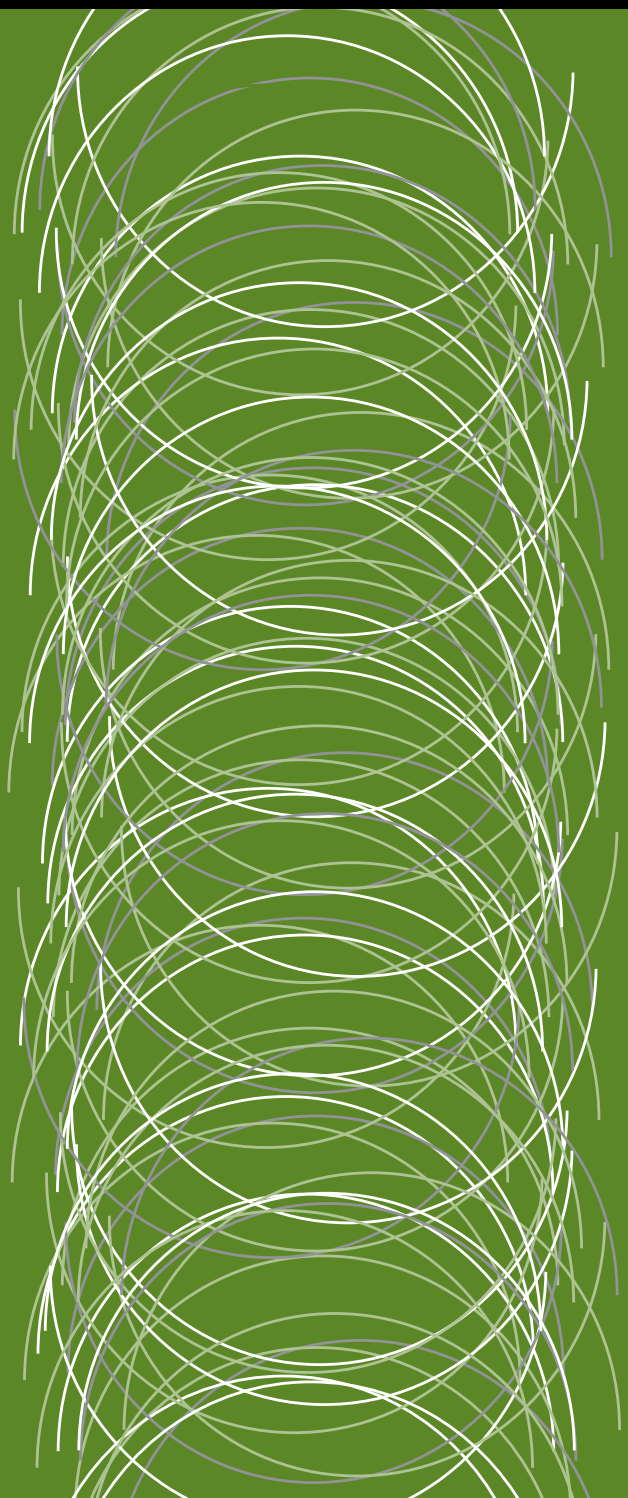
Australian Medical Council Limited

Accreditation Report: The Education and Training Programs of the College of Intensive Care Medicine of Australia and New Zealand

AMC



Specialist Education Accreditation Committee
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Acknowledgement of Country

The Australian Medical Council acknowledges the Aboriginal and Torres Strait Islander Peoples as the original Australians, and the Māori People as the original Peoples of Aotearoa New Zealand.

We acknowledge and pay our respects to the Traditional Custodians of all the lands on which we live, and their ongoing connection to the land, water and sky.

We recognise the Elders of all these Nations both past, present and emerging, and honour them as the traditional custodians of knowledge for these lands.

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 2022*, describes AMC requirements for reaccreditation of 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 monitoring submissions to the AMC.

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, 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.

The AMC conducted a full assessment of the College's programs in 2011 and granted ongoing accreditation until December 2015, subject to satisfactory monitoring submissions. In 2015, an AMC team completed the follow-up assessment of the College's programs, considering the progress against the recommendations from the 2011 assessment, granting accreditation for another six years until 2018.

In 2018, the College provided an accreditation extension submission, and the AMC extended the College's period of accreditation until 31 March 2022. This accreditation period was further extended until 31 March 2023, following a deferment of the accreditation assessment to 2022.

2022 Reaccreditation Assessment

In April 2022, an AMC team completed a reaccreditation assessment of the specialist medical programs and continuing professional development programs of the College of Intensive Care Medicine of Australia and New Zealand, which lead to the award of fellowship of the College of Intensive Care Medicine of Australia and New Zealand (FCICM), and the College's continuing professional development programs.

The team reported to the Wednesday 17 August 2022 meeting of the Specialist Education Accreditation Committee. The Committee considered the draft report and made recommendations on accreditation to AMC Directors in accordance with the options described in the AMC accreditation procedures.

This report presents the Committee's recommendations, to the Thursday 15 September 2022 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.

In 2022, the AMC team reviewed a range of College activities and met with College staff, fellows, trainees, and specialist international medical graduates. The following accomplishments and initiatives were of note:

- Development of the Reflect Reconciliation Action Plan (RAP) supported by a Working Party, along with the formation of the Indigenous Health Committee.
- The formation of the Community Advisory Group and Rural Health Committee.
- Pivoting of learning to online delivery systems to support both trainees, supervisors, and fellows during COVID-19 with ongoing commitment of resources to create an online community.
- Dedication to the development of IT systems to better support training and education with planned implementation of the Membership Digital Platform.
- Engagement of external consultants conducting detailed reviews of governance structures and training programs with particular attention to assessment methods and processes.
- Improvements to standard setting in College examinations with further planned development to examinations and assessments.
- Comprehensive and defined training programs in both intensive care medicine and paediatric care medicine that focus on the increasing independence of the specialist.
- Development of alternative entry processes and training pathways for Aboriginal, Torres Strait Islander, Māori and Pasifika candidates.
- Introduction of the Welcome to Intensive Care course for new trainees and the role of the Welfare Advocate in training sites.

From the 2022 assessment, the AMC team determined a number of areas the College focus its attention, and these included:

- Developing and implementing resourcing strategies to enable the College to achieve its educational and operational goals.
- Focusing on meaningful collaborations and engagement with stakeholders, along with systematic and effective monitoring and evaluation processes to evaluate its training programs and outcomes.
- Increasing the role and visibility of trainee representation within the College and developing formal mechanisms and pathways for trainees to escalate concerns.
- Improving the robustness of training site accreditation processes through systematic reviews and documented processes to ensure stakeholders are engaged with the needs of the training programs.

Findings

The AMC's finding is that it is reasonably satisfied that the training, education and the continuing professional development programs of the College of Intensive Care Medicine of Australia and New Zealand substantially meet the accreditation standards.

The Thursday 15 September 2022 meeting of AMC Directors resolved that:

(i) The College of Intensive Care Medicine of Australia and New Zealand's specialist medical programs and continuing professional development programs in the recognised medical specialties of **intensive care medicine** and **paediatric intensive care medicine** be granted accreditation for **six years** until 31 March 2029, subject to satisfying AMC monitoring requirements including monitoring submissions, a monitoring review visit prior to 31 March 2029, and addressing accreditation conditions.

(ii) This accreditation is subject to the College providing evidence that it has addressed conditions in the specified monitoring submission as set out in the table below.

Standard	**Condition**	**To be met by**
Standard 1	1 Develop and implement timelines and completion priorities for activities related to College governance. These include: i Review of Board and committee terms of reference. (Standard 1.1.3) ii Finalising position descriptions for committee members and office bearers. (Standard 1.1.3) iii Implementing formal risk management framework. (Standard 1.1) iv Implementing Conflicts of Interest Policy. (Standard 1.1.6) v Identifying and bringing up to date relevant policies and guidelines. (Standard 1.1)	2023
	2 Develop and implement a program of formal and effective partnerships with health services and jurisdictions to achieve the College's educational and strategic objectives including workforce planning, training opportunities and advocacy in Australia and Aotearoa New Zealand. (Standard 1.6)	2025
	3 Develop and implement formal collaboration and meaningful partnerships with Indigenous organisations and communities in Australia and Aotearoa New Zealand. (Standard 1.6.4)	2025
	4 Develop and implement a resourcing strategy to support the sustainability and delivery of the governance, educational and operational functions. (Standards 1.1, 1.2 and 1.5)	2023
	5 Establish procedures for routine review of College structures, functions, and policies. (Standard 1.7)	2023
Standard 2	6 Define how the College's educational purpose will address Aboriginal, Torres Strait Islander and Māori people's health, in consultation with relevant committees, health organisations and community representatives and implement these within the program and graduate outcomes. (Standards 2.1.2 and 2.1.3)	2024

Standard	Condition		To be met by
Standard 3	7	Demonstrate clear timelines and alignment of the planned review of the general and paediatric intensive care training programs with related College activities, such as the evaluation of the transition year, and strategic plans. (Standards 3.1 and 1.2)	2023
	8	Develop and implement a detailed syllabus mapped to the Second Part Examination. (Standard 3.2)	2024
	9	Expand and embed content in the curriculum, linking learning resources and assessment, with learning outcomes for trainees to acquire substantive understanding on: i Health inequities and systematic barriers that exist in healthcare across Australia and Aotearoa New Zealand and the intensivist's role in delivering safe and quality healthcare. (Standard 3.2.6) ii The specific health needs, cultures, and history of Aboriginal, Torres Strait Islander and Māori peoples in different settings. (Standards 3.2.9 and 3.2.10)	2024
Standard 4	10	For both intensive care medicine and paediatric intensive care medicine training programs, ensure the College: i Improves access to key and mandatory learning opportunities and rotations, especially for anaesthesiology and procedural skills, in Australia and Aotearoa New Zealand to better support trainee progression through the training program. (Standard 4.2.1) ii Identifies and addresses variations in the access of training opportunities across training sites, working with jurisdictions and health services to increase capacity to train. (Standards 4.2, 1.6 and 8.2.3) iii Develops methods for trainees based in rural and remote training sites to acquire the expected level of competency for their training stage and exposure to adequate opportunities for procedural skills and variations in the casemix. (Standards 4.2.2 and 4.2.3)	2025
	11	Expand cultural safety teaching and learning resources and opportunities to ensure trainees develop a substantive understanding with relevant assessment methods within the forthcoming cultural safety module. (Standards 4.2.2 and 5.2)	2025
	12	Ensure regular engagement with supervisors of training, accredited intensive care units and jurisdictions in Australia and Aotearoa New Zealand to ensure training sites allocate adequate protected time for College-related training opportunities for trainees, including workplace-based assessments to be completed with appropriate supervision. (Standards 4.2.4, 1.6 and 8.2)	2024
Standard 5	13	Develop and implement a systematic plan to demonstrate timely and resourced response to the recommendations of the assessment review. (Standards 5.1, 5.2, 5.3 and 5.4)	2023

Standard	Condition		To be met by
		i Evaluate the weighting components for both First and Second Part Examinations in line with plans for curriculum renewal. (Standards 5.1 and 3.2)	2025
		ii Ensure blueprinting procedures are well-documented between examinations and workplace-based assessments to demonstrate progressive judgement of clinical, procedural, and professional skills for both training programs. (Standard 5.2.2)	2024
		iii Evaluate the quality and timeliness of feedback on the First and Second Part Examinations to trainees. (Standard 5.3.1)	2024
	14	Develop and implement rigorous and evidence-based standard setting procedures for all examinations and/or assessments, including specific details of how pass/fail decisions are determined for borderline candidates. (Standard 5.2.3)	2025
		i Implement Angoff standard setting as planned for the First Part Examination. (Standard 5.2.3)	2024
	15	Provide supervisors with appropriate examination or assessment results of unsuccessful candidates to enable supervisors to appropriately support trainees in their learning. (Standard 5.3.2)	2023
	16	Implement systems to monitor and ensure comparability in the scope and application of workplace-based assessment practices and standards across the different training sites. (Standard 5.4.2)	2025
Standard 6	17	Develop and implement a systematic monitoring and evaluation framework to obtain feedback from internal and external stakeholders on all educational and training processes, including program and graduate outcomes. (Standards 6.1, 6.2, 6.3)	2025
		i Consult with a diverse stakeholder group in the development of the monitoring and evaluation framework. Consultation should inform the capacity of the College to engage with and implement monitoring and evaluation requirements. (Standards 6.1, 6.2 and 6.3)	2024
		ii Articulate the mechanisms required to achieve confidential and safe feedback processes for both trainees and supervisors of training. (Standards 6.1.2 and 6.1.3)	2024
		iii Develop and implement procedures to evaluate program and graduate outcomes. (Standard 6.2)	2025
	18	Implement a stakeholder engagement strategy to formalise the process by which internal and external stakeholders contribute to evaluation of the intensive care and paediatric intensive care training program delivery and development. Stakeholders should include health professionals,	2025

Standard	Condition		To be met by
		healthcare administrators, and consumer and community representatives. (Standard 6.2.3)	
	19	Develop and implement a process to report the results of monitoring and evaluation activities both through governance and administrative structures, and to internal and external stakeholders. (Standard 6.3)	2024
Standard 7	20	Finalise, implement and monitor the plan to increase the recruitment and participation of Aboriginal, Torres Strait Islander and Māori trainees with appropriate strategies to support the wellbeing and specific needs faced by this group of trainees. (Standards 7.1.3 and 7.4)	2024
	21	Engage with the Trainee Representative Committee to increase the role and profile of its members amongst trainees and as an integral part of decision-making in the College. i Review the composition of the Trainee Representative Committee to ensure the views of trainees are effectively represented. (Standard 7.2) ii Ensure consultation with the Trainee Representative Committee when developing processes related to trainees, such as the design of trainee surveys, and sharing of feedback received in such trainee surveys. (Standards 7.2 and 6.3.1) iii Facilitate open pathways of communication between the members of the Trainee Committee and the trainee body. (Standards 7.2 and 7.3)	2024
	22	Develop and implement safe, accessible, and formally documented internal pathways for trainees experiencing personal and/or professional difficulties to seek advice and receive appropriate support including: i Updating "Guidelines for assisting trainees identified as requiring additional support (T-13)". ii Updating "Prevention of Bullying, Discrimination and Harassment in the Workplace (IC-20)". These pathways should be adequately resourced and regularly monitored through College governance. (Standards 7.4.2 and 1.1)	2023
	23	Develop and implement suitable pathways for trainees to escalate concerns to the College about their training environment. These pathways are separate from the Appeals, Reconsideration and Review Process and must be demonstrate safe and confidential processes to provide assurance trainees will not be unduly disadvantaged in their training progress. (Standard 7.5)	2023
	24	Develop and implement mechanisms to actively manage concerns raised about supervisors and training sites with clear pathways for investigation, action, and remediation. This may be considered simultaneously with reviews related to training site accreditation processes. (Standards	2024

Standard	Condition		To be met by
		7.5 and 8.2)	
	25	Ensure information about trainee support and complaints pathways are clearly documented, well-communicated and easily accessible by all trainees. (Standards 7.4 and 7.5)	2024
Standard 8	26	Develop and implement a process that evaluates the effectiveness of Supervisors of Training and provides timely and meaningful feedback on their performance. (Standard 8.1.4)	2025
	27	Conduct a formal review of training site accreditation processes with a focus on improving the procedures for withdrawal of accreditation and consistent monitoring of training sites with input from all stakeholders. The outcome of the review should inform future processes. (Standard 8.2.1)	2024
	28	Develop and implement a systematic, documented process for monitoring training sites between five-yearly accreditation visits including the need to: i Provide detailed feedback to relevant stakeholders of the training sites of concerns raised. (Standard 8.2.1) ii Actively engage with training sites to resolve issues related to training. (Standards 8.2.1 and 7.5) iii Be assured all training sites are meeting the needs of the training program for non-intensive care rotations. (Standard 8.2.4)	2025
	29	Formalise and publish the criteria and process for instigating out of cycle accreditation review of sites at risk of not meeting published accreditation standards. This will support the improvement of the transparency of these processes for trainees and training sites. (Standard 8.2.1)	2025
	30	Review the quality of accreditation reports to provide detailed, accurate and in-time information to training sites and related stakeholders and improve transparency of the process with the implementation of a process to appropriately distribute accreditation reports to relevant stakeholders. (Standard 8.2.1)	2023
	31	Review and revise training accreditation standards to include criteria that training sites demonstrate a commitment to Aboriginal, Torres Strait Islander and Māori health. (Standard 8.2.2)	2024
Standard 9	32	Develop criteria to assess the suitability of dual-trained fellows attaining continuing professional development, if performed with another specialty medical College, for the intensive care medicine scope of practice. (Standard 9.1.4)	2023
Standard 10	33	Engage more broadly with specialist international medical graduates to facilitate evaluation of the assessment process and to identify their professional/personal needs. (Standards 10.2 and 10.4)	2023

This accreditation decision relates to the College's continuing professional development programs and its specialist medical programs in the specialty of intensive care medicine and paediatric intensive care medicine.

Next Steps

Following an accreditation decision by AMC Directors, the AMC will monitor that it remains satisfied the College is meeting the standards and addressing conditions on its accreditation through annual monitoring submissions. A monitoring review visit, in addition to monitoring submissions, will be conducted before 31 March 2029.

By March 2029, before this period of accreditation ends, the College may submit an accreditation extension submission for extension of accreditation. The submission should address the accreditation standards and outline the College's development plans for the next four years. See Section 5.1 of the accreditation procedures for a description of the review of the accreditation extension submission.

The AMC will consider this accreditation extension submission and, if it decides the College is continuing to meet the accreditation standards, the AMC Directors may extend the accreditation by a maximum of four years until 31 March 2033, 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 ten accreditation standards are summarised below.

Conditions imposed by the AMC to enable the College to meet the accreditation standards are listed in the accreditation decision (pages 3 to 7). The team's commendations of areas of strength and recommendations for improvement are listed under each standard in the body of the report (pages 28 to 94).

In the tables below, M indicates a standard is met, SM indicates a standard is substantially met and NM indicates a standard is not met.

1. The context of training and education				This set of standards is SUBSTANTIALLY MET
governance	SM	*educational resources*	SM	
program management	SM	*interaction with health sector*	SM	
reconsideration, review appeals	M	*continuous renewal*	NM	
educational expertise	M			

2. The outcomes of specialist training and education				This set of standards is SUBSTANTIALLY MET
educational purpose	SM	*graduate outcomes*	SM	
program outcomes	SM			

3. The specialist medical training and education framework				This set of standards is SUBSTANTIALLY MET
curriculum framework	SM	*continuum of training*	M	
content	SM	*structure of the curriculum*	SM	

4. Teaching and learning				This set of standards is SUBSTANTIALLY MET
approach	SM	*methods*	SM	

5. Assessment of learning				This set of standards is SUBSTANTIALLY MET
approach	SM	*performance*	SM	
methods	SM	*quality*	SM	

6. Monitoring and evaluation				This set of standards is SUBSTANTIALLY MET
monitoring	SM	*feedback, reporting and action*	SM	
evaluation	NM			

7. Trainees				This set of standards is SUBSTANTIALLY MET
admission policy and selection	SM	*trainee wellbeing*	SM	
trainee participation in provider governance	SM	*resolution of training problems and disputes*	NM	
communication with trainees	SM			

8. Implementing the program – delivery of educational and accreditation of training sites				This set of standards is SUBSTANTIALLY MET
supervisory and educational roles	SM	*training sites and posts*	SM	

9. Continuing professional development, further training and remediation				This set of standards is SUBSTANTIALLY MET
continuing professional development	SM	*remediation*	M	
further training of individual specialists	M			

10. Assessment of specialist international medical graduates				This set of standards is SUBSTANTIALLY MET
assessment framework	M	*assessment decision*	M	
assessment methods	SM	*communication with applicants*	SM	

Introduction: The AMC accreditation process

Responsible accreditation organisation

In Australia, the Health Practitioner Regulation National Law Act 2009 (the National Law) provides authority for the accreditation of programs of study in 15 health professions, including medicine.

Accreditation of specialist medical programs is required before the Board established for the profession, in medicine's case the Medical Board of Australia, can consider whether to approve a program of study for the purposes of specialist registration.

In New Zealand, accreditation of all New Zealand prescribed qualifications is conducted under section 12(4) of the Health Practitioners Competence Assurance Act 2003 (HPCAA).

The Australian Medical Council (AMC) is the accreditation authority for medicine under the National Law. Most of the providers of specialist medical programs, the specialist medical colleges, span both Australia and New Zealand. The AMC accredits programs offered in Australia and New Zealand in collaboration with the Medical Council of New Zealand (MCNZ). The AMC leads joint accreditation assessments of binational training programs and includes New Zealand members, site visits to New Zealand, and consultation with New Zealand stakeholders in these assessments. While the two Councils use the same set of accreditation standards, legislative requirements in New Zealand require the binational colleges provide additional New Zealand-specific information. The AMC and the MCNZ make individual accreditation decisions, based on their authority for accreditation in their respective country.

Accreditation standards applicable to the accreditation of specialist medical programs

The approved accreditation standards for specialist medical programs are the *Standards for Assessment and Accreditation of Specialist Medical Programs and Professional Development Programs by the Australian Medical Council 2015.*

These accreditation standards are structured according to key elements of the model for curriculum design and development and focus on the specific context and environment in which specialist medical programs are delivered. These standards are followed by two standards relating to processes undertaken by the providers of specialist medical training programs on behalf of the Medical Board of Australia.

In 2015, following a period of consultation, the AMC completed a review of the accreditation standards for specialist medical programs and continuing professional development programs. The Medical Board of Australia approved new accreditation standards which apply to AMC assessments conducted from 1 January 2016. The relevant standards are included in each section of this report.

The following table shows the structure of the standards:

Standards	**Areas covered by the standards**
1. The context of training and education	Governance of the education provider; program management; reconsideration, review and appeals processes; educational expertise and exchange; educational resources; interaction with the health sector; continuous renewal.
2. Outcomes of specialist training and education	Educational purpose of the provider; and program and graduate outcomes
3. Specialist medical training and education framework	Curriculum framework; curriculum content; continuum of training, education and practice; and curriculum structure

Standards	Areas covered by the standards
4. Teaching and learning	Teaching and learning approaches and methods
5. Assessment of learning	Assessment approach; assessment methods; performance feedback; assessment quality
6. Monitoring and evaluation	Program monitoring; evaluation; feedback, reporting and action
7. Trainees	Admission policy and selection; trainee participation in education provider governance; communication with trainees; trainee wellbeing; resolution of training problems and disputes
8. Implementing the program – delivery of educational and accreditation of training sites	Supervisory and educational roles and training sites and posts
9. Continuing professional development, further training and remediation	Continuing professional development programs; further training of individual specialists; remediation
10. Assessment of specialist international medical graduates	Assessment framework; assessment methods; assessment decision; communication with specialist international medical graduate applicants

Assessment of the programs of the College of Intensive Care Medicine of Australia and New Zealand

In 2021, the AMC began preparations for the reaccreditation assessment of the College of Intensive Care Medicine of Australia and New Zealand's programs. On the advice of the Specialist Education Accreditation Committee, the AMC Directors appointed Dr Kim Hill to chair the 2022 assessment of the College's programs. The AMC and the College commenced discussions concerning the arrangements for the assessment by an AMC team.

The AMC assesses specialist medical education and training and continuing professional development programs using a standard set of procedures.

A summary of the steps in this assessment follows:

- The AMC asked the College to lodge an accreditation submission encompassing the three areas covered by AMC accreditation standards: the training pathways to achieving fellowship of the College of Intensive Care Medicine of Australia and New Zealand; College processes to assess the qualifications and experience of overseas trained specialists; and College processes and programs for continuing professional development.
- The AMC appointed an assessment team (called 'the team' in this report) to complete the assessment after inviting the College to comment on the proposed membership. A list of the members of the team is provided as Appendix One.
- The team met on Thursday 10 and Friday 11 February 2022 to consider the College's accreditation submission and plan the assessment.
- The AMC gave feedback to the College on the team's preliminary assessment of the submission, the additional information required, and the plans for visits to accredited training sites and meetings with College committees.

- The AMC surveyed trainees and supervisors of training from the College. The AMC also surveyed overseas trained specialists whose qualifications had been assessed by the College in the last three years.
- The AMC invited other specialist medical colleges, medical schools, health departments, professional bodies, medical trainee groups, and health consumer organisations to comment on the College's programs.
- The team met by videoconference on Thursday 17 March 2022 to finalise arrangements for the assessment.
- The team conducted virtual meetings with training sites in the Australian Capital Territory, Northern Territory, Queensland, South Australia and Western Australia in March 2022. Both face-to-face and virtual meetings were conducted in New South Wales and Victoria in March and April 2022.

The assessment concluded with a series of meetings with the College office bearers and committees from Monday 4 to Thursday 7 April 2022. On the final day, the team presented its preliminary findings to College representatives.

Appreciation

The team is grateful to the fellows and staff who prepared the accreditation submission and managed the preparations for the assessment. It acknowledges with thanks the support of fellows and staff in Australia and New Zealand who coordinated the site visits, and the assistance of those who hosted visits from team members.

The AMC also thanks the organisations that made a submission to the AMC on the College's training programs. These are listed at Appendix Two.

Summaries of the program of meetings and visits for this assessment are provided at Appendix Three.

Section A Summary description of the education and training programs of the College of Intensive Care Medicine Australia and New Zealand

A.1 History and management of its programs

The College of Intensive Care Medicine of Australia and New Zealand (CICM) was established in 2008, after previously operating as the Joint Faculty of Intensive Care Medicine within the Australian and New Zealand College of Anaesthetists (ANZCA). The College is a company limited by guarantee with a Constitution defining its membership, functions and powers of the Board with governing regulations providing oversight of College operations.

The College's specialist education and training program in intensive care medicine is accredited by the Australian Medical Council and the Medical Council of New Zealand, leading to the award of Fellowship of the College of Intensive Care Medicine (FCICM) since 1 January 2010. The College has responsibility for specialist training and education programs in both general and paediatric intensive care medicine in Australia and Aotearoa New Zealand.

Purpose and Strategic Plan

In its Strategic Plan 2021-2023, the College defines its vision as *"all critically ill patients receive optimal care"* and its purpose as *"to support our members to be leaders in intensive care medicine training and professional standards"*. The College has developed four pillars to guide their strategic plan and purpose, and these are:

- *Best Practice in Education, Training and Assessment*
- *Highest Professional Standards*
- *Advancing Equitable Access to Intensive Care*
- *Maturing Internal College Capabilities.*

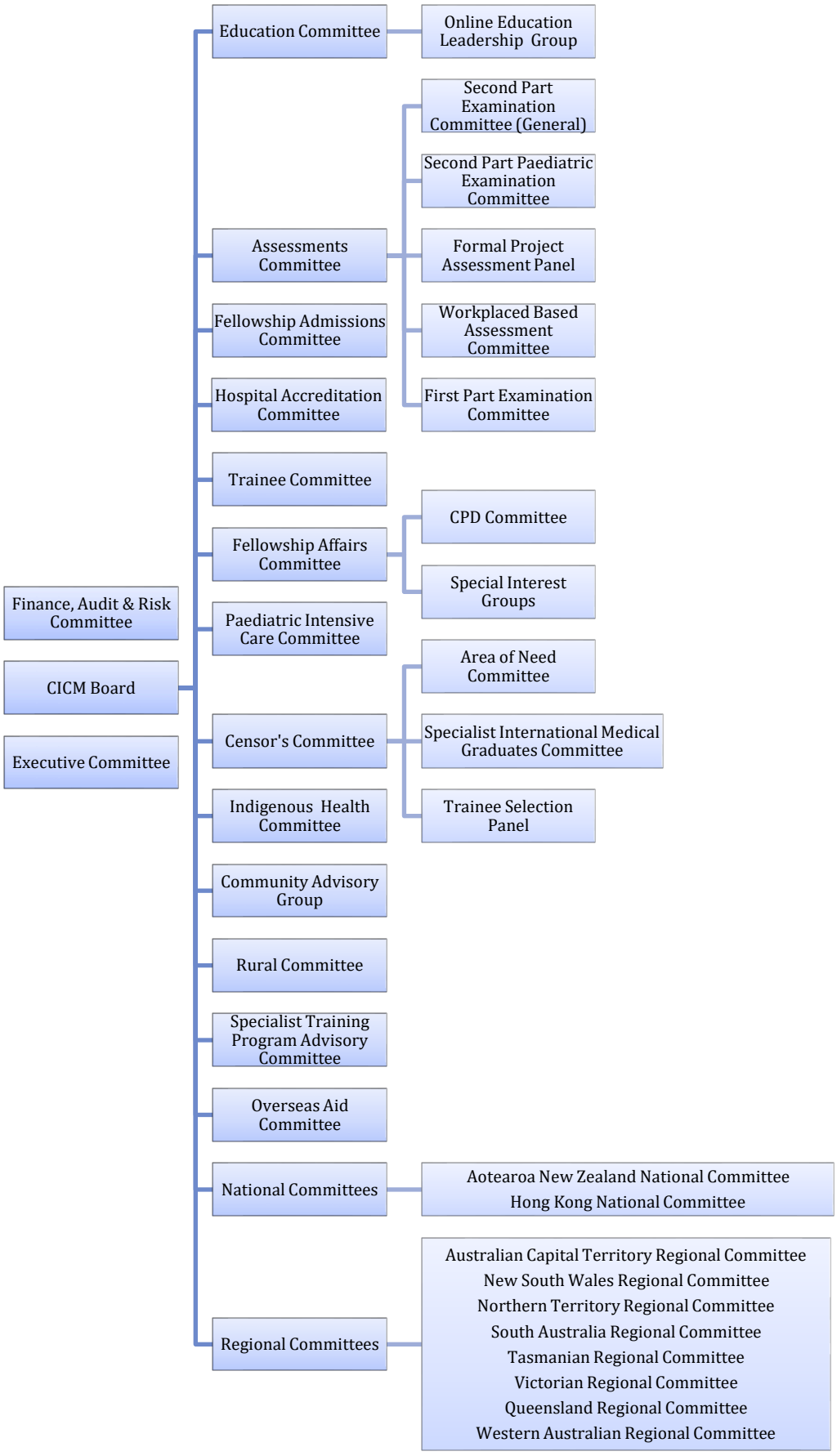
Governance Structure

The College has an elected Board operating within the objects of the College as defined in the Constitution, consisting of 10 elected members from the general fellowship and one new fellow representative. Non-voting Board members include a trainee representative, Director of Professional Affairs (Education), Director of Professional Affairs (Fellowship), a member of the Paediatric Intensive Care Committee and representatives from jurisdictions without an elected member. The President, Vice-President and Treasurer are office-bearers of the College.

The Board delegates responsibility for various College activities to committees and these are outlined in College regulations and committee terms of reference. The Executive Committee, comprising Board office-bearers and senior College management, oversees strategy and operational matters working alongside various committees that provide oversight of College education and training activities including the:

- Education Committee: responsible for teaching and education, coordination of educational activities, development of educational policy, curricula and resources.
- Assessments Committee: responsible for the assessment program in general and paediatric intensive care medicine and ensuring quality in assessment methods and processes.
- Censors Committee: responsible for trainee selection and progress through training, including sub-committees for Area of Need and Specialist International Medical Graduates.
- Hospital Accreditation Committee: ensures training sites are fit for purpose and meet the accreditation criteria to provide adequate facilities, supervision, case-mix and teaching for trainees.

College Board and Committee Structure



College Membership (at August 2021)

Category	Total	Australia	New Zealand	Other	Not Specified
Fellows	1339	950	101	230	58
Retired Fellows	120	88	14	14	4
Honorary Fellows	1	1	0	0	0
Associate of the College	0	0	0	0	0
Trainees	1110	708	64	30	308

Three key committees established since the last accreditation assessment are the:

- Community Advisory Group, established 2014.
- Rural Committee, established 2017.
- Indigenous Health Committee, established 2018.

These committees were formed to support the College to develop strategies and focus on specific areas of interest and concern, as well as to provide a direct mechanism of feedback and response to the College Board.

Conflict of Interest Management

The College has a process for identifying, recording and managing conflicts of interest in governance and decision making for those involved in the Board, College committees and examination functions. These include maintaining a register of disclosed interests for Board members and individuals with potential conflicts excuse themselves from specific meeting discussions. Examiners for the vivas and clinical cases are rostered in pairs and are allocated from different states to trainees (where possible) to minimise any conflicts of interest.

Reconsideration, Review and Appeals

The College's reconsideration, review and appeals procedure is outlined in the policy document *IC-23 Appeals, Review and Reconsiderations Processes*. This document is available publicly on the College's website. The College does not receive many requests for appeals and as such only one instance in 2019 was heard by the Appeals Committee.

Intensive care units may also make an appeal regarding a Hospital Accreditation Committee decision when the outcome of the assessment results in a loss of accreditation or when granted an accreditation period less than the standard five-year accreditation cycle.

A.2 Outcomes of the College of Intensive Care Medicine of Australia and New Zealand Fellowship Training Programs

The College's educational purpose is outlined in its Constitution and includes setting standards, providing high quality training, and continuing professional development programs in intensive care medicine. The Strategic Plan 2021-2023 describes the College's priorities in fulfilling its educational purpose. The College extensively engages with both members and external organisations when defining and operationalising its educational purpose and communicates broadly through a variety of formal and informal methods.

The College's commitment to the Aboriginal and Torres Strait Islander peoples of Australia and Māori peoples of Aotearoa New Zealand and their health is demonstrated through the College's Strategic Plan 2021-2023, Reconciliation Action Plan, and intended changes to the training program curriculum and continuing professional development programs. The College has also implemented strategies to promote the selection of suitably qualified Indigenous trainees.

The training program aims and outcomes are described within the College's training documents and are based upon the practice of intensive care medicine and the needs of the community. The outcomes integrate the practice domains of the CanMEDS roles:

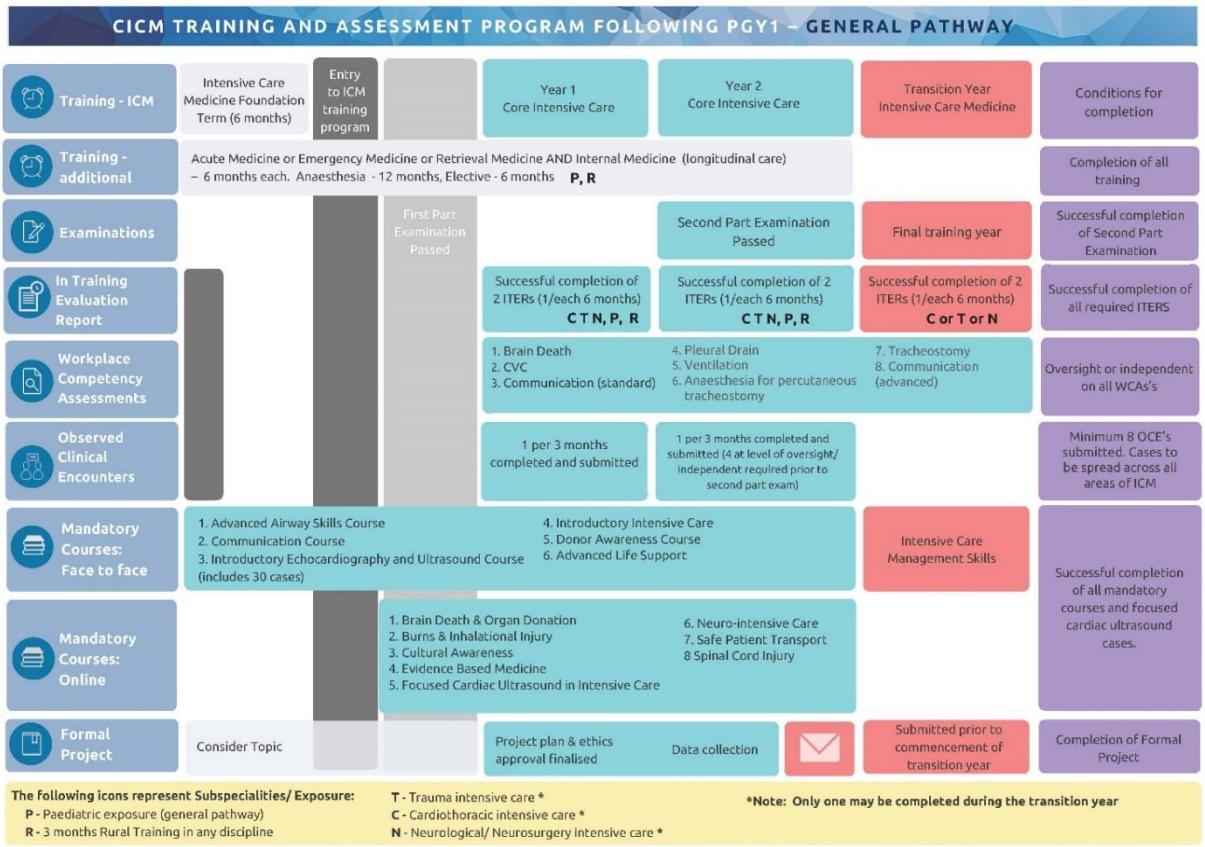
- Medical Expert
- Communicator
- Collaborator
- Leader and Manager
- Health Advocate
- Scholar
- Professional

The graduate outcomes for the training program in both general intensive care medicine and paediatric intensive care medicine are also outlined in the College's training documents. These outcomes are organised according to the CanMEDS framework which reflect the roles fulfilled by an intensive care specialist. The training documents are publicly available on the College website.

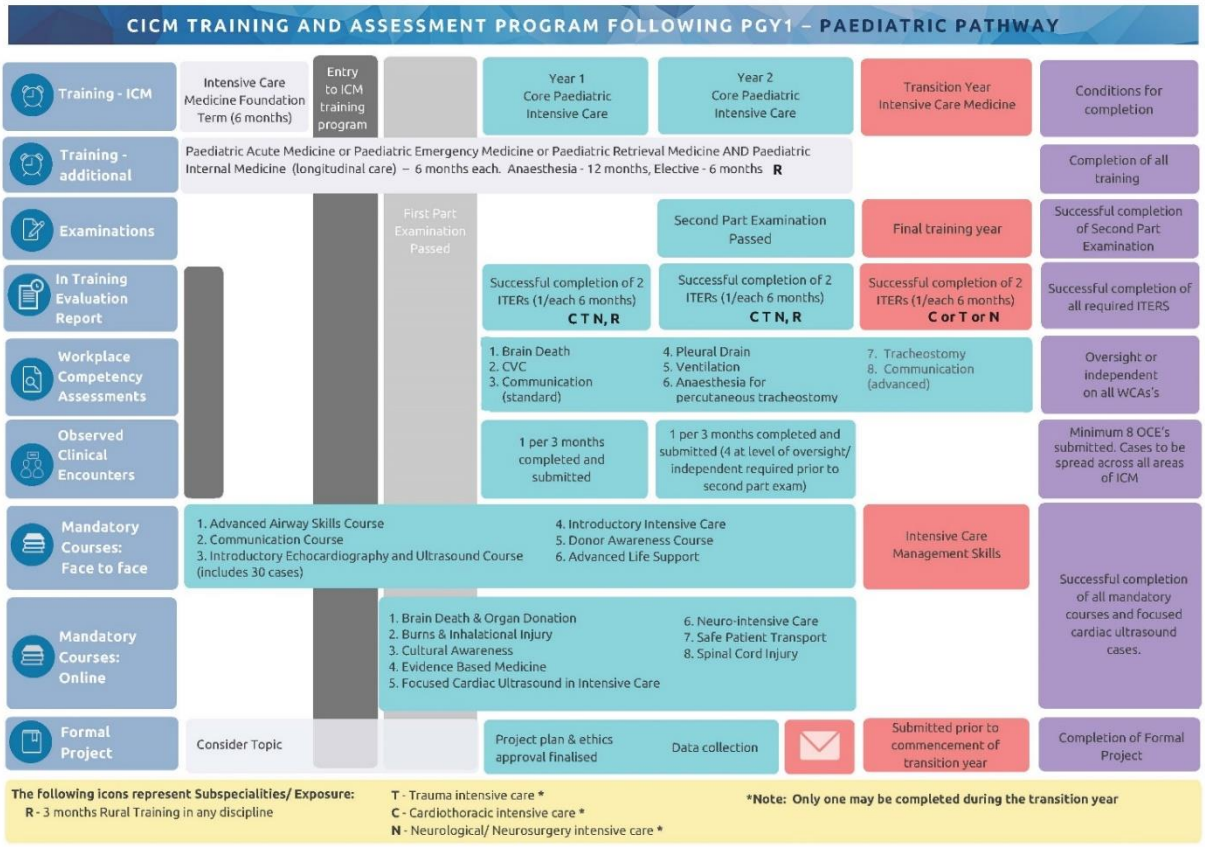
A.3 College of Intensive Care Medicine of Australia and New Zealand Training Program

The College's current training program has been in effect since 2014 and covers training in intensive care medicine for a minimum of six years. Trainees undergo periods of foundation and core training with a mandatory transition year in an approved intensive care unit, and also complete prescribed terms in anaesthetic and medicine with the option to focus on either general or paediatric intensive care medicine. Training includes six months based in a rural hospital as of March 2022.

CICM Training and Assessment Program – General Pathway



CICM Training and Assessment Program –Paediatric Pathway



Transition Year

The transition year position is a role between that of registrar and junior consultant, with flexibility and graded responsibility to allow increased entrustability, and development of skills in research and administration. It is a role that must be prospectively approved by the College prior to the commencement of the term and is aimed to bridge the gap between registrar and specialist practice and build on those skills and attributes acquired in the early years of training. Transition training must be continuous and undertaken in one unit.

Pre-2014 Training Pathway

The College maintains the training pathway prior to the revision in 2014 for trainees registered before 1 January 2014. This training program is divided into two three-year (minimum) phases of basic and advanced training. As of March 2022, the College Board resolved that from 2024, the trainees that remain on this pathway will be moved to the post 2014 training pathway.

Training Collaborations

The College maintains a memorandum of understanding and collaboration with the Australian and New Zealand Intensive Care Society (ANZICS) and has a formal partnership with ANZCA to develop a dual training program in intensive care medicine and anaesthetics.

The College collaborated with the Australasian College for Emergency Medicine, Australian and New Zealand College of Anaesthetists, the Australian College of Rural and Remote Medicine, and Royal Australian College of General Practitioners to create the Diploma of Pre-Hospital and Retrieval Medicine, administered by the Conjoint Committee of Pre-Hospital and Retrieval Medicine (CCPHRM). The Diploma requires completion of a six-month, full-time placement at a site accredited for training and completion of formal workplace-based assessments (WBAs) and examinations. The Diploma launched on 1 February 2021.

A.4 Teaching and learning

The College's training programs use a variety of teaching and learning approaches and experiences to develop the abilities of trainees and to facilitate achievement of the program and graduate outcomes. These teaching and learning approaches are aligned with the competencies required of an intensive care specialist and the content of the training programs. The College provides a variety of resources to assist in self-directed and lifelong learning for both trainees and fellows.

There are formal and informal learning opportunities for trainees, with both viewed as valuable elements of the curriculum. Some formal learning opportunities are mandatory to ensure that trainees participate in learning experiences needed for their development. The learning activities the training programs encompass are:

- Experiential learning in the workplace
- Self-directed learning
- Face-to-face learning courses
- Online education programs
- Hospital-based education programs
- Online learning courses
- Welcome to Intensive Care Training Course
- Formal project

Trainees progress through foundational, core, and transition training, during which independence is expected to increase as capabilities grow. The training program allows for flexibility in supervision during training, based on trainee needs and context. Trainees can progress through training at individual rates, although minimum times for training terms and a maximum time for overall training (12 years) is specified by the College.

A.5 Program assessment

The College has an extensive program of assessment linked to program and graduate outcomes and with capabilities required of an intensive care specialist. The assessment allows judgements to be made about a trainee's progress through the training program with supporting documents guiding both trainees and supervisors through the suite of assessments. For trainees completing the post-2014 training program, the assessments include:

Examinations:

- ***First Part Examination:*** assessment of learning and application of basic sciences knowledge. The Short Answer Questions (SAQs) account for 40% and Multiple-Choice Questions (MCQs) account for 10% of the total examination score. Candidates who achieve 45% of total marks at the written examination are invited to undertake the oral component.

  Candidates who are unsuccessful in the oral section are required to re-sit the written section at their next attempt if they score under 45% in the written section. Candidates with a 50% score in the written section are permitted to carry on their score to subsequent oral section attempts but will be required to re-sit the written section after their third attempt.

  To prepare for the First Part Examination, the syllabus for the Basic Sciences in Intensive Care Medicine is accessible on the College website.

- ***Second Part Examination (general or paediatric intensive care medicine):*** assessment of learning and application of knowledge, skills, and behaviours relevant to intensive care practice. The exam is designed to determine a trainee's suitability to function as a junior consultant practising independently. The modified Angoff method, introduced in 2019, is used to determine the cut score for the written section. The written component is held first and to progress to the oral section, candidates must achieve the pre-determined Angoff cut-off score in the written section.

To pass the examination overall, candidates must:

- Achieve at least 50% in the oral section (=>35 marks from a possible 70).
- Not fail more than one topic (section).
- Not receive a "severe fail" in the hot case section.

A "severe fail" indicates failure in both hot cases and an overall mark of less than 40% (<12 marks from a possible 30) in that section. Where this occurs, it is deemed to be an automatic failure in the examination overall.

First and Second Part Examination Pass Rates from 2016 to 2020

	1st Attempt	2nd Attempt	3rd Attempt
First Part Examination			
General Intensive Care Medicine Trainees	66%	50%	48%
Paediatric Intensive Care Medicine Trainees	40%	50%	100%
Second Part Examination			
General Intensive Care Medicine Trainees	56%	45%	34%
Paediatric Intensive Care Medicine Trainees	60%	66%	33%

Workplace Based Assessments

- ***In-Training Evaluation Report (ITER):*** a longitudinal assessment of knowledge, skills and behaviours required of an intensive care specialist, which is used as an assessment for learning (when used for feedback purposes) and an assessment of learning (when used to determine progression through training). The ITER was introduced in 2014 as an online WBA and there are different ITERS for training terms in intensive care medicine, medicine, anaesthesia and elective training, covering the domains of intensive care practice based on the CanMEDs roles. ITERs are usually completed for each six month training period. Trainees will also complete a final in-training evaluation report upon completing the transition year.
- ***Observed Clinical Encounters (OCE):*** assessment of a single clinical encounter, focusing on patient assessment, diagnosis and management knowledge, skills and behaviours, which has a focus on assessment for learning. Trainees are required to:
  - Perform an appropriate clinical assessment of a critically ill patient.
  - Present clinical findings with an appropriate discussion of relevant patient management issues.
  - Engage in a feedback conversation about their performance and finalise the OCE form.
- ***Workplace Competency Assessments (WCA***): a suite of assessments of a single clinical encounter focusing on procedural and behavioural skills, which has a focus on assessment for learning and of learning. The eight WCAs are:
  - Determination of brain death.
  - Use of invasive ventilation.
  - Pleural drain insertion and management.
  - Central venous catheter insertion and management.
  - Percutaneous tracheostomy.
  - Anaesthesia for percutaneous tracheostomy.

- Communication: standard (conducting a family meeting in circumstances of low complexity).
- Communication: advanced (conducting a family meeting in circumstances of high complexity).

- ***Echocardiography Assessments***: an assessment of multiple clinical encounters which combined are an assessment of learning for echocardiography diagnostic skills.

Formal Project

- A research project which assesses the ability of the trainee to plan, undertake, write, and present a research project.
- The trainee should demonstrate an understanding of research methods and have the ability to evaluate the quality of research.

Course Assessments

- ***Online learning course assessments:*** provide low stakes assessments of knowledge in different areas of intensive care medicine practice.
- ***Face-to-face course assessments:*** vary according to course and may encompass assessment for learning and/or assessment of learning.

Trainees must complete the seven online courses and the online Focused Cardiac Ultrasound in Intensive Care MCQ. The courses and assessments are:

Course	Assessment
Brain Death and Organ Donation	No assessment and online attendance recorded.
Burns and Inhalational Injury	15 item MCQ assessment and 80% of questions must be answered correctly.
Cultural Awareness	Aotearoa New Zealand: 20 item MCQ assessment and 80% of questions must be answered correctly Yuwahn Wupin Course: 30 MCQ assessment and 80% of questions must be answered correctly.
Evidence Based Medicine	15 item MCQ assessment and 80% of questions must be answered correctly.
Focused Cardiac Ultrasound in Intensive Care	15 item MCQ assessment and 70% of questions must be answered correctly.
Neuro Intensive Care	15 item MCQ assessment and 80% of questions must be answered correctly.
Safe Patient Transport	15 item MCQ assessment and 80% of questions must be answered correctly.
Spinal Cord Injury	15 item MCQ assessment and 80% of questions must be answered correctly.

Pre-2014 Training Program

Trainees completing the pre-2014 training program must undertake the examinations, ITERs, a formal project and complete an organ donation course. Trainees completing the pre-2014 curriculum must submit a Final In-Training Assessment Form after completing all training requirements.

A.6 Monitoring and evaluation

The College incorporates several monitoring and evaluation activities to obtain feedback on its training programs, processes, and procedures on a regular basis. These activities encompass both formal and informal methods such as:

- Regular trainee, supervisor, and member surveys.
- Formal training site accreditation.
- Workshop evaluation.
- Through College committees and working groups.
- Evaluation through external professional bodies.

Trainee Surveys

A compulsory bi-annual survey is conducted, and a report is generated for the Directors of the intensive care units accredited by the College. The report is also provided to the Education Committee, Hospital Accreditation Committee, and the College Board.

Supervisor Surveys

The supervisor survey is conducted every twelve months and is a formal tool utilised to collect feedback from Supervisors of Training. The survey results are fed back to the Education Committee and the College Board.

Supervisors of Training are also invited to provide feedback on the delivery of the training program and its ongoing development. Education sessions have been included in mandatory supervisor workshops to provide an additional avenue for them to contribute.

All Member Surveys

An all-member survey was conducted in March 2021 to gain perspectives in several areas related to initiatives that will form part of the College's strategic plan for the next three years. The information from responses will be used to measure the College's progress towards the goals of the strategic plan and ensure that members' thoughts and ideas are encompassed in the initiatives moving forward.

Assessment Reviews

The College has commissioned the Australian Council for Educational Research (ACER) to conduct an independent review and provide impartial advice on the quality and efficacy of current examination processes. In 2020, the College conducted a detailed analysis of the hybrid delivery of the First and Second Part Examination as well as review the validity of the OCEs and WBAs.

Development of Productive Feedback Cultures

The College has a formal partnership with Deakin University and the Centre for Research in Assessment and Digital Learning (CRADLE) and is involved in a pilot study to assess the development of productive feedback cultures in postgraduate medical training. It is anticipated the outcome of this study will support improvement in feedback culture of accredited training units.

Quality Assurance of Face-to-Face Courses

The development of a quality assurance checklist provides the Education Committee with a tool for the initial approval and ongoing monitoring of face-to-face/blended courses mandated for the training program. The Committee supports determination if courses should be accredited and provides avenues for documented evidence that face-to-face courses are assessed and monitored for quality.

Teaching, Learning, and Supervision

The program delivery within the College's accredited training sites is evaluated primarily through formal site visits that occur over a five-year cycle. The College's accreditation activities are focused on ensuring the quality and effectiveness of the accredited training sites as suitable educational environments for trainees**.**

A.7 Trainee selection and support

The selection process, eligibility criteria and the selection criteria are based on the following principles:

- Aptitude for intensive care medicine.
- Diversity and inclusion.
- Merit-based.
- Fairness and free from discrimination.
- Robust quality improvement.

The aim of the selection process is to recruit the best trainees for the training program, with the objective of graduating intensive care specialists who will possess the graduate outcomes defined by the College in various policy documents. The College's selection criteria are aligned with the *T-24 Training Program Aims and Graduates Outcomes* document and related to the CanMEDS Framework.

The College utilises the following tools and criteria to assess applicants:

- Structured References (SR).
- Structured Curriculum Vitae (SCV).
- Situational Judgement Test (SJT).

Trainee selection occurs annually, and applicants may request an application pack from the College that provides information on the relevant documents required to be submitted. The College has admitted a consistent number of trainees to its program over the last five years.

Registration Year	Number Accepted
2016	166
2017	216
2018	183
2019	233
2020	205

Number of Aboriginal and Torres Strait Islander and Māori Applicants						
Training Program	Applied		Interviewed		Entered	
	AUS	NZ	AUS	NZ	AUS	NZ
2018	2	0	N/A	N/A	2	0
2019	1	0	N/A	N/A	1	0
2020	3	0	N/A	N/A	3	0

The College utilises a number of mechanisms to support trainees and their wellbeing, including dedicated College policies, through hospital accreditation, welfare advocates, welfare special interest groups and through a comprehensive Member Assistance Program through Converge International.

A.8 Supervisory and training roles and training post accreditation

There are several roles to support trainees through the training program:

Directors of Intensive Care

Directors of Intensive Care are responsible for ensuring the intensive care unit functions effectively and efficiently. Their training-related roles include nominating supervisors of training by notifying the Education Committee of their recommendation and ensuring that the intensive care unit complies with the relevant College training documents.

Supervisors of Training

Supervisors of Training (SoTs) are the College representatives for training in intensive care units and provide the liaison between trainees and both the hospital authorities and the College. Their roles and responsibilities are outlined in the *T-10 The Role of Supervisors of Training in Intensive Care Medicine* and *T-32 Guide to CICM Training: for Supervisors* documents available on the College website. summative assessment of trainees is conducted through the ITER on completion of each block of training (usually six months). Any of the FCICMs working in a unit (in addition to the SoT) can engage in formative and summative assessment of trainees through a suite of WBAs.

Intensive Care Specialists

All intensive care specialists are involved in the supervision and teaching of trainees by providing and participating in educational activities and formative and summative WBAs (apart from the ITER). The intensive care specialist group is consulted on trainee performance when the ITER is completed.

Non-ICU Supervisors of Training

The College utilises Supervisors of Training from relevant specialist colleges to provide clinical supervision of trainees during mandated non-ICU terms in anaesthesia, internal medicine, and emergency medicine. These supervisors are provided access to the *Objectives of Training* for the relevant term and given access to the online ITER with instructions for completion.

Supervisor Training and Evaluation

The College supports the professional development of SoTs through online and face-to-face workshops on specific topics relevant to teachers, trainers, and mentors. SoTs are also encouraged to participate in the College's CPD program. The College routinely evaluates supervisor effectiveness by formally seeking feedback from trainees through the bi-annual trainee survey and hospital accreditation process.

Examiners

Any College fellow may nominate or be nominated to be an examiner of the College. The processes for selecting examiners in written, oral, and performance-based assessments are outlined in the *T-20 Guidelines for the Appointment, Training and Duties of Examiners* document. Examiners are usually appointed for a maximum of 12 years and may be removed if they do not attend a sufficient number of exams. The College has established processes to evaluate the effectiveness of examiners through a number of mechanisms including benchmarking exam scoring, peer observation and feedback from exam candidates.

Training Site Accreditation

Oversight and monitoring of training site accreditation is the responsibility of the Hospital Accreditation Committee (HAC). The College has well-defined processes and publicly available

criteria to ensure that the education, training, and assessment at all sites satisfy the College standards. The College accredits intensive care units as appropriate for training, rather than accrediting individual training positions across Australia, Aotearoa New Zealand, Hong Kong, and other overseas units.

The accreditation cycle is five years, with follow-up visits arranged to ensure the standard are being met as required. Unscheduled visits may occur as a result of issues identified by regional or national committees, SoTs or the bi-annual trainee survey results. Before an accreditation visit, the unit must complete and submit a detailed proforma. The HAC reviews this information and if the criteria for accreditation are met, an accreditation team is appointed with a set visit date. The team uses an extensive proforma to report to the HAC who make recommendations to the College Board regarding accreditation.

In October 2021, the College had a total of 153 accredited intensive care units across Australia, Aotearoa New Zealand, Hong Kong, and other overseas units.

A.9 Continuing professional development, further training and remediation

The College mandates that all practising fellows participate in Continuing professional development (CPD). While fellows are encouraged to participate in the CICM CPD Program, the College currently accepts the ACEM, ANZCA and RACP programs for dual fellows and international programs for fellows based overseas. Essential information on the program requirements is available on the College website. These requirements are compliant with the standards set out by the MBA and MCNZ.

The program is currently a two-year cycle and is divided into five activity groups, each with two categories, and activities are credited with CPD points on the basis of educational value.

- **Activity Group 1 – Self Learning**

  Category 1A: Passive Self Learning (1 point per hour)

  Category 1B: Active or Interactive Self Learning (2 points per hour)

- **Activity Group 2 – Group Learning**

  Category 2A: Passive Group Learning (1 point per hour)

  Category 2B: Active or Interactive Group Learning (2 points per hour)

- **Activity Group 3 – Quality Assurance and Patient Safety Activities**

  Category 3A: General Quality Assurance and Patient Safety Activities (2 points per hour)

  Category 3B: Quality Assurance and Patient Safety Activities - directly related to personal practice (3 points per hour)

- **Activity Group 4 – Activities that Enhance Education and Research**

  Category 4A: Teaching and Training (1 point per hour)

  Category 4B: Research (5 points per publication)

- **Activity Group 5 – Non-Clinical Professional and Personal Advancement Activities**

  Category 5A: Medical Committee Work (1 point per hour)

  Category 5B: Personal Advancement (Points to be allocated by the CPD officer).

Participants are required to obtain at least 100 points per cycle with minimum requirements in three of the five categories (20 points each from Activity Groups 1, 2 and 3). Fellows in Aotearoa New Zealand are also required to complete ten hours of peer review and one clinical audit each year.

Fellows are able to document their CPD activities and track their progress in the CPD Online Diary, accessible from the Members' Portal on the College website. Generic reminders about program participation are included in the College's e-newsletters and individualised emails are sent in the last six months of the two-year cycle advising participants on their CPD status. A random sample of 5% of fellows are audited within six months of each cycle's completion.

The *IC-15 Guidelines on Practice Re-Entry, Re-Training and Remediation for Intensive Care Specialists* document details the College's processes to assist fellows who wish to return to practice of intensive care medicine after a period of absence, or who have identified themselves or been identified as requiring retraining. This document also details the College's process for remediation.

A.10 Assessment of specialist international medical graduates

The College undertakes processes of assessment of specialist international medical graduates (SIMGs) in general and paediatric intensive care medicine for the purposes of specialist recognition by the MBA and MCNZ. In Australia, the College provides two assessment pathways for SIMGs to practice: specialist recognition and area of need. In Aotearoa New Zealand, the pathway option is to submit a vocational registration application to the MCNZ. The framework for these pathways is detailed in the policy documents *T-27 Assessment of Specialist International Medical Graduates* and *T-28 Intensive Care Services for Area of Need* which are available on the College's website.

Specialist Recognition

The assessment process commences with a paper-based assessment. This is reviewed by the SIMG Committee who then complete a *Summary of Preliminary Review* form. This form is provided to the applicant to confirm accuracy and may, in some cases, determine the applicant's comparability. Applicants may also be required to have an interview as part of the assessment process and recommendations are made by the interview panel to the SIMG Committee who finalise the interim assessment decision for comparability. The interview panel is chaired by the SIMG Committee Chair and consists of other SIMG Committee members. Due to COVID-19, interviews are now held via videoconference.

Area of Need

This process applies to SIMGs who have applied for or wish to apply for a specialist role in a unit that has been unable to attract a locally qualified specialist and has been deemed an Area of Need by the local health authority and the College.

Assessment and Outcomes

Applicants assessed as substantially comparable are required to undertake up to a maximum of 12 months FTE supervised clinical practice, with a minimum of three months. Applicants assessed as partially comparable are required to undertake up to a maximum of 24 months FTE supervised clinical practice. The period of supervised clinical practice for both substantially and partially comparable applicants includes satisfactory completion of ITERs and WBAs. The Second Part Examination (general or paediatric), either in full or a component of it, is required for those who are partially comparable.

The College acts as the Vocational Education Advisory Body for the MCNZ to assess the suitability of an SIMG candidate for provisional vocational registration in Aotearoa New Zealand. The MCNZ is responsible for all assessment decisions in Aotearoa New Zealand, considering advice provided by the College. The College simultaneously determines requirements for fellowship as part of this process, which may or may not be different from the requirements recommended to the MCNZ for vocational registration. Assessment decisions in Aotearoa New Zealand fall into one of three categories:

- Equivalent as

- As satisfactory as
- Not equivalent.

The College's policy *IC-23 Appeals, Review and Reconsideration Process* is available to applicants.

Section B Assessment against specialist medical program accreditation standards

B.1 The context of training and education

1.1 Governance

The accreditation standards are as follows:

- The education provider's corporate governance structures are appropriate for the delivery of specialist medical programs, assessment of specialist international medical graduates and continuing professional development programs.
- The education provider has structures and procedures for oversight of training and education functions which are understood by those delivering these functions. The governance structures should encompass the provider's relationships with internal units and external training providers where relevant.
- The education provider's governance structures set out the composition, terms of reference, delegations and reporting relationships of each entity that contributes to governance, and allow all relevant groups to be represented in decision-making.
- The education provider's governance structures give appropriate priority to its educational role relative to other activities, and this role is defined in relation to its corporate governance.
- The education provider collaborates with relevant groups on key issues relating to its purpose, training and education functions, and educational governance.
- The education provider has developed and follows procedures for identifying, managing and recording conflicts of interest in its training and education functions, governance and decision-making.

1.1.1 Team findings

The College of Intensive Care Medicine of Australia and New Zealand (CICM) has established corporate governance structures to support the delivery of its specialist medical programs, assessment of specialist international medical graduates and continuing professional development programs. The 2021-2023 Strategic Plan outlines four pillars designed to shape priorities and initiatives for the College, ranging from improvements in governance, focus on training pathways, partnering with other organisations for education, investment in digital technology and support for specific geographic regions such as Aotearoa New Zealand and regional and rural areas. The Strategic Plan is supported by an annual Business Plan outlining the operational priorities to be addressed by College committees and the secretariat and staff during the year.

The College has a stated commitment to the education and training and continuing professional development of doctors, who ensure critically ill patients across Australia and Aotearoa New Zealand receive world class care. The College is commended on its strong focus on education and training, and in this endeavour, College governance structures, and education and training programs are supported by many dedicated fellows, who contribute mainly in a voluntary capacity. The College's governance structure, and corporate and educational functions are supported by experienced staff of the College. Staff, who manage the governance and corporate functions, support the College Board and subcommittees. The College is supported by many highly committed fellows, who are well-regarded by their peers and by trainees, who give generously of their time to achieve the College objectives at central and jurisdictional levels.

Governance and Educational Reviews

At the time of the 2022 assessment, it was noted that several areas of College corporate governance were undergoing significant assessment and redesign. The Board had recently undertaken a review of its own structure and governance, with the involvement of an expert external consultant, and there was clear evidence of the College's current intentions to improve Board governance. Several recommendations have resulted, and active consideration was given to aspects such as additional Board membership, and it is recommended specific expertise in governance and medical education be considered. Targeting completion of position descriptions with updated terms of reference, and on-boarding and orientation processes for the Board and members of all College committees has the potential to enhance roles and support development in the membership. This was seen as a valuable and considered process, and its continued development was supported.

Educational priorities were also undergoing review or being implemented within the College. The Transition Year, which has been introduced based on education principles, was one example of an implementation still in the very early phases, while review of the curriculum, last undertaken in 2016, was in planning stages. Both are significant educational priorities with governance and operational implications and will require high level of attention and resources in the next year. Effective succession planning for key College leadership roles, such as chairing peak College education committees has been given consideration so that new committee chairs have prior involvement in the work of the committee, including progression through a deputy chair or other leadership role within the group.

Trainee and fellow engagement to ensure effective design and implementation of education programs is a key factor, and further enhancement of this would be likely to increase effectiveness of implementation and satisfactory completion of education and professional development requirements. Opportunities to further involve trainees in design of education and training elements should be actively explored.

Trainee Representation

The College is commended for the inclusion of trainee representatives at Board meetings as well as many College and state committees. Given the Board's governance role in setting priorities and holding its committees to account for progress, the College may wish to consider whether the Board provides sufficiently robust mechanisms in effectively advocating for its stakeholders such as trainees. For example, the trainee representative on the Board functions in the role of an observer and the Trainee Representative Committee is represented by a new Fellow representative, who is the chair of the Trainee Representative Committee. To better engage with trainees, the College is encouraged to continue to find new opportunities to increase the trainee voice in its governance.

The involvement of trainees in the development, management and continuous improvement of College training and education functions occurs through several mechanisms including the College's Trainee Representative Committee and trainee surveys. This is an important stakeholder group, and the College is encouraged to continue to reach out to trainees to ensure that their voice is heard in order to improve the quality of College training and education, as well as College endeavours to support trainee wellbeing.

Consumer Advisory, Indigenous Health and Rural Concerns

There were consistent references to the strategic commitment to significant improvements in Indigenous Health, and a dedicated Reconciliation Action Plan Working Party is to drive focus through reporting structures and the development of the new Reflect Reconciliation Action Plan. Establishment of the Community Advisory Group, Indigenous Health Committee and Rural Committee are positive developments to advance stakeholder engagement initiatives in the College. The team was particularly struck by the commitment and skills consumers bring to the College, and by how valued and supported the consumer and community members felt. The

Consumer Advisory Group has recently added an Aboriginal and Torres Strait Islander consumer member and is currently seeking to recruit a Māori consumer member.

The College's Indigenous Health Committee reports directly to the College Board and is responsible for progressing strategies to support the recruitment and retention of Indigenous doctors into the specialty of intensive care medicine. The Committee also works to develop opportunities for trainees and fellows to improve their knowledge and skills in cultural safety and cultural competency. The aforementioned strategies and initiatives from the College are to be commended as a promising initial step towards equitable access to intensive care medicine for Indigenous peoples of Australia and Aotearoa New Zealand. The College should ensure that Indigenous representation reflects and aligns with the objectives of the College's Indigenous Health Strategy as indicated within the 2021- 2023 Strategic Plan. It is, however, noted that the Committee is comprised primarily of non-Indigenous members. The College must work towards ensuring that more members identify as Indigenous if an Aboriginal, Torres Strait Islander and Māori voice is to be heard through this Committee.

Key Governance Challenges

Changes to the Chief Executive Officer role presented a key leadership challenge for the College in recent times. The College Board has lately confirmed a permanent Chief Executive Officer in July 2022. Some improvements in risk management governance have been made, for example, through inclusion of a risk statement in submissions to the Board and the implementation of a formal risk management approach commenced at Board level. A risk management framework, however, needs to be developed and implemented in tandem to provide the process of prioritisation and mitigation within a formal risk management report. There is considerable work required to ensure robust governance and management of risk within the College.

Although the College aims to review their professional documents every five years, the team noted several key documents had not been reviewed for some time, including key College policies. A number of new policies were also under development. An important example is the Conflict of Interest Policy, which has now been finalised and is being implemented, though the team notes the College has some procedures in place to manage conflicts of interest at present. This important governance document should encompass all aspects of the College functions, including the Board, committees and staff and the College needs to ensure its policies and procedures are regularly reviewed and contemporary.

1.2 Program management

The accreditation standards are as follows:

- The education provider has structures with the responsibility, authority and capacity to direct the following key functions:
    - planning, implementing and evaluating the specialist medical program(s) and curriculum, and setting relevant policy and procedures
    - setting and implementing policy on continuing professional development and evaluating the effectiveness of continuing professional development activities
    - setting, implementing and evaluating policy and procedures relating to the assessment of specialist international medical graduates
    - certifying successful completion of the training and education programs.

1.2.1 Team findings

The College has well-developed governance structures to support specialist medical training and continuing professional development programs. There are specific committees with clear responsibilities for management of the education and training programs and functions within the College, and well-documented policies and procedures covering planning and implementation of

its education programs, including in relation to assessment of specialist international medical graduates.

The College has a comprehensive suite of policies, guidelines and statements that guide its governance, education and training functions, scientific and community interest. Some key policies have review dates going back some years, and establishment of a regular cycle of review and evaluation of existing policies/procedures and any need for new or retirement of no longer needed policies is needed.

The College has a Continuing Professional Development Committee and a policy for Compliance with the Continuing Professional Development Program. There are plans to review the current Continuing Professional Development framework to ensure it evolves in line with best practice and reflects new Standards including those set by the Medical Council of New Zealand, as well as contemporary matters such as cultural safety and professional wellbeing.

There is a Fellowship Admissions Committee that is responsible for reviewing all applications for admission to fellowship, and procedure for review and notification to the trainee of the final decision regarding successful completion of the training and education programs and proposed admission to fellowship. The Board receives reports of all members admitted to fellowship, and new fellows are recognised at the Annual Scientific Meeting and in the College Annual Report.

Several evaluation processes are underway or planned. The College's Strategic Plan 2021-2023 signals strong intentions to grow best practice in education and training, professional practice and achievement of equitable access in intensive care medicine. Plans to review the curriculum were noted - this would be a long term and multifactorial exercise, so it would be valuable to have clearer project planning with timelines for staged deliverables that show progress towards educational objectives.

1.3 Reconsideration, review and appeals process

The accreditation standards are as follows:

- The education provider has reconsideration, review and appeals processes that provide for impartial review of decisions related to training and education functions. It makes information about these processes publicly available.
- The education provider has a process for evaluating de-identified appeals and complaints to determine if there is a systems problem.

1.3.1 Team findings

The College's Appeals, Review and Reconsideration Processes policy (IC23), covers the different reasons for appeals. One of the provisions of the College policy is that an appellant may apply to the Chief Executive Officer of the College to have the decision considered by the Appeals Committee. Although the College indicates it may be possible for decisions to be reviewed without notification to the CEO, the policy indicates a very high level within the College at which to first lodge an appeal and could potentially be a deterrent for some who may otherwise seek reconsideration of a College decision.

The accreditation standard requires that information about these processes is publicly available, and the College staff and office bearers were of the view that this was the case. However, the team received feedback from some stakeholders that they were unaware that they could appeal College decisions. This standard also requires there be evaluation of appeals to identify if there are systemic problems, although this expectation of evaluation is not mentioned in the policy or within a formal evaluation framework. The College has advised that there are very few appeals and as a result, systematic analysis has not been undertaken. However, it would be useful for the College to reflect on why there are so few systemic appeals and if there is a procedural issue relating to the threshold for lodging a request for reconsideration or appeal.

In its submission, the College referred to the process by which intensive care units can make an appeal regarding a Hospital Accreditation Committee decision, such as in cases where the outcome of assessment results in a loss of accreditation. While it is indicated that a collaborative approach is to address areas of concern that led to a loss of accreditation and that there were several potential outcomes if appealed, it was noted that such situations were referred back to the Hospital Accreditation Committee. There was no mention of a situation relating to loss of (or conditional) accreditation reaching the stage of a formal request for reconsideration, review and appeals.

As the policy was last updated in 2016, conducting a review of the College's Appeals, Review and Reconsideration Processes policy could address the above matters, including linkages between College committees and the appeals mechanism. The College may also wish to review its communication strategy for dissemination of the Appeals, Review and Reconsideration Processes to ensure wider awareness amongst trainees, specialist international medical graduates and other relevant stakeholders, and to consider additional avenues for stakeholders to raise complaints apart from directly through the Chief Executive Officer.

1.4 Educational expertise and exchange

The accreditation standards are as follows:

- The education provider uses educational expertise in the development, management and continuous improvement of its training and education functions.
- The education provider collaborates with other educational institutions and compares its curriculum, specialist medical program and assessment with that of other relevant programs.

1.4.1 Team findings

The College has considerable expertise supporting its training and education functions. In addition to the extensive involvement of fellows, the introduction of roles such as the Director of Professional Affairs and Education Advisor brings partnerships that combine expert knowledge of adult and paediatric intensive care medicine with academic qualifications in the education of health professionals. There is also considerable professional and educational expertise at sites where training is undertaken, and the establishment of a Network of Educators is an innovative approach to enhance educational capacity and build collaborative links between those providing education and training across different sites and staff of the College.

Engagement of external expertise to support specialist areas of education is a practical way to enhance educational expertise, and the College has utilised this to support some key functions. A good example of this was the engagement of the Australian Council for Education Research (ACER), which provided consultation and performed detailed reviews of key aspects of the College training programs and assessment. There are some areas for further development, and it is strongly recommended that the engagement of expert resources to develop specific programs and policies such as for Indigenous Health, community engagement and trainee wellbeing should be considered in order to further develop capacity and capability for training. This is especially necessary for the development of Indigenous Health programs as there is limited capacity and knowledge within the College.

The College has actively collaborated with other educational institutions to enhance trainee and fellow programs, such as the Memorandum of Understanding with the Australian and New Zealand Intensive Care Society (ANZICS) which has a key focus on clinical standards and guidelines, clinical outcomes, and other elements of professional practice. There are also plans to partner with the Australian and New Zealand College of Anaesthetists (ANZCA) in development of a dual training pathway, and if this partnership is successful, it should be robustly evaluated, including in relation to potential applicability to joint programs with other Colleges.

There are further opportunities to collaborate with hospitals/local health districts (other than the intensive care unit themselves) in continuous improvement of College training and education functions. Specific examples of this include general training rotations and introduction of the Transition Year, both of which have implications for medical workforce and clinical service delivery, as well as from the College's perspective to ensure trainees can access clinical experience requirements set down by the College.

The College is an active participant in specialist medical college initiatives (e.g. the Network of College Medical Educators). The team recommend that the College may benefit from leveraging relationships with other specialist colleges of a similar size to develop equitable partnerships on governance, training, and workforce issues of common interest.

1.5 Educational resources

The accreditation standards are as follows:

- The education provider has the resources and management capacity to sustain and, where appropriate, deliver its training and education functions.
- The education provider's training and education functions are supported by sufficient administrative and technical staff.

1.5.1 Team findings

The College's educational objectives are diverse and extensive, and in order to successfully manage these, the College needs to have the capacity to sustain and deliver its training and education functions.

The College is continuing to invest in a range of education resources that are fit for purpose, including the rapid and successful move to online examinations in the COVID-19 pandemic, which demonstrated a degree of organisational responsiveness and flexibility that worked well in complex circumstances.

There are governance and resource implications of the College's extensive education and governance programs. One factor is the need to develop information management policies and procedures. There are plans to develop these in relation to the Membership Digital Platform (MDP), and information technology security will be enhanced, for example, with two factor authentication for members. However, it is essential that the College develops and implements information management and security strategies to ensure that information systems are robust and maintained securely and confidentially.

The College has a considerable work program comprising of regular College business initiatives, and projects with actions needed, as identified through external consultations like the Nous Report and ACER Report. The College may wish to consider whether it has sufficient resources to undertake and complete all these activities in a timely manner to meet the needs of its stakeholders and incorporate these resource implications in operational and annual budget planning.

The team found College staff are very engaged and there has been recent investment in additional education staff in the College. In particular, the experience and corporate knowledge of some long-term staff, like the Acting Chief Executive Officer and Education Advisor, is an asset to further development. Some roles are still under development (such as the Educational Fellow) and there is considerable reliance on the volunteer fellow workforce contribution, which, while a strong source of expertise and investment, needs to be practically supported and enhanced by College-based resources. The objectives to create an effective and useful online community will also need to be resourced.

Careful consideration of the staff, financial and technical resources required for each educational initiative should be given by the College, to ensure that they are sufficient to sustain delivery of

educational functions, including potential use of external experts as appropriate to extend capacity and capability.

1.6 Interaction with the health sector

The accreditation standards are as follows:

- The education provider seeks to maintain effective relationships with health-related sectors of society and government, and relevant organisations and communities to promote the training, education and continuing professional development of medical specialists.
- The education provider works with training sites to enable clinicians to contribute to high-quality teaching and supervision, and to foster professional development.
- The education provider works with training sites and jurisdictions on matters of mutual interest.
- The education provider has effective partnerships with relevant local communities, organisations and individuals in the Indigenous health sector to support specialist training and education.

1.6.1 Team findings

Many stakeholder organisations reported that their interactions with the College were positive, and the College is considered approachable and open to improving its education programs and working relationships with others. There was also consistency of reports that the College education and training programs successfully educates and graduates highly competent intensive care doctors. There has been some focus on stakeholder engagement, and further work is being done in this strategic statement and should be achieved if plans to develop a formal College Stakeholder Engagement Framework are implemented.

In considering College policies and procedures, the focus of interaction with health services seems to be on the Director of the respective intensive care unit at training sites. In many cases, this works well in terms of liaison with local trainees and with local clinical staff who contribute to high-quality teaching and supervision, or who are expected to personally participate in the College's professional development program. However, care should be taken to ensure that the College is directly communicating with hospital/health service executives where the matters have systems-wide impact, or relate to matters that may impact more widely on the broader hospital/health service where intensive care training is being undertaken.

There was a general theme that the College's visibility in areas other than at the time of hospital accreditation should be an area of attention and more could be done to engage with training sites and jurisdictions on matters of mutual interest. This could be of great value to the College in accessing support for innovative ideas to address training requirements in both Australia and Aotearoa New Zealand. Examples of interactions that would increase partnership and raise profile include:

- Introduction of new educational requirements that may impact on workforce (such as the Transition Year).
- Engagement in innovative approaches for access to training (e.g. access to anaesthetic terms, paediatric terms and rural rotations).
- Partnership in strategic workforce planning at jurisdictional level (e.g. where that affects future intensive care medical staff requirements).
- Interaction with hospital executives at times other than when undertaking an accreditation assessment.

As previously mentioned, there may also be benefits in the College partnering with other specialist medical colleges of similar size on governance, training and workforce issues of common interest.

One of the areas of particular focus during the assessment was procedures relating to the accreditation of training sites. Negative accreditation outcomes are of particular concern to training sites and health service executives as well as trainees. While this matter will be further considered under Standard 8, feedback from stakeholders suggest that communication between the College and training sites in the lead-up to negative accreditation outcomes should be reviewed, to identify any process opportunities to address concerns prior to having to take the step of removing accreditation for training.

The commitment and skills that consumer members bring to the College was noted, and consumers involved with the College reported feeling valued and supported. The College has plans for development of a Community and Consumer Engagement Framework, to be either a separate document, or part of the to-be-developed Stakeholder Engagement Framework. Maintaining effective relationships with external health consumers and health consumer organisations to promote the training, education and continuing professional development programs of medical specialists is an important strategic challenge.

The College has a stated commitment to Indigenous Health and to increasing the number of Indigenous fellows and trainees, as well as building cultural safety into the trainee curriculum and continuing professional development programs for fellows. Establishment of the Indigenous Health Committee as a subcommittee of the Board has resulted in a committee that is focused on strategies that support the recruitment and retention of Indigenous doctors into intensive care medicine, and to improve knowledge and skills in cultural competency and safety.

There appears to be a recognised need to grow the number of Indigenous fellows and trainees, although at the time of this assessment, these numbers are still small. The College is endeavouring to work with the Australian Indigenous Doctors' Association (AIDA) and Te Ohu Rata O Aotearoa (Te ORA) and their Indigenous trainees to grow the Indigenous fellow workforce for intensive care medicine and paediatric intensive care medicine. The team also noted development of the Reflect Reconciliation Action Plan endorsed by Reconciliation Australia that launched in August 2020, and the stated understanding that to be meaningful, cultural safety is the role of the entire College, and not only Indigenous trainees and fellows. Workshops for the Board and the Indigenous Health Committee on cultural safety and racism has been a positive initial step. The involvement of Abstarr Consulting in 2020 to work with the College is another positive development, as are plans to increase Indigenous representation on College committees.

There was evidence of intention to work more closely with AIDA and Te ORA in developing effective strategies, and of recent work on developing the framework for Indigenous Health to guide the College's work on Indigenous Health educational initiatives and to embed cultural safety. An example of this is the Strategic Plan 2021-2023, which has specific focus on relevant strategies such as engagement with First Nations communities and increasing Aotearoa New Zealand input into Indigenous Health and cultural safety initiatives.

The team acknowledges the College's recent work on developing the framework for Indigenous Health and that there are further plans in this area. However, it is important that the College develop meaningful partnerships to enable it to progress in this area. An example, there did not appear to be any formal memoranda of understanding or agreements with key Aboriginal and Torres Strait Islander and Māori organisations and communities, and this should be given careful consideration for early progression.

1.7 Continuous renewal

The accreditation standards are as follows:

- The education provider regularly reviews its structures and functions for and resource allocation to training and education functions to meet changing needs and evolving best practice.

1.7.1 Team findings

In order to achieve the strategic and operational objectives of the College, and to ensure robust sustainability, an approach to regular review of College structures and functions would place the College in a good position to meet the needs of the future.

There were some good examples of how the College has been able to adapt to changing needs, most notably in response to COVID-19, and the effective move to online education and examination cycles. Feedback was that this responsive action had been a positive factor in bringing innovation, and that at a time of particular clinical demands, had improved access to education for fellows and trainees, especially those working in rural and regional areas.

The College also demonstrated their commitment to continuous improvement and efficacy of its governance structure and personnel by commissioning external agencies to review its processes and performance (e.g. Nous Report, SACS Report). These reviews are directly consistent with expectations that the College ensures that its governance and education functions are consistent with best practice.

However, at the time of review, there were several elements that require attention for robust continuous renewal. As previously detailed, several key policies had not been reviewed for several years, while others were under development and/or implementation at the time of review. There was recognition of the importance of a risk management framework which has been developed and is in the early stages of implementation. There was also considerable work required in governance to complete reviews of committee structures, roles and responsibilities and from an educational perspective, a curriculum review was being discussed.

In the College's accreditation submission, there was recognition of the challenge of maintaining pace with best practice in medical education and an indication of the intention to review the methods in which this could be best and feasibly achieved. One positive finding was that action related to this has commenced with the Strategic Plan, which has approximately one more year before it is due for renewal.

As next steps, the College should address continuous renewal by setting out how it will review, progressively and routinely, its structures and functions, and link this with a monitoring and evaluation framework that has Board oversight. Careful consideration of the staff, financial and technical resources required for continuous renewal should also form part of this.

2022 Commendations, Conditions and Recommendations

Commendations

A The strong focus on education and training, and the dedication of many fellows and experienced staff who support College governance structures and delivery of the educational programs.

B The resilience demonstrated by staff, fellows and trainees through challenges within the College and the COVID-19 pandemic to continue to deliver the training program including:

- The continuous delivery of its training functions and teaching, pivoting courses to online methods.
- The successful delivery of high quality examinations.
- The successful pivot of training site accreditation to a hybrid model.

C The development and delivery of the Reflect Reconciliation Action Plan supported by the Reconciliation Action Plan Working Party.

D The formation of the Community Advisory Group, Indigenous Health Committee and Rural Committee, and commitment of its members, signals development in the College's focus in these important areas.

E The engagement of external consultants to perform detailed reviews of key aspects of the College training programs and assessment is important to its governance and educational functions.

Conditions to satisfy accreditation standards

1 Develop and implement timelines and completion priorities for activities related to College governance. These include:

- i Review of Board and committee terms of reference. (Standard 1.1.3)
- ii Finalising position descriptions for committee members and office bearers. (Standard 1.1.3)
- iii Implementing formal risk management framework. (Standard 1.1)
- iv Implementing Conflicts of Interest Policy. (Standard 1.1.6)
- v Identifying and bringing up to date relevant policies and guidelines. (Standard 1.1)

2 Develop and implement a program of formal and effective partnerships with health services and jurisdictions to achieve the College's educational and strategic objectives including workforce planning, training opportunities and advocacy in Australia and Aotearoa New Zealand. (Standard 1.6)

3 Develop and implement formal collaboration and meaningful partnerships with Indigenous organisations and communities in Australia and Aotearoa New Zealand. (Standard 1.6.4)

4 Develop and implement a resourcing strategy to support the sustainability and delivery of the governance, educational and operational functions. (Standards 1.1, 1.2 and 1.5)

5 Establish procedures for routine review of College structures, functions, and policies. (Standard 1.7)

Recommendations for improvement

AA Consider enhancing Board membership with specific expertise in governance and medical education, and improved trainee representation. (Standard 1.1)

BB Identify improvements to be made to the College's communication strategy for dissemination of the Appeals, Review and Reconsideration Processes to ensure wider awareness amongst its stakeholders. (Standard 1.3)

CC Consider additional avenues for stakeholders to raise complaints apart from directly through the Chief Executive Officer as the single point of contact. (Standard 1.3)

DD Consider developing partnerships with other specialist medical colleges on governance, training and workforce issues of common interest. (Standard 1.4.2)

EE Build the internal Indigenous capacity of the College to aid in achievement of Indigenous Health-related strategies, program and graduate outcomes, and build genuine external Indigenous collaborative opportunities (e.g., AIDA, LIME, Te Ora). (Standard 1.5)

FF Finalise the Information Security Management Framework to support Membership Digital Platform and corporate operations. (Standard 1.5)

B.2 The outcomes of specialist training and education

2.1 Educational purpose

The accreditation standards are as follows:

- The education provider has defined its educational purpose which includes setting and promoting high standards of training, education, assessment, professional and medical practice, and continuing professional development, within the context of its community responsibilities.
- The education provider's purpose addresses Aboriginal and Torres Strait Islander peoples of Australia and/or Māori of New Zealand and their health.
- In defining its educational purpose, the education provider has consulted internal and external stakeholders.

2.1.1 Team findings

The College promotes high standards of medical practice in the specialty of intensive care medicine in Australia and Aotearoa New Zealand, delivering quality training and equipping intensivists for independent practice.

The purpose and objects of the College are described within its Constitution and Strategic Plan 2021-2023, with 19 objects defined in the College's Constitution, which would be relevant to all good medical colleges.

The College defines intensive care medicine as follows: ''the early detection, assessment, stabilisation and ongoing care of critically ill patients with life-threatening single and multiple organ failure and monitoring of those at high risk of developing life-threatening complications. It also involves management of end-of-life care and organ donation.'' The College defines its role as follows: "the body responsible for intensive care medicine specialist training and education in Australia and Aotearoa New Zealand." The College offers a minimum six year training program, in both general and paediatric intensive care, with a number of assessments culminating in Fellowship of the College of Intensive Care Medicine (FCICM).

The description for paediatric intensive care medicine is identical to the one above, except that it applies to children of less than 18 years. Paediatric intensive care medicine is generally practised in specialised paediatric hospitals. Although the principles are very similar to those of intensive care medicine for adult patients, the subspecialty acknowledges there are illnesses, clinical conditions and problems unique to critically ill children.

The College website and particularly the 'About Us' page explains the role of the College as the peak body for intensive care medicine specialist training and education in Australia and Aotearoa New Zealand. There is also a short history of intensive care medicine training in Australia and Aotearoa New Zealand, and descriptions of the role of an intensive care specialist and the specialty of intensive care medicine.

The College sets standards for the practice of intensive care medicine in Australia and Aotearoa New Zealand through:

- Certification of intensive care specialists following successful completion of the College training program.
- Evaluation of specialist international medical graduates (SIMGs).
- Administration and monitoring of the continuing professional development program for College fellows.
- Establishing and reviewing professional policy documents, guidelines, statements, and standards and upholding or advocating for the standards described within. The College

collaborates with other organisations such as the Australian and New Zealand Intensive Care Society (ANZICS) to produce some of these documents.

- Development of frameworks to support the welfare of trainees and fellows.

The College's accreditation submission outlined several ways in which the College's purpose and role are communicated. These include:

- Via the College's website.
- Policy documents and annual reports (including the Strategic Plan).
- Through the regional committees.
- By the College's electronic newsletter to fellows and trainees.
- Through the Annual Scientific Meeting.

The College communicates its role to the community via its website and the Community Advisory Group (CAG).

Aboriginal, Torres Strait Islander, and Māori Peoples

The College's educational purpose identifies the inequitable access to intensive care medicine for Aboriginal, Torres Strait Islander, and Māori populations. There is evidence of genuine planning commitment to ensure equitable intensive care-related health outcomes are achieved for Aboriginal, Torres Strait Islander, and Māori populations. These include the establishment of an Indigenous Training Pathway for prospective and current Indigenous trainees, as well as the development of educational content pertaining to cultural safety for non-Indigenous trainees and fellows to build Indigenous cross-cultural capability (cultural competence).

The College has established the Reflect Reconciliation Action Plan and is implementing the new Reflect Reconciliation Action Plan (RAP), setting out key goals for achievement in the College's journey to contribute to improving the health of Indigenous peoples in Australia. The College has collaborated with Reconciliation Australia in developing its first formally endorsed RAP. The College is currently developing a Māori Health Plan, and this is eagerly awaited. The College's Indigenous Health Committee and a new Reconciliation Action Plan Working Party will provide focus to developing and implementing the College's initiatives to contribute to health equity for Indigenous people and the inclusion of a range of e-learning modules will further support improving fellow and trainee knowledge on cultural safety.

Despite these promising initial steps to address Aboriginal, Torres Strait Islander, and Māori peoples and their health, the College's mission and educational purposes does not explicitly state how it will address this population and their health. The formal acknowledgement of Aboriginal, Torres Strait Islander, and Māori peoples in addressing this inequity in College governing documents will be of significant value.

The College's decision to use an external Indigenous consulting agency, Abstarr, to develop cultural safety educational material, while appropriate, should be viewed as a short- to medium-term solution. There is a need to build the internal Indigenous capacity within the college to aid in facilitating addressing Aboriginal, Torres Strait Islander, and Māori peoples and their health. Such a step will operationalise Aboriginal, Torres Strait Islander, and Māori-related strategies in a culturally appropriate manner and reduce the need to rely solely on external Indigenous consulting companies such as Abstarr in the College's journey to creating equitable access to intensive care medicine for Aboriginal, Torres Strait Islander, and Māori peoples. The rationale for this suggestion is two-fold. Firstly, building internal Indigenous capacity demonstrates the College's commitment to Indigenous health, and culture more broadly, likely improving collaboration with external Indigenous health-related organisations such as AIDA, LIME, and Te Ora. Secondly, the diversity and dynamicity of Indigenous cultures within the context of healthcare is such that educational material must be reviewed regularly to ensure content aligns with current contextual understandings, namely, local cultural protocols and lines of

communication to and through communities. This can be challenging, however, will be much more achievable with internal Indigenous capacity and agency built from within.

The College is to be commended on its work related to Indigenous Health thus far, with a clear commitment to equitable access to, and outcomes for, Aboriginal, Torres Strait Islander, and Māori peoples. Continuing this commitment is vital to successfully fulfilling the College's Strategic Plan and goals related to this population group.

Internal and External Consultation

The College's Constitution, which includes the objects of the College, has remained unchanged since its development in 2009. Any proposed changes to the Constitution would be communicated to College members and determined by a majority vote at the annual general meeting by the general fellowship.

In developing and reviewing professional documents, including policies, guidelines, statements and standards, the College establishes working groups consisting of fellows with subject matter expertise, College staff, and where appropriate, trainees. When relevant, these groups will liaise or collaborate with appropriate external individuals or organisations. If required, such as in an instance where working groups demonstrate dissonance in decision-making and, dependent on the content, documents are reviewed by one or more College committees, then approved by the College Board and published on the College website. The College is increasingly encouraging the Indigenous Health Committee and Community Advisory Group to be involved in all policy reviews. The Board has overall endorsement power in approving policy documents related to education and training, including the College's educational purpose, considering input from multiple internal and external stakeholder groups.

The College has consulted internally via workshops to define its Strategic Plan 2021-2023 with the following stakeholders:

- College Board
- College Staff
- All Regional Committees
- Assessments Committee
- Community Advisory Group
- Fellowship Affairs Committee
- Hospital Accreditation Committee
- Indigenous Health Committee
- Paediatric Intensive Care Committee
- Rural Committee
- Trainee Representative Committee
- Welfare SIG
- WBA Working Group
- Supervisors of Training.

The College has consulted externally via workshops to define its Strategic Plan 2021-2023 with the following stakeholders:

- Australian and New Zealand Intensive Care Society (ANZICS)
- Australian Medical Council (AMC)
- Australian Medical Association (AMA)

- Australian Indigenous Doctors' Association (AIDA)
- Australian and New Zealand College of Anaesthetists (ANZCA)
- Council of Medical Colleges (CMC)
- Council of Presidents of Medical Colleges (CPMC)
- Australasian College for Emergency Medicine (ACEM)
- Australian College of Rural and Remote Medicine (ACRRM)
- Australian College of Critical Care Nurses (ACCCN)
- Royal Australian College of General Practitioners (RACGP)
- Australian Health Practitioner Regulation Agency (AHPRA)
- Patient Experience Group
- Medical Council of New Zealand (MCNZ).

The Community Advisory Group (CAG) was established in 2014 to provide a mechanism by which the Board can receive advice and feedback from a consumer and community stakeholder perspective on broad issues which relate to the training and continuing professional development of intensive care medical specialists. The CAG has a diverse membership, including representatives from the general community, the Consumers Health Forum, the Australian College of Critical Care Nurses and the Australian Association of Social Workers. The CAG also included a representative who identified as an Indigenous Australian and is seeking to appoint a Māori community representative.

The College has embarked on external stakeholder consultation with Indigenous Health stakeholders, and the team notes that the challenges of the COVID-19 pandemic have necessitated priority be given to discussions related to topics such as vaccine hesitancy. In addition, the Indigenous Health Committee is also in its infancy. The College is encouraged to formalise connections with organisations such as AIDA, LIME, Te Ora and other community organisations to support its First Nations initiatives and grow trust between the College and Indigenous communities.

2.2 Program outcomes

The accreditation standards are as follows:

- The education provider develops and maintains a set of program outcomes for each of its specialist medical programs, including any subspecialty programs that take account of community needs, and medical and health practice. The provider relates its training and education functions to the health care needs of the communities it serves.
- The program outcomes are based on the role of the specialty and/or field of specialty practice and the role of the specialist in the delivery of health care.

2.2.1 Team findings

Program aims for the general and paediatric training programs are described in the documents: Guide to CICM Training: for Supervisors (T-32), Guide to CICM Training: Trainees (T-33) and Training program aims and graduate outcomes (T-42), providing a broad set of trainee and graduate outcomes. These include:

1 Acquire such knowledge, problem solving ability, practical skills and attitudes appropriate for the safe and effective practice of intensive care medicine. This extends to patients, equipment and the intensive care environment.

2 Develop the ability to respond rapidly and appropriately to life threatening problems and establish the priorities of management.

3 Be able to act appropriately as a member or leader of a team.

4 Acquire knowledge in those aspects of medicine, surgery, paediatrics, obstetrics, anaesthesia, and other disciplines, which are relevant to the practice of intensive care medicine.

5 Develop the ethic that the patient's welfare always takes precedence in the event of medical, political or ethical conflicts.

6 Provide patients with the best possible care considering available resources.

7 Learn to identify and modify the stresses which the intensive care environment places upon the patients, their relatives and hospital staff.

8 Participate in the processes of clinical audit and quality improvement activities.

9 Enquire into clinical and scientific problems, adopting systematic and critical appraisal of available information.

10 Contribute to the education of medical, nursing and paramedical staff.

11 Develop a process of regular self-assessment so that limitations can be identified and deficiencies corrected.

12 Be aware of current College policies on professional issues and act in ways consistent with these policies.

The College is commended for incorporating the use of CanMEDs as a framework to provide objective structure in defining the role of an intensive care medicine specialist, as any good college should do. While broad, the CanMEDS framework provides a robust basis in which specialty colleges can build on based on the specialist field. The use of this framework by the College is accompanied by a range of documents which include, to varying degrees, inexplicit program outcomes. These documents include:

- Training program aims and graduate outcomes (T-42).
- Guide to CICM Training: for Supervisors (T-32).
- Guide to CICM Training: Trainees (T-33).
- Competencies, learning opportunities, teaching and assessments for training in general intensive care medicine (T-30).
- Competencies, teaching, learning opportunities and assessments for training in paediatric intensive care medicine (T-36).
- Objectives of training: The Transition Year (T-26).
- Objectives of training for the medical term (T-7).
- Objectives of training for the anaesthesia term (T-8).

These documents include a breadth of information, given the broad scope of intensive care medicine, which can make defining concise program outcomes challenging. Distinction is made, however, between general (T-30) and paediatric (T-36) intensive care medicine in terms of program outcomes. A defined program outcome document for the transition year (T-26) was developed to further encourage independence of those trainees in their final year of training. Specific outcomes of training within non-intensive care medicine terms (i.e. anaesthesia and medicine) (T-7, T-8) are defined, arguably further developed, and refined than the intensive care medicine-specific program outcomes.

The College is currently undertaking a review of its curriculum to create a clearer understanding of what trainees are required to attain on completion of the College's training program, including increased transparency on the expectations of trainee knowledge and skills to complete the Part

I and II College exams. The outcome of this curriculum review and re-development will be of interest, as it will likely impact positively on the College's educational functions and processes.

With the introduction of COVID-19 into Australia and Aotearoa New Zealand, the specialty of intensive care medicine was at the forefront of the public health crisis, quickly adapting to service the public's healthcare needs through boosting capacity of intensive care units across the two countries. The College simultaneously adapted to deliver educational functions online for trainees with some expected hurdles along the way. This provides a great example of how the College's training and education functions demonstrate adaptability to meet the healthcare needs of the communities in which its trainees and fellows serve.

While the concepts of cultural safety and cultural competence are mentioned throughout various policies and strategic documents, the College's program outcomes do not explicitly define the competencies needed for providing culturally safe healthcare practice to Aboriginal, Torres Strait Islander, and Māori peoples. Further development of these competencies may be attained through the intended recruitment of Abstarr consulting; however, they must be explicit to ensure trainees and fellows alike are able to demonstrate cultural competence, and more importantly, cultural humility, impacting positively on cultural safety within healthcare settings.

In terms of the multitude of documents which contain the College's program outcomes, consideration should be given to consolidation of these outcomes into a single source which will support review and renewal and should facilitate access by trainees and fellows. The creation of a single document which clearly outlines the training programs expected outcomes would address any confusion experienced by trainees with regards to College expectations for examination purposes. The team heard many trainees allude to the convoluted process of accessing information of this type during the assessment. The review of curricula documents T-30 and T-36 should demonstrate constructive alignment of program outcomes with curriculum and assessment.

Role of the Specialty

As mentioned in 2.2.1, the College is commended for incorporating the use of CanMEDs as a framework to provide objective structure in defining the role of an intensive care medicine specialist.

The College defines an intensive care medicine specialist as follows: *'An intensive care specialist is a medical specialist trained and assessed to be proficient in the comprehensive clinical management of critically ill patients as the leader of a multidisciplinary team. Critically ill patients include patients with life-threatening single and multiple organ system failure, those at risk of clinical deterioration as well as those requiring resuscitation and/or management in an intensive care unit or a high dependency unit. The intensive care specialist has clinical skills that include the ability to recognise and manage the disturbances associated with severe medical, surgical, obstetric and paediatric illness and to diagnose and treat the conditions that cause them. This usually involves invasive and non-invasive diagnostic techniques, monitoring, and treatment modalities designed to support vital organs. The intensive care specialist is also an expert in end of life care, the diagnosis of brain death, and care and support of the organ donor. Intensive care specialists are also frequently involved in the management of deteriorating and seriously ill patients outside the intensive care unit as well as the transport and retrieval of critically ill patients. To facilitate his or her practice the intensive care specialist has advanced communication skills that enable appropriate and effective interaction with patients, families, other team members and referring clinicians, and that enable collaborative, multidisciplinary practice. The intensive care specialist continues to learn throughout professional life and acknowledges that involvement in teaching, research, quality improvement and administration are integral to the role.'*

The College's comprehensive definition of the role of an intensive care medicine specialist, as well as the definition of intensive care medicine (see 2.1.1) are well aligned to the College's training program outcomes, which lend themselves to a broad capacity, consistent with an intensive care medicine specialists' scope of practice. This is to be commended.

While the College's definition of an intensive care medicine specialist includes: *'advanced communication skills that enable appropriate and effective interaction with patients, families, other team members and referring clinicians, and that enable collaborative, multidisciplinary practice'*, there is no specific mention of the need for culturally appropriate, culturally competent, culturally safe, or cross-cultural communication ability as an essential skill or component of a proficient intensive care medicine specialist.

2.3 Graduate outcomes

The accreditation standards are as follows:

- The education provider has defined graduate outcomes for each of its specialist medical programs including any subspecialty programs. These outcomes are based on the field of specialty practice and the specialists' role in the delivery of health care and describe the attributes and competencies required by the specialist in this role. The education provider makes information on graduate outcomes publicly available.

2.3.1 Team findings

The below listed documents are statements of the knowledge, skills, and attributes that the College expects a trainee to have achieved by the end of a component of training. The College's graduate outcomes align with both the specialty of intensive care medicine and the specialist's role in the delivery of intensive care medicine. These documents are publicly available on the College website:

- Training program aims and graduate outcomes (T-42).
- Competencies, learning opportunities, teaching and assessments for training in general intensive care medicine (T-30).
- Competencies, teaching, learning opportunities and assessments for training in paediatric intensive care medicine (T-36).
- Objectives of training: The Transition Year (T-26).
- Objectives of training for the medical term (T-7).
- Objectives of training for the anaesthesia term (T-8).

Again, the College is commended for incorporating the use of CanMEDs as a framework to provide objective structure in defining both the graduate outcomes and the role of an intensive care medicine specialist. The College's In-Training Evaluation Report (ITER) aligns with the CanMEDS roles of medical practice. The competencies fall under seven domains, which are:

- Medical (Clinical) expert
- Communicator
- Collaborator (Team worker)
- Manager (Leader)
- Health advocate
- Scholar (Educator)
- Professional.

The ITER rates trainee performance in 23 items across the seven domains of medical practice. The required competencies as described in T-30 and T-36 as key competencies (broad statement of skills to be acquired by the trainee) and then the route to its acquisition is detailed in two stages, novice trainee and expert trainee.

The competencies, learning opportunities, teaching and assessments for training in general intensive care medicine (T-30) describe the outcomes expected for both a novice and expert of the general intensive care medicine training program of the College. The competencies, teaching, learning opportunities and assessments for training in paediatric intensive care medicine (T-36) also describes the outcomes expected for both novice and expert trainees taking the paediatric pathway to fellowship of the College.

The objectives of training for both medical and anaesthesia terms (T-7, T-8) describe the outcomes expected for these non-intensive care medicine terms. A stand-alone, objects document focusing on trainees' final year on the training program, Objectives of training: The Transition Year, promotes leadership and increasing independence of trainees prior to fellowship with the College, with clearly stated expectations. Achievement of the objectives is intended to ensure that the new graduate has advanced knowledge, skills and highly developed communication skills and other personal attributes necessary to function as a competent intensive care specialist and thus to serve the community. They are the minimum standards for a graduate to be considered a safe independent specialist.

Like the program outcomes, the graduate outcomes do not explicitly define the competencies required to demonstrate culturally safe practice pertaining to Aboriginal, Torres Strait Islander, and Māori peoples.

The review of curricula documents T-30 and T-36 need to demonstrate constructive alignment of graduate outcomes with curriculum and assessment.

2022 Commendations, Conditions and Recommendations

Commendations

F The well-defined education purpose within the context of its community responsibilities, with extensive internal and external stakeholder consultation to develop its purpose.

G The importance of equitable intensive care medicine access for Aboriginal, Torres Strait Islander, and Māori peoples, and strategies to address inequitable access is recognised in the College's educational purpose.

Conditions to satisfy accreditation standards

6 Define how the College's educational purpose will address Aboriginal, Torres Strait Islander people's and Māori people's health, in consultation with relevant committees, health organisations and community representatives and implement these within the program and graduate outcomes. (Standards 2.1.2 and 2.1.3)

Recommendations for improvement

GG Explicitly state the College's commitment to improving the health of Aboriginal and Torres Strait Islander and Māori communities in both the Constitution and next Strategic Plan. (Standard 2.1.2)

HH Consider consolidating the presentation of program and graduate outcomes into a single source to better support curriculum review and renewal and aid facilitating easier access by trainees and fellows. (Standards 2.2 and 2.3)

B.3 The specialist medical training and education framework

3.1 Curriculum framework

The accreditation standards are as follows:

- For each of its specialist medical programs, the education provider has a framework for the curriculum organised according to the defined program and graduate outcomes. The framework is publicly available.

3.1.1 Team findings

The College has an overarching framework for its training programs that clearly outlines the requirements for the qualification of highly skilled intensive care specialists. Training documents are readily available, and these articulate program and graduate outcomes structured with the CanMEDS framework. Trainees may enter either the general or paediatric intensive care medicine training after PGY-1.

The training programs in both general and paediatric intensive care medicine are a minimum of six years and a maximum of 12 years, introduced in 2020. The training terms have clear descriptors and include 42 months of intensive care training time, involving 24 months of core training, 6 months of foundation, and 12 months of transition training. Other mandated terms include anaesthesia, medicine (including emergency medicine) and elective training with flexibility for emergency medicine and elective terms to be substituted. There must also be at least six months of a rural rotation, and there is flexibility available across all training terms.

To ensure its educational framework remains relevant to current practice, the College is planning a review of the T-30: Competencies, Learning Opportunities, Teaching and Assessments For Training In General Intensive Care Medicine and T-36: Competencies, Learning Opportunities, Teaching and Assessment for Training in Paediatric Intensive Care Medicine documents to assist this endeavour. In addition, the College intends to amalgamate the pre-2014 and post-2014 general and paediatric intensive care medicine pathways that is aimed for completion by 2024. The College also intends the review to involve:

- Evaluation of the transition year and its delivery, separate to the T-30 and T-36 document review.
- Development of syllabus for the Second Part Examination.
- Development and implementation of the dual training program in partnership with the Australian and New Zealand College of Anaesthetists (ANZCA).
- Exploring the implementation of entrustable professional activities (covered in Standard 5).

The team considers the planned reviews to be appropriate to bring the curriculum framework and relevant assessment components up to date. The College is strongly encouraged to develop an overarching and pragmatic work program that reflects the College's priorities in the next few years, considering available resources, the needs of trainees and fellows and requirements of other parallel activities.

3.2 The content of the curriculum

The accreditation standards are as follows:

- The curriculum content aligns with all of the specialist medical program and graduate outcomes.
- The curriculum includes the scientific foundations of the specialty to develop skills in evidence-based practice and the scholarly development and maintenance of specialist knowledge.

- The curriculum builds on communication, clinical, diagnostic, management and procedural skills to enable safe patient care.
- The curriculum prepares specialists to protect and advance the health and wellbeing of individuals through patient-centred and goal-orientated care. This practice advances the wellbeing of communities and populations, and demonstrates recognition of the shared role of the patient/carer in clinical decision-making.
- The curriculum prepares specialists for their ongoing roles as professionals and leaders.
- The curriculum prepares specialists to contribute to the effectiveness and efficiency of the health care system, through knowledge and understanding of the issues associated with the delivery of safe, high-quality and cost-effective health care across a range of health settings within the Australian and/or New Zealand health systems.
- The curriculum prepares specialists for the role of teacher and supervisor of students, junior medical staff, trainees, and other health professionals.
- The curriculum includes formal learning about research methodology, critical appraisal of literature, scientific data and evidence-based practice, so that all trainees are research literate. The program encourages trainees to participate in research. Appropriate candidates can enter research training during specialist medical training and receive appropriate credit towards completion of specialist training.
- The curriculum develops a substantive understanding of Aboriginal and Torres Strait Islander health, history and cultures in Australia and Māori health, history and cultures in Aotearoa New Zealand as relevant to the specialty(s).
- The curriculum develops an understanding of the relationship between culture and health. Specialists are expected to be aware of their own cultural values and beliefs, and to be able to interact with people in a manner appropriate to that person's culture.
- Additional MCNZ criteria: Cultural Competence: The Training Programme should demonstrate that the education provider has respect for cultural competence and identifies formal components of the training programme that contribute to the cultural competence of trainees.

3.2.1 Team findings

There is documentary evidence of the alignment of the CanMEDS domains with broad program and graduate outcomes (Standard 2). Medical expertise and communication are key qualities of an intensivist, and to achieve this goal the curriculum places a strong emphasis on the development of suitable clinical, procedural, management, and communication skills to enable safe patient care. Fellows model the importance of developing evidenced-based practice and life-long learning for trainees, and there is a strong emphasis within the curriculum and College on the need for scientific and educational research to advance the specialty and practice of intensive care medicine. There is a mandatory formal project as part of the training program to assist the development of research skills and evidenced based practice. Trainees are required to undertake original research which must be presented at a suitable scientific meeting or forum. A recent positive initiative is the implementation of a Network of Educators as a community of practice for trainees and fellows to communicate and collaborate for educational projects.

Professional Skills

The curriculum content is considered to be highly relevant to practice and comprehensive, with several online and face-to-face learning courses (as elaborated in Standard 4) that supplement learning in the workplace. These courses cover several key procedural skills including advanced airway management or the management of spinal cord injury and align with training program and graduate outcomes. Trainees are required to develop the skills to provide safe, patient centred care as well as the skills to be advocates and health leaders. The College recognises the importance

of trainees developing the skills of a teacher and supervisor. Some of the skills for this domain are taught in College courses (communication, teaching and management skills) and are a focus of the transition year. As part of the College's Strategic Plan 2021-2023, fellows will be better supported to be supervisors. The recently developed management skills course highlights the responsive nature of the College when trainees identified that they felt underprepared in this learning domain and professional skills courses have been well received by the trainees as key intensivist skills. The College is encouraged to identify more formal opportunities that develop leadership and professional skills in practice for trainees that will allow them to be better prepared for their roles as consultants.

Training in Rural Sites

The College has commendably incorporated a six-month rural rotation in the training program. Training occurs mainly in metropolitan hospitals with a requirement for a six-month rotation to rural or regional sites. While this function supports trainees to understand how healthcare is provided in a range of healthcare settings, there does not appear to be robust content in the curriculum covering health inequality and the systematic barriers some population groups have in accessing high quality and cost-effective health care in Australia and Aotearoa New Zealand. The development of content in this area should be complemented by relevant learning resources, assessment, and College-supported access to training.

Cultural Safety and Cultural Competence

There is a theme of cultural competence demonstrated within the communicator domain of practice with the required competencies set out in the T-30 and T-36 documents developed for the post-2014 training programs. There is a mandatory online learning course on cultural awareness for trainees, and other recommended resources are available through the Indigenous Health page on the College's website. However, the College acknowledges there is a gap in the current curriculum on cultural safety and cultural competence with content and terminology needing to be updated. In addition, the teaching and demonstration of cultural safety is not embedded in trainee education. The team notes the College recognises the importance of developing in this area and is taking steps to enhance the current curriculum, having engaged Indigenous consultancy agency, Abstarr, and plans to consult with other Indigenous organisations and community groups, to aid strategies to improve trainee knowledge and increasing the emphasis of these aspects within the curriculum.

First and Second Part Examination Syllabus

There is clear syllabus defined for trainees preparing for the First Part Examination with a strong focus on scientific foundations, however, this aspect is less developed for the Second Part Examination. Whilst the curriculum outlines in detail the core competencies required of the Second Part Examination, there is limited information that specifically guides trainees to prepare for the examination The College has recognised this gap and has embarked upon developing content and information with curriculum mapping exercises with a Second Part Examination syllabus. The team considers the completion of this documentation will be critical to guide trainees and supervisors to prepare for the Second Part Examination and improving overall pass rates.

Dual Intensivist and Anaesthetic Training Program

As part to of the Strategic Plan 2021-2023, the College is also collaborating with ANZCA to develop and launch a dual training program leading to fellowship in both Colleges by 2024. This has been embarked upon to ensure generalist intensivists remain in the workforce, trained in a range of intensivist and anaesthetic clinical and procedural skills to support wider population groups, especially in regional and rural Australia and Aotearoa New Zealand. A working group has been formed to focus on developing this dual pathway and the College should consider areas where training and associated assessment may be ubiquitous or complementary in order to reduce

duplication of requirements that may unduly extend training time. The progress of developments related to this dual training program should be provided to the AMC in monitoring submissions.

3.3 Continuum of training, education and practice

The accreditation standards are as follows:

- There is evidence of purposeful curriculum design which demonstrates horizontal and vertical integration, and articulation with prior and subsequent phases of training and practice, including continuing professional development.
- The specialist medical program allows for recognition of prior learning and appropriate credit towards completion of the program.

3.3.1 Team findings

The College has made considerable effort to design their training programs to progressively build trainee knowledge and skills. There is flexibility which allows trainees to progress according to their learning needs with a phased approach. The First Part Examination must be successfully completed prior to entering core training, as it assesses the scientific foundations that will support future training. The Second Part Examination focuses on the knowledge, skills and behaviours to practice safe and effective intensive care medicine. The final transition year prioritises such skills as independence, high level communication, management and clinical supervision.

The College recognises that trainees may enter the program with a wide variety of background experience, knowledge and skills. The training program has a well described process for undertaking recognition of prior learning (RPL) and an initial review occurs after admission to the training program. The procedures for the College's RPL are available in the document, T-38: Guide to Recognition of Prior Learning, on the College website. A rigorous process is provided, and the College has approved 100% of all RPL applications between 2018 and 2020 for both general and paediatric intensive care medicine training programs. Despite an exacting process, the team heard feedback that there were delays to response times by the College to trainees, and due to the phased approach of the training program, this had impeded trainee progress and had impacted job prospects. The College should ensure that all RPL applications are dealt with in a timely manner so as not to inadvertently disadvantage trainees in the program and in their job prospects.

3.4 Structure of the curriculum

The accreditation standards are as follows:

- The curriculum articulates what is expected of trainees at each stage of the specialist medical program.
- The duration of the specialist medical program relates to the optimal time required to achieve the program and graduate outcomes. The duration is able to be altered in a flexible manner according to the trainee's ability to achieve those outcomes.
- The specialist medical program allows for part-time, interrupted and other flexible forms of training.
- The specialist medical program provides flexibility for trainees to pursue studies of choice that promote breadth and diversity of experience, consistent with the defined outcomes.

3.4.1 Team findings

The progression required at each stage of the training program are clear and mapped to learning outcomes, with the College's training programs progressively building trainee competence throughout. The team understood that trainees were generally satisfied that the College provides adequate information and detail about the training programs, with trainees demonstrating good

understanding of requirements. In addition, the requirements for training in different medical specialties are clearly outlined. The College uses positions accredited by the Royal Australasian College of Physicians, Australasian College for Emergency Medicine and Australian and New Zealand College of Anaesthetists, or positions considered by the Censor to be equivalent, as outlined in the College regulations and document Objectives of Training for the Medical Term (T-7) and Objectives for the Anaesthesia Term (T-8).

The College training program provides flexibility when it comes to applying for training positions across Australia and Aotearoa New Zealand. In addition, trainees may also complete training terms overseas with ongoing collaboration with the Faculty of Intensive Care Medicine in the United Kingdom. The elective term further enhances trainee choice and enhances their abilities in the practice of intensive care medicine.

The minimum time to complete training is six years without RPL consideration and a maximum training period of 12 years. The duration of the training program has adequate and appropriate mechanisms for trainees that require additional time for development. The College provides options for trainees to undertake part-time, interrupted and other forms of flexible training, and the recently approved parental leave policy was favourably received by trainees. The team heard some trainees faced difficulties in the application and communication of procedures for flexible training vary from site to site. The College is encouraged to monitor requests for flexible training closely to provide appropriate support for the trainees.

While the flexibility of the training program is welcomed by trainees, the team understood that many trainees and supervisors would prefer a more structured and stable pathway. The Queensland Intensive Care Training Pathway was often cited as an example of a desirable program structure. In addition, the team observed the maximum training period of 12 years may also contribute to training and workforce bottlenecks. The College is encouraged to examine the flexibility and length of the training program to determine any inadvertent hurdles to completion that exist to enable a more effective progression to the training program.

2022 Commendations, Conditions and Recommendations

Commendations

H The comprehensive general and paediatric intensive care training programs with clear and easily accessible documents that outline the increasing requirements leading to independent intensivist practice.

I The incorporation of mandatory training rotations in rural centres in a specialty, generally viewed as metropolitan/tertiary centre based.

J The well-developed syllabus maps the curriculum to the First Part Examination, providing trainees with detailed information to prepare for assessment.

K The Network of Educators is a developing educational community of practice for fellows and trainees to communicate and collaborate on topics of mutual interest.

Conditions to satisfy accreditation standards

7 Demonstrate clear timelines and alignment of the planned review of the general and paediatric intensive care training programs with related College activities, such as the evaluation of the transition year, and strategic plans. (Standards 3.1 and 1.2)

8 Develop and implement a detailed syllabus mapped to the Second Part Examination. (Standard 3.2)

9 Expand and embed content in the curriculum, linking learning resources and assessment, with learning outcomes for trainees to acquire substantive understanding on:

i Health inequities and systematic barriers that exist in healthcare across Australia and Aotearoa New Zealand and the intensivists' role in delivering safe and quality healthcare. (Standard 3.2.6)

ii The specific health needs, cultures, and history of Aboriginal, Torres Strait Islander, and Māori peoples in different settings. (Standards 3.2.9 and 3.2.10)

Recommendations for improvement

II Review the process for recognition of prior learning to identify and remove any impediments to avoidable delays in providing approvals. (Standard 3.3.2)

JJ Evaluate the flexibility of the training program to determine if it contributes to barriers to training completion or extended periods in training. (Standard 3.4)

B.4 Teaching and learning

4.1 Teaching and learning approach

The accreditation standards are as follows:

- The specialist medical program employs a range of teaching and learning approaches, mapped to the curriculum content to meet the program and graduate outcomes.

4.1.1 Team findings

The College's specialist medical programs employ a Competency Based Medical Education (CBME) teaching and learning approach underpinned by the application of the CanMEDS framework. CBME is defined as *'an outcomes-based approach to the design, implementation, and evaluation of education programs and to the assessment of learners across the continuum that uses competencies or observable abilities. The goal of CBME is to ensure that all learners achieve the desired patient-centred outcomes during their training.'* The College's teaching and learning approach encourages and adopts the CanMEDS framework for desired College graduate attributes for each of the seven domains, these include:

- Medical (Clinical) Expert
- Communicator
- Collaborator (Team worker)
- Manager (Leader)
- Health Advocate
- Scholar (Educator)
- Professional.

The College states that its *'training programs provide trainees with training and learning opportunities that will facilitate the achievement of competencies outlined within the curriculum. Successful completion of the training program assessments will verify the achievement of the competencies. The College's curriculum map illustrates how each learning activity is linked with the competencies and the assessments.'* While competencies are well-defined within College documents, less so is a defined curriculum for core training within its general and paediatric intensive care medicine training programs.

Teaching and learning approaches are mapped to the following competency-related documents:

- Competencies, learning opportunities, teaching and assessments for training in general intensive care medicine (T-30)
- Competencies, teaching, learning opportunities and assessments for training in paediatric intensive care medicine (T-36)
- Objectives of training: The Transition Year (T-26)
- Objectives of training for the medical term (T-7)
- Objectives of training for the anaesthesia term (T-8).

The College is currently undergoing a comprehensive curriculum review and development; however, no timelines currently exist for finalisation of the review and period of implementation.

While these competencies cover an array of topic areas based on the broad role of the intensive care medicine specialist, they are presented in a way that illustrates novice vs expert capability in each component. This provides some guidance to trainees, in terms of the levels of capability required, however, does not specify expected capability during progression of the training program, with expert status presented as a goal-oriented structure.

Given the recent review of the College document: Training Program Aims and Graduate Outcomes (T-42), and the ongoing review of curricular documents, alignment of the College's curriculum content to its program and graduate outcomes is not clearly defined. The College's program and graduate outcomes as defined in T-42 are broad, given the scope of practice of an intensive care medicine specialist, however, do provide some alignment with competency-related expectations at the expert level. The College's assessment items are considered within competency-related documents mentioned above. The assessment items include:

- Workplace Based Assessment (WBA) by Supervisors and other specialists
- In-Training Evaluation Report (ITER) by Supervisors and other specialists
- Observed Clinical Encounters (OCE)
- Completion of online logbooks as an optional learning activity
- Formal centralised examinations
- Pre and post-tests within courses with varied assessment methods dependant on provider and topic and online learning packages.

As stated in Standard 2, the outcomes of the College's curriculum review will be of great interest, particularly how the revised curriculum is mapped to program and graduate outcomes as well as teaching and learning approaches with assessment methods. Further discussion on assessment is covered under Standard 5.

4.2 Teaching and learning methods

The accreditation standards are as follows:

- The training is practice-based, involving the trainees' personal participation in appropriate aspects of health service, including supervised direct patient care, where relevant.
- The specialist medical program includes appropriate adjuncts to learning in a clinical setting.
- The specialist medical program encourages trainee learning through a range of teaching and learning methods including, but not limited to: self-directed learning; peer-to-peer learning; role modelling; and working with interdisciplinary and interprofessional teams.
- The training and education process facilitates trainees' development of an increasing degree of independent responsibility as skills, knowledge and experience grow.

4.2.1 Team findings

Practice-based Training

The College's training programs are heavily practice-based within an array of hospital settings, including intensive care units, theatres, medical and surgical wards, as well as a mix of urban and rural hospital-based exposure. The hospital-based training programs provide trainees with a breadth of clinical encounters, in which an increasing level of independence is attained.

Trainees must complete a minimum of six years training time (both in the pre-2014 and post-2014 curriculum), with a maximum of 12 years. Trainees must complete training terms in intensive care medicine, anaesthesia, and medicine (including six months in emergency/acute medicine). Trainees enrolled in the post-2014 curriculum must also complete at least six months within a rural or remote setting. Trainees are limited to a maximum of 24 months intensive care medicine training at one site, to ensure they obtain exposure to a variety of environments and patient caseloads. A maximum of 48 months may be spent in units outside Australia, Aotearoa New Zealand, Hong Kong and Singapore. The College is currently reviewing the requirements for the medical term.

As stated by the College within their accreditation submission, practice-based training in the College training programs may include:

- Diagnosis and management of critically ill patients with a variety of medical, surgical, obstetric and paediatric illness.
- Management of deteriorating and seriously ill patients outside the intensive care unit as well as the transport and retrieval of critically ill patients.
- Providing end of life care, diagnosing brain death and providing physiological support of organ donors.
- Performing medical procedures needed to support the care of critically ill patients.
- Use of medical equipment and technologies used in intensive care environments.
- Critical analysis of research evidence to support clinical decision making.
- Communication, collaboration and goal setting with patients and families/whānau during treatment in and following discharge from the intensive care environment.
- Working as part of a multidisciplinary healthcare team with intensive care medicine specialists, physicians from other specialist disciplines, nurses, allied health staff and administrators.
- Clinical supervision and teaching for junior staff or medical students.
- Involvement in administrative duties, strategic planning, unit staffing, unit design and equipment provision, change management and quality improvement programs.
- Participation in morbidity and mortality reviews, adverse event assessment and root cause analysis.
- Participating in research or quality assurance activities.

Trainee data from both the Medical Training Survey (MTS) and College survey suggests trainees are satisfied with the quantity of practice-based training they are offered within the general and paediatric training programs.

For training in Aotearoa New Zealand, and most states and territories in Australia, to undertake a training term trainees must apply and obtain a position in a unit accredited by the College for training. However, the Queensland Intensive Care Training Pathway, implemented by the Queensland government, provides centralised recruitment, selection, and allocation of trainees to accredited adult and paediatric intensive care units within the state, for those who wish to apply.

Trainees are supervised in intensive care units by intensive care specialists. A Supervisor of Training (SoT) oversees training during a training term; however, trainees may be supervised by a number of College fellows as well as non-College fellows, who work in the intensive care unit during their training term. The SoT, in conjunction with the trainee, determine the level of supervision appropriate in any given situation or context. Supervision applies to all clinical situations, both within and external to the intensive care unit, but also extends to non-clinical duties such as record keeping or research. The level of supervision required for each trainee is expected to evolve over the course of the training program from closer supervision to independent practice. An essential component of training is the graded transfer of responsibilities to the trainee if the situation allows, facilitating the progressive development and independence of the trainee. This must occur while maintaining patient safety and quality of care.

External to the intensive care unit, within the anaesthesia and medicine terms, trainees may be supervised by fellows of other Colleges, such as the Australian and New Zealand College of Anaesthetists, Australasian College for Emergency Medicine, or the Royal Australasian College of Physicians. These external College supervisory fellows also facilitate assessment using the

College's assessment tools during these external terms, including the In-Training Evaluation Reports (ITER).

Adjuncts to Learning

The hospital-based education program is facilitated by Supervisors of Training who oversee the College's official clinical-based education within hospital settings. Supervisors of Training must attend a mandatory education session conducted by the College upon acceptance of a College-endorsed supervisory position. The hospital-based education program includes clinical-based theoretical and practical topics that aim to enhance clinical practice of trainees.

Self-directed learning is heavily promoted by the College due to the broad scope of practice of intensive care medicine specialists. Trainees are encouraged to explore both educational content and accredited terms in a self-directed manner. The College has a dedicated transition year, prior to fellowship, which focusses on the acquisition of non-technical and management skills, including expertise in administration, teaching and quality assurance.

Online learning has been instrumental in the delivery of education for trainees during the COVID-19 pandemic with many of the College's educational program moved from face-to-face to online. The College is to be commended for demonstrating a high degree of adaptability to deliver its education and training programs and this approach has been well received by many trainees. The College has an extensive range of online educational opportunities for trainees and fellows, including online modules, trainee study groups, and links to external online courses. The College is starting to move back to face-to-face learning where possible as the pandemic-related outbreaks subside in particular regions of Australia and Aotearoa New Zealand, however, continues to make online learning opportunities available to trainees and fellows alike.

Mandatory external educational courses are accessible to trainees, however, many come with a cost to the trainee, which was flagged as an extra burden on trainees' financial capacity. This issue is not specific to intensive care medicine training, with other specialist colleges often mandating courses that required a financial cost to trainees.

The College has sourced a range of e-learning modules for trainees and fellows to access, including understanding and addressing implicit bias; Te Tiriti o Waitangi, colonisation and racism and experiences of bias, produced by the Health, Quality & Safety Commission New Zealand; Yuwhan Wupin, cultural respect, cultural safety and quality, reflection, communication and advocacy, developed by Griffith University; and unconscious bias in medicine, produced by Stanford School of Medicine. While these resources are available to trainees and fellows, they are voluntary to access and complete, although Australian-based trainees are required to complete the Yuwhan Wupin course and Aotearoa New Zealand based trainees, the course provided by Mauriora Associates.

A mandatory component of the training program for trainees completing the post-2014 curriculum is the completion of an online learning course on cultural awareness. Trainees based in Australia have previously completed an online learning course on intercultural competency, and trainees based in Aotearoa New Zealand complete the Mauriora Associates foundation course in cultural competency. These online learning courses are to be completed before trainees enter the transition year. All trainees and fellows can access these modules at any time. The decision to apply a cultural awareness model to Indigenous cross-cultural development has been rightly re-considered by the College, with a plan to source an external Indigenous consulting agency (Abstarr) to develop a series of cultural safety education material. The College is working to update its online cultural education module for trainees and fellows to reflect a cultural safety model. This is being done in consultation with Abstarr consulting.

Trainee feedback obtained during the management skills course indicated that there were a number of learning opportunities that could be provided early in training, to enhance trainees understanding of and engagement with the training program.

The Welcome to Intensive Care Training (WIT) course was developed in response to the feedback from a group of College trainees in 2020 and implemented for the first time in February 2021, was attended by 24 trainees and received favourably. Trainees completed a pre and post course questionnaire, which demonstrated an increase in knowledge of the training program and confidence in training related abilities, including knowing where to access information from the College.

The implementation of the Membership Digital Platform (MDP) will support the tracking of trainee development across the training program into fellowship. The newly developed online trainee and fellow platform aims to allow for ease of access to College-related training and education material, including assessment information.

Inequitable access to adjuncts of learning and particular methods can be an issue in rural locations, including working with interdisciplinary and interprofessional teams, although this has largely been remedied by the introduction of online learning experiences for trainees and will require continued focus by the College.

Teaching and Learning Methods

The College adopts a range of teaching and learning methods that aim to provide trainees and fellows with a comprehensive learning experience, to develop a high standard of intensive care medicine practice within Australia and Aotearoa New Zealand.

The College has a philosophy of lifelong and self-directed learning as a key part of the training process. Trainees must self-identify learning needs, determine methods to meet needs, complete learning activities and evaluate the impact of the learning. SoT's, College fellows and peers may support trainees in this process. The College maintains that self-directed learning is an essential element in its practice-based training programs to imbue a high degree of independence from the commencement of training.

Trainees are encouraged to discuss learning needs with their SoT at the commencement of each training term, and the supervisor of training can support the trainee in achieving their learning goals. The College undertook a review of their Observed Clinical Encounter (OCE) and Workplace Competency Assessments (WCA) in 2020 and amended these to have an increased focus on trainee self-reflection, feedback, and ongoing actions.

Trainees can complete an online logbook of procedures as an optional learning activity. The type and number of procedures performed can then be tracked by trainees. The focus on self-directed learning within the training program prepares trainees for the practice of continuing professional development (CPD) following completion of the training program.

Trainees complete a formal project as part of the training program assessment requirements and trainees are able to participate in a state-based presentation event. All trainees within the state are encouraged to attend these events to view research conducted by their peers.

Representatives from the Trainee Representative Committee have established informal and optional networks with trainees from their state to facilitate communication, networking, peer-to-peer learning and information sharing. Trainees usually use web-based applications to communicate. Although these networks do not have oversight from the College, they are encouraged to provide trainees with opportunities to connect and learn from and with peers. Trainees are not always aware of these networks, however, and greater communication to trainees about these education networks is encouraged. Participation in online education sessions, examination preparation sessions, face-to-face courses, and the WIT course also provides opportunities for trainees to interact and learn from one another.

The College training program enables trainees to work with a team of intensive care medicine staff that includes other trainees, fellows, and multidisciplinary healthcare staff. The hospital-based programs inherently encourage both role modelling, interprofessional, and interdisciplinary team exposure through direct patient care. This provides ample opportunity for

trainees to learn from a range of health professionals and senior members of their team, including nursing staff, allied health professionals, other medical and surgical disciplines, and College fellows. Supervisors of training also provide opportunity for role modelling during both clinical and non-clinical based education and training.

The College's goal to create an online community that includes the educational resources needed to practise effectively across each intensive care career stage is an excellent one. It was also reported that trainee engagement in developing the structure and deciding on learning content and learning methodology was substantial. The College's commitment and investment in online education resources is further evidenced with a dedicated Online Education Leadership Group.

Development of Independence

The College's training programs have a significant focus on building trainee competency to practice as independent intensive care medicine specialists. This is exemplified within the College's core training documents: Competencies, learning opportunities, teaching and assessments for training in general intensive care medicine (T-30) and Competencies, teaching, learning opportunities and assessments for training in paediatric intensive care medicine (T-36). These documents present the expectations for the specific competencies and skills required of trainees as they progress from a novice to expert trainee. These align with the CanMEDS domains and include the expectations for both clinical and non-clinical skills.

The College's ITER provides an avenue to assess trainees against the competencies and rate them based on novice to intensive care medicine fellow level. It also provides feedback on the trainee's stage of development and progression through the training program. The marking scale is devised to evaluate the progress of the trainee in each area across time.

Trainees also undertake a transition year as the final year of training. It is intended that the transition year will allow greater clinical autonomy and promote development of the non-clinical characteristics of a medical specialist, including administration, teaching and management skills before embarking on their role as a consultant.

The team observed the presence of inequity of access by trainees to training opportunities within and across jurisdictions, particularly in anaesthetic rotations, which continues to be observed in the training program. This may also contribute to significant delays in trainee progression through the training program and inevitably contributes to training and workforce bottlenecks. As elaborated in Standard 1, the College must continue to work judiciously with jurisdictions to ensure trainees have access to mandatory terms such as anaesthesia and medicine.

Furthermore, the lack of opportunity for particular procedural skills, paediatric and anaesthetic experience negatively impacts on training progress. While the training program facilitates trainee development, the lived experience of trainees reflects many barriers to trainee development through reduced access to these opportunities. While difficulty in access is appreciated, given the rarity of certain procedures and capacity to train issues, the education and training provider must consider this and develop strategies to reduce inequity and difficulty in access to vital education and training opportunities deemed mandatory by the College.

The capacity of supervisors of training and fellows to meet the time commitment required by the training programs should also be considered in relation to trainee development. Many trainees and supervisors of training raised concerns with regards to ability to undertake certain aspects of training, such as WBAs, due to time constraints on their unit's workforce, again, highlighting the issue of capacity to train within certain departments and its negative impact on trainee independence development.

2022 Commendations, Conditions and Recommendations

Commendations

L The investment in online education resources, with a goal of creating an online community with access to educational resources needed to practise effectively.

Conditions to satisfy accreditation standards

10 For both intensive care medicine and paediatric intensive care medicine training programs, ensure the College:

- i Improves access to key and mandatory learning opportunities and rotations, especially for anaesthesiology and procedural skills, in Australia and Aotearoa New Zealand to better support trainee progression through the training program. (Standard 4.2.1)
- ii Identifies and addresses variations in the access of training opportunities across training sites, working with jurisdictions and health services to increase capacity to train. (Standards 4.2, 1.6 and 8.2.3)
- iii Develops methods for trainees based in rural and remote training sites to acquire the expected level of competency for their training stage and exposure to adequate opportunities for procedural skills and variations in the casemix. (Standards 4.2.2 and 4.2.3)

11 Expand cultural safety teaching and learning resources and opportunities to ensure trainees develop a substantive understanding with relevant assessment methods within the forthcoming cultural safety module. (Standards 4.2.2 and 5.2)

12 Ensure regular engagement with supervisors of training, accredited intensive care units and jurisdictions in Australia and Aotearoa New Zealand to ensure training sites allocate adequate protected time for College-related training opportunities for trainees, including workplace-based assessments to be completed with appropriate supervision. (Standards 4.2.4, 1.6 and 8.2)

Recommendations for improvement

Nil.

B.5 Assessment of learning

5.1 Assessment approach

The accreditation standards are as follows:

- The education provider has a program of assessment aligned to the outcomes and curriculum of the specialist medical program which enables progressive judgements to be made about trainees' preparedness for specialist practice.
- The education provider clearly documents its assessment and completion requirements. All documents explaining these requirements are accessible to all staff, supervisors and trainees.
- The education provider has policies relating to special consideration in assessment.

5.1.1 Team findings

The College has a comprehensive and well documented program of assessment aligned with the program and graduate outcomes. Both formative and summative assessments are used, including regular WBAs. They are well suited to assess the key competencies to monitor trainees' progress and development. The First Part Examination must be successfully completed prior to progressing to core training. Trainees must complete the Second Part Examination prior to entry into the transition year. Requirements to complete prescribed assessments are clearly documented, readily available for trainees and supervisors on the College website and were reported to be well understood.

The College is moving towards an integrated program of assessment as part of their current Strategic Plan 2021-2023 with development and continuous improvement of education and training functions as strong principle. While it is indicated that priorities will be described via annual operational planning, current initiatives to better align with best practice in medical education include consideration of an approach for programmatic assessment, investment in online education resources and review of assessment procedures.

As part of this process, the College is encouraged to review the alignment of program and graduate outcomes and assessment methods for dual training. In addition, the weighting of summative and formative assessments as validation points for progress throughout the continuum of training should be part of the assessment review and aligned with other changes to be implemented. For example, a poor performance in the Hot Case may require the candidate re-sit the clinical aspects of the examination, despite performing well in other areas. The College should consider ways to assess trainees without placing undue assessment burden, especially if there are ways to incorporate a process that is satisfactory to both College and trainees.

The assessment process is supported by the College's Special Consideration Policy which enables trainees to advise the College of adverse circumstances that have affected their performance. The College endeavours to ensure that trainees are not disadvantaged by circumstances beyond their control. The current review of this policy in 2015 encompasses all assessments, not only the examinations.

Dual Training Program

With the development of the dual training program with ANZCA, the College should consider the development of program and graduate outcomes, and curricula, in alignment with related assessment methods as part of the overall assessment review. The College is encouraged to identify where efficiencies and opportunities for integration may exist in the process, considering the needs of trainees, examiners and College operations.

5.2 Assessment methods

The accreditation standards are as follows:

- The assessment program contains a range of methods that are fit for purpose and include assessment of trainee performance in the workplace.
- The education provider has a blueprint to guide assessment through each stage of the specialist medical program.
- The education provider uses valid methods of standard setting for determining passing scores.

5.2.1 Team findings

There are multiple methods of assessment utilised by the College including examinations, WBAs, a formal research project, and course (mostly online) assessments. Each assessment is aligned to the training program, curriculum and the CanMEDS domains and provides the reasoning behind various assessment being used at each stage of the program. There is evidence of blueprinting process across both written and oral exams, although it was not clear if the relevant documents were easily available to station and question authors. The Chairs of the First Part and Second Part Examinations Review select questions to ensure appropriate content and domains are assessed. This process appears to be well organised, but the outcome of the review by ACER expressed concerns with the robustness of the blueprinting process as an avenue for improvement.

COVID-19 and Management of Risk

The delivery of the assessment program was impacted by the COVID-19 pandemic. The team commends the College for successfully completing its program of examination over the last two years. The high quality of the online assessments was largely well received by the trainees, enabling them to progress if they met the standard. The team notes the College has a document (T-23 Contingency Plans for Examination) that provides information to candidates and examination contingency plans in the event of unforeseen circumstances and an overarching Business Continuity Plan is being completed to identify potential disruptions and provide guidance on appropriate responses to operational matters. The team welcomes these continuous improvement plans to ensure the College demonstrates appropriate responsibility and response to its stakeholders.

First and Second Part Examinations

A member of the AMC team observed the VIVAs for both First and Second Part Examinations, including pre-exam examiner workshops. It was evident the College has a highly motivated and skilled group of senior clinicians who lead and/or prepare written questions and VIVA stations. In addition, they also deliver the VIVA and bedside assessments to a high standard. The collegiality of this group was very evident, and the onboarding of new examiners was supportive and comprehensive.

The VIVA questions are finalised in the pre-exam workshop and examiners roleplay each question to ensure they are fit for purpose. Calibration of examiners occurs for the VIVAs. However, marksheets are not standardised and there were no marking rubrics that outline the expected standard for each question. This is also an issue with the hot case marksheets. Expected findings for the case are documented, but there is no marking rubric. Whilst calibration of examiners occurs for all clinical exams, the lack of a consistent marking rubric increases the risk of examiner variability.

The First and Second Part Examinations have both written and oral (VIVA) components. At the present time, there is no standard setting for the First Part Examination written papers, with candidates expected to achieve a score of at least 45% in both exams to be invited to undertake the oral examination. To pass overall, candidates must achieve a total score of 50% (written plus oral). The College recognises that standard setting for the VIVA could be improved. The team

understood the College plans to incorporate the Angoff method as a standard setting method for the First Part Examination in the future.

The Second Part Written Examination already uses the modified Angoff method to determine the cut score. Candidates must achieve the pre-determined cut-off score to progress to the oral component of the exam. To pass the Second Part Examination overall, candidates must achieve 50% in the oral section, not fail more than one topic and not receive a "severe fail" in the hot case section. Again, standard setting is an issue for the oral assessments and needs to be addressed by the College.

Workplace Based Assessments

Workplace based assessments (WBAs) occur throughout the training program and training sites are responsible for the delivery of WBAs. The College endeavours to promote high-quality assessments across all training sites by providing various resources:

- Information on its website regarding all assessments.
- A clear role description for SoTs with mandatory training and education updates.
- Information for trainees about WBAs.

The in-training evaluation report (ITER) assesses performance over an extended period and are applied to core, elective and specialty training terms. These cover the seven domains of intensive care practice with clearly articulated performance indicators and there are slight variations in the ITERS for ICU, medicine, anaesthesia and elective terms. Global judgements are made relative to the trainee's stage of training, so are well suited to their purpose. Observed clinical encounters (OCE) provide more structured observation of trainees in the workplace, with feedback on performance. Workplace competency assessments (WCA) were introduced in 2014 and reviewed in 2020 with the addition of an entrustment scale. Overall, the WBA program is comprehensive and provides meaningful feedback for trainees over the course of their training. One area of concern that was identified by trainees and supervisors is the ability for trainees to insert enough percutaneous tracheostomies and whether sufficient access to training opportunities and assessment in this area will need to be considered by the College in any review of WBA.

5.3 Performance feedback

The accreditation standards are as follows:

- The education provider facilitates regular and timely feedback to trainees on performance to guide learning.
- The education provider informs its supervisors of the assessment performance of the trainees for whom they are responsible.
- The education provider has processes for early identification of trainees who are not meeting the outcomes of the specialist medical program and implements appropriate measures in response.
- The education provider has procedures to inform employers and, where appropriate, the regulators, where patient safety concerns arise in assessment.

5.3.1 Team findings

The College has formal mechanisms to provide feedback to trainees on all assessments, including WBAs. The College endeavours to provide supervisors with tools to have conversations with trainees to provide feedback on performance. The team heard of favourable reports from trainees about the amount of feedback they received over the course of training from supervisors to aid their development. Based on information derived from the ACER review and the 2020 Medical Training Survey, the College has identified the need to provide examination feedback that will be more useful to trainees and in a timely manner. This is consistent with feedback provided to the

team that more detailed feedback be provided to trainees undertaking the First and Second Part Examination and this applies to both candidates who pass or fail the examination.

Supervisors of training have access to feedback regarding trainee performance on previous training terms via an online ITER and this continuity of information provides improved scope to assist trainees with skill development and wellbeing. There is also a documented process for trainees not meeting the outcomes of the training program or those in extra need of support. However, some supervisors of training expressed frustration with a lack of feedback received on assessment performance of their trainees, limiting their ability to undertake a more structured follow up process. It is noted that should a candidate fail the Second Part examination, their supervisor of training is contacted by phone by a member of the Examination Committee to discuss and plan remedial action for the trainee that is required. While this is a valuable mechanism, the College should review how this process can be formalised for valid check points for improvement to be established between the trainee and supervisor of training.

As discussed above, WBAs form a key part of ongoing feedback to the trainees during their time in training. Whilst there is a range of WBAs available, the team heard these can be delivered with variable quality across training sites and can be viewed as a tick box exercise by some supervisors of training. This limits their utility as a method of assessment, and trainees receive inequitable value from these assessments across training sites. The College is strongly encouraged to review the consistency of the delivery of WBAs, which is also in line with ACER review recommendations. The College was encouraged to explore the efficacy of the workplace assessment and to consider other innovative assessment methods, such as incorporating Entrustable Professional Activities (EPAs) and a programmatic assessment approach into existing structures. The team considers the College should prioritise activities to evaluate its assessment activities as it had far-reaching implications for a College that relies heavily on a mentorship model and its supervisors of training to deliver the training programs.

The College recognises the importance of early recognition of a trainee that is struggling to meet the outcomes of the training program. The ITER is the main avenue for this early identification and candidates with an unsuccessful ITER are referred to the Censor, who contacts the supervisor of training. There is a further escalation process, should problems remain, that involves the training department with remedial action plans agreed upon, and this process appears to be fit for purpose. In addition, the College has a clear process when patient safety issues arise, but to date no instances of notifiable conduct have occurred in relation to the College training programs.

5.4 Assessment quality

The accreditation standards are as follows:

- The education provider regularly reviews the quality, consistency and fairness of assessment methods, their educational impact and their feasibility. The provider introduces new methods where required.
- The education provider maintains comparability in the scope and application of the assessment practices and standards across its training sites.

5.4.1 Team findings

The team recognises the College is dedicated to the importance of evolving their approach to assessment and examinations, and plan to incorporate the ACER review recommendations, as well as improve the training programs, curriculum, and related internal processes. A number of assessment workshops by ACER staff have been conducted in 2022, which will be important to facilitate smooth and incremental progress of quality improvement in this area.

The team observed the College provides excellent training, support and feedback for new examiners and station writers, which adds to the quality and consistency of the examination

process. There is a robust review process for written items included in the First and Second Part Examinations.

Marking processes are fit for purpose, with machine marking of the MCQs in the First Part Examination to ensure accuracy. SAQs are marked by two examiners independently, with a final mark representing the average of both markers. The Chair of the Examination Committee will re-mark the paper should there be significant discrepancies between examiners. VIVAs are marked by two examiners independently, although (as observed), the process to handle any discordant marks varied between examiner pairs. Examiner performance is reviewed, and the College is encouraged to continue examiner training in relation to calibration and how to conduct the examination. Examiner training for the hot case is suitable, with a thorough calibration process and workshop.

The College undertakes a number of analyses following each round of examinations. This includes the performance of examiners, VIVA stations and written questions, and pass rates. Results are discussed by the relevant assessment leads and investigations undertaken if required.

The Angoff method for standard setting in the Second Part Written Examination was implemented in 2019. The ACER review, completed in February 2021, has effected further improvements in the quality and fairness of the examination process, In addition, the College is investigating a programmatic assessment approach and is undertaking qualitative research of the trainee exam preparation. The ACER report included several commendations on how the College supports and values the contribution of examiners, incorporating examiner training to develop high quality SAQs, materials to support trainee exam preparation, and the response to the COVID-19 pandemic.

As identified in other sections of this report, the ACER review also identified a significant number of areas for improvement in the College's examination and assessment processes to be considered in the short and long term. While the team recognises the thoughtfulness in which the College receives feedback, it is critical that a response to these recommendations be prioritised within the College's work program. The team notes a full time staff member will be engaged by the College to oversee these implementations and supports this endeavour as part of their remit. The AMC will be interested in the College's response and progress on the recommendations made by ACER and in summary, the following will be of particular interest:

- The assessment of borderline candidates and their suitability to progress.
- Incorporating robust blueprinting for all College examinations.
- Enhancing the quality and quantity of feedback for all trainees.
- Ensure adequate standard setting for all VIVAs and hot cases to improve its reliability.
- Standardisation of marking templates for VIVAs.
- The implementation of the Angoff method for the First Part Examination.

The team's concern over the College's assessment and examination in addition to the provision of adequate content to facilitate development and preparation for the First and Second Part Examination is reflected in the concerning pass rates reported by the College between 2016 to 2020 (See Section A.5). The first attempt pass rate for the First Part Examination for general and paediatric intensive care trainees respectively was 66% and 40%. The first attempt pass rate for the Second Part Examination for general and paediatric intensive care medicine respectively was 56% and 60%. There also appeared to be a trend of decreasing pass rates on more than one attempt.

The reasons for these pass rates may be attributed to multi-faceted and inter-related causes discussed throughout this assessment and in the team's report. The team acknowledges the College has identified the need to make significant improvements in the quality of its assessment and examination processes and outcomes. For instance, the introduction of the Angoff method for

standard setting in the written component of the Second Part Examination has shown positive early improvements in pass rates. The College is encouraged to continue in its trajectory of quality improvement with close monitoring and developing intermediate processes to mitigate issues in the interim. This may involve tackling the lack of syllabus for the Second Part Examination, enhancing the syllabus for the First Part Examination, the variability of standard setting, training approaches across training units and delivery of WBA.

More robust examination feedback, along with enabling supervisors of training to better identify trainee readiness to sit for examinations, would complement the improvements made to examination processes. The low number of applications for reconsideration, review and appeals appears to be incongruent to the examination pass rate and while the team notes there may be several reasons for this, it could also indicate a reluctance by trainees to raise concerns with the College despite the critical feedback provided about the examinations. The team's recommendations on the College's Appeals, Reconsideration and Review process is explored under Standard 1 and issues related to the agency of College trainees in Standard 7.

2022 Commendations, Conditions and Recommendations

Commendations

M The commitment to improving the quality and consistency of assessment and expertise of senior clinicians participating in delivering the examinations.

N The recent introduction of improved standard setting for the Second Part Examination written component.

Conditions to satisfy accreditation standards

13 Develop and implement a systematic plan to demonstrate timely and resourced response to the recommendations of the assessment review. (Standards 5.1, 5.2, 5.3 and 5.4)

- i Evaluate the weighting components for both First and Second Part Examinations in line with plans for curriculum renewal. (Standards 5.1 and 3.2)
- ii Ensure blueprinting procedures are well-documented between examinations and workplace-based assessments to demonstrate progressive judgement of clinical, procedural, and professional skills for both training programs. (Standard 5.2.2)
- iii Evaluate the quality and timeliness of feedback on the First and Second Part Examinations to trainees. (Standard 5.3.1)

14 Develop and implement rigorous and evidence-based standard setting procedures for all examinations and/or assessments, including specific details of how pass/fail decisions are determined for borderline candidates. (Standard 5.2.3)

- i Implement Angoff standard setting as planned for the First Part Examination. (Standard 5.2.3)

15 Provide supervisors with appropriate examination or assessment results of unsuccessful candidates to enable supervisors to appropriately support trainees in their learning. (Standard 5.3.2)

16 Implement systems to monitor and ensure comparability in the scope and application of workplace-based assessment practices and standards across the different training sites. (Standard 5.4.2)

Recommendations for improvement

KK Ensure trainees and supervisors of training are engaged with contributing to assessment reviews and improvements. (Standards 5.1 and 5.2)

LL	Develop mechanisms to identify factors and trends contributing to poor outcomes for high stakes examinations. (Standard 5.4)

B.6 Monitoring and evaluation

6.1 Monitoring

The accreditation standards are as follows:

- The education provider regularly reviews its training and education programs. Its review processes address curriculum content, teaching and learning, supervision, assessment and trainee progress.
- Supervisors contribute to monitoring and to program development. The education provider systematically seeks, analyses and uses supervisor feedback in the monitoring process.
- Trainees contribute to monitoring and to program development. The education provider systematically seeks, analyses and uses their confidential feedback on the quality of supervision, training and clinical experience in the monitoring process. Trainee feedback is specifically sought on proposed changes to the specialist medical program to ensure that existing trainees are not unfairly disadvantaged by such changes.

6.1.1 Team findings

The team acknowledges the College's strategic commitment to quality improvement and its intention to enhance its focus on monitoring and evaluation processes.

The team found that the College monitors the delivery of its training and education programs through a range of formal and informal tools including surveys, online and in-person course and workshop feedback, membership of training site accreditation teams and working groups, and governance roles. The College undertakes frequent reviews and redevelopment of their processes and programs, including continual curriculum renewal and mapping and core training documents, and consults with trainees on proposed changes. In line with its strategic direction, the College has collaborated with external experts, such as ACER, to review and modernise its assessment processes. This has resulted in a considerable work program as detailed in Standard 5.

The team identified that some of the College's mechanisms for monitoring, review and evaluation do not follow defined evaluation cycles, as referred to in Standard 1 with respect to education training policies and procedures. The College lacks an overarching monitoring and evaluation framework to guide reporting on the educational impact, outputs, and outcomes of the training program, and governance feedback mechanisms. As a result of a follow-up review in 2015, the assessment team at the time recommended the College consider implementation of such a framework, and as the College has continued to mature, the need for a sustainable and systematic framework is now essential. The College should consult with a diverse stakeholder group to develop the framework and ensure that the requirements for feedback processes consider safety and confidentiality.

The importance of maintaining trainee confidentiality with deidentified feedback was a recurrent theme during interviews with trainees and supervisors of training. This is especially relevant to those working in smaller centres where the feedback processes may be delayed due to small numbers of trainees. This is one area where the College could collaborate with other specialist medical colleges that face similar concerns to adopt effective approaches. However, the College must balance the need for confidentiality with provision of meaningful and timely feedback on supervisor effectiveness, as detailed in Standard 8. Of note, changes suggested in a Deakin University report on ways to improve feedback culture and practice are already being embedded in College processes.

The team notes the College's focus and reliance on survey participation, and commends the commitment and engagement to monitoring and program development by trainees and supervisors of training. Supervisors of training are surveyed annually and trainees twice yearly, and both groups may have targeted surveys for specific purposes as required. Response rates from 2017 to 2021 varied from 14.5% to 47.5% (supervisors) and 44% to 60.5% (trainees). The

team did not see evidence of longitudinal comparison of trainee data which could provide valuable insights for the College. Notwithstanding the significant effect of the COVID-19 pandemic over some of that period, the College should be mindful of survey fatigue and the possible impact on monitoring processes.

The College has reported a new SIMG survey, which will gather feedback on the interim assessment process, and a further annual survey, and the AMC will be interested in evaluation of this feedback in future monitoring submissions.

The College provided examples of how trainee consultation and feedback is used in program development, including in the merger of the pre-2014 and post-2014 curricula and the change in rural term requirement from three to six months. The College is drafting a Part 2 syllabus, in response to feedback received from the Trainee Representative Committee. In addition, the Member Reference Group consulting on the College's digital transformation program and Membership Digital Platform included trainee representatives. Responsiveness to supervisor of training feedback led to modifications of the proposed module on learning in the workplace, as well as workplace competency assessments. The team looks forward to future feedback and evaluation reporting on these new initiatives once implemented.

Training site accreditation visits are a further opportunity for systematic feedback from stakeholders including supervisors of training and trainees. The team noted a variety of concerns expressed by these groups, which are discussed in Standard 8.

6.2 Evaluation

The accreditation standards are as follows:

- The education provider develops standards against which its program and graduate outcomes are evaluated. These program and graduate outcomes incorporate the needs of both graduates and stakeholders and reflect community needs, and medical and health practice.
- The education provider collects, maintains and analyses both qualitative and quantitative data on its program and graduate outcomes.
- Stakeholders contribute to evaluation of program and graduate outcomes.

6.2.1 Team findings

The team identified that the College does not have standards by which its program and graduate outcomes are evaluated. These standards are integral to and entwined with the development and implementation of the aforementioned monitoring and evaluation framework and must be prioritised by the College.

The College should continue to formalise and embed opportunities to collect, maintain and analyse qualitative and quantitative data on new fellows. A previous targeted survey of this cohort identified a training gap which led to the implementation of the Intensive Care Management Skills course, which has been well received by trainees. Monitoring their preparedness for practice, from both the graduate and employer perspective, and whether consumer needs are being met will provide additional meaningful information for the College.

The processes by which external stakeholders contribute to evaluation of the training program delivery and development are restricted by the lack of a formal College stakeholder engagement strategy. The College must prioritise completion and implementation of this strategy, which should document a process for wide stakeholder consultation in the development of the monitoring and evaluation framework. Collaborations with other specialist colleges such as ANZCA and ACEM, and a comprehensive consultation on the development of the Indigenous Pathway have been positive. However, active engagement should be sought more widely with a

variety of other stakeholders, including health consumers, to ensure their regular input and that community needs are understood.

6.3 Feedback, reporting and action

The accreditation standards are as follows:

- The education provider reports the results of monitoring and evaluation through its governance and administrative structures.
- The education provider makes evaluation results available to stakeholders with an interest in program and graduate outcomes, and considers their views in continuous renewal of its program(s).
- The education provider manages concerns about, or risks to, the quality of any aspect of its training and education programs effectively and in a timely manner.

6.3.1 Team findings

College committees oversee monitoring and evaluation of relevant activities and report the results to the Board quarterly, and ad hoc as required. Survey results are reported to intensive care units, noting the issues of maintaining trainee confidentiality, as previously documented. Feedback to members is valued and occurs via governance structures such as committees, correspondence, e-newsletters and social media channels. Supervisor of training workshops and the College's Annual Scientific Meeting provide further opportunities for engagement with members about evaluation outcomes.

The College has not yet established processes to produce systematic monitoring and evaluation reports or summaries. The team considers that a more structured and streamlined approach to regular reporting on monitoring and evaluation activities is required, especially to external stakeholders. The reports should be distributed to all relevant stakeholders and to those who provide feedback on activities.

The team agrees that while the College has some mechanisms for managing risks to the quality of the training program, including training site accreditation and College policy documents, consideration should be given to implementation of a risk management framework, as stated in Standard 1.

2022 Commendations, Conditions and Recommendations

Commendations

O The commitment and engagement shown by trainees and Supervisors of Training to the monitoring process and program development.

Conditions to satisfy accreditation standards

17 Develop and implement a systematic monitoring and evaluation framework to obtain feedback from internal and external stakeholders on all educational and training processes, including program and graduate outcomes. (Standards 6.1, 6.2 and 6.3)

- i Consult with a diverse stakeholder group in the development of the monitoring and evaluation framework. Consultation should inform the capacity of the College to engage with and implement monitoring and evaluation requirements. (Standards 6.1, 6.2, 6.3)
- ii Articulate the mechanisms required to achieve confidential and safe feedback processes for both trainees and supervisors of training. (Standards 6.1.2 and 6.1.3)

iii Develop and implement procedures to evaluate program and graduate outcomes. (Standard 6.2)

18 Implement a stakeholder engagement strategy to formalise the process by which internal and external stakeholders contribute to evaluation of the intensive care and paediatric intensive care training program delivery and development. Stakeholders should include health professionals, healthcare administrators, and consumer and community representatives. (Standard 6.2.3)

19 Develop and implement a process to report the results of monitoring and evaluation activities both through governance and administrative structures, and to internal and external stakeholders. (Standard 6.3)

Recommendations for improvement

MM Consider developing an evaluation process for new fellows, to monitor preparedness for practice and meeting of consumer needs. (Standard 6.2.1)

B.7 Trainees

7.1 Admission policy and selection

The accreditation standards are as follows:

- The education provider has clear, documented selection policies and principles that can be implemented and sustained in practice. The policies and principles support merit-based selection, can be consistently applied and prevent discrimination and bias.
- The processes for selection into the specialist medical program:
    - use the published criteria and weightings (if relevant) based on the education provider's selection principles
    - are evaluated with respect to validity, reliability and feasibility
    - are transparent, rigorous and fair
    - are capable of standing up to external scrutiny
    - include a process for formal review of decisions in relation to selection which is outlined to candidates prior to the selection process.
- The education provider supports increased recruitment and selection of Aboriginal and Torres Strait Islander and/or Māori trainees.
- The education provider publishes the mandatory requirements of the specialist medical program, such as periods of rural training, and/or for rotation through a range of training sites so that trainees are aware of these requirements prior to selection. The criteria and process for seeking exemption from such requirements are made clear.
- The education provider monitors the consistent application of selection policies across training sites and/or regions.

7.1.1 Team findings

The College has a structured trainee selection policy and admission process that demonstrates a significant amount of thought and time has gone into its development. Since the last accreditation in 2011, the selection policy and process has included the addition of a structured curriculum vitae, situational judgement tests, and the addition of a senior nurse structure referee to the two fellow references. The College's accreditation submission demonstrated the consideration of these selection tools, as well as others that were not accepted with respect to their reliability, validity, acceptability, and feasibility. Selection of candidates is based on a clear statement of principles and aligns with the training program aims and graduate outcomes.

The College selection policy and admission process are publicly accessible, clearly documented and easily located on the College website. The College is commended for the significant amount of work facilitating and ensuring a transparent, rigorous and fair selection process as well as the structured curriculum vitae that provides additional clarity to candidates about selection policy. The College is also introducing a situational judgement test as an additional scoring tool to promote merit-based assessment.

The College's selection policy document (T-1) acknowledges that selection is achieved by attaining a minimum entry standard rather than a ranking with an arbitrary cut off at a predetermined number. The selection process does not currently act as a significant barrier to selection, with the College conceding that outside of meeting the minimum requirements, only poorly structured references are likely to result in admission to the training program being denied. The College has developed a selection policy that is well-placed to be used as a competitive selection tool. Should capacity to train represent a continuing challenge, this may be required.

There are currently approximately 1100 registered trainees, to a fellow workforce of approximately 1300, a ratio much higher than other training programs. The College recognises capacity to train as an important concern, and has conducted its own work, resulting in several publications. However, despite this work, the College does not feel confident in determining that capacity at this stage. Should that capacity be identified, and a competitive selection process be required, the current selection process should be able to be adapted into a mechanism to manage trainee numbers. It would require published information regarding the weightings of the respective selection tools, and some thought given to how trainees would be matched to employment opportunities to manage the capacity to train at each training site.

The requirement for trainees to obtain a minimum six months of intensive care experience prior to application for entry to the program is a strength, allowing ample time for mentoring and reflection on their experiences to inform their motivation to become an intensive care specialist. It also allows for assessment of the candidates by fellows of the College, to assist in identification of trainees who are likely to succeed in the program.

The team heard most trainees found the selection criteria to be clear and easily accessible, and reported that the selection process followed the published criteria. Concerns were raised regarding the duration of processing of applications and delayed communication of outcomes, which is discussed further in Standard 7.3. The team accepts that these delays were significantly exacerbated by issues related to the COVID-19 pandemic.

The mandatory program requirements and program structure are clearly communicated on the College website, and relevant information is easily found. The requirement for a rural rotation is clearly stated for prospective trainees. The team commends the College's inclusive approach to recognition of prior learning, which also regularly covers the mandatory rural term.

Indigenous Representation

The College is aware of the underrepresentation of Indigenous fellows and trainees of both Australia and Aotearoa New Zealand. The proposed Indigenous Intensive Care Training Pathway as an alternative entry process and training pathways for Aboriginal, Torres Strait Islander, Māori and Pasifika candidates are welcome developments. These were approved in March 2022 and aim to address inherent biases in the structured references and situational judgement test used in the conventional admission process. Mentorship and appointment of a College ally are an important part of this alternative pathway. The incorporation of this pathway should be complemented by appropriate cultural safety training for all trainees, fellows, and College operational staff.

Given its infancy, the AMC will continue to monitor the implementation of these policies and their impact on Aboriginal, Torres Strait Islander, Māori and Pasifika candidates' recruitment and retention in the training program. This includes ensuring adequate, appropriate and individualised support for Indigenous trainees. The development of evaluation strategies will be important to measure progress, as will strategies to increase awareness amongst both Indigenous students, graduates, trainees and fellows, as well as the wider membership, to encourage Indigenous graduates to consider careers in intensive care medicine. Engagement with other colleges and Indigenous health education bodies to share learning and develop effective strategies would be useful, especially considering the lack of Indigenous representation within the College.

7.2 Trainee participation in education provider governance

The accreditation standards are as follows:

- The education provider has formal processes and structures that facilitate and support the involvement of trainees in the governance of their training.

7.2.1 Team findings

The College's Trainee Representative Committee is the primary mechanism through which trainees can participate in governance. Members of this committee consistently report feeling

engaged with the College, and that their views are welcomed and respected. Trainee representatives are included on the Education Committee, Hospital Accreditation Committee, Assessments Committee, and the Paediatric Committee. A Trainee representative is also invited to observe Board meetings in addition to the participation of the Chair of the Trainee Representative Committee (the New Fellows representative) who is also a Board member.

Whilst the College is to be commended on the inclusion of trainees across a range of governing bodies, the team note ongoing concern from the members of the Trainee Representative Committee regarding their ability to engage with the wider trainee group. This concern is mirrored by feedback from the trainees themselves, who perceive a lack of engagement with the Trainee Representative Committee and the wider governance of their training. The team notes that these concerns were identified in both the 2011 and 2015 accreditation reports and were the focus of recommendations for improvement on both occasions. Despite this, the team found little evidence of efforts to develop appropriate mechanisms to improve communication with, and representation of, the trainees they represent.

The Trainee Representative Committee have no access to trainee contact details or email lists, and therefore, cannot contact the trainees they represent other than through contributions to the quarterly training newsletter or through informal channels. Trainees are able to make contact with Trainee Representative Committee members through the website, but the Committee reports very low uptake of this option. These informal channels are more developed in smaller regions, but are difficult in larger regions, and particularly disadvantage trainees in rural and smaller units who are less likely to have formed the requisite social connections. Trainees in Aotearoa New Zealand, in particular, reported missing out on overall connection with the College and other trainees. In collaboration with the Trainee Representative Committee and their peers, the College must facilitate the development of a robust mechanism of communication amongst trainees to address this experience of isolation and lack of engagement.

The team heard reports from the Trainee Representative Committee that they are not privy to the information gathered in trainee surveys, nor are they involved in the creation of content and questions asked in the surveys. Given the challenges mentioned above, the team suggests that the sharing of this information could be an additional mechanism to empower the Trainee Representative Committee in their representative roles.

In addition, the chair of the Trainee Representative Committee is the New Fellows representative, an intensive care specialist elected to their position by peers who are also junior consultants. The current Chair of the Trainee Representative Committee has been an intensive care specialist since 2017. The Trainee Representative Committee reported that this is an advantageous arrangement, as the New Fellows representative is a member of the College Board and therefore in a stronger position to advocate, as well as provide senior mentorship. However, the team notes that this mentorship may be provided just as effectively by the fellow in a non-chairing role. The inability of the Trainee Representative Committee and trainees to elect their leader places them at risk, if ever an individual were to fill the position whose views did not align with those of the trainees although this is ostensibly not the case at present. The team strongly encourages the College to examine other models of leadership for the Trainee Representative Committee to mitigate this, while preserving the mentorship opportunity provided by the New Fellows representative, that would be keeping in step with current practices of other specialist medical colleges.

Orientation for the Trainee Representative Committee members is primarily through informal contact with the outgoing member for that state. As a result, the committee members report some difficulty understanding the mechanisms of operation of the College which hampers their ability to respond to issues raised by trainees. The team suggests that a more formalised orientation process, including clear education regarding the structure and functions of the College governance bodies, would help to address this. This has also been discussed under Standard 1.

Engagement with individual trainees, outside of the Trainee Representative Committee, is also important. The College formally gathers feedback from trainees in its bi-annual trainee survey and

during hospital accreditation visits. This feedback is used to guide decision making by the College and the team commends this approach. Despite this, trainees continue to report feeling disengaged in governance of their own training and describe limited opportunities to engage with the College and communicate their views. The team encourages the College to strengthen its pathways for trainees to submit feedback outside of the bi-annual surveys.

7.3 Communication with trainees

The accreditation standards are as follows:

- The education provider has mechanisms to inform trainees in a timely manner about the activities of its decision-making structures, in addition to communication from the trainee organisation or trainee representatives.
- The education provider provides clear and easily accessible information about the specialist medical program(s), costs and requirements, and any proposed changes.
- The education provider provides timely and correct information to trainees about their training status to facilitate their progress through training requirements.

7.3.1 Team findings

The College uses a variety of methods to communicate with trainees, including through email, social media, regular newsletters, and the College website. The College website is a comprehensive source of information about the course requirements, application processes and College fees. The website is easy to navigate, and relevant information is quickly found. The ongoing use of the website as a central source of up-to-date information about the College and the training program to trainees is encouraged.

Overall, trainees reported satisfaction with the information received from the College and felt adequately informed about disruptions to training arising from the COVID-19 pandemic. Trainees reported that the College is easily accessible by phone or email for enquiries and were generally satisfied with the assistance provided when contacting the College. The team commends the College on facilitating open communication with trainees during the COVID-19 pandemic.

The Welcome to Intensive Care Training (WIT) course has been developed to further enhance engagement with the College and help trainees understand their training requirements. The course offers orientation to the training program, key points of contact with the College, as well as sessions on wellbeing, resilience, and exam preparation. The team commends the College on the introduction of this resource and encourages further development of introductory education sessions.

Concerns were raised by some trainees regarding timely communication of both acceptance into training and recognition of prior learning, which impacted their ability to apply for the primary exam, and also applications for training rotations for the following year, not knowing what requirements would be retrospectively approved. The team accepts that this was exacerbated by disruptions to postal services during the COVID-19 pandemic, and by working-from-home requirements. Notwithstanding these factors, the team encourages the College to ensure it is adequately resourced to process applications in a timely manner. These delays may be additionally exacerbated by the once-yearly processing of applications to enter training, and increasing applications to twice per year, or more, may reduce the intensity of the burden and speedup processing times.

As mentioned in Standard 7.2, feedback from stakeholders indicates that the trainee newsletter is considered insufficient as the sole official mechanism by which the Trainee Representative Committee can communicate with the wider trainee body. The team encourages the College to examine other avenues to facilitate communication between the Trainee Representative Committee members and the trainees they represent, to address this disengagement.

A key shortcoming in the communication on the College website is the paucity of clear information about avenues and processes for escalating concerns regarding bullying, discrimination, and sexual harassment. This is discussed further in Standard 7.5.

7.4 Trainee wellbeing

The accreditation standards are as follows:

- The education provider promotes strategies to enable a supportive learning environment.
- The education provider collaborates with other stakeholders, especially employers, to identify and support trainees who are experiencing personal and/or professional difficulties that may affect their training. It publishes information on the services available.

7.4.1 Team findings

The College recognises that trainee and fellow feedback indicate that negative culture and behaviour are a problem in some intensive care units, and that the College should provide leadership to achieve positive culture in training sites. As a result, workplace culture and wellbeing is identified as one of three flagship principles that underlie the College's Strategic Plan 2021-2023. The team commends the recognition of workplace culture and behaviour as central to wellbeing, and the College's intention to promote high standards for individuals and intensive care units in this area.

The College is commended on its flexibility and response to the challenges presented by the COVID-19 pandemic. Provision of online education and the successful transition to online examinations contributed greatly to trainee wellbeing during this period, and the efforts made by College staff in this regard are recognised and applauded by the team.

The College supports an increasing number of wellbeing initiatives for its trainees and fellows. The Wellbeing Special Interest Group, formed in 2016, is an inclusive online community for trainees and fellows which promotes support, resilience, and openness. Access to this group is easily found on the College website, which also provides access to articles and webinars developed by the Wellbeing Special Interest Group as well as additional wellbeing resources. Activities supported by this group have included advocating for the member assistance program provided by Converge International, contribution to policy guidelines, webinars, articles and contributions at annual scientific meetings. The team encourages the ongoing support of the Wellbeing Special Interest Group.

The creation of Welfare Advocates, and encouragement of their appointment across training sites, is a welcome development. However, the position is not mandatory, and there are only 15 welfare advocates across 14 training sites. This represents just a small fraction of accredited training sites. The College has concerns that mandating the position would result in unsuitable candidates adopting the role. The team encourages the College to examine other solutions to enhance access to Welfare Advocates, particularly for trainees in smaller and rural units.

The College is currently undertaking a workplace culture project to define, measure, and identify resources for positive culture, wellbeing, leadership, and teamwork in intensive care units in Australia and Aotearoa New Zealand, called the CICM Culture and Wellbeing Model. This project is in its infancy, and the team was unable to be provided with extensive detail on its progress to date during the assessment. The project has an advisory group that includes the Chair of the Community Advisory Group and an Indigenous member. The College hopes that this project will result in resources that show what good culture looks like. The AMC looks forward to further progress in this important initiative.

The College's support for flexible and part-time training is commended and the introduction of the Parental Leave policy was appreciated by trainees. However, the team heard many trainees report this flexible approach is not similarly shared by their employing training units. The team encourages the College to develop further mechanisms to promote flexible employment across

their training sites. For example, the development of a centralised network to help trainees find job-share partners, which may increase access to part-time training.

For trainees experiencing personal difficulty, there is no clear information on the College website about entitlements for periods of interrupted training. The guideline: Candidates suffering from Illness, Accident or Disability (T-19) deals exclusively with examination procedures and does not include other forms of personal difficulty, such as bereavement or carer responsibilities. The team encourages the College to make further information, with clear examples of circumstances for which training interruptions would be approved, and additional pathways to access special consideration and support, easily available.

Trainees reported significant difficulty progressing through the training program in the suggested six year timeframe, primarily due to difficulty obtaining necessary anaesthetic and paediatric experience. Stress associated with these difficulties was frequently cited as a major factor in trainee wellbeing. The College is strongly encouraged to devote resources to the development of structured training pathways outside of Queensland to address these issues, and to provide support to trainees wherever possible in negotiations with training sites to facilitate access to this required experience.

7.5 Resolution of training problems and disputes

The accreditation standards are as follows:

- The education provider supports trainees in addressing problems with training supervision and requirements, and other professional issues. The education provider's processes are transparent and timely, and safe and confidential for trainees.
- The education provider has clear impartial pathways for timely resolution of professional and/or training-related disputes between trainees and supervisors or trainees and the education provider.

7.5.1 Team findings

The College has clear pathways for the management of trainees who are struggling to meet program requirements, pass examinations, or whose performance is below the expected standard. Collaboration with supervisors of training to create a Trainee Action Plan helps these trainees to identify clear goals for remediation and understand the pathway forward. However, for trainees who are struggling to progress because of difficulty obtaining the necessary rotations (e.g., anaesthetics or paediatrics), the College does not have a clear process of identification and support and is encouraged to strengthen its resources for these trainees.

In the 2021 Medical Training Survey, 23% of College trainees who responded indicated they experienced bullying, harassment and/or discrimination, of which 68% was reported as coming from senior medical staff, and 66% from within their own team. When these behaviours originated from within the team or department, 42% of cases were reported as perpetrated from their supervisor. For trainees who are experiencing problems with their Supervisors of Training or unsafe workplace environments, the College does not have adequate pathways for conflict resolution and is inconsistent with the inclusion of workplace culture and wellbeing as a flagship principle of the College's Strategic Plan 2021-2023. The team, therefore, has several concerns regarding the College's approach to problematic workplace culture and bullying.

- The College web pages for 'Trainee Support' and 'Training Difficulties' do not address the issue of workplace bullying or unsafe environments, nor do they offer trainees access to safe and confidential methods for raising concerns. The issue of workplace bullying is first raised in Appendix 3 (page 15) of the document Guidelines for assisting trainees identified as requiring additional support (T-13), and refers trainees to another policy document, IC-20, available now on that section of the College website.

- The policy document: Prevention of Bullying, Discrimination and Harassment in the Workplace (IC-20) represents a largely passive approach, instructing trainees to contact their local human resources department, or external bodies such as the Human Rights Commission, Worksafe or Fair Work Commission if they cannot address the offender directly.
- For trainees to raise concerns with the College, they are advised to contact the College Chief Executive Officer (formal or informal) regarding problematic workplace behaviour. While the team understands developing independence in training is encouraged, this approach is of great concern, given the insurmountable barrier this represents for many trainees to report problematic or unsafe behaviour.

The College and several trainees advised the team the most common pathways for escalation of concerns are informal and undocumented, though the College ensures an email is requested for documentation. Trainees generally reach out to College staff for help or advice and while this approach may be effective for some individuals, these informal methods create several problems.

- First, the lack of an accepted formal escalation pathway restricts access to trainees who are confident enough to use these avenues to contact College staff.
- Second, the lack of centralised documentation means that systematic, repeated behaviours are less likely to be identified and cannot be acted upon.
- Third, there is no framework for trainees to illustrate how their concerns will be handled, information de-identified, and how protection is offered to ensure they will not be disadvantaged by raising legitimate concerns.

These factors represent further barriers which prevent trainees from reporting concerning behaviour or unsafe environments. The College must develop appropriate pathways to address these issues. Concerningly, several trainees reported that attempts to raise concerns with the College did not receive any response.

The team accepts that problematic workplace behaviour is not unique to the specialty of intensive care medicine and is indeed a longstanding problem across all medical disciplines as well as in other industries. However, the team considers that the College has a responsibility to its trainees to develop suitable remediation procedures to support and advocate for the resolution of workplace training issues in training sites accredited by the College. The team strongly suggests that the implementation of such procedures would aid the College in addressing problematic workplace environments outside of the formal accreditation process and may preclude the need for escalation to withdrawal of accreditation for training units to address problematic behaviour.

2022 Commendations, Conditions and Recommendations

Commendations

P The rigorous, transparent and fair selection policy, developed with respect to reliability, validity, acceptability and feasibility.

Q The development of alternative entry processes and training pathways for Aboriginal, Torres Strait Islander, Māori and Pasifika candidates.

R The approach to open and transparent communication, including the introduction of the Welcome to Intensive Care course for new trainees.

S The development of the Welfare Special Interest Group and role of the Welfare Advocate in training sites.

Conditions to satisfy accreditation standards

20 Finalise, implement and monitor the plan to increase the recruitment and participation of Aboriginal, Torres Strait Islander and Māori trainees with appropriate strategies to

support the wellbeing and specific needs faced by this group of trainees. (Standards 7.1.3 and 7.4)

21 Engage with the Trainee Representative Committee to increase the role and profile of its members amongst trainees and as an integral part of decision-making in the College.

i Review the composition of the Trainee Representative Committee to ensure the views of trainees are effectively represented. (Standard 7.2)

ii Ensure consultation with the Trainee Representative Committee when developing processes related to trainees, such as the design of trainee surveys, and sharing of feedback received in such trainee surveys. (Standards 7.2 and 6.3.1)

iii Facilitate open pathways of communication between the members of the Trainee Committee and the trainee body. (Standards 7.2 and 7.3)

22 Develop and implement safe, accessible, and formally documented internal pathways for trainees experiencing personal and/or professional difficulties to seek advice and receive appropriate support including:

i Updating "Guidelines for assisting trainees identified as requiring additional support (T-13)".

ii Updating "Prevention of Bullying, Discrimination and Harassment in the Workplace (IC-20)".

These pathways should be adequately resourced and regularly monitored through College governance. (Standards 7.4.2 and 1.1)

23 Develop and implement suitable pathways for trainees to escalate concerns to the College about their training environment. These pathways are separate from the Appeals, Reconsideration and Review Process and must be demonstrate safe and confidential processes to provide assurance trainees will not be unduly disadvantaged in their training progress. (Standard 7.5)

24 Develop and implement mechanisms to actively manage concerns raised about supervisors and training sites with clear pathways for investigation, action, and remediation. This may be considered simultaneously with reviews related to training site accreditation processes. (Standards 7.5 and 8.2)

25 Ensure information about trainee support and complaints pathways are clearly documented, well-communicated and easily accessible by all trainees. (Standards 7.4 and 7.5)

Recommendations for improvement

NN Reconsider the leadership model for the Trainee Representative Committee. (Standard 7.2)

OO Explore solutions to increase the uptake of Welfare Advocates at training sites and engage with training sites to provide access to welfare support for trainees in units who do not have anyone appointed to this role. (Standards 7.4 and 8.2)

B.8 Implementing the program – delivery of education and accreditation of training sites

8.1 Supervisory and educational roles

The accreditation standards are as follows:

- The education provider ensures that there is an effective system of clinical supervision to support trainees to achieve the program and graduate outcomes.
- The education provider has defined the responsibilities of hospital and community practitioners who contribute to the delivery of the specialist medical program and the responsibilities of the education provider to these practitioners. It communicates its program and graduate outcomes to these practitioners.
- The education provider selects supervisors who have demonstrated appropriate capability for this role. It facilitates the training, support and professional development of supervisors.
- The education provider routinely evaluates supervisor effectiveness including feedback from trainees.
- The education provider selects assessors in written, oral and performance-based assessments who have demonstrated appropriate capabilities for this role. It provides training, support and professional development opportunities relevant to this educational role.
- The education provider routinely evaluates the effectiveness of its assessors including feedback from trainees.

8.1.1 Team findings

The role of Supervisor of Training (SoT) is central to ensuring an effective system of clinical supervision, with responsibility for the oversight of trainees during their training program. They are the eyes and the ears of the College on the floor of intensive care units. The team met supervisors who are enthusiastic teachers, showing immense passion and dedication to their important role. Trainees benefit greatly from their significant contribution in supervising, supporting and assessing them and their progress through the training program. This role is supported by the general fellowship that provide day to day teaching and supervision. The quality of supervision is reflected in the 2021 Medical Training Survey of College, trainees who responded indicated 48% rated supervision as excellent, 40% as good and only 3% as poor.

Selection of Supervisors of Training

There is a structured process of selection and appointment of SoTs, which is documented, and whilst it requires the approval of the College, selection primarily remains with an individual Head of Department from training sites. Requirements are set around length of practice as a consultant, though the process does allow more recent fellows with appropriate mentorship. This potentially reflects the position being unpopular, though the College states that the position is becoming more desirable. The team encourages the College to consult with SoTs, to introduce measures that would increase the desirability of this role. This may include enhancing recognition of the work of SoTs within the College's Continuing Professional Development program and other ways to recognise excellent supervision. Working with supervisors of training to develop College support systems that manage the workload of supervisors is also critical, and to ensure employers are providing enough protected time for both supervision and clinical work with resources to support their supervisory responsibilities. Ideally these positions would be well sought after, and general enthusiasm these for positions would occur. The appointment process would also benefit from the input of trainees and other fellows, to ensure supervisors of training with the temperament and skills suited to the role are selected, as the team heard feedback from both trainees and

supervisors of training that suggested a small number of supervisors may not be best suited to the role.

Responsibilities of the Supervisor of Training

The College has clearly defined the responsibilities of supervisor of training in their training documents, in particular The Role of Supervisors in Intensive Care Medicine (T-10). The responsibilities of the education provider to these practitioners are less well defined in College documents, though the supervisors that the team met were mostly happy with the support that the College provides. Communication by email is regular and comprehensive. College administrative staff are easily contactable by phone or email, and supervisors report timely responses to queries. Despite the mostly positive feedback from supervisors of training, there were a few areas that were highlighted as in need of improvement. Supervisors would like communication from the College regarding the performance of their trainees at formal examinations, including when rotating outside the unit, rather than having to rely on trainees to self-report. Supervisors of training would also like more training and College support in assisting trainees who are experiencing difficulty in passing their formal examinations.

Professional Development of Supervisors of Training

The College has continued to strengthen its training and professional development of supervisors. Feedback indicates that the educational leads in the College are engaged, approachable and provide excellent resources. Regular workshops have been provided, and the College has successfully pivoted to a virtual program during the COVID-19 pandemic, which has allowed greater participation. These workshops are mandatory for new supervisors of training, helping to ensure they have the necessary skills to perform their supervisory roles, though the team is concerned new supervisors of training are allowed 12 months to complete these workshops. Ideally these would be completed either prior to commencing the role or soon after. The team encourages further strengthening professional development in line with supervisor of training needs. The College states that the Network of Educators will also aid the professional development of supervisors, and fellows more generally, resulting in improved clinical education and supervision at training sites. This initiative is in its infancy, and the team encourages the College to continue its development. The College has developed online sessions for supervisors in key strategic priorities, such as cultural safety, and similar sessions held for College assessors along with a range of continuing professional development topics.

Support for Supervisors of Training

The team identified over the course of the assessment that the supervisor of training dashboard is an area requiring improvement. Supervisors of training would like greater information regarding the longitudinal progress of trainees and visibility of the information that is provided on the trainee dashboard, to better track trainee progression. Some supervisors of training were creating spreadsheets of their own volition to keep track of such information. There were also concerns regarding access to the dashboard when trainees were undertaking non-ICU terms, and some would like the system to allow more than one supervisor to be assigned to a trainee and provide supervisory input. The team notes that the College is undertaking an extensive revamp of its Membership Digital Platform. It would be advantageous if these issues were taken into consideration in the design of the new system.

The longitudinal supervision of trainees is not well-defined by the College and, in most jurisdictions, trainees are left to create their own training programs. As discussed in Standard 3 and 7, while this flexibility is appreciated, a more structured approach would relieve the uncertainties felt by trainees and their supervisors likewise. While the allocated supervisor changes with each rotation, there is no formal handover of supervision, though informal handover is common, particularly when there are concerns with trainee performance. There is no overarching oversight when trainees are undertaking non-ICU terms, with supervision being transferred to a fellow of another College who has not undertaken any formal College training and may have minimal interaction with the College. Some training sites have created informal

arrangements to continue supervision and support of these trainees. Ideally, there would be formal systems of support and supervision provided to trainees undertaking terms outside the intensive care unit, particularly as some trainees reported problems with supervision during these terms. The College has advised a submission is being prepared to be reviewed by the Education Committee and subsequently the College Board for dual supervision of trainees in non-ICU terms.

Evaluation of Supervision Roles

Given the significant role that supervisors of training perform in ensuring an effective system of clinical supervision, routine evaluation is paramount. Currently evaluation of supervision occurs during the hospital accreditation process, which usually occurs every five years, and during trainee surveys. The trainee survey is not compulsory, and response rates can be low in some units, potentially limiting its usefulness. It was unclear to the team how the trainee survey was used for ensuring effective clinical supervision, other than informing the formal accreditation process, and it appeared that the hospital accreditation process was the main tool for assessing the quality of supervision. It was also not clear if the result of the trainee survey had resulted in supervisors in difficulty being removed or mentored in their position, and the identification of supervisors that may be struggling with or were unsuitable for their role was unclear as a priority.

In the response received in the AMC survey, only a small minority of SoTs agreed that the College provides helpful feedback on their performance. In addition, on site visits, supervisors of training consistently stated that they would like more feedback on their own performance, and not just departmental feedback. The College states that such feedback is difficult without compromising trainee confidentiality, however, the team encourages the College to examine ways in which this feedback could be more routinely and systematically provided to supervisors of training. Examples of this include mandatory trainee evaluation and batching of survey results. The College should also ensure such feedback is given to the supervisors of training, as site visits indicated some heads of department may not be passing on the departmental results of the trainee surveys. Given the SoT is central to the College's supervision of trainees, there must be a systematic, continuous monitoring of supervisor effectiveness, that takes into account trainee feedback, to ensure an effective system of clinical supervision. In addition, there needs to be effective evaluation of this monitoring, to allow feedback, and to acknowledge excellence whilst also educating, assisting, mentoring and managing SoTs.

Selection, Training and Responsibilities of Assessors

The College has detailed and rigorous policies around the selection, training, and duties of its assessors involved in delivering written and oral assessments. These are detailed in document Guidelines for the Appointment, Training and Duties of Examiners (T-20). Appointments are assessed and approved by the relevant examination committee, and before commencing an examiner must observe all components of the oral examination and attend an examiner training workshop. New appointees are well supported with shadow marking, assistance from a senior examiner and assessment of their performance under exam conditions against set criteria. The College also provides online examiner educational sessions and is working to upskill existing examiners.

The College evaluates the effectiveness of its assessors through psychometric evaluation to assess inter-rater reliability, marking analysis to identify outliers, and mock examination assessment of examiners. Feedback is also sought from trainees by way of a questionnaire after each of the examination components.

Mentoring and Welfare Support

Mentorship can be an important role in assisting trainees through training and beyond. Approaches to this role varied from site to site. A significant majority of trainees reported in the AMC survey as having access to a mentor other than their direct supervisor. Some places have well developed mentor programs and, in others, the role is left to the supervisor of training. The

College has introduced the position of a Welfare Advocate but reports only 14 welfare advocates across 15 training sites with uptake of this initiative being slow. Some training sites have also utilised psychologists, and where this was reported as occurring, the feedback was very positive. To date, the College has not mandated these roles within training sites and believe that a better result will occur through allowing these roles to grow organically. The risk with this approach is that the people that would benefit most from these initiatives, that are less well performing training sites and trainees, are unlikely to seek to develop into or access these roles. The team encourages the College to invest further resources into developing and supporting these roles and consider how they can ensure all trainees have access to mentorship and welfare support, including when trainees are undertaking rotations outside the intensive care unit, where support for trainees may not be as well developed. Effective mentorship systems may also help with the longitudinal supervision and support of trainees as they move through their training program.

8.2 Training sites and posts

The accreditation standards are as follows:

- The education provider has a clear process and criteria to assess, accredit and monitor facilities and posts as training sites. The education provider:
    - applies its published accreditation criteria when assessing, accrediting and monitoring training sites
    - makes publicly available the accreditation criteria and the accreditation procedures
    - is transparent and consistent in applying the accreditation process.
- The education provider's criteria for accreditation of training sites link to the outcomes of the specialist medical program and:
    - promote the health, welfare and interests of trainees
    - ensure trainees receive the supervision and opportunities to develop the appropriate knowledge and skills to deliver high-quality and safe patient care, in a culturally safe manner
    - support training and education opportunities in diverse settings aligned to the curriculum requirements including rural and regional locations, and settings which provide experience of the provisions of health care to Aboriginal and Torres Strait Islander peoples in Australia and/or Māori in Aotearoa New Zealand
    - ensure trainees have access to educational resources, including information communication technology applications, required to facilitate their learning in the clinical environment.
- The education provider works with jurisdictions, as well as the private health system, to effectively use the capacity of the health care system for work-based training, and to give trainees experience of the breadth of the discipline.
- The education provider actively engages with other education providers to support common accreditation approaches and sharing of relevant information.

8.2.1 Team findings

The College utilises a diverse range of training sites that utilises the capacity of the health system effectively. This includes the use of tertiary metropolitan, private, regional and rural ICUs, allowing a broad case mix for training purposes. Whole units, rather than positions, are accredited, allowing training sites to increase or decrease their training numbers as needed. The College has a well-defined process and criteria to assess and accredit facilities and posts as training sites. Requirements for accreditation are clearly documented and are publicly available on the College website. The College routinely reviews accredited training sites every five years, more frequently

if there are concerns. The hospital accreditation visit review is a critical component of the College's oversight of its training units.

The COVID-19 pandemic created significant challenges to the traditional method of hospital accreditation visit reviews. The College successfully pivoted to a hybrid model, with an onsite team consisting of one or two fellows, and one trainee from the same state, with a Board member from interstate joining virtually as the lead team member. The College says this model has been successful, has reduced the time commitments of Board members involved and reduced travel costs. Feedback from site visits where this model had been utilised was positive.

Recent changes to the rural requirements that will further strengthen the importance of rural and regional training will see increased use of non-metropolitan capacity and training opportunities. The College also has a long-standing commitment to supporting the aims and objectives of the Specialist Training Program, with a clear commitment to extending specialty training beyond traditional metropolitan hospitals. Currently the College supports 7.0 FTE rural, 8.0 FTE private, 2.0 FTE Integrated Rural Training Pipeline and 1.33 FTE Tasmania Project positions. The College is commended for making these changes to ensure the continued presence of general intensivists in rural areas.

Accreditation and Monitoring of Training Sites/Units

The accreditation process addresses the clinical workload, infrastructure, educational support, supervision and teaching. Whilst document Minimum Standards for Intensive Care Units Seeking Accreditation for Training in Intensive Care Medicine (IC-3) refers to cultural safety as a principle guiding clinical care, education, teaching, research and administration, it is not a criteria that is specifically addressed by the College's hospital accreditation report that the team use to report their findings to the Hospital Accreditation Committee. To satisfy the standard, the College should incorporate into the hospital accreditation visit report a commitment to cultural safety with specific reference to Aboriginal, Torres Strait Islander and Māori peoples.

The team heard feedback from many fellows and trainees of general satisfaction with the College's accreditation process. The process appears to be collegial and allows the College to work with training sites to ensure an adequately resourced environment. However, some fellows and trainees, including those who were impacted by the removal of accreditation, felt improvements could be made to the process, including improving the weight given to the trainee voice during the accreditation process.

The team is pleased to observe the College pays significant attention to the health and welfare of trainees at accredited training sites and to promoting a safe training environment. The hospital accreditation visit and subsequent report specifically address bullying, harassment and discrimination, as do the bi-annual trainee surveys, that feed into the formal hospital accreditation process. In addition, the College has removed accreditation from training units where there has been concern raised about trainee and fellow welfare. Outside of those directly affected, these decisions were welcome with many fellows and trainees the team spoke with. However, the team also received information there were likely many other training sites where problems with culture and wellbeing were experienced. There was a sentiment that there was inconsistency in how complaints from trainees had been managed at different training sites. The team notes the College's documents do not address reasons or thresholds for a mid-cycle review of accreditation and addressing this may improve transparency and consistency of decisions. There also appears to be a dichotomy between the College's well-intentioned support of trainees with managing procedural aspects of the accreditation process and considering the practical and widespread needs of its trainees, fellows, training sites and other stakeholders when accrediting training sites.

Impact of Accreditation Decisions

Removal of hospital accreditation has significant ramifications, not only for the trainees and fellows within a unit, but more broadly, with impacts felt by nursing and allied health staff, and other departments within the hospital. While the team acknowledges the College has the authority

to do so, trainees are affected significantly by such decisions, often having to find training jobs elsewhere, and this can be particularly problematic when trainees are required to plan their training well in advance to secure difficult to obtain rotations like anaesthetics and paediatrics. Feedback indicated College support of trainees was inadequate in obtaining rotations (as discussed in Standard 4) and resolving training issues or disputes (as discussed in Standard 7). More practical support was sought by affected trainees. There is also the impact of reputational damage that is long lasting and indiscriminate in that it affects everyone within the department, not only those who are responsible for the poor behaviour. The team has concerns around the monitoring of hospital sites outside of the formal accreditation visits especially when a training unit was determined to be performing so poorly that its accreditation is removed immediately without an adequate opportunity to rectify issues.

Evaluation Processes

The team is concerned that these performance issues were not detected through the ongoing monitoring of sites, for example, by the bi-annual trainee survey, or training sites were not provided adequate warning that their accreditation was at risk prior to the decision to remove accreditation. Given the collateral damage of removing accreditation in this way, the team suggests that the College has a duty of care to ensure that monitoring and evaluation systems are designed robustly to detect problems early, and that the College notifies and works in collaboration with hospitals and jurisdictions to rectify problems, reducing the need to remove accreditation of a training site. The team proposes the College rely more on regular processes, such as the training surveys to monitor training sites in addition to accreditation processes. Currently, these existing survey processes are used predominantly at the time of the hospital accreditation visit review, rather than forming a true continual monitoring process. It may be that the College needs to mandate these training surveys to increase their reliability, as currently the response rate averages approximately 50% of trainees surveyed.

Notification of Outcomes of Accreditation Reviews

The College informs training sites of the outcome of accreditation reviews, through the Head of Department and the Chief Executive Officer. The outcome letters sent to hospitals following accreditation contain a summary of positive aspects, matters of concern, accreditation outcome, matters that must be corrected for accreditation to continue, matters to be brought to the attention of the hospital, matters to be brought to the attention of the intensive care unit, and reporting requirements. Feedback from jurisdictions was that they would like to receive more detailed feedback from the College, with information on performance against each standard, greater detail where there were areas of concern, and more information on how the training site could address the issues identified. Several jurisdictions also indicated that they would appreciate early and proactive communications from the College where concerns are identified, to enable issues to be collectively addressed in a timely manner, and to mitigate any adverse effects on service delivery and patient care. For training sites in Aotearoa New Zealand, the Hospital Accreditation Committee communicates training site accreditation decisions to the ICU Director and the District Health Board (DHB), with an expectation that the DHB will notify MCNZ of any intention to limit or withdraw accreditation. The College is asked to consider if it can have a more direct role in providing these notifications to MCNZ.

Overall, the College is also encouraged to disseminate accreditation reports more widely. Currently the accreditation outcome letters are sent to the Head of Department and the Chief Executive Officer, and annual training surveys to the Head of Department. The Head of Department is, therefore, heavily relied upon to disseminate information to the rest of department. Feedback from site visits indicated that this was not always occurring, in some cases not even to supervisors of training, who have an important role in providing College supervision. The College should have mechanisms to provide this information directly to supervisors of training. The team also heard from trainees that they would be interested in the results of training surveys and accreditation reviews, and this should be considered by the College. Importantly, the

College should also notify departments within the hospital that send accredited trainees to the accredited unit, as well as directly to the Colleges that rely on the College's accreditation of training sites to accredit their own trainee's training time.

Joint Accreditation

The College relies on other Colleges to accredit training sites that form part of the training program, but are not intensive care units. These sites are accredited by ANZCA, RACP and ACEM. This reduces the accreditation burden on both the College and training sites. The College also collaborates with other providers, such as ANZCA, to accredit training sites for intensive care trainees, that are not accredited for ANZCA training. Whilst leaving accreditation to other colleges allows flexibility of training, it does raise the risk that training sites are not meeting the needs of the intensive care training program. The needs of trainees in another specialty may be different to that of an intensive care trainee. The College does provide supervisors of non-ICU terms with Objectives of Training, but there is no accreditation process to ensure training sites are meeting these objectives. Most trainees spend at least two years of their training time outside units directly accredited by the College. The College needs to assure itself, through monitoring, that all training sites are meeting the needs of its training program.

Access to Training Opportunities

Trainees have significant flexibility to determine where their non-ICU terms can be completed, allowing effective use of health care system capacity. Despite the advantages of flexibility, the current approach, leaving trainees to form their own training program does create some problems in most jurisdictions. Feedback from trainees, new fellows and SoTs consistently identified problems in obtaining some required rotations, such as anaesthetic and paediatric rotations. These issues have been discussed in several standards within this report. This uncertainty causes significant stress to trainees, and the team heard of trainees having to either undertake such rotations in non-paid positions, or by working non-accredited terms in return for access to these rotations, unnecessarily extending the duration of training. Given the difficulty around access, the College should work further with jurisdictions and health services to increase capacity to train in these terms. Some regional committees are considering training networks to address this issue, similar to the Queensland Intensive Care Training Pathway (as discussed in Standard 4). Another option might include linking accreditation of training sites to access to anaesthetic and paediatric rotations. Given the significant stress placed on trainees from this issue, and its effect on trainee wellbeing, a solution to this issue should be a priority for the College.

Improving the Accreditation Process

The team believes the above concerns warrant an extensive review of the accreditation process, focusing particularly on the articulating of standardised processes that lead up to the removal of accreditation. The College has sought feedback, at least informally, from the medical executive of some of the hospitals. However, the team is of the opinion that any review should obtain widespread confidential feedback from all stakeholders involved, including affected trainees, supervisors of training, other hospital departments, clinical executive, nursing, and allied health. The team believes that a review of the College's accreditation process is important to quantify the impact of these significant decisions, reduce the need for withdrawal of accreditation, identify processes to prevent or reduce the impact of these decisions, and to inform future process with respect to similar decisions. Given the nature of such a review, and to support its validity, it may also be appropriate if an external lens is utilised to assess the process.

2022 Commendations, Conditions and Recommendations

Commendations

T The dedication, commitment and passion of the Supervisors of Training and the College's educational leads.

U The development of a program of workshops to support and train Supervisors of Training, and the successful shift to a virtual program that supports greater participation.

V The changes made to the rural requirements of training to strengthens the capacity of rural training and diversity of training experience.

Conditions to satisfy accreditation standards

26 Develop and implement a process that evaluates the effectiveness of Supervisors of Training and provides timely and meaningful feedback on their performance. (Standard 8.1.4)

27 Conduct a formal review of training site accreditation processes with a focus on improving the procedures for withdrawal of accreditation and consistent monitoring of training sites with input from all stakeholders. The outcome of the review should inform future processes. (Standard 8.2.1)

28 Develop and implement a systematic, documented process for monitoring training sites between five-yearly accreditation visits including the need to:

- i Provide detailed feedback to relevant stakeholders of the training sites of concerns raised. (Standard 8.2.1)
- ii Actively engage with training sites to resolve issues related to training. (Standards 8.2.1 and 7.5)
- iii Be assured all training sites are meeting the needs of the training program for non-intensive care rotations. (Standard 8.2.4)

29 Formalise and publish the criteria and process for instigating out of cycle accreditation review of sites at risk of not meeting published accreditation standards. This will support the improvement of the transparency of these processes for trainees and training sites. (Standard 8.2.1)

30 Review the quality of accreditation reports to provide detailed, accurate and in-time information to training sites and related stakeholders and improve transparency of the process with the implementation of a process to appropriately distribute accreditation reports to relevant stakeholders. (Standard 8.2.1)

31 Review and revise training accreditation standards to include criteria that training sites demonstrate a commitment to Aboriginal, Torres Strait Islander and Māori health. (Standard 8.2.2)

Recommendations for improvement

PP Consider ways to increase the desirability of supervisory and mentoring roles. (Standard 8.1)

QQ Strengthen the longitudinal supervision and support of trainees, including the potential for an appropriate mentorship program or strategy. (Standard 8.1)

RR Incorporate feedback from trainees, fellows and other stakeholders in the selection of Supervisors of Training. (Standard 8.1.3)

B.9 Continuing professional development, further training and remediation

9.1 Continuing professional development

The accreditation standards are as follows:

- The education provider publishes its requirements for the continuing professional development (CPD) of specialists practising in its specialty(s).
- The education provider determines its requirements in consultation with stakeholders and designs its requirements to meet Medical Board of Australia and Medical Council of New Zealand requirements.
- The education provider's CPD requirements define the required participation in activities that maintain, develop, update and enhance the knowledge, skills and performance required for safe and appropriate contemporary practice in the relevant specialty(s), including for cultural competence, professionalism and ethics.
- The education provider requires participants to select CPD activities relevant to their learning needs, based on their current and intended scope of practice within the specialty(s). The education provider requires specialists to complete a cycle of planning and self-evaluation of learning goals and achievements.
- The education provider provides a CPD program(s) and a range of educational activities that are available to all specialists in the specialty(s).
- The education provider's criteria for assessing and crediting educational and scholarly activities for the purposes of its CPD program(s) are based on educational quality. The criteria for assessing and crediting practice-reflective elements are based on the governance, implementation and evaluation of these activities.
- The education provider provides a system for participants to document their CPD activity. It gives guidance to participants on the records to be retained and the retention period.
- The education provider monitors participation in its CPD program(s) and regularly audits CPD program participant records. It counsels participants who fail to meet CPD cycle requirements and takes appropriate action.
- Additional MCNZ criteria: Continuing professional development – to meet MCNZ requirements for recertification.

9.1.1 Team findings

The team found information about the College's Continuing Professional Development (CPD) program comprehensive, easy for fellows to understand and publicly accessible on the College website. The CPD program has been determined in consultation with relevant stakeholders and is designed to meet the current requirements of the MBA and the MCNZ. The requirements of the CPD program are clearly defined and have been updated to enhance knowledge and skills for safe and appropriate contemporary practice.

The CPD Committee and College staff are to be commended for their commitment to the continuing professional development of its fellows with a program structure clearly outlining objectives and requirements for compliance. The team found there was near universal uptake (over 90%) of the College's CPD program by fellows. The College also ensures that once fellows complete a CPD activity and meet all their requirements for a CPD cycle that they reflect on the appropriateness and value of the activity. The College detailed robust processes for the assessment and crediting of activities for its CPD program and closely monitors and documents participation rates in its CPD program and audits 5% of CPD participants each year.

The College implemented a CPD Online Diary that reportedly has already been utilised by a good number of fellows. The team heard feedback indicating that there was limited engagement with

the fellowship regarding CPD requirements, obtaining feedback relating to the process and the online IT portal used for this purpose. Broader communication and consultation with the fellowship should be undertaken by the College to better support their CPD requirements.

Range of Educational Activities

The team heard that many fellows found that the College itself provides a suitable range of educational activities and that an even greater number of external activities were approved by the College for CPD. The team heard feedback regarding the educational offerings that, while extensive, vary in both complexity and rigour. The team recommends that the College develop clear criteria for assigning a complexity level to each educational offering that would provide fellows with a useful guide when selecting activities appropriate to their individual needs.

Cultural Safety Activities

Notably, the team commend the College for endeavouring to embed cultural safety and cultural competency in all its activities and mandating participation for fellows in related CPD activities. The College reports that 62 fellows and nine specialist international medical graduates have completed the recommended cultural awareness course recommended by the College. The College is working with Abstarr Consulting to develop a cultural safety course as part of the overall Indigenous Health Curriculum Framework being developed and an additional self-reflection question on whether an activity has impacted awareness of cultural safety and health equity is being added to the Online CPD Diary.

Dual Trained Fellows

Currently, the College also accepts the ANZCA, RACP and ACEM CPD programs for dual fellows and international programs for fellows overseas. There was some uncertainty about how the College ensures that the CPD activities undertaken under the auspices of other Colleges are relevant to their learning needs, based on the individual fellow's scope of practice within the specialty. Accordingly, the team noted that there was little evidence of the process and which considerations the College will adopt to assess CPD suitability for scope of practice (e.g., ICU) if performed with another specialty College. In light of impending changes to CPD registration standards in Australia and Aotearoa New Zealand, it is important that the College assess the suitability of fellows attaining continuing professional development for the specialty of intensive care medicine scope of practice if performed with another specialty College.

Transition to Professional Performance Framework and New MCNZ Requirements for Recertification

The current College's CPD policy was last reviewed and updated in 2015 and does not explicitly articulate alignment to impending changes to the CPD registration standard in Australia under the MBA's Professional Performance Framework. These changes will take effect from 1 January 2023 for all medical doctors practicing in Australia. For instance, the requirement for all doctors to have a CPD home, participate in its CPD program and do at least a minimum of 50 hours of CPD per year including a mix of reviewing performance, measuring outcomes and educational activities. The current College's annual requirement is to attain 100 points per cycle and each cycle is two years.

The team considers the College's CPD program currently meets the additional MCNZ requirements for recertification. It includes the mandatory annual medical audit, peer review and continuing medical education, and outlines the minimum points requirements per cycle for participants. The recertification program is available to vocationally registered practitioners who are non-members, and consideration could be given to including these numbers in CPD participation and completion data. Similarly, while the College has not yet been assessed for compliance with the new MCNZ recertification requirements that commence from 1 July 2022, the current policy does not explicitly address the revised requirements, although a gap analysis has reportedly been completed by the College.

Although the College has not yet been assessed for compliance with the changing CPD registration requirements by the MBA and MCNZ, the team understands the work to meet the changing CPD registration requirements may have commenced but was unable to observe adequate documentation to support this transition at the time of the assessment. The College needs to provide clear evidence of engagement and transitional activity that includes the update of the Policy for Compliance with the Continuing Professional Development Program (IC-18) along with related updating of activities, resources, and IT capabilities to ensure timely transition of these changes. The College is reminded of the expectation that cultural safety and a focus on health equity must be embedded in all recertification activities.

9.2 Further training of individual specialists

The accreditation standards are as follows:

- The education provider has processes to respond to requests for further training of individual specialists in its specialty(s).

9.2.1 Team findings

The College has well-articulated, published guidelines relating to practice re-entry, re-training and remediation of intensive care specialists. Within this guideline, information is provided concerning how to return to practice as a specialist. After a period of absence of one to three years, the College Board requires the fellow to complete a minimum of one year's equivalent of CPD activities relevant to the intended scope of practice prior to recommencement. After a period of absence from practice of three years or longer, the Medical Board requires a formal practice re-entry program.

The College's approach to supporting return to practice after a prolonged period of absence is consistent with the Medical Board of Australia and Medical Council of New Zealand (MCNZ) policies on recency of practice/return to registration.

The College has advised that such requests have been infrequent to date during the last five years and has assisted three fellows who have taken maternity leave and one fellow who had worked in anaesthetics but not worked in intensive care medicine for over three years.

9.3 Remediation

The accreditation standards are as follows:

- The education provider has processes to respond to requests for remediation of specialists in its specialty(s) who have been identified as underperforming in a particular area.
- Additional MCNZ criteria: Remediation of poorly performing fellows.

9.3.1 Team findings

The College has well-articulated, published guidelines relating to remediation within its guidelines on practice re-entry, re-training and remediation of intensive care specialists in Australia and Aotearoa New Zealand. Within this guideline, information is provided to return to practice as a specialist and reporting processes for compliance or performance issues to the relevant regulatory bodies such as Ahpra or MCNZ. The College has indicated that it has not had a request for remediation in the last five years.

2022 Commendations, Conditions and Recommendations

Commendations

W The focus towards enhancing cultural safety and cultural competency through mandating participation in related CPD activities.

Conditions to satisfy accreditation standards

32 Develop criteria to assess the suitability of dual-trained fellows attaining continuing professional development, if performed with another specialty medical College, for the intensive care medicine scope of practice. (Standard 9.1.4)

Recommendations for improvement

SS Review current continuing professional development program to develop a transition plan to align with forthcoming changes to the Medical Board of Australia and Medical Council of New Zealand registration standards. (Standard 9.1)

B.10 Assessment of specialist international medical graduates

10.1 Assessment framework

The Accreditation standards are as follows:

- The education provider's process for assessment of specialist international medical graduates is designed to satisfy the guidelines of the Medical Board of Australia and the Medical Council of New Zealand.
- The education provider bases its assessment of the comparability of specialist international medical graduates to an Australian- or New Zealand- trained specialist in the same field of practice on the specialist medical program outcomes.
- The education provider documents and publishes the requirements and procedures for all phases of the assessment process, such as paper-based assessment, interview, supervision, examination and appeals.
- Additional MCNZ criteria: Recognition and Assessment of International Medical Graduates (IMGs) applying for registration in a vocational scope of practice.

10.1.1 Team findings

The team found that the College's process for assessment of specialist international medical graduates (SIMGs) satisfies the guidelines of the MBA and the MCNZ. The College's policy last underwent a review in 2020 to better align with the guidelines set by the MBA and MCNZ.

The College has a dedicated SIMG Committee that assesses comparability of qualifications and experience of SIMGS to an Australian and Aotearoa New Zealand training intensive care specialist. The Committee meets regularly and makes recommendations to the Censor's Committee that reports to the College Board. The composition of the Committee consists of:

- Censor, Chair of the Committee.
- Deputy Censor.
- New Zealand Board Member.
- Director of Professional Affairs.
- Assessments Committee Chair.
- Two fellows who have completed the SIMG pathway, one from Australia and one from Aotearoa New Zealand.
- Community representative.
- Chair, Paediatric Intensive Care Committee, when paediatric representation is needed.

The College reported the number of applications has increased in recent years, necessitating the Committee to meet five times in 2021. From 2016 to 2020, there were a total number of 127 applications in Australia and nine applicants in Aotearoa New Zealand. Amongst the Australian applicants, 42 were found partially comparable, five substantially comparable and 22 applications were in progress at the time of the assessment. Eight applicants in Aotearoa New Zealand were found to be equivalent or satisfactory.

While there is not a significantly large number of applicants, the team found that the College provides excellent resources detailing the assessment framework/methods in accordance with the MBA guidelines to SIMGs for all phases of the assessment process on its website and within a comprehensive policy. However, the team noted that such published information was Australia-centric with less detail provided in relation to Aotearoa New Zealand.

Medical Council of New Zealand Requirements

The College has a recently reviewed policy that includes documenting the process for responding to requests from MCNZ to assess the suitability of SIMGs applying for registration in a vocational scope of practice. The College assesses the qualifications, training, and experience of an SIMG with a postgraduate qualification against the standard of an Aotearoa New Zealand vocationally trained intensive care specialist.

The process of determining equivalence includes an interview with a panel, to confirm the details of the applicant's training, assessments, and their specialist experience, and to assess the applicant's non-technical skills. The panel is comprised of the New Zealand representative on the SIMG Committee as well as members of the New Zealand National Committee and a community representative, identified from a group of interviewers shared with ANZCA. Written advice is then provided to MCNZ according to their Memorandum of Understanding.

SIMGs deemed "as satisfactory as" are required to undertake an assessment pathway, including an objective independent assessment. In 2020, the College questioned the format and validity of the traditional Vocational Practice Assessment (VPA) in the Aotearoa New Zealand intensive care context. This has been resolved following extensive collaboration with MCNZ, and a more appropriate assessment, based on the College's Part 2 Clinical Examination, was agreed upon.

In practice, there have only been 8 applicants in the last four years and the new assessment format is yet to be trialed. Despite these low numbers, the team found that College demonstrates an ongoing willingness to engage with MCNZ and provides timely, good quality advice.

10.2 Assessment methods

The Accreditation standards are as follows:

- The methods of assessment of specialist international medical graduates are fit for purpose.
- The education provider has procedures to inform employers, and where appropriate the regulators, where patient safety concerns arise in assessment.

10.2.1 Team findings

The team found that the College's methods of assessment of SIMGs are fit for purpose. The College employs a three-step process to assess comparability in Australia, or equivalence in Aotearoa New Zealand and to ensure that the applicant can perform as an unsupervised specialist in intensive care medicine at a standard comparable to that of a College fellow commencing practice.

The interim assessment comprises a preliminary review based on the SIMG's qualifications, training and experience, following which the applicant is provided with a Summary of the Preliminary Review (SPR) prior to attending for an interview.

The College is commended for its efforts to continue with SIMG assessments during the recent COVID-19 pandemic, particularly in relation to rapidly and successfully implementing an alternative method of conducting the interview phase of the assessment using an online platform rather than an in-person interview.

The team found that interviews were conducted using objective criteria in a supportive environment and provided excellent opportunity for applicants to demonstrate their comparability/equivalence. However, the team heard from SIMGs that they felt that the duration of the allocated interview was insufficient to provide sufficient detail in relation to their qualifications, skills, and experience.

Cultural Safety and Cultural Competence

The interview process also assesses non-technical skills to ensure SIMGS would be culturally safe health practitioners providing healthcare in Australia and Aotearoa New Zealand, especially to Indigenous populations. If issues relating to cultural safety are detected during the Supervised

Clinical Practice period by the Supervisor, further education and/or remediation will be required. The College has two cultural competency online courses available:

1 Foundation Course in Cultural Competency (Mauriora Associates) for SIMGs based in Aotearoa New Zealand.

2 The Yuwhan Wupin course offered by Griffith University for SIMGs based in Australia.

The College reports that SIMGs in Aotearoa New Zealand who are identified as having a gap in these areas are required to undertake the course by the Mauriora Associates. SIMGs in Australia used to complete the course offered by RACS but now undertake the Yuwhan Wupin course mentioned above. All SIMGs in Australia are required to undertake cultural competency training unless they have completed such a course prior to assessment. The College is encouraged to review this process to place mechanisms in place that actively facilitates SIMGs to develop appropriate knowledge to be able to work effectively in Australia and Aotearoa New Zealand.

Supervised Clinical Practice

SIMGs in Australia are required to undergo a period of supervised clinical practice where they are assessed via the ITER and any other WBAs. Supervised clinical practice in intensive care medicine is supervised predominately by College supervisors of training. The team noted there was universally positive feedback received from SIMGs regarding the quality of supervision.

Supervisors, along with other specialists involved with the supervision of an SIMG, are responsible for reporting any patient safety concerns to AHPRA or MCNZ and to the College immediately as they arise via the ITER, in accordance with policy document Guidelines for Assisting Trainees Identified as Requiring Additional Support.

10.3 Assessment decision

The Accreditation standards are as follows:

- The education provider makes an assessment decision in line with the requirements of the assessment pathway.
- The education provider grants exemption or credit to specialist international medical graduates towards completion of requirements based on the specialist medical program outcomes.
- The education provider clearly documents any additional requirements such as peer review, supervised practice, assessment or formal examination and timelines for completing them.
- The education provider communicates the assessment outcomes to the applicant and the registration authority in a timely manner.

10.3.1 Team findings

The assessment outcomes and supervision requirements are clearly communicated to SIMGs at all pertinent phases of the assessment process in a timely manner.

After completion of an assessment interview, the SIMG panel makes an interim assessment of comparability and whether the SIMG is Substantially-, Partially-, or Non-comparable to an Australian-trained specialist in intensive care medicine. SIMGs are provided with two documents: an official letter from the College, which details clearly and succinctly the assessment decision and the additional requirements specified by the SIMG Committee which must be completed within the appropriate timeframe, and Ahpra Report 1. This report, as well as the above letter, is provided to the SIMG via email and uploaded to their AMC profile within 14 days of the interim assessment decision.

The team heard largely positive feedback from SIMGs involved in the process that such decisions were received in an acceptable timeframe.

10.4 Communication with specialist international medical graduate applicants

The Accreditation standards are as follows:

- The education provider provides clear and easily accessible information about the assessment requirements and fees, and any proposed changes to them.
- The education provider provides timely and correct information to specialist international medical graduates about their progress through the assessment process.

10.4.1 Team findings

The College website includes clear and comprehensive information about the assessment requirements and fees.

The College employs a variety of methods for communicating with SIMGs. Each month, an e-newsletter is sent to all members of the College, including SIMGs, which aims to inform of changes to policies, provide a mechanism for units to advertise any vacant positions, changes to College processes and outcomes of any reviews of policies and processes.

The College communicates with the SIMGs directly via email to update them of the progress of their assessment. SIMGs are contacted at various points within the assessment process including the initial pre-application email, after the application has been received, when the application has been finalised and to provide the SPR form, as well as to organise the interview. The College always ensures that SIMGs are contacted within two weeks of the interim assessment decision, in keeping with best practice.

The College should be commended for monitoring their performance in this process and for identifying areas for improved communication with SIMGs after the SIMG has accepted the requirements and throughout their period of supervised practice.

The team heard that there was limited consultation with/engagement of SIMGs to facilitate evaluation of the assessment process and their needs. The team had also raised in previous standards the need for wellbeing resources, avenues for training disputes to be raised and widening access to training resources for trainees. The College is asked to also consider the needs of specialist international medical graduates in the development and subsequent communication of the availability of these resources as they become available.

2022 Commendations, Conditions and Recommendations

Commendations

X Excellent resources detailing the assessment framework and application methods in accordance with the guidelines of the Medical Board of Australia.

Y Robust processes to assess the qualifications, training, and experience of an SIMG with a postgraduate qualification, against the standards of an Aotearoa New Zealand vocationally trained intensive care medicine specialist.

Conditions to satisfy accreditation standards

33 Engage more broadly with specialist international medical graduates to facilitate evaluation of the assessment process and to identify their professional/personal needs. (Standards 10.2 and 10.4)

Recommendations for improvement

TT Enhance documentation of the Medical Council of New Zealand process with similar detail to information provided on the Medical Board of Australia process and provide

clarity on the differing requirements between the two application systems. (Standard 10.1)

Appendix One Membership of the 2022 AMC Assessment Team

Dr Kim Hill (Chair), MBBS, M Health Plan, FRACMA, GAICD.
Executive Clinical Advisor, Sydney Local Health District.

Dr Simon Martel (Deputy Chair), BSc (Med), MBBS, FANZCA, Postgrad Cert Clinical Ultrasound. Anaesthetist, Liverpool, Westmead, Blacktown and Mt Druitt Hospitals. Medical Coordinator, CareFlight Air Ambulance. Pre-Hospital and Retrieval Specialist, CareFlight/Ambulance service of NSW.

Ms Melissa Cadzow, BSc(Ma), MSysDev, GradCertSmBusMgt, GCertMedHlthLead, GradCertCyberSecurity, GCHealthServMgt(Safe&Qual), GAICD.
Consumer Expert, Australian Commission on Safety and Quality in Health Care's Patient Safety Reporting Advisory Committee. Member, Australian Commission on Safety and Quality in Health Care's Patient Advisory Group. Consumer Representative, Healthdirect Service Improvement and Development Committee. Member, Royal Australasian College of Physicians Consumer Advisory Group.

Professor Marc Gladman, MBBS, DRCOG, DFFP, PhD, MRCOG, MRCS (Eng), FRCS (Gen Surg), FRACS.
Director, The Bowel Clinic. Associate Professor, Anatomy and Pathology, The University of Adelaide.

Dr Ainsley Goodman, MBChB, PGDip Community Emergency Medicine, FRNZCUC, FRNZCGP.
General Practitioner. Emergency Medicine Locum, North Shore Hospital Auckland. Member Medical Council of New Zealand.

Dr Paul Saunders, MBBS, MPH.
Research Fellow – Aboriginal Health & Wellbeing, Western Sydney University. Casual Academic – Indigenous Health, The University of Wollongong.

Associate Professor David Smallwood, MBBS, GradCertClinTeach, FRACP, PhD, AICGG.
Deputy Chief Medical Officer – Western Health.

Dr Cassandra Spanos, BBioMed, MD.
Junior Medical Officer – Basic Physician Trainee, St Vincent's Hospital Melbourne.

Ms Juliana Simon
Manager, Specialist Medical Program Assessment, Australian Medical Council.

Ms Georgie Cornelius
Program Coordinator, Australian Medical Council.

Appendix Two List of Submissions on the Programs of CICM

Australasian College for Emergency Medicine

Australian and New Zealand College of Anaesthetists

Australian College of Rural and Remote Medicine

Australian Government Department of Health

Federation of Ethnic Communities Councils of Australia

Health Quality & Safety Commission New Zealand

Ministry of Health New Zealand

NSW Ministry of Health

Queensland Health

Royal Australasian College of Surgeons

Royal Australian and New Zealand College of Psychiatrists

The New Zealand Resident Doctors' Association

Victorian Department of Health

Western Australian Department Health

Appendix Three Summary of the 2022 AMC Team's Accreditation Program

Location	Meeting
QUEENSLAND	
Wednesday 23 March 2022 – Dr Kim Hill (Chair), Professor Marc Gladman, Ms Georgie Cornelius (AMC Staff)	
Royal Brisbane and Women's Hospital & Queensland Children's Hospital (Virtual)	ICU Directors of the Royal Brisbane and Women's Hospital & Queensland Children's Hospital
	Supervisors of training of the Royal Brisbane and Women's Hospital & Queensland Children's Hospital
	Intensive care specialists of the Royal Brisbane and Women's Hospital & Queensland Children's Hospital
	Intensive care medicine trainees of the Royal Brisbane and Women's Hospital & Queensland Children's Hospital
	Representatives of related health disciplines of the Royal Brisbane and Women's Hospital & Queensland Children's Hospital
Queensland Regional Committee (Virtual)	Queensland Regional Committee
Various Training Sites in Queensland (Virtual)	ICU Directors of Townsville University Hospital, Rockhampton Hospital and St Vincent's Private Hospital Northside
	Supervisors of training of Townsville University Hospital, Rockhampton Hospital and St Vincent's Private Hospital Northside
	Intensive care medicine trainees of Townsville University Hospital, Rockhampton Hospital and St Vincent's Private Hospital Northside
NEW SOUTH WALES	
Friday 25 March 2022 – Dr Simon Martel (Deputy Chair), Dr Paul Saunders, Ms Nicole Bock (AMC Staff), Ms Georgie Cornelius (AMC Staff)	
Westmead Hospital (In Person)	ICU Directors of Westmead Hospital
	Supervisors of training of Westmead Hospital
	Intensive care medicine trainees of Westmead Hospital
	Representatives of related health disciplines of Westmead Hospital
	Senior hospital executives of Westmead Hospital
New South Wales Regional Committee (Virtual)	New South Wales Regional Committee
Various Training Sites in New South Wales (Virtual)	ICU Directors of of Sydney Children's Hospital, Dubbo Base Hospital and North Shore Private Hospital
	Supervisors of training of Sydney Children's Hospital, Dubbo Base Hospital and North Shore Private Hospital

Location	Meeting
	Intensive care medicine trainees of Sydney Children's Hospital, Dubbo Base Hospital and North Shore Private Hospital
NEW ZEALAND	
Tuesday 29 and Wednesday 30 March 2022 – Professor Marc Gladman, Dr Ainsley Goodman, Ms Juliana Simon (AMC Staff)	
Auckland City Hospital (Virtual)	ICU Directors of Auckland City Hospital
	Supervisors of training of Auckland City Hospital
	Intensive care specialists of Auckland City Hospital
	Intensive care medicine trainees of Auckland City Hospital
Various Training Sites in New Zealand (Virtual)	Supervisors of training from various sites in New Zealand
	Intensive care medicine trainees from various sites in New Zealand
New Zealand National Committee (Virtual)	New Zealand National Committee
AUSTRALIAN CAPITAL TERRITORY, NORTHERN TERRITORY, SOUTH AUSTRALIA, TASMANIA & WESTERN AUSTRALIA	
Thursday 31 March 2022 – Dr Kim Hill (Chair), Ms Melissa Cadzow, Ms Nicole Bock (AMC Staff), Ms Rebecca McKee (AMC Staff)	
Royal Adelaide Hospital (Virtual)	ICU Directors of the Royal Adelaide Hospital
	Supervisors of training of the Royal Adelaide Hospital
	Intensive care medicine trainees of the Royal Adelaide Hospital
	Representatives of related health disciplines of the Royal Adelaide Hospital
South Australian Regional Committee (Virtual)	South Australian Regional Committee
Various Training Sites in ACT, NT, TAS & WA (Virtual)	ICU Directors of the Canberra Hospital, Royal Darwin Hospital, Alice Springs Hospital, Royal Hobart Hospital, Perth Children's Hospital, Sir Charles Gardiner Hospital
	Supervisors of training of the Canberra Hospital, Royal Darwin Hospital, Alice Springs Hospital, Royal Hobart Hospital, Launceston General Hospital, Perth Children's Hospital, Sir Charles Gardiner Hospital
	Intensive care medicine trainees of the Canberra Hospital, Royal Darwin Hospital, Royal Hobart Hospital, Launceston General Hospital, Perth Children's Hospital, Sir Charles Gardiner Hospital

AMC Team Meetings with College of Intensive Care Medicine of Australia and New Zealand Committees and Staff

Monday 4 – Thursday 7 April 2022

Dr Kim Kill (Chair), Dr Simon Martel (Deputy Chair), Ms Melissa Cadzow, Professor Marc Gladman, Dr Ainsley Goodman, Dr Paul Saunders, Associate Professor David Smallwood, Dr Cassandra Spanos, Ms Juliana Simon (AMC Staff), Ms Nicole Bock (AMC Staff), Ms Georgie Cornelius (AMC Staff)

Meeting	**Attendees**
Monday 4 April 2022	
Briefing with CICM CEO	CEO
Site visit meetings with the Alfred Hospital	Senior hospital executives Directors of training Supervisors of training Intensive care medicine trainees Representatives of related health disciplines
Site visit meetings with other training sites in Victoria	Victorian Regional Committee Supervisors of training Intensive care specialists Intensive care medicine trainees
Meetings with Health Departments and SIMGs in Australia	Health Departments in Australia SIMGs in Australia
Meeting with the Ministry of Health New Zealand	Ministry of Health New Zealand
Standards 1 and 2 Governance & Outcomes of Specialist Training and Assessment	CEO President Vice President Board Members Rural Committee Members Education Director of Professional Affairs Director of Professional Affairs Education Advisor
Tuesday 5 April 2022	
Briefing with CICM CEO	CEO
Standard 3 and 4 Curriculum & Teaching and Learning	Education Committee Chair Education Committee Deputy Chair Education Committee Members Assessments Committee Chair Rural Committee Chair Rural Committee Members Deputy Censor Education Director of Professional Affairs

Meeting	Attendees
	Education Advisor
Standard 4 Teaching and Learning Resources Demonstration	General Manager ICT Systems Administrator: Applications and Data
Standard 3 and 5 Curriculum & Assessment	Education Committee Chair Education Committee Deputy Chair Education Committee Members Rural Committee Chair Rural Committee Members Assessments Committee Chair Assessments Committee Deputy Chair Assessments Committee Members Education Director of Professional Affairs Education Advisor Assessment Manager
Standard 7: Committees Issues relating to Trainees	President Deputy Censor Paediatric Intensive Care Medicine Committee Chair STP Advisory Committee Member Welfare SIG Executive Group Member Director of Professional Affairs General Manager, Training
Standard 1,2,3,7 & 8 Indigenous Health Issues	Indigenous Health Committee Chair Indigenous Health Committee Members Education Advisor
Standard 7 Issues relating to Trainees	Trainee Representative Committee Chair Trainee Representative Committee Members
Standard 3, 4 and 5 Paediatric Intensive Care: Curriculum, Teaching and Learning & Assessment	Paediatric Intensive Care Medicine Committee Chair Paediatric Intensive Care Medicine Committee Members Paediatric Second Part Exam Chair Education Director of Professional Affairs
Standard 6 Monitoring and Evaluation	CEO President Vice President Treasurer Deputy Censor Education Committee Chair Education Committee Deputy Chair

Meeting	Attendees
	Assessments Committee Chair Education Advisor
Standard 2, 6 and 9 Meeting with New Fellows	New Fellows
Wednesday 6 April 2022	
Briefing with CICM CEO	CEO
Standard 1, 2, and 6 Meeting with Community Advisory Group	Community Advisory Group Chair Community Advisory Group Members Director of Professional Affairs
Standard 8.1 Supervisory & Educational Roles	Education Committee Chair Education Committee Deputy Chair Assessments Committee Chair Education Director of Professional Affairs Education Advisor
Standard 9 CPD, Further Training and Remediation	Fellowship Affairs Committee Chair & Deputy President Fellowship Affairs Committee Members Deputy Censor General Manager, Membership Services
Standard 1.5 Educational Resources	Education Advisor General Manager, Training
Standard 8.2 Accreditation of Training Sites	CEO President Hospital Accreditation Committee Chair Hospital Accreditation Committee Deputy Chair Education Committee Chair Education Director of Professional Affairs
Standard 10 Assessment of SIMGs	Specialist International Medical Graduate Committee Members Deputy Censor Director of Professional Affairs
Thursday 7 April 2022	
AMC Team prepares preliminary statement of findings	AMC Team
Team presents preliminary statement of findings	College Representatives