Executive Summary: College of Intensive Care Medicine of Australia and New Zealand

The Australian Medical Council (AMC) document, *Procedures for Assessment and Accreditation of Specialist Medical Education Programs and Professional Development Programs by the Australian Medical Council 2013*, describes AMC requirements for accrediting specialist medical programs and their education providers.

The AMC first assessed the Joint Faculty of Intensive Care Medicine’s training program in 2002 during the AMC accreditation assessment of the Australian and New Zealand College of Anaesthetists (ANZCA). The 2002 assessment resulted in accreditation of ANZCA, the Faculty of Pain Medicine and the Joint Faculty of Intensive Care Medicine for six years, with a requirement for annual progress reports to the AMC. Based on a comprehensive report submitted in 2007, accreditation was extended to December 2012.

In 2008, the Joint Faculty of Intensive Care Medicine advised the AMC it planned to separate from ANZCA and reconstitute itself as a college. In 2009, having considered the College’s plans, the AMC granted initial accreditation to the College of Intensive Care Medicine of Australia and New Zealand as the training organisation for the recognised medical specialty of intensive care medicine and accreditation of training leading to fellowship of the College from 1 January 2010. Initial accreditation continues, subject to submission of satisfactory annual progress reports, until an AMC assessment team completes a full accreditation assessment.

The AMC conducted a full assessment of the College’s programs in 2011. On the basis of this assessment the AMC granted ongoing accreditation to December 2015, subject to satisfactory progress reports. In 2011, the AMC found that the College substantially met the accreditation standards. It placed 23 conditions on the accreditation of the College and its programs. Six conditions were to be addressed by the 2012 progress report, seven to be addressed by the 2013 progress report, and nine to be addressed by the 2014 progress report.

In July 2015, an AMC team completed the follow-up assessment of the College’s programs, considering the progress against the recommendations from the 2011 AMC assessment. Under the AMC accreditation procedures, the 2015 review may result in the extension of the accreditation to six years from the original accreditation decision, that is until March 2018.

The team reported to the 28 October 2015 meeting of the Specialist Education Accreditation Committee. The Committee considered the draft report and made recommendations on accreditation to AMC Directors within the options described in the AMC accreditation procedures.

This report presents the Committee’s recommendations, presented to the 19 November 2015 meeting of AMC Directors, and the detailed findings against the accreditation standards.
Decision on accreditation

Under the *Health Practitioner Regulation National Law*, the AMC may grant accreditation if it is reasonably satisfied that a program of study and the education provider meet an approved accreditation standard. It may also grant accreditation if it is reasonably satisfied that the provider and the program of study substantially meet an approved accreditation standard, and the imposition of conditions will ensure the program meets the standard within a reasonable time. Having made a decision, the AMC reports its accreditation decision to the Medical Board of Australia to enable the Board to make a decision on the approval of the program of study for registration purposes.

The AMC’s finding is that the education, training and continuing professional development programs meet the accreditation standards. The College is commended for the significant work it has undertaken to enhance its educational and training activities since the 2011 assessment. The College has completed a major review and redevelopment of its intensive care medicine curriculum and developed a number of resources to support learning and assessment. The new training program was implemented in January 2014. The College is in the process of finalising the paediatric intensive care medicine curriculum.

Since 2011, the College has also undertaken a review of the role of the intensive care medicine specialist. The College has established a Community Advisory Group as a mechanism for engaging consumers and community stakeholders and the AMC commended the input of this group in the review of the definition of the intensive care medicine specialist.

The College has developed a new selection into training policy which applies to all trainees registering with the College from January 2014. The AMC recommends that the College continue to review the processes for selection into training to ensure that they are rigorous, transparent and fair.

The AMC congratulates the College on its extensive program of evaluation. Since 2011, the College has introduced surveys for trainees, new fellows and supervisors and is accessing the Australian and New Zealand Intensive Care Society’s Centre for Outcome and Resource Evaluation data to gather information on the quality and quantity of teaching and learning at training sites. Further work is to be completed on developing processes for the management and use of this data.

The Committee recommends:

(i) That the College of Intensive Care Medicine of Australia and New Zealand’s training programs in intensive care medicine and paediatric intensive care medicine be granted ongoing accreditation to 31 March 2019, subject to satisfactory progress reports to the Specialist Education Accreditation Committee.

(ii) That this accreditation is subject to the conditions set out below:

(a) By the 2016 progress report, evidence:

That the College has addressed the following conditions from the accreditation report:
3 Finalise and implement the document, Competencies, Learning Opportunities, Teaching and Assessments for Training in Paediatric Intensive Care. (Standard 3.1 and 3.2)

4 Develop and publish specific learning objectives for the three-month rural term. (Standard 3.2)

5 Develop clear criteria for workplace-based assessments to ensure trainees understand what constitutes successful completion of each of these assessments. (Standard 5.1)

7 Implement methods for analysing and using trainee feedback in program monitoring and for responding to issues raised by trainees. (Standard 6.1.3)

14 Develop and implement processes to comply with specific New Zealand requirements regarding monitoring of continuing professional development and reporting of non-compliance to the Medical Council of New Zealand. (Standard 9.1)

(b) By the 2017 progress report, evidence:

That the College has addressed the following conditions from the accreditation report:

6 Finalise the blueprinting of all assessments to align with the new curriculum. (Standard 5.3)

10 Document and publish the weighting for the various elements of the selection process, in particular the marking criteria, including that applied to the structured references used by the Trainee Selection Panel to deem suitability for training. (Standard 7.1.3)

11 Implement a strategic approach to the development of a program to support and train supervisors of training. (Standard 8.1.2)

12 Implement formal and systematic processes to provide feedback to all supervisors of training on their performance in the role. (Standard 8.1.3)

13 Finalise, incorporate and publish the accreditation standards which are relevant to intensive care medicine training outcomes, for the medicine and anaesthesia terms in the relevant College accreditation documentation. (Standard 8.2.1)

(c) By the 2018 comprehensive report, evidence:

That the College has addressed the following conditions from the accreditation report:

1 Demonstrate that there are processes in place to ensure ongoing medical educational expertise is available for the development and implementation of programs and projects across the College. (Standard 1.3.1)

2 Develop a mechanism for seeking and incorporating input from stakeholders such as the jurisdictions, health service providers, consumer organisations and other specialist medical colleges in defining
the purpose of the College and reviewing the statement of graduate outcomes in relation to community need. (Standard 2.1.2)

8 Seek feedback from healthcare administrators and other healthcare professionals as part of the College’s regular program evaluation activities. (Standard 6.2.2)

9 Review the processes for selection into the training program to ensure they are rigorous, transparent and fair. (Standard 7.1.2)

The accreditation conditions in order of standard are detailed in the following table:

<table>
<thead>
<tr>
<th>Standard</th>
<th>Condition:</th>
<th>To be met by:</th>
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<tbody>
<tr>
<td>Standard 1</td>
<td>1 Demonstrate that there are processes in place to ensure ongoing medical educational expertise is available for the development and implementation of programs and projects across the College. (Standard 1.3.1)</td>
<td>2018</td>
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<tr>
<td>Standard 2</td>
<td>2 Develop a mechanism for seeking and incorporating input from stakeholders such as the jurisdictions, health service providers, consumer organisations and other specialist medical colleges in defining the purpose of the College and reviewing the statement of graduate outcomes in relation to community need. (Standard 2.1.2)</td>
<td>2018</td>
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<tr>
<td>Standard 3</td>
<td>3 Finalise and implement the document, Competencies, Learning Opportunities, Teaching and Assessments for Training in Paediatric Intensive Care. (Standard 3.1 and 3.2)</td>
<td>2016</td>
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<tr>
<td>Standard 3</td>
<td>4 Develop and publish specific learning objectives for the three-month rural term. (Standard 3.2)</td>
<td>2016</td>
</tr>
<tr>
<td>Standard 4</td>
<td>Nil</td>
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<td>Standard 5</td>
<td>5 Develop clear criteria for workplace-based assessments to ensure trainees understand what constitutes successful completion of each of these assessments. (Standard 5.1.1)</td>
<td>2016</td>
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<tr>
<td>Standard 5</td>
<td>6 Finalise the blueprinting of all assessments to align with the new curriculum. (Standard 5.3.1)</td>
<td>2017</td>
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<td>Standard 6</td>
<td>7 Implement methods for analysing and using trainee feedback in program monitoring and for responding to issues raised by trainees. (Standard 6.1)</td>
<td>2016</td>
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<tr>
<td>Standard 6</td>
<td>8 Seek feedback from healthcare administrators and other healthcare professionals as part of the College’s regular program evaluation activities. (Standard 6.2.2)</td>
<td>2018</td>
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<td>Standard 7</td>
<td>9 Review the processes for selection into the training program to ensure they are rigorous, transparent and fair. (Standard 7.1.2)</td>
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<td>10</td>
<td>Document and publish the weighting for the various elements of the selection process, in particular the marking criteria, including that applied to the structured references used by the Trainee Selection Panel to deem suitability for training. (Standard 7.1.3)</td>
<td>2017</td>
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<td>Standard 8</td>
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<td>2017</td>
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<td>Standard 9</td>
<td>14 Develop and implement processes to comply with specific New Zealand requirements regarding monitoring of continuing professional development and reporting of non-compliance to the Medical Council of New Zealand. (Standard 9.1)</td>
<td>2016</td>
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This accreditation decision relates to the College’s programs of study and continuing professional development program in the recognised medical specialty of intensive care medicine and paediatric intensive care medicine.

In 2018, before this period of accreditation ends, the AMC will seek a comprehensive report from the College. The report should address the accreditation standards and outline the College’s development plans for the next four years. The AMC will consider this report and, if it decides the College is continuing to satisfy the accreditation standards, the AMC Directors may extend the period of accreditation by a maximum of three years (to March 2022), taking accreditation to the full period which the AMC may grant between assessments, which is ten years. At the end of this extension, the College and its programs will undergo a reaccreditation assessment by an AMC team.

**Overview of findings**

The findings against the nine accreditation standards are summarised below. Only those sub-standards which are not met or substantially met are listed under each overall finding.

Conditions imposed by the AMC so the College meets accreditation standards are listed in the accreditation decision (pages 5 to 6) and below. The commendations in areas of strength and recommendations for improvement are given below for each set of accreditation standards.
1. The Context of Education and Training
(governance; program management; educational expertise and exchange; interaction with the health sector; continuous renewal)  
This set of standards is MET

Standard 1.3.1 (educational provider uses educational expertise) is substantially met.

Commendations
A  The engagement and commitment of fellows who hold Board and committee responsibilities, and in particular the significant service some fellows have provided to the College over an extended period of time.
B  The establishment of the Community Advisory Group as a mechanism for engaging consumers and community stakeholders.

Conditions to satisfy accreditation standards
1  Demonstrate that there are processes in place to ensure ongoing medical educational expertise is available for the development and implementation of programs and projects across the College. (Standard 1.3.1)

Recommendations for improvement
AA  Review the regulations, organisational chart and terms of reference to ensure consistency and currency in line with the recent committee changes. (Standard 1.2.1)
BB  Increase collaboration with the Royal Australasian College of Physicians and the Australian and New Zealand College of Anaesthetists to address how the anaesthesia and medicine terms are organised and allocated in order to achieve the learning objectives of the intensive care medicine training program. (Standard 1.3.2)
CC  Increase engagement with jurisdictions regarding educational changes and the resulting impact on workforce and clinical service delivery. (Standard 1.4.1)

2. The Outcomes of the Training Program
(purpose of the training organisation and graduate outcomes)  
This set of standards is MET

Standard 2.1.2 (in defining its purpose relevant groups have been consulted) is substantially met.

Commendations
C  The work of the Community Advisory Group in reviewing the definition of the intensive care medicine specialist and the content in the ‘For Patient & Families’ section of the College’s website.
D  The formation of the Paediatric Intensive Care Medicine section, the work being completed on the competencies, learning opportunities, teaching and assessments for training in paediatric intensive care medicine and the efforts thus far to address the needs of children in relation to graduate outcomes.
Conditions to satisfy accreditation standards

2 Develop a mechanism for seeking and incorporating input from stakeholders such as the jurisdictions, health service providers, consumer organisations and other specialist medical colleges in defining the purpose of the College and reviewing the statement of graduate outcomes in relation to community need. (Standard 2.1.2)

Recommendations for improvement

DD Implement a process for the College to be informed of changes to the criteria for accreditation of the medicine and anaesthesia terms accredited by the Royal Australasian College of Physicians and the Australian and New Zealand College of Anaesthetists so CICM is assured the terms continue to meet the graduate outcomes of the intensive care medicine training program. (Standard 2.2)

3. The Education and Training Program – Curriculum Content (framework; structure, composition and duration; research in the training program; continuum of learning)

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<tr>
<th>This set of standards is MET</th>
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Standard 3.1.1 (curriculum framework) and 3.2.1 (curriculum structure, composition and duration) are substantially met.

Commendations

E The completion of the curriculum review and the implementation of the new training program in 2014.
F The College's comprehensive review of the objectives of training for core intensive care, anaesthesia and medicine terms.
G The introduction of the Transition Year, which aims to address the gaps in the previous curriculum, by allowing time to acquire non-clinical skills such as expertise in administration, teaching and quality assurance and prepare trainees for entry into specialist practice.
H The development of cultural competence outcomes and associated training resources for trainees.

Conditions to satisfy accreditation standards

3 Finalise and implement the document, Competencies, Learning Opportunities, Teaching and Assessments for Training in Paediatric Intensive Care. (Standard 3.1 and 3.2)

4 Develop and publish specific learning objectives for the three-month rural term. (Standard 3.2)

Recommendations for improvement

EE Develop a mechanism to ensure as new training resources are developed they are mapped to learning objectives in the curriculum. (Standard 3.2)
4. The Training Program – Teaching and Learning

This set of standards is MET

Commendations

I The College’s significant investment of resources in developing and identifying courses and online resources that complement the training program and that are considered useful by trainees, in particular by targeting the skills that were previously identified as deficient.

J The development of the Quality in Training and New Fellow surveys and accessing of Australian and New Zealand Intensive Care Society’s Centre for Outcome and Resource Evaluation data to provide information that illuminates the quality and quantity of teaching and learning at training sites.

K The development of the Competencies, Learning Opportunities, Teaching and Assessments for Training in Intensive Care Medicine document which lists expectations as trainees progress through training from novice to expert trainee.

Conditions to satisfy accreditation standards

Nil

Recommendations for improvement

FF Finalise and implement a process for assessing the educational relevance and quality of external courses. (Standard 4.1.2)

5. The Curriculum – Assessment of Learning

(assessment approach; feedback and performance; assessment quality; assessment of specialists trained overseas)

This set of standards is SUBSTANTIALLY MET

Standard 5.1 (assessment approach) and 5.3 (assessment quality) is substantially met.

Commendations

L The College’s summative examinations, the First and Second Part Examinations, are comprehensive and each incorporate a variety of assessment formats.

M The development and introduction of a comprehensive suite of workplace-based assessments as part of the new curriculum.

N The College’s comprehensive review of its procedures and processes associated with the Overseas Trained Specialist and Area of Need Pathways in accordance with the Medical Board of Australia’s review of the specialist pathway for international medical graduates.

Conditions to satisfy accreditation standards

5 Develop clear criteria for workplace-based assessments to ensure trainees understand what constitutes successful completion of each of these assessments. (Standard 5.1)
6 Finalise the blueprinting of all assessments to align with the new curriculum. (Standard 5.3)

Recommendations for improvement

GG Review the assessment of professionalism to ensure that it is adequately assessed and there is appropriate remediation for unprofessional behaviours. (Standard 5.1)

HH Communicate to trainees and supervisors how the In-training Evaluation Report (ITER) works and how it can be used by trainees to understand their deficiencies and areas for improvement. (Standard 5.2)

II Improve feedback provided to trainees on their performance in workplace-based assessments to ensure these assessments become critical learning points. (Standard 5.2)

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<thead>
<tr>
<th>6. The Curriculum – Monitoring and Evaluation</th>
<th>This set of standards is MET</th>
</tr>
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<tbody>
<tr>
<td>(Monitoring and outcome evaluation)</td>
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</table>

Standard 6.1.3 (trainees contribute to monitoring) and 6.2.2 (healthcare administrators, other healthcare professionals contribute to evaluation processes) are substantially met.

Commendations

O The College’s ongoing efforts to monitor and evaluate all aspects of the intensive care medicine training program.

P The implementation of the six-monthly Quality of Training survey and annual Supervisor of Training survey which allows for systematic collection of feedback on training supervision and clinical experiences.

Q The College’s plans for collating and analysing feedback gathered from the Quality of Training survey and feeding de-identified information back to the training units.

R The introduction of the online Training Portal which enables greater interaction and opportunities for feedback with all supervisors including those supervising the medicine and anaesthesia terms.

Conditions to satisfy accreditation standards

7 Implement methods for analysing and using trainee feedback in program monitoring and for responding to issues raised by trainees. (Standard 6.1.3)

8 Seek feedback from healthcare administrators and other healthcare professionals as part of the College’s regular program evaluation activities. (Standard 6.2.2)

Recommendations for improvement

JJ Implement an overarching evaluation framework to ensure systematic monitoring and evaluation including how feedback is analysed and used in program monitoring. (Standard 6.1 and 6.2)
Develop a formal and more rigorous process for the management and use of data obtained from the Quality of Training survey and the Australian and New Zealand Intensive Care Society’s Centre for Outcome and Resource Evaluation data, including closing the feedback loop, whilst protecting trainee confidentiality. (Standard 6.1.3)

| 7. Implementing the Curriculum - Trainees (admission policy and selection, trainee participation in governance of their training, communication with trainees, resolution of training problems, disputes and appeals) | This set of standards is SUBSTANTIALLY MET |

Standard 7.1 (admission policy and selection) is substantially met.

Commendations

S The College's commitment to open and transparent communication with trainees and its commitment, through its processes, to ensuring existing trainees are not disadvantaged by changes to the training program.

T The implementation and modification of the Quality of Training survey, which now allows the identification of training issues at specific training sites.

U The College's plans for the development of a more sophisticated Trainee Dashboard which will give trainees greater detail about their progress through the training program.

Conditions to satisfy accreditation standards

9 Review the processes for selection into the training program to ensure they are rigorous, transparent and fair. (Standard 7.1.2)

10 Document and publish the weighting for the various elements of the selection process, in particular the marking criteria, including that applied to the structured references used by the Trainee Selection Panel to deem suitability for training. (Standard 7.1.3)

Recommendations for improvement

LL Strengthen trainee involvement in the governance of their training by:

- Creating a position for a trainee on the Education Committee
- Giving consideration to having a trainee as the Chair of the Trainee Committee
- Creating an induction package for trainee representatives on College committees
- Ensuring trainees of both the new and old curriculum are adequately represented on the Trainee Committee
- Collaborating with the Trainee Committee to develop mechanisms to improve representation and communication with all trainees. (Standard 7.2)

MM Provide additional information on the processes for recognition of prior learning and flexible training options for trainees on the website. (Standard 7.3.2)
In response to trainees’ concerns about job prospects in intensive care medicine, collaborate with the jurisdictions and other stakeholders to provide information on career pathways, addressing workforce distribution issues and training opportunities in different regions. (Standard 7.3.2)

Make information concerning dispute and appeals processes clearer and more easily accessible to trainees. (Standard 7.4.3)

Develop transparent processes to assist trainees having difficulty with their supervisors, providing easily accessible information on the website explaining these processes and who to contact. (Standard 7.4.1 and 7.4.2)

This set of standards is SUBSTANTIALLY MET

Standard 8.1.2 (facilitates training of supervisors), 8.1.3 (evaluates supervisors and trainer effectiveness) and 8.2.1 (process and criteria to select training sites) are substantially met.

Commendations

V The significant contribution and engagement of fellows in supporting, supervising and monitoring of trainees.

W The development of robust processes for the professional development of examiners.

X The well-defined process for accreditation of intensive care units with clearly articulated requirements, documented in policies and guidelines which are accessible on the College’s website.

Conditions to satisfy accreditation standards

11 Implement a strategic approach to the development of a program to support and train supervisors of training. (Standard 8.1.2)

12 Implement formal and systematic processes to provide feedback to all supervisors of training on their performance in the role. (Standard 8.1.3)

13 Finalise, incorporate and publish the accreditation standards which are relevant to intensive care medicine training outcomes, for the medicine and anaesthesia terms in the relevant College accreditation documentation. (Standard 8.2.1)

Recommendations for improvement

QQ Implement workshops to assist and support fellows in undertaking workplace-based assessments. (Standard 8.1.2)

RR Provide access to professional development for all supervisors, in particular those from regional and rural locations. (Standard 8.1.2)

SS Finalise the requirements for the accreditation of intensive care units for the Transition Year and publish these once finalised. (Standard 8.2.1)
TT Map the College’s accreditation standards against the accreditation domains as outlined in the Accreditation of Specialist Medical Training Sites Project Final Report. (Standard 8.2.1)

| 9. Continuing Professional Development (programs; retraining; remediation) | This set of standards is MET |

Standard 9.1 (Additional MCNZ criteria for continuing professional development) is substantially met.

**Commentations**

**Y** The introduction of the College’s new continuing professional development program which effectively uses an online process and that requires reflection and consideration of learning needs through a ‘learning cycle’ approach.

**Z** The formation of the College’s Continuing Professional Development Committee to provide increased oversight, and the inclusion of a trainee representative as a way of seeking trainee feedback into the program.

**Conditions to satisfy accreditation standards**

14 Develop and implement processes to comply with specific New Zealand requirements regarding monitoring of continuing professional development and reporting of non-compliance to the Medical Council of New Zealand. (Standard 9.1)

**Recommendations for improvement**

**UU** Given the changing nature of intensive care medicine, develop or link to, a range of modules that would cover a limited scope curriculum for continuing professional development which would ensure all fellows undertake training in such critical domains. (Standard 9.1)

**VV** Develop standards for education providers wishing to deliver continuing professional development activities. (Standard 9.1)