



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

Document Reference	T-2	2021
Document Category	Training	
Date Established	2011	
Date Last Reviewed	2021	

TRAINING AGREEMENT

The College of Intensive Care Medicine of Australia and New Zealand (CICM) is committed to ensuring that all periods of training in the CICM Fellowship training program are undertaken in an appropriate environment and that all involved parties are informed of and understand their rights and obligations.

CICM training must be conducted in a manner that ensures transparency of process and decision making.

This document sets out the rights, responsibilities and obligations of all parties involved in the CICM training program. Newly registered trainees must sign the agreement and return it to the College within 2 weeks of receipt of this agreement. The Chief Executive Officer will then sign it and return a copy to the trainee.

TRAINEE RESPONSIBILITIES AND DECLARATION

1. I will endeavour to develop the necessary skills, attributes, and undertake the necessary experience required, to provide safe, high quality care to patients; namely medical and technical expertise, clinical judgment and decision making, communication and collaboration skills, health advocacy, professional attitudes and behaviour towards patients, colleagues and other health professionals, and management and leadership skills.
2. To achieve these objectives, and in accordance with the principles of adult learning, I will undertake training by reflecting and building upon my own experience, identifying my learning needs, being involved in planning and documenting my education and training, evaluating the effectiveness of my learning experiences and committing to assisting trainees and colleagues with their learning and development needs.
3. I acknowledge that each term of training must be prospectively approved by CICM and will be supervised appropriately. I agree, when in a CICM approved training site, to meet with my Supervisor of Training at the start of each term and regularly throughout the term in order to complete the In-training Evaluation Reports (ITER) and other assessments as required in the College Regulations.
4. I accept that my training will require me to move between hospitals and may require experience in rural and/or private practice settings.
5. I understand that CICM collects and holds personal data for the purposes of selection, registration, for administering the training program, and for evaluating my progress. I consent to provide this information to be used for these purposes. I consent to have information about my training progress and previously completed requirements to be shared with Supervisors of Training for the purpose of mapping my training and progress. I understand that I may contact CICM and request access to my personal information at any time.
6. I understand that CICM documentation and/or materials will be provided to me throughout the course of training. I acknowledge that this material is owned by the College, is subject to intellectual property protection, and therefore cannot be used by me for purposes other than training, without the College's prior approval.

7. I agree to participate in the bi-annual quality of training surveys, to assist with the ongoing evaluation and development of the training program. I acknowledge that information gathered from these surveys is used during the Hospital Accreditation process and to improve the quality of the training program.
8. I agree to submit all the applications and feedback forms with relevant and complete information as required by CICM within the time limits or deadlines stipulated. I acknowledge that it is my responsibility to ensure that time limits and deadlines are met.
9. I agree to pay fees throughout my training in order to remain an active trainee of the College. This includes fees for registration, recognition of prior learning, examinations, courses, accredited training positions (including non-accredited clinical training (NACT)) and admission to Fellowship. I understand that it is my responsibility to pay these fees within the time limits stipulated by the College.
10. I understand it is my responsibility to actively progress through my training requirements in line with the Regulations. I agree to inform the College if I am undertaking NACT, interrupted training or training towards another specialty, or extended leave that may prolong my time on the training program.
11. If I am not undertaking training that can be accredited toward my CICM training, I will advise the College prospectively and pay the NACT fee in order to remain an active trainee. I understand that I will become an "inactive trainee" if I do not comply with this requirement. If I cease or suspend my training, I will notify the College in writing. Unless otherwise agreed (for example approved parental leave), my training will be suspended if an application for training (AVT Form), ITER or other progress report is not returned to the College. I understand that if I am inactive for a period of over 12 months, I may need to undergo a reassessment of my training from the Censor and may be required to complete additional training.
12. I acknowledge that it is my responsibility to stay fully informed, aware and observant of all training requirements, particularly the relevant regulations, guidelines and policies of the College. I acknowledge that the Regulations, guidelines and policies may change over time.
13. I am aware that if I have concerns regarding my training, it is my responsibility to raise these concerns and seek appropriate guidance from my Supervisor of Training or relevant College staff.
14. I agree and acknowledge that, while I may seek advice from my Supervisor of Training and relevant CICM Fellows in relation to aspects of my education and training, Supervisors are not authorised to vary the Regulations and guidelines for the training program. Requests for any change or variation of these conditions, guidelines, policies or any extension of time must be made to the CICM Censor.
15. I agree to engage in feedback conversation about my performance and will address any areas that need improvement. If necessary, I will work with my Supervisor to create a Trainee Action Plan and work towards resolving any issues that we have identified.
16. I understand that if I do not reach work-related performance standards, I may be required to undertake a further period of training as recommended by the CICM Censor.
17. I agree to participate, if required, in CICM's review processes in relation to unsatisfactory performance or progress through the Training Program, including a Trainee Performance Review (TPR) (see T-13 Guidelines for Assisting Trainees Identified as Requiring Additional Support). I understand that I can initiate a TPR if I believe that I may have been unfairly assessed or treated. I am aware that the College has a mechanism for me to appeal any decision that concerns my training and that may have adversely impacted me. (see IC-23 Appeals, Review and Reconsideration Process). I agree to abide by the final decision of the appeals process

18. I am aware of and agree to abide by the College's Policy on bullying, discrimination and harassment for Fellows and trainees acting on behalf of the College or undertaking College functions and will not bully or unlawfully discriminate or harass (including sexually harass) an employee or anyone else associated with the College including Fellows and other trainees. I will not victimise another person or subject a person to any detriment because that person has made a complaint under College policies or is involved in proceedings under College policies.
19. I release the College (and its representatives) from all claims or liability arising from advice or assistance given in good faith.
20. As a registered medical practitioner, I agree to abide by the professional standards outlined in the professional codes of conduct of the Medical Board of Australia or the Medical Council of New Zealand (as relevant). I agree to be honest, trustworthy and act with integrity at all times. I am aware that plagiarism, academic misconduct and irreverent use of social media are violations of these professional standards
21. I agree to maintain my medical registration and I undertake to notify the College if my medical registration is withdrawn or suspended, conditions are placed on my medical registration or if I receive notice of any complaint to any medical registration authority.
22. I understand that email will be the primary means of communication between me and the College, and that the College will use the email address I designate as my primary email. I undertake to access my designated email account regularly and to ensure at all times there is sufficient space to accommodate emails from the College.

CICM RESPONSIBILITIES AND DECLARATION

By appointing one or more Supervisors of Training to each accredited training site, the College undertakes (through the Supervisor or their delegate/s) to:

1. Champion a unit culture that promotes the welfare of trainees and Fellows and promotes cultural safety.
2. Assist the trainee to achieve completion of all training requirements (including courses, workplace-based assessments, examinations, and the formal project).
3. Review the trainee's learning objectives for each term, to ensure that they are realistic, achievable, and within the scope of the learning opportunities available.
4. Advise and provide the appropriate resources to assist the trainee to achieve their objectives.
5. Ensure appropriate clinical supervision.
6. Encourage a climate conducive to learning.
7. Meet one on one with the trainee regularly, and as often as needed for trainees requiring additional support, for the purposes of providing support, and to engage in feedback conversations with the trainee regarding their progress (while the trainee is in a CICM-approved training site).
8. Complete and submit the Supervisor's component of the ITER and other assessments as stipulated by the College, and to conduct ongoing discussions with the trainee about its contents.
9. Assist the trainee to attend any appropriate educational sessions and courses.
10. Encourage the trainee to make appropriate time allowance for learning needs.
11. Encourage the ICU Department to roster trainees fairly, and to ensure an appropriate balance between training, service, rest, and study time.

Through its representatives and the best of their ability, the College undertakes to:

1. Establish an appropriate, fair, and transparent selection process of trainees.
2. Provide access for trainees to educational material related to the training program.
3. Ensure that any information held by the College on a trainee is stored in a manner that ensures confidentiality and protects the privacy of the individual.
4. Not disclose any information supplied by trainees to third parties without the consent of the trainee, except as required by law.
5. Respond in an accurate and timely manner to any queries from trainees on any aspect of the training program.
6. Respond in a timely manner to applications for approval of individual training positions requiring prior approval.
7. Effectively communicate any changes to the Regulations, guidelines or policies in relation to the training program.
8. Encourage a climate that is free from bullying and harassment in the workplace in accordance with the College's policy on bullying, discrimination and harassment, and to address all grievances related to bullying, discrimination and harassment promptly, sensitively and confidentially.

If a Trainee experiences stress and other psychological distress resulting from their workplace environment and culture, the College undertakes to provide them with support through the Member Assistance Program at Converge International. (For further information on the services Converge International offers, please visit the [CICM Member Health and Wellbeing page](#))

ACCEPTANCE BY TRAINEE AND COLLEGE

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

Signed:

.....
Trainee
Date:

.....
Name in block letters

.....
Chief Executive Officer
Date:

.....
Name in block letters