

The new College of Intensive Care Medicine: an update

P Vernon van Heerden

Good progress is being made towards establishing the College of Intensive Care Medicine of Australia and New Zealand (CICM), which, from 2010, will be the body responsible for training and certification of intensive care physicians and for standards in intensive care medicine in this region.

The new body will be based in Melbourne and will take over the training program from the existing Joint Faculty of Intensive Care Medicine (JFICM), which is currently part of both the Royal Australasian College of Physicians (RACP) and the Australian and New Zealand College of Anaesthetists (ANZCA). The new College's Board has emphasised its commitment to maintaining the high standards of the current JFICM program and to further advancing the specialty.

History of the College

Intensive care units were developed in the 1960s and staffed by anaesthetists or physicians. Thus, from the mid-1970s until 2002, there were two quite distinct pathways for training and certification in intensive care medicine in Australia and New Zealand — through ANZCA or through RACP.

In 1993, ANZCA established the Faculty of Intensive Care (FIC, ANZCA), with a governing board, separate regulations, a separate Diploma and a new Foundation Fellowship of 165 Fellows. The basis of the current training program was developed at that time. An Education Committee was set up, which developed objectives of training in intensive care and other educational policies and documents. The Examination Committee refined the final examination process, the Hospital Accreditation Committee refined criteria and policies for ICUs seeking accreditation as training units, the Maintenance of Professional Standards Committee developed a program, and a number of policy documents were developed to define standards of training and practice in intensive care medicine.

The Joint Specialty Advisory Committee in Intensive Care (JSAC-IC) was set up shortly afterwards, in 1996. This Committee comprised representatives from the RACP Specialist Advisory Committee and the FIC, ANZCA, and was charged with (among other things) blending the two training programs so that the components were acceptable to both Colleges. Once this was achieved, the stage was set for ANZCA and RACP to establish the JFICM in 2002. This

allowed a single, agreed pathway for intensive care training. The Foundation Fellowship of JFICM comprised 420 Fellows.

Throughout this evolutionary process, JFICM (and FIC, ANZCA before it) have been self-governing and self-sufficient in the development, refinement and administration of the training program, and the development and dissemination of standards relating to intensive care medicine. The "parent" Colleges have been invaluable in their contribution to strategy and policy but have had only arms-length involvement in our core activities.

The JFICM now has 645 Fellows. A JFICM primary examination has also been established, allowing specialist training in intensive care medicine from start to finish via the JFICM program. Trainees who undergo basic training under the supervision of another college are also welcomed into advanced training in intensive care. JFICM has now run five very successful annual scientific meetings, the two most recent including our own New Fellows Conference. A recent addition has been our Journal, *Critical Care and Resuscitation*, which is now indexed with Index Medicus and edited by the able and renowned Professor Rinaldo Bellomo.

This evolution of the specialty of intensive care medicine has been welcomed by the JFICM Fellowship. A survey of Fellows at the annual general meeting in June 2008 and in a preceding postal ballot showed there was overwhelming agreement that a new, independent intensive care training body or college be formed (with 90% of Fellows voting in favour).

Since then, the JFICM Board has set in train the steps necessary to fulfil the commitment given to the JFICM Fellowship at the 2008 annual meeting that a new, independent College of Intensive Care Medicine would be established within 12 months.

Current situation

The corporate requirements for establishing a new entity have been fulfilled. The CICM is a registered company, with a ratified constitution and interim Board. Requirements for Foundation Fellowship have been drawn up (essentially, all existing JFICM Fellows will be eligible to apply for Fellowship of the new College). Fellows of the College will be entitled to use the postnominals FCICM. The existing JFICM committee structure, training regulations and policies will all be transferred to the new body.

EDITORIALS

The interim Board of the new College held its first board meeting in February 2009, at which the following office bearers were elected:

- President, Professor P Vernon van Heerden
- Vice President, Professor John Myburgh
- Treasurer, Professor Balasubramanian Venkatesh.

The other requirements that will enable the new College to take over all the functions of the JFICM are being worked through steadily. Appropriate office space, business support functions and banking facilities are all being set up. The existing JFICM staff have all indicated their willingness to transfer their employment to the new College, to take place at the end of 2009.

Vital to the success of the venture is the support of the regulatory authorities. In Australia, the body responsible for accrediting medical specialist training programs is the Australian Medical Council. The Council has indicated that it views the transfer of the training program from the JFICM to the new College as a major change to an existing program, rather than the establishment of a new program, and so will allow the current accreditation to stand, with a view to full reaccreditation around 18 months after the change. The Medical Council of New Zealand has similarly been informed of these plans.

The parent bodies

The JFICM was formed from, and is linked to, both RACP and ANZCA. The RACP Board and the ANZCA Council have been fully informed at all stages of the intention to establish the independent College, and both have been highly supportive of the move. The chief concern for both bodies has been that no trainees currently involved in the training program will be disadvantaged by the move (to ensure, for example, that training undertaken in the JFICM program is automatically recognised by the new College). A memorandum of understanding to that effect has been drawn up and signed by all three parties.

While JFICM is a faculty within both RACP and ANZCA, from a functional point of view it is located with ANZCA, and its staff are employed by ANZCA. This has meant a more involved process of separation from ANZCA, which is proceeding well under the supervision of a working party comprising the ANZCA President and Vice President, and the JFICM Dean and Vice Dean. The working party meets regularly to work through issues such as transfer of staff, licensing of ANZCA's intellectual property and interim financial arrangements.

In conclusion

Following a lengthy period of development of the training program in intensive care medicine in Australia and New Zealand, and with the strong support of the Fellowship, the time is right to establish a fully independent College of Intensive Care Medicine. This body will take over the functions of the current JFICM from 1 January 2010. Progress reports and news from the College will be posted on the College website (<http://www.cicm.org.au>).

We look forward to further exciting developments, to the betterment of our specialty of intensive care medicine.

Acknowledgements

The Editors of *Anaesthesia and Intensive Care* and *Critical Care and Resuscitation* have agreed to simultaneous, dual publication of this manuscript because of the nature of the topic and the need for wide dissemination. We believe this article provides an important and useful background for examiners, supervisors of training, fellows and trainees.

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