

Witness Statement

Name: Daniel Angelico

Occupation: Chief Executive Officer – College of Intensive Care Medicine.

This statement has been prepared on behalf of the College of Intensive Care Medicine of Australia and New Zealand.

1. This statement sets out the evidence that I am prepared to give to the Special Commission of Inquiry into Healthcare Funding as a witness.
2. This statement is true to the best of my knowledge and belief.

Introduction

1. A brief overview of the College, including:
 - a. any recognised subspecialties.
 - b. the relationship with any subspecialty representative organisation or body.

The College of Intensive Care Medicine (CICM) of Australia and New Zealand is the professional body responsible for the training, assessment, and accreditation of intensive care specialists in both countries. It was established in 2008 and formally took over from the Joint Faculty of Intensive Care Medicine (JFICM) and commenced training on 1st January 2010.

CICM oversees the training program for specialists in intensive care medicine, ensuring rigorous standards and accreditation. Those who complete the training program receive the Fellowship of the College of Intensive Care Medicine qualification and are recommended for specialist registration in the specialty of intensive care medicine. The specialty of intensive care medicine in Australia has one recognised sub-specialty/field of specialty practice, which is paediatric intensive care medicine, as recognised by the [Medical Board of Australia](#) [SCI.0011.0241.0001]. This field of practice is encompassed by the education and training provided by the College and therefore we have no relationship with any subspecialty representative organisation or body.

The current state of the specialty/workforce

2. Information as to the following within NSW:
 - a. Accredited trainees.
As of 9th July, there are 225 accredited trainees in NSW for intensive care medicine with 11 of these being paediatric ICU trainees.
 - b. Unaccredited trainees.
An unaccredited trainee is one which is PGY3+ and not currently part of a College training program (NSW Ministry of Health, 2020). As unaccredited trainees in ICM are not part of the College, we have no data on this.
 - c. Fellows able to supervise trainees.
In NSW, the College has 72 Supervisors of Training (SoT) for Intensive Care Medicine. SoTs are Fellows who have applied and been approved by the Education Committee to formally supervise accredited trainees within their units and sign off on a trainee's end of term evaluation report. However, there would be Fellows (not classified as

SOTs) who provide supervision to accredited and unaccredited trainees by virtue of being the consultant on duty. College Fellows also have the ability to sign off certain Workplace based Assessments: [WCA-Information-Sheet.pdf \(cicm.org.au\)](#)
[SCI.0011.0240.0001]

Another point of difference is SOTs are provided with training and education to supervise CICM trainees. In several instances, SOTs are required to supervise trainees from other Colleges. We do not collect data on the number of other trainees within a particular unit.

d. Training sites.

- Accredited general and/or mixed ICUs in NSW: [CICM - General Accredited Units \[https://cicm.org.au/Hospitals/Accredited-Sites-Accordion/Accredited-Units\]](#)
- Paediatric ICUs in NSW: [CICM - Paediatric Accredited Units \[https://cicm.org.au/Hospitals/Accredited-Sites-Accordion/Paediatric-Accredited-Units\]](#)

Training in anaesthesia and medicine is provided outside of the ICU environment and the College defers to the Australian and New Zealand College of Anaesthetists (ANZCA) and the Royal Australasian College of Physicians (RACP) respectively for accredited sites for these purposes.

CICM approves certain Hospital anaesthesia departments which are not ANZCA accredited for training to be completed in. This is for the sole purpose of providing anaesthesia training to CICM trainees and there are 9 of these sites. These accredited hospitals and further information can be found here:
<https://cicm.org.au/Hospitals/Anaesthetic-Training-Sites>

3. The extent to which the current number of practising specialists can meet the demand for services within New South Wales –generally and in the public health system.

CICM is not able to comment on the demand for services with NSW. CICM does not have access to any data on the demand for services.

CICM welcomes collaboration with NSW government or other agencies to understand any trends with demand for services.

The College's primary business is to set the standards of training for intensive care within Australia and New Zealand and provide a training program which strives to achieve the stated graduate outcomes and standards.

4. If there is a maldistribution of specialists across New South Wales (either geographically or between the public and private health systems):
- a. The nature of the maldistribution.
 - b. The factors that contribute to that maldistribution.

As above, the College is not in a place to comment on whether there is a maldistribution, owing to the fact that workforce data is not the remit of the College. However, we do have

some insight and understanding of the challenges which trainees face while completing their training.

Such factors include but will not be limited to:

- Dual training: we have many trainees undertaking multiple Fellowships - Some other training program may specify where and when trainees need to complete aspects of the program.
- Family reasons: many doctors will have partners who are also doctors and who require training in a variety of settings or who need to move depending on their partner's training needs. As mentioned above, other training program may specify where and when trainees need to complete aspects of the program.
- Those who have children may find it difficult to move away from family support networks or access childcare, a problem in both metro and rural areas.

Specialist training programs

5. A summary of the specialty training program(s) administered by the College in New South Wales, by reference to the relevant policy documents and including
 - a. Entry requirements.

This is not specific to NSW; [CICM - ICU training program](#)

[\[https://cicm.org.au/Trainees-and-IMGs/Training-Program/General\]](https://cicm.org.au/Trainees-and-IMGs/Training-Program/General)

- 6 months of Foundation ICU experience, which must be completed in a College accredited unit
- Full general registration with Ahpra

- b. Length of program(s).

- There are 6 years of training required for the ICM training program consisting of:
 - 6 months foundation ICU (completed as an entry/selection criterion before joining CICM)
 - 6 months of elective training
 - 12 months of anaesthesia training
 - 12 months of medicine training with exposure to acute and longitudinal care required
 - 24 months of core ICU training
 - 12 months of transition ICU training (final time requirement)
- Trainees can receive recognition of prior learning for anaesthesia, medicine and elective time. Exposures to cardiothoracic ICU, Neurosurgical ICU and Trauma ICU are required in the core time but do not count towards the overall length of program. Similarly, 3m paediatric and 6m rural exposure are required but do not count towards the overall length of program due to the fact they are completed either within the ICU training time or within the other disciplines.

- c. Location of delivery (metropolitan/rural).

The training program is delivered in accredited units which can be located either in metropolitan areas such as Sydney or Newcastle or rural areas within the Monash Modified Model 2-7 such as Coffs Harbour (MM3). Trainees must complete elements of the training program in particular settings to give them adequate exposure to cardiothoracic ICU, Neurosurgical ICU and Trauma ICU.

d. Program structure.

The CICM training program structure is divided into phases of training but is quite flexible within the phases.

Click this link for further information: [CICM - ICU training program](https://cicm.org.au/Trainees-and-IMGs/Training-Program/General)
[\[https://cicm.org.au/Trainees-and-IMGs/Training-Program/General\]](https://cicm.org.au/Trainees-and-IMGs/Training-Program/General)

Phase 1 is immediately after selection onto the program and before the completion of the First Part Examination. Trainees in this phase can complete their elective, anaesthesia, medicine training as well as their paediatric or rural exposures. They can also commence, undertake or complete their formal project and undertake most required courses (with the exception of management skills which is intended to be done later in the program). Trainees in phase 1 must complete their cultural competency course in addition to the First Part Exam before proceeding to phase 2.

Phase 2 consists of trainees who have completed their First Part Exam (or equivalent) as well as the cultural competency course. Some dual trainees who are Fellows of other Colleges such as ACEM, RACP or ANZCA receive exemptions from the First Part Exam and so may enter phase 2 almost immediately upon joining CICM. Within phase 2, trainees must complete 24 months of core ICU training including the three ICU sub-specialty exposures, they must also complete assessments such as workplace-based assessments and the Second Part Examination. Additionally, there is a requirement to have submitted the formal project for evaluation although final sign off is not required until the end of Phase 3. Within this phase, trainees must also complete all courses if they have not done so already in phase 1 (with the exception again of management skills which must be completed in phase 3 but may be completed in phase 2). They also must complete 30 echocardiograms as part of the training in echocardiography.

The final phase, phase 3, is called Transition Year. This is the final year of training which must consist of 12 months in intensive care with a graded journey of independence. The Final In-Training Evaluation Report must demonstrate an assessment of performance at junior consultant level and suitability for independent practice. In phase 3, all training time, courses, exposures and assessments must be completed before the end of the year in order to be signed off and proceed to application for Fellowship.

e. Number of trainees admitted in the relevant period, including how that number is determined.

From 1st January 2018 to current, the following number of trainees have been admitted to the program from NSW:

Year	Number
2018	43
2019	57
2020	41

2021	61
2022	53
2023	52

CICM trainees move around quite regularly and there is no guarantee the same trainees remain in NSW or on the training program year on year. For example, a NSW trainee in 2018 may not continue to be a NSW trainee in 2019. Our training program allows people to pursue other training programs, or dedicate time to other endeavours, so the NSW cohort may fluctuate year on year.

6. An overview of the role/function of other agencies/bodies, etc., in administering specialty training programmes relevant to the college, including NSW Health.

It is difficult for CICM to know this. Immediately known relevant bodies that *may* be involved in administering the ICM training program in NSW include:

1. NSW Health provide recruitment and infrastructure such as the physical training environments. They are often the overarching employment, recruitment and workforce body.
 2. Specific hospital units with college accredited courses being run
 - a. Royal North Shore Hospital
 - b. Westmead Children's Hospital
 - c. Nepean Hospital
 - d. St George Hospital
 - e. St Vincent's Hospital
 - f. John Hunter Hospital
 - g. The Northern Beaches Hospital
 - h. Royal Prince Alfred
 - i. Wollongong Hospital
 - j. Liverpool Hospital
 3. Entities who operate in NSW and provide college accredited courses
 - a. Cardiac Skills Australia
7. A summary of the process for the accreditation of training sites/places in New South Wales by reference to relevant policy documents, including:
- a. The role/function of the College in the accreditation of training sites/places.

A function of the College of Intensive Care Medicine is to set the standards for intensive care units seeking accreditation for the purposes of ICM training. The College has published minimum standards for intensive care units seeking accreditation for training in intensive care medicine (IC-3, provided to the Inquiry in the initial submission) and it upholds these standards through a 5-yearly accreditation cycle which units must participate in. The College monitors units in relation to their performance against the standards and takes action as well as provides support where units may not be meeting the standards.

Please click on the following link for more information: [CICM - Units Seeking Accreditation \[https://cicm.org.au/Hospitals/Accredited-Sites-Accordion/Units-Seeking-Accreditation\]](https://cicm.org.au/Hospitals/Accredited-Sites-Accordion/Units-Seeking-Accreditation)

- b. The criteria applied for accreditation of training sites/places.

IC-3 contains a list of requirements and criteria for accredited training sites. Please click on the following link for more information: [CICM - Units Seeking Accreditation \[https://cicm.org.au/Hospitals/Accredited-Sites-Accordion/Units-Seeking-Accreditation\]](https://cicm.org.au/Hospitals/Accredited-Sites-Accordion/Units-Seeking-Accreditation)

- c. The process by which new sites are identified for possible accreditation.

New sites self-identify in that they apply to the College for accreditation. They must complete an application form and provide required hospital data. In the case of units applying for limited or general training, an inspection will be scheduled. The newly applied unit is presented to the Hospital Accreditation Committee at its next meeting following the inspection. In the case of applications for new foundation units, their application is tabled at the local state/territory committee for endorsement prior to being tabled at the HAC. For foundation units, a visit is not usually required but may be organised should the Committee feel it relevant to do so.

- d. The process of determining how many training places will be accredited at a particular training site, and who is responsible for making those decisions.

As previously stated, the College of Intensive Care Medicine does not accredit specific training places. Recruitment of doctors is up to the unit and may be made up of trainees and doctors who are not on the CICM training program.

- e. The processes for reviews of accreditation, including the withdrawal of accreditation.

The hospital accreditation cycle is a five-yearly one, with inspections organised every five years for reaccreditation purposes. A team of inspectors consisting of a lead inspector, a local Fellow, a local trainee and occasionally other guests, will conduct the visit and complete a report. Following an inspection, there are a few potential outcomes:

- Full accreditation with no report required
- Full accreditation with a report required
- Conditional accreditation with an out of cycle visit required in 18-24 months
- Withdrawal of accreditation

All inspection reports are tabled at the next hospital accreditation committee meeting where they are discussed, and an outcome determined. All units are communicated with via letter and given an opportunity to respond to the findings if they so wish.

Withdrawal of accreditation will only occur after a unit has had an out of cycle visit where it is found the conditions have not been satisfactorily met. The unit is provided an opportunity for show cause and the relevant health service is notified per the AMCs communication protocol.

- f. The body responsible for setting criteria applied for accreditation of training sites/places, and the process for the review of those criteria.

From a governance perspective, the College's Hospital Accreditation Committee has delegated authority from the Board to oversee and action matters of accreditation of training sites, including applying and reviewing the criteria and standards. The HAC would be responsible for conducting reviews on IC-3 and establishing a process to do this. They would be involved in the review process and establish an updated document which would be submitted to the Board for approval prior to being implemented. College professional documents such as IC-3 are due for review every 5 years and the approach taken for review, though variable depending on the nature of the document, is to establish working groups consisting of subject matter experts and any required specific representation such as community representatives, trainees, Indigenous representatives or Māori and Pasifika representatives. The College Board must approve any amendments to professional documents such as IC-3 but delegates the responsibility of organising the reviews and updates to the relevant committees.

8. An overview of the role/function of other agencies/bodies in the accreditation of training sites/placements.

Difficult for CICM to answer this.

To an extent, other specialist medical Colleges may play a role in CICMs accreditation of training sites. As mentioned, CICM trainees must complete time in anaesthetic and medical rotations. The medical rotation must include exposure to acute medicine, which involves assessment and management of patients with acute and undifferentiated medical problems. This can be completed by undertaking a role in emergency medicine at a site accredited by the Australasian College for Emergency Medicine (ACEM), retrieval medicine or in acute care settings listed in [T-7 Objectives of Training for the Medical Term](#) [SCI.0011.0238.0001]. Additionally, the medical rotation must include a minimum of 3 months in terms which involve inpatient management which may include outpatient follow-up. Typically, training in RACP accredited settings in medical subspecialty positions is a satisfactory way to achieve this. This is also outlined in [T-7 Objectives of Training for the Medical Term](#) [SCI.0011.0238.0001].

The anaesthetic training which CICM trainees must completed is required to be completed in an ANZCA accredited sites per the [T-8 Objectives of Training for the Anaesthesia Term](#) [SCI.0011.0237.0001]. As previously stated in point 2d, CICM approve training to be done at certain hospital anaesthesia departments which do not have accreditation with ANZCA. This is for the sole purpose of providing anaesthesia training to CICM trainees. This process involves utilising the knowledge of dual trained CICM/ANZCA Fellows on a unit inspection similar to the process of ordinary CICM training site accreditation inspections. CICM and ANZCA collaborate to operationalise this process.

Internationally trained doctors

9. An overview of the process by which internationally trained doctors may attain Fellowship of the College.

An internationally trained doctor may be an international medical graduate (IMG) or a specialist international medical graduate (SIMG). SIMGs for ICM will have a qualification from an overseas jurisdiction which allows them to practice as a specialist in their country of training and be registered as such. An IMG on the other hand, is any doctor who received their basic medical qualification from an overseas jurisdiction.

SIMGs who are intensive care specialists in their country of training, may apply to CICM through the SIMG pathway. This process of assessment identifies suitably qualified and experienced SIMGs as being either substantially or partially comparable to the Australasian qualification (the FCICM). To be eligible for FCICM, SIMGs will have to complete some supervised clinical practice and may have to complete some assessments and courses. Upon completion of any required supervised clinical practice, courses, workplace-based assessments or exams, SIMGs may apply for Fellowship. The College undertakes this process of assessment on behalf of the Medical Board of Australia under the specialist pathway – specialist recognition. [<https://www.medicalboard.gov.au/Registration/International-Medical-Graduates/Specialist-Pathway/Specialist-recognition.aspx#:~:text=The%20Specialist%20pathway%20%20specialist%20recognition,in%20that%20specialty%20in%20Australia>]

IMGs seeking to attain Fellowship will need to do so through the standard training programme by applying to the College after a period of foundation training in ICM. This programme is as outlined in question 5.

Workforce planning

10. The extent to which the specialist training programmes administered by the College are currently producing sufficient specialists to meet current and future demand in NSW.

CICM is unable to comment on current and future demand in NSW. CICM does reference staffing in IC1 and IC-3.

CICM is actively involved in the Health Workforce Taskforce that is being led by NSW Health, which is looking at distribution of trainees.

11. If the College considers that specialist training programmes are not producing sufficient specialists to meet current and future demand in NSW:
 - a. How many more specialists are required to meet that demand, including by reference to particular locations within New South Wales (i.e., metropolitan/regional, etc)?

CICM is unable to comment on current or future demand in NSW. Any conclusions would need to be based on accurate, robust data and involve the units responsible for servicing the unit. It must be a collaborative approach with those who are within the system.

- b. An identification of any particular impediments/obstacles/challenges in training sufficient specialists to meet that demand.

CICM is unable to comment on demand levels in NSW.

However, trainees and Fellows have work / life balance needs like any other profession. Engagement with the trainee / specialist cohorts may be a way to find this information.

12. The extent to which the College considers the demand for specialist services – generally and between different locations within New South Wales – in the administration of training programs.

CICM is unable to comment on current or future demand in NSW.

13. In relation to “unaccredited trainees” working within the College’s specialty area:
- a. A description of an “unaccredited trainee” from the perspective of the College.
As above, the College applies the same definition of an unaccredited trainee as is depicted by NSW Health in their 2020 discussion paper titled [Review of Trainees In Unaccredited Positions \[SCI.0011.0150.0001\]](#). An unaccredited trainee for College purposes, is a doctor who is undertaking a role in an intensive care unit which would otherwise be accredited for ICM training if they were registered as a trainee. Unaccredited trainees are not known to the College although they may work alongside College trainees as peers and with College Fellows as colleagues and employees.
 - b. The role played by “unaccredited trainees” within the public health system in NSW. Unaccredited trainees may form part of the staffing of a unit and so would undoubtedly have an important role in providing care to patients in intensive care and contributing to unit service. However, as the College is not involved in the recruitment of staff, we cannot elaborate beyond this.

Case studies

14. Suitable case studies to demonstrate:
- a. Workforce challenges/issues/obstacles.
 - b. Challenges in implementing the training programs by the College, including examples of how challenges have been overcome.

None to add.

Other matters

15. Any other relevant matters raised by the College in relation to the administration of specialist training programs and the sustainability of the workforce generally.

Detailed above. Nothing further to add.

Signature:



Name: Daniel Angelico

Date: 12th July 2024