Point of view

The College – How, not Whether?

A high standard of medical training has been one of the defining features of Australian and New Zealand Intensive Care Medicine, and was exemplified by the establishment of the Examination for the Diploma in Intensive Care for the Faculty of Anaesthetists, of the Royal Australasian College of Surgeons in 1979. The Royal Australasian College of Physicians (RACP) also established a training program and Specialist Advisory Committee in Intensive Care Medicine at that time. These initiatives may have been viewed initially with scepticism by some doctors already training or established in the field, however such a qualification rapidly became recognised as a mandatory requirement for a career in Intensive Care Medicine by trainees from their respective Colleges.

Intensivists from both backgrounds have been brought together over the years by the Australian and New Zealand Intensive Care Society (ANZICS). Their shared professional interests have been pursued in scientific meetings, policy formulation, and representing the specialty in a wide variety of forums. The formation of the Faculty of Intensive Care of the Australian and New Zealand College of Anaesthetists (FICANZCA) in 1993 offered further professional definition for Anaesthetist Intensivists.

The creation of the Joint Specialist Advisory Committee – Intensive Care (JSAC-IC) in 1994 signalled a collaboration of the two parent Colleges in order to form and promote a joint training scheme. This was a fundamental change for the RACP, who moved their entire specialty advisory and training functions into JSAC-IC. By contrast, the Faculty retained a strong and influential apparatus outside of JSAC-IC through the FICANZCA Board, its subcommittees and regional committees. Communication between the Faculty, the Fellows and the Australian and New Zealand College of Anaesthetists (ANZCA) is much more direct and effective than between JSAC-IC and RACP. There is no infrastructure present within the RACP to allow communication and discussion between physician Intensivists. Traditionally, the RACP has relied upon the Special Societies, of which ANZICS is one, to represent the interests of the various subspecialty groups.

There is continuing confusion within the healthcare community over the training and certification of Intensive Care Medicine specialists, and which organisation should represent their professional interests. This is best demonstrated by the continuing problem of specialists without Intensive Care medical qualifications being appointed as Intensivists in public and private hospitals, and in the recognition of such individuals by the Health Insurance Commission as specialists in Intensive Care Medicine. The last five years have seen a rising and broad-based support for the formation of a College of Intensive Care Medicine as a single and identifiable authoritative body for the specialty.

Two formal appraisals of support have taken place within the last year. A FICANZCA survey found that 90% of Fellows supported the formation of the College, the largest proportion favouring a 2-5 year time period for this to take place.[1] In addition, the Annual General Meeting of ANZICS voted emphatically "That the establishment of an independent College of Intensive Care/Critical Care be explored" and "That JSAC-IC adopt the exploration of an independent College…." When JSAC-IC considered the request of the ANZICS AGM it agreed to add two physician Intensivists representing the RACP to a working party already initiated by the Faculty Board.[2] Unfortunately the Faculty and JSAC-IC have not included ANZICS in what was intended to be a tripartite process.

A spirit of cooperative enterprise is essential in working towards a single collegiate alliance. The Faculty recently resolved to grant an exemption from the primary examination for Fellows of the Australasian College of Surgeons and of the Australasian College of Emergency Medicine, to facilitate their access to Intensive Care medical training.[3,4] It is unclear whether retrospective accreditation for training in Internal Medicine and Anaesthesia will follow. There is no doubt that the Faculty had the authority to make this decision and many would welcome it as appropriate. However, it was perhaps less than diplomatic to make such a decision without any discussion at a time when all Intensivists should be working more closely together.

A clear majority of Faculty members favour the formation of a College by a process of evolution from the Faculty.[1] It remains unclear whether this should involve electing physician Intensivists to the Faculty initially, or forming the College and admitting all Intensivists, however defined, at that stage. Physician Intensivists recognise the excellent work that the Faculty has performed in establishing its infrastructure and publishing training and operational standards for Intensive Care Medicine. While most physicians would have little difficulty with becoming 'temporary' FICANZCA's on the road to becoming Fellows of the new College, it is vital that the Faculty demonstrates an ability to separate from ANZCA. This will not be easy

given the intertwining fiscal and infrastructural strands of the Faculty and ANZCA, which is being still further encouraged with the rebuilding program at Ulimaroa.[4]

The criteria for election to the College may not be particularly problematic. It is important to be tolerant and inclusive, but not to lose sight of the professional identity that we are seeking to reaffirm. It would be reasonable to expect that all Intensivists who commenced their specialist training from say 1985 onwards should have a SAC-IC or FICANZCA. As the training schemes were in place from 1979 this is quite a generous proposal. Specialists who commenced their training prior to 1985 and do not have such a qualification might simply be required to demonstrate that they have had a substantive practice in Intensive Care Medicine over the last 5 years.

Whichever path is chosen to the formation of the College, a strong and representative contribution must come from physician Intensivists. The Board of the Faculty has recently approved in principle the appointment of a single RACP representative to attend Board meetings.[4] This is a welcome gesture, but will not provide adequate representation or engagement to equitably progress discussions. ANZICS is recognised by the RACP as the relevant Special Society and should be welcomed into discussions. The agenda is currently controlled by the Faculty, and many Intensivists feel the chill of being left out in the cold.

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