

15.1 Any person who is dissatisfied with, and adversely affected by a decision referred to below (15.3) 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.

15.2 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.

15.3 The following items are decisions that are open to reconsideration, review and appeal:

15.3.1 Decisions of the Censor or Deputy/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) and the Trainee Selection Panel.

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

15.3.3 Decisions of the Specialist International Medical Graduates (SIMG) Committee or Interviewing Panel, or Area of Need Appointees in relation to applications from SIMGs 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).

15.3.4 Decisions of the Specialist International Medical Graduates Committee or Interviewing Panel in relation to examinations or training required by the Chair of the SIMG Committee to be undertaken by SIMGs for assessment as set out above.

15.3.5 Decisions of the Board in relation to participation in the CPD Program, awarding of points to activities, and awarding of the CPD Certificate.

15.3.6 Decisions of the Committees of the College, in relation to accreditation for training by hospitals, units, other organisations or supervisors.

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

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

15.4 Reconsideration and Review of Decisions

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

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

15.4.3 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.

15.5 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.

15.6 The detailed procedures to be followed after receipt of a request for Reconsideration, Review or an Appeal are contained in the College Policy Document IC-23 Appeals, Review and Reconsideration Processes.

References and sources

Not applicable.

Acknowledgments

Not applicable.

Document Control

Promulgated (by FICANZCA):	1994
Date approved by Board	1994
Revision frequency	5 years
Document revisions	2000, 2005 (JFICM), 2014, 2016, 2017, 2019, 2020, 2021, 2022, 2024, March 2025
Next review	November 2025

Revision History	
Date	Pages revised/ Brief explanation of revision
2020	Minor updates, updated Gillian Bishop medal, updated 5.5.6, NACT inclusion, maximum timeframe inclusion.
2021	Update date to Regional Committee Regulations
2022	2022 Updates
2024	2024 Updates
2025	Incorporating updates approved by the Board in November 2024 and March 2025
2026	January 2026 incorporates updates approved by Board since March 2025 through to December 2025.

Further Reading

Not applicable.

Publishing Statement

Published by CICM: June 2025. The Regulations are reviewed from time to time, and it is the responsibility of the user to ensure the current version has been obtained. Whilst the

College endeavors to ensure that documents are as current as possible at the time of their preparation, it takes no responsibility for matters arising from changed circumstances or information or material which may have become available subsequently.

www.cicm.org.au © This document is copyright and cannot be reproduced in whole or in part without prior permission.