

Assessment of the distribution and professional roles of the new Fellows of the College of Intensive Care Medicine of Australia and New Zealand

Bala Venkatesh and Ross Freebairn

In recent years, there have been rapid changes to and expansion of the intensive care specialist's role in Australia and New Zealand. Many intensivists are currently active in work outside the intensive care unit, such as rapid response teams, telemedicine, transport and retrievals. This has changed the demand for workforce numbers.

To assess the job status of new Fellows who have recently completed their Fellowship of the College of Intensive Care Medicine (FCICM), the College of Intensive Care Medicine (CICM) undertook an electronic survey of all new Fellows who obtained the FCICM between 2010 and 2012.

The FCICM is awarded after completion of the CICM training program, including 6 years of training in intensive care medicine, anaesthesia and internal medicine, and the successful completion of the primary and fellowship examinations, or equivalent. Fellowship of intensive care medicine is the sole credentialled training pathway to specialist or vocational registrations in intensive care medicine in Australia and New Zealand.

The aim of this survey was to describe the geographic distribution and professional roles of the new Fellows in the workforce. The new Fellows were identified from the CICM database. An anonymous user survey was conducted with the online survey software and questionnaire tool SurveyMonkey. An email with a covering letter and a link to the survey web page was sent to all eligible participants. The survey was open to the

respondents from 15 April 2013 to 15 May 2013. The survey consisted of 14 questions.

Results

One hundred and eighty Fellows were eligible for the survey, of whom 133 responded (response rate of 74%). The results for each of the questions are outlined in Table 1.

Discussion

These data represent a snapshot of the geographic distribution and professional roles of the new Fellows. The response rate of the survey was acceptable. The data suggest that of those who responded, about 80% are employed as intensivists, and 70% of these are practising full-time intensive care. About 75% of those employed as intensivists obtained a job within 6 months of completing the FCICM. About 65% of these are in metropolitan ICUs and an increasing proportion (about 25%) are in regional and rural ICUs. The greater spread of Fellows to rural and regional centres will have significant implications for accreditation of regional units for training, for management of patients within the region and for minimising transfer to metropolitan ICUs. The data also suggest an increasing global spread of the Fellows of the CICM outside Australia and New Zealand. This will have implications for accreditation of units outside Australia and New Zealand for training and examinations. The CICM plans to

Figure 1. Proportion of Fellows employed as intensivists, in a full-time or part-time capacity

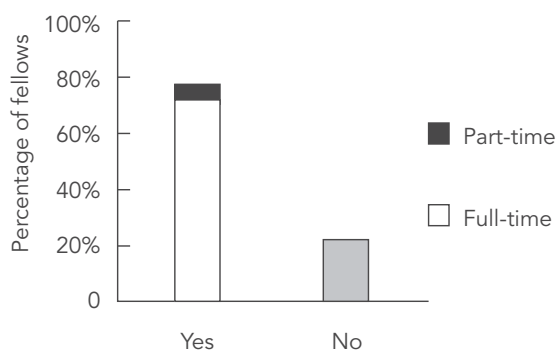


Figure 2. Distribution of Fellows' employment

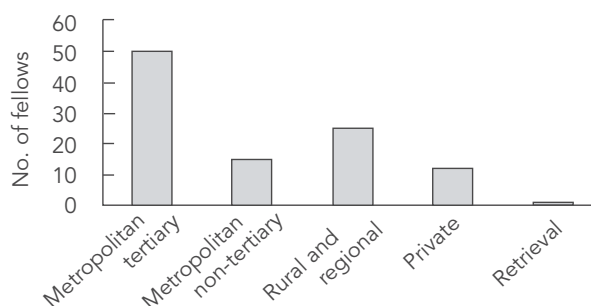


Table 1. Results of survey of distribution and professional roles of the new Fellows of the College of Intensive Care Medicine

Questions	Responses (percentage or no. of Fellows selecting response)
1. Which year did you obtain FCICM? (<i>n</i> * = 132)	2010 (31%), 2011 (30%), 2012 (39%)
2. Did you pursue any other specialty training or research after obtaining FCICM? (<i>n</i> = 132)	Yes (24%), no (76%)
3. If yes, which specialty training or research did you pursue? (<i>n</i> = 16)	FRACP (37.5%), FACEM (12.5%), FANZCA (44%), PhD (13%). Nineteen free text responses were received, indicating that a large number were also undertaking echocardiography training
4. In which country is your primary employment? (<i>n</i> = 118)	Australia (88%), New Zealand (12%). Fourteen free text responses were received: Singapore (two), United States (two), Hong Kong (two), United Kingdom (two) and one each in India, Canada, Switzerland, Belgium, Ireland and South Africa
5. Are you currently employed as an intensivist? (<i>n</i> = 129)	See Figure 1
6. Is your intensivist employment full-time or part-time? (<i>n</i> = 103)	See Figure 1
7. If part-time, what fraction FTE? (<i>n</i> = 31)	Responses were as free texts: 24 Fellows worked > 0.5 FTE, seven worked < 0.5 FTE
8. Please state why you are not working full-time in intensive care, eg, personal choice, unable to obtain full-time position, etc. (<i>n</i> = 30)	Unable to get full-time ICU employment (nine), personal choice (11), dual appointments (anaesthesia or respiratory medicine) (10)
9. If working part-time in intensive care, where are you employed for the remainder of your FTE? (<i>n</i> = 19)	Anaesthesia (47%), physician (16%), emergency medicine (5%), university (11%), locum (32%)
10. Please describe your current intensive care employment and the FTE at each. Eg, "metropolitan tertiary ICU, 1.0 FTE" or "metropolitan non-tertiary ICU, 0.8 FTE, and private metropolitan ICU, 0.2 FTE", etc. (<i>n</i> = 103)	See Figure 2
11. What was the time interval between obtaining your FCICM and commencing your first consultant position as an intensivist? (<i>n</i> = 101)	0–3 months (57%), 3–6 months (17%), 6–9 months (11%), 9–12 months (6%), > 12 months (9%)
12. If greater than 6 months, can you please state what jobs you carried out in that period and what was the cause of the delay. Eg, no job available, waiting for a specific position to come up, chose to work elsewhere, etc. (<i>n</i> = 26)	Worked as Fellow or locum consultant (20), undertook additional training in research or ECMO (six)
13. If you are not currently employed as an intensivist, please give details on why not. Eg, currently undertaking other training, dual-qualified and working in the other specialty, unable to obtain an intensivist position, etc. (<i>n</i> = 29)	Unable to obtain position of choice (12), miscellaneous reasons (maternity leave, overseas training, dual training, locum work, etc) (17)
14. If you have been unable to obtain an intensivist position, how many jobs have you applied for? (<i>n</i> = 19)	< 3 jobs (nine), 3–6 jobs (three), > 6 jobs (seven)

* *n* indicates the number of respondents for that particular question. ECMO = extracorporeal membrane oxygenation. FACEM = Fellowship of the Australasian College for Emergency Medicine. FANZCA = Fellowship of the Australian and New Zealand College of Anaesthetists. FCICM = Fellowship of the College of Intensive Care Medicine. FRACP = Fellowship of the Royal Australasian College of Physicians. FTE = full-time equivalent.

repeat this survey at regular intervals to better understand the professional roles, geographic distribution and workforce needs of Fellows.

Acknowledgements

We would like to acknowledge the contribution of Phil Hart from the CICM for assistance with survey set-up and data collection.

Competing interests

None declared.

Bala Venkatesh, Pre-eminent Specialist,¹ and Deputy Director of Intensive Care²

Ross Freebairn, Consultant, Intensive Care Services and Clinical Director, Acute Services,³ and Adjunct Associate Professor⁴

1 Princess Alexandra Hospital, Brisbane, QLD, Australia.

2 Wesley Hospital, Brisbane, QLD, Australia.

3 Hawke's Bay Hospital, Hastings, New Zealand.

4 Department of Anaesthesia and Intensive Care, The Chinese University of Hong Kong, Shatin, NT, Hong Kong, China.

Correspondence: Bala.venkatesh@health.qld.gov.au

□