

REGULATIONS

1. THE BOARD OF THE JOINT FACULTY OF INTENSIVE CARE MEDICINE

1.1 *Formation*

1.1.1 The Board of the Joint Faculty of Intensive Care Medicine (“the Board”) will consist of:

- a) Ten Fellows of the Joint Faculty, elected in accordance with these Regulations (in these Regulations referred to as “elected Members”).
- b) One Member appointed by the Council of the Australian and New Zealand College of Anaesthetists (ANZCA) (in these Regulations referred to as “Appointed Member”).
- c) One Member appointed by the Council of the Royal Australasian College of Physicians (RACP) (in these Regulations referred to as “Appointed Member”).
- d) One Fellow, within five years of admission to Fellowship, elected to represent Trainees and New Fellows (in these Regulations referred to as the ‘New Fellow Representative’). This election and appointment will take place in accordance with Regulation 1.1.8.
- e) Co-opted Representatives appointed under Regulations 1.1.4 and 1.1.7.

1.1.2 Subject to Regulation 1.1.3 hereof, at least one of the elected Members will be resident in New Zealand.

1.1.3 The Board will not be irregularly constituted by reason that there is not an elected Member resident in New Zealand.

1.1.4 In the event that a Member resident in New Zealand is not elected, the Board will on the recommendation of the New Zealand National Committee, co-opt to the Board a Fellow of the Joint Faculty, resident in New Zealand (in these Regulations referred to as "Co-opted Representative").

1.1.5 At the Annual General Meeting of the Joint Faculty, all elected Members of the Board who have held office for a continuous period of three years, will retire from office, but (subject to Regulation 1.1.6) will be eligible for re-election (with the exception of the New Fellow Representative).

1.1.6 All Members of the Board who have served on the Board as elected Members for a total period of 12 years, will retire from office at the next Annual General Meeting and will never be eligible for re-election.

1.1.7 **Appointed Members**

The Appointed Members (referred to in Regulation 1.1.1 (b) and (c)) shall be entitled to exercise the powers and rights, including the right to vote, of Members of the Board, but shall not otherwise by reason of becoming a Co-opted Member, obtain any other powers or rights as a Fellow of the Joint Faculty.

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1.1.8 **New Fellow Representative**

This Representative is elected for a maximum tenure of three years and will not be eligible for re-election as a New Fellow Representative. A Fellow standing as an ordinary member of the Board will be unable to stand for the New Fellow Representative position. The time spent in this position shall be counted towards the 12 years that an ordinary elected member may spend on the Board. The Fellow shall have full voting rights. The Fellow will be able to hold portfolios, but will not be eligible to be an Officer of the Board.

1.1.9 **Co-opted Representatives**

- i) If at any time any State of Australia is not represented on the Board by an elected Member, the Board will have the power to co-opt a Representative from that region on the recommendation of the Regional Committee. This co-opted Representative will be a Fellow of the Joint Faculty resident in that region.
- ii) All Co-opted Representatives will be appointed annually by the Board for a maximum period of twelve years, including any term as an elected member.
- iii) The Co-opted Representatives shall be entitled to exercise all the same rights and privileges as the elected Members at meetings of the Board, including the right to vote, but may not vote for Office Bearers or for Officers of the Board. They shall not be eligible for election to Office of the Board.

1.2 *Office-bearers*

1.2.1 The Board will elect from its elected Members (in the month of February each year) a Dean-Elect, who may be the current Dean, who will take office as Dean in June of that year. Normally the term of this appointment will be two years. If the Dean-elect has not been re-elected to the Board the election for the office of Dean will take place at the first Board meeting following the AGM.

1.2.2 The Board will elect from its elected Members (in the month of June each year) a Vice-Dean who will take office upon election.

- 1.2.3 Office-bearers will hold office for one year, but will be eligible for re-election each year. They will retain office until their successors have been elected and take office.
- 1.2.4 The election of office-bearers of the Board will be conducted by secret ballot.
- 1.2.5 The Secretary of the Board will be the Executive Officer.
- 1.2.6 The Chief Executive Officers of ANZCA and RACP will be advisers to the Joint Faculty.

1.3 *Election of the Board*

- 1.3.1 Nominations of candidates to fill vacancies on the Board will be signed by two Fellows of the Joint Faculty and contain a consent to act, signed by the Fellow nominated and must be in the hands of the Executive Officer 60 days before the Annual General Meeting.
- 1.3.2 If the number of nominations for the vacancies on the Board does not exceed the number of vacancies, the Fellows of the Joint Faculty so nominated will be declared elected at the Annual General Meeting.
- 1.3.3 If the number of nominations exceeds the number of vacancies in accordance with representation outlined in 1.1.1, a postal ballot will be held. The names of the candidates nominated will be listed in alphabetical order on the ballot paper.
- 1.3.4 The balloting list will be sent at least 30 days before the Annual General Meeting to each Fellow of the Joint Faculty at his or her address as appears in the Register of Fellows of the Joint Faculty. Fellows, if electing to vote, must vote for as many candidates as there are vacancies or the vote is invalid.
- 1.3.5 Voting papers must be received at the Joint Faculty office not later than 1700 hours on the closing date of the poll. Voting papers received thereafter will be invalid.
- 1.3.6 The results of elections to the Board will be declared at the Annual General Meeting.
- 1.3.7 At the Annual General Meeting there will be first declared elected (assuming there is a candidate for the purpose and in order to ensure compliance as far as possible with Regulation 1.1.2 governing the Board) a candidate who is resident in New Zealand and receiving more votes than other candidates (if any) so resident to bring the number of elected Members of the Board resident in New Zealand up to one.
- 1.3.8 The remaining vacancies will be filled by declaring elected the necessary number of the remaining candidates who received the most votes.
- 1.3.9 In the event of two or more candidates receiving an equal number of votes, the Dean of the Joint Faculty will exercise a casting vote following the procedures documented in the Constitution of ANZCA.

1.4 *Meetings of the Board*

- 1.4.1 The Dean will be Chairman of the Board. In the Dean's absence, the Vice-Dean will act as Chairman, and in the absence of the Dean and Vice-Dean, the Board will elect a Chairman for that meeting.
- 1.4.2 The Board may act irrespective of any vacancy in its Membership, provided a quorum is present.
- 1.4.3 Seven (7) will constitute a quorum of the Board.
- 1.4.4 The Board will ordinarily meet for the transaction of business at the Australian and New Zealand College of Anaesthetists, at such times as the Board will decide.
- 1.4.5 The Dean may at his or her discretion, call an extraordinary meeting of the Board at a time and place as he or she directs.
- 1.4.6 All proceedings and reports of the Board or any of its committees or sub-committees will be confidential and privileged.
- 1.4.7 Reports of Board business will be published at the discretion of the Dean.
- 1.4.8 Voting of the Board will be in accordance with the following rules:
 - 1.4.8.1 Resolutions of the Board will be determined by simple majority except where elsewhere provided in these Regulations.
 - 1.4.8.2 The Chairman will exercise a deliberative and, where applicable, a casting vote.

1.5 *Delegation*

- 1.5.1 The Board will not deal with the following matters except with the approval of the Colleges:
 - 1.5.1.1 Exemptions for the purposes of training, examinations and admission to Fellowship other than in accordance with the policy determined by the Board and approved by the Colleges.
 - 1.5.1.2 Unbudgeted expenditure.

2. **OFFICERS OF THE BOARD**

- 2.1 The Board will elect in the month of June each year from its elected members the following officers:
 - 2.1.1 Censor
 - 2.1.2 Education Officer

2.1.3 Chairman, Hospital Accreditation Committee

2.1.4 Treasurer

2.2 The election of Officers will be conducted by secret ballot.

2.3 Election of Officers will be by exhaustive ballot, in accordance with the rule of the ANZCA Council (q.v.) with the Chairman exercising a deliberative vote, and where applicable, a casting vote.

3. PRINCIPAL COMMITTEES OF THE BOARD

3.1 The Board may appoint Committees to undertake functions of the Board, and may delegate to the Committees such powers and responsibilities as the Board deems appropriate.

3.2 The number, duties and membership of these Committees will be determined by the Board.

3.3 The Board may co-opt the Chairmen of principal Committees to the Board by invitation (referred to as Co-opted Representatives). The Dean shall be an ex-officio member of all Committees of the Board.

3.4 Subsidiary Committees of these principal Committees may be determined by the Board.

3.5 Decisions of Committees and Sub-Committees of the Board will be by simple majority, with the Chairman exercising a deliberative vote and, where applicable, a casting vote.

3.6 Committees of the Board

3.6.1 Fellowship Admissions Committee

3.6.2 Education Committee

3.6.3 Examinations Committee

3.6.4 Hospital Accreditation Committee

3.6.5 Overseas Trained Specialists Committee

3.7 Fellowship Admissions Committee

3.7.1 Membership shall include the Censor who shall be Chairman, the Dean, the Chairman of the Examinations Committee, Chairmen of the respective Fellowship Examinations Committees and such other members as the Board may appoint.

3.7.2 The duties of the Fellowship Admissions Committee shall be the consideration of applications for Admission to Fellowship.

3.8 Education Committee

3.8.1 Membership shall include the Education Officer who shall be Chairman, Censor, Assistant Censor, Assistant Education Officer, Chairman of the

Examinations Committee, Co-ordinator of Advanced Training, Chairman of the Committee for Physician Training, representative of the ANZCA Education and Training Committee, a Trainee Representative, Director of Education, and such other members as the Board may appoint.

- 3.8.2 The duties of the Education Committee shall include the implementation of Board policy and provision of advice to the Board on matters related to education and training and co-ordination of educational activities.
- 3.8.3 The Training Committee will be a sub-committee of the Education Committee and membership shall include the Censor who shall be Chairman, Co-ordinator of Advanced Training, and Executive Officer. Its duties will include prospective approval and review of individual training.

{6/06} 3.9 Examinations Committee

- 3.9.1 The Board will appoint annually an Examinations Committee from the Panel of Examiners. The Chairman of the Examinations Committee will be appointed annually by the Board from the members of the Board and may not necessarily be an examiner. Membership of this Committee shall include the Chairmen and Deputy Chairmen of the General Fellowship Examination Committee, the Paediatric Fellowship Examination Committee and the Primary Examination Committee. The Chairman will liaise with the Board about all matters relating to examinations and will review the conduct and structure of examinations in conjunction with the Examinations Committee.
- 3.9.2 The duties of the Examinations Committee shall include the implementation of Board policy, the provision of advice to the Board and the co-ordination of examinations. All proceedings and reports of the Examinations Committee will be confidential and privileged. The individual exam committees will meet on a regular basis and be responsible for the preparation, conduct and assessment of each exam process. These meetings will be chaired by the Chairs of the respective committees.
- 3.9.3 A Primary, a Paediatric Fellowship and a General Fellowship Examination Committee will be selected from the Panel of Examiners. The Board, on the advice of the Examinations Committee, will appoint the Chairmen and Deputy Chairmen of each examinations committee. These Committees will report to the Examinations Committee
- 3.9.4 There will be a Panel of Examiners which will be appointed by the Board on the advice of the Examinations Committee.
- 3.9.5 The tenure of appointment for Examiners will be three years. An examiner may be re-appointed for a total of no more than 12 years.
- 3.9.6 A Court of Examiners will be appointed for each individual examination by the relevant Chairman of the General Fellowship, Paediatric Fellowship or Primary Examination Committee or their Deputy.

3.9.7 Any person who has been an Examiner may fill a vacancy at the discretion of the Chairman of the relevant examination committee or Deputy.

3.10 Hospital Accreditation Committee

3.10.1 Membership shall include the Chairman, the Dean, the Education Officer, the Censor and such other members as the Board may appoint. The Chairman will be elected annually by the Board.

3.10.2 The duties of the Hospital Accreditation Committee shall include the implementation of Board policy and the provision of advice to the Board regarding hospital accreditation.

3.11 Overseas Trained Specialists Committee

3.11.1 Membership shall include the Censor, the Assistant Censor, the Chairman of the Examinations Committee, Chairmen of the respective Fellowship Examination Committees, a New Zealand Board member and one other Fellow nominated by the Board. The Chairman shall be either the Censor or Assistant Censor.

3.11.2 The Overseas Trained Specialists Committee shall be responsible for assessment of Overseas Trained Specialists and providing recommendations to the Board.

4. **REGIONAL AND NATIONAL COMMITTEES OF THE JOINT FACULTY**

4.1 Where a State or Territory of Australia or New Zealand has 7 or more Fellows, a Regional/National Committee will be formed.

4.2 Where there are less than 7 Fellows of the Joint Faculty in a given Region, then Fellows may be represented by a Board member from that region. If there is no Board member, then the Region will be represented by a representative appointed by the Board, or the Education Officer. The absence of a formalised Regional/National Committee in a region does not preclude Fellows from holding meetings.

4.3 Regional and National Committees will:

4.3.1 Advise the Board of any matters that may concern the interests of the Joint Faculty and carry out such other duties as may be delegated to them by the Board.

4.3.2 Conduct their affairs in accordance with the Constitution of ANZCA and the Regulations of the Joint Faculty.

4.3.3 Submit to the Board for approval, any document affecting Joint Faculty policy prior to promulgation.

4.3.4 Hold at least one Business Meeting annually to be known as the Regional Annual General Meeting which will be conducted under the Regulations for Standing Orders at General Meetings.

- 4.3.5 Advise the Board on matters affecting training, accreditation and review of hospital training programs.
- 4.3.6 Submit to the Executive Officer, by 30th April each year, an Annual Report on the proceedings of the Committee during the past 12 months.
- 4.3.7 Nominate to the Board a Scientific Programme Convenor for the Annual Scientific Meeting when it is to be held in their Region.
- 4.3.8 Inform the Board when engaged in, or required to enter into discussions with Regional/National government bodies.
- 4.4 To assist the Board in the appointment of Regional/National Committees, the Fellows of the Joint Faculty in each Region will, every two years, hold a postal ballot during the month of April.
- 4.5 The results of ballots will be forwarded to the Executive Officer before the June Board Meeting, at which the Board will appoint those duly elected to the Committee for the next two years.
- 4.6 Nominations of candidates who desire to submit their names for a Regional/National Ballot, must be signed by two Fellows of the Joint Faculty resident in that region/country. Prior consent of the candidate in writing must be obtained.
- 4.7 If the number of persons nominated for a ballot does not exceed the number of vacancies on a Regional/National Committee, the names of all nominees will be forwarded to the Board in accordance with Regulation 4.5.
- 4.8 If the number of nominations exceeds the number of vacancies, balloting lists will be prepared which contain in alphabetical order, the names of the nominees. If a Fellow of the Joint Faculty elects to vote, he or she will be obliged to vote for the same number of nominees as there are vacancies to be filled.
- 4.9 In the case of Fellows of the Joint Faculty seeking re-nomination, a record of attendance at Regional/National Committee Meetings must accompany the ballot papers.
- 4.10 The ballot having taken place, the Chairman of the Regional/National Committee will appoint two scrutineers, who are not presenting for election, to count the votes and notify the Chairman of the Committee of the result. Voting papers which do not comply with Regulation 4.8 will be invalid.
- 4.11 In the case of a tied vote, the Chairman of the Regional/National Committee will exercise a casting vote, following the procedure in the ANZCA Constitution.
- 4.12 Members of Regional/National Committees will be appointed for two years, but will be eligible for re-appointment.
- 4.13 Except with the approval of the Board, no Fellow will serve on a Regional/National Committee for longer than a total period of 12 years unless he or she be an ex-officio or co-opted member.

- 4.14 Each Committee will be entitled at its first meeting on or after 1st July, to co-opt to membership for that year a Fellow admitted within the preceding five years. Such a Fellow will be the New Fellow's representative to the Committee and will have full voting rights.
- 4.15 Members of the Board resident in a Region will be ex-officio Members of that Regional/National Committee and will have full voting rights.
- {10/04} 4.16 The Committee will have the power to co-opt a trainee representative. This representative will attend meetings but will have no voting rights.
- 4.17 The Committee will also have the power to co-opt one or more Fellows of the Joint Faculty for a special purpose. Such co-opted Members will attend Regional/National Committee meetings at the discretion of the Chairman but will have no voting rights.
- 4.18 Any casual vacancy occurring during the two year term of the Regional/National Committee may be filled at the discretion of the Committee.
- 4.19 Each Committee will:
- 4.19.1 Elect annually at its first meeting on or after 1st July, from amongst its elected Members:
- a) (i) A Chairman, whose term of office will not exceed three consecutive years.
 - (ii) The Chairman will remain in office, and exercise all of the powers and duties of the Chairman as set out in this Regulation, until a successor has been elected.
 - b) A Deputy Chairman, whose term of office will not be limited.
 - c) An Honorary Secretary and an Honorary Treasurer who may be the same person, and whose term of office will not be limited.
- 4.19.2 By simple majority elect at secret ballot Office Bearers, or, if no nominee secures a majority on the first ballot, by exhaustive ballot. In the case of a tied vote the Chairman will exercise a deliberative and a casting vote.
- 4.20 Unless determined otherwise by the Board, the elected Membership of Regional/National Committees will be determined by the number of Fellows in a region/country on the day on which nominations close, according to the formula.

Fewer than 7 Fellows (see Regulation 4.2)

7 - 30 Fellows	-	3 Members
31 - 50 Fellows	-	4 Members
51 - 75 Fellows	-	5 Members
More than 75 Fellows	-	6 Members

- 4.21 The new Committee will take office at its first meeting on or after the 1st July of the year of election.
- 4.22 The Committee will meet at least three times a year.
- 4.23 A quorum for Regional/National Committee meetings will be decided at the first meeting of the incoming Committee and will not be less than one third of the numbers of elected and ex-officio Members.
- 4.24 Unconfirmed Minutes of all Regional/National Committee meetings must be forwarded to the Executive Officer within one month of the meeting and confirmed Minutes immediately after such confirmation.
- 4.25 Negotiations on matters of remuneration by Regional/National Committees of the Joint Faculty are prohibited, except with the prior approval of the Councils of ANZCA and the RACP.
- 4.26 Attendance of elected Members at Regional/National Committee Meetings is to be recorded in the Annual Reports of each Committee.

5. ADMISSION TO FELLOWSHIP OF THE JOINT FACULTY

Except in the case of Honorary Fellows, no person shall be eligible to be a Fellow of the Joint Faculty unless at the time of his admission as a Fellow:

- (a) he/she is a registered Medical Practitioner of a State or Territory of Australia or of New Zealand or of some other country or State approved by the Board for the purpose of this clause; or
- (b) he/she holds a medical qualification regarded as satisfactory by the Board.

5.1 Admission to Fellowship of the Joint Faculty by Training and Examination

The Board may admit to Fellowship, candidates who have completed the training and examination requirements of the Joint Faculty. These requirements have been approved by ANZCA and RACP.

- 5.1.1 Candidates for admission to Fellowship by training and examination will fulfil the examination requirements of the Board and complete a prescribed period of training as detailed in Regulation 7.
- 5.1.2 The Board will define the period of training required by all candidates and approve the nature of the Examinations for the award of Fellowship of the Joint Faculty.
- 5.1.3 Candidates approved by the Court of Examiners at a Fellowship Examination are required, on completion of the prescribed period of training, to forward to the Executive Officer an application for admission to Fellowship.
- 5.1.4 The application for admission to Fellowship must be on the prescribed form and contain such information as the Board may require.

- 5.1.5 The application must be approved by the Fellowship Admissions Committee.
- 5.1.6 Admission to Fellowship will only be recommended by the Board when all relevant Regulations have been satisfied.
- 5.1.7 Every application will contain an agreement by the candidate that all communications made by the Board or any of its officers or referee or any Fellow of the Joint Faculty will for all purposes be deemed a confidential communication.
- 5.1.8 Trainees who commenced advanced training in intensive care with the RACP before 2001 and who had not completed advanced training by 2001 may be elected to Fellowship of the Joint Faculty of Intensive Care Medicine in accordance with the terms of the agreement established between the RACP and ANZCA at the time of the formation of the Joint Faculty.

5.2 *Admission to Fellowship of Overseas Trained Specialists*

The Board may admit to Fellowship medical practitioners who have satisfied all of the training and examination requirements to practise intensive care medicine in countries other than Australia, New Zealand and Hong Kong and who have been recommended for admission to Fellowship by the Overseas Trained Specialists Committee. Applications from Overseas Trained Specialists (OTS) for consideration of intensive care specialist recognition in Australia or vocational registration in New Zealand are referred to the Joint Faculty by the Australian Medical Council (AMC) or the Medical Council of New Zealand (MCNZ).

- 5.2.1 The Board through its OTS Committee will assess OTS applicants to determine eligibility for specialist recognition or vocational registration, in accordance with the document '*Assessment of Overseas Trained Intensive Care Specialists*'.
- 5.2.2 Performance assessment may be conducted by the relevant Fellowship Examination Committee. Announcement of the successful candidates will be made at the completion of the Performance Assessment and such candidates presented to the Court of Examiners.
- 5.2.3 The OTS will normally complete a Clinical Practice Assessment period as determined by the OTS Committee. This period will be overseen by a Clinical Assessor who will report to the Chairman of the OTS Committee. Successful completion is dependent upon satisfactory reports from the Clinical Assessor.
- 5.2.4 The Board will recommend a candidate who satisfies all of the requirements of the OTS process to the AMC or the MCNZ for recognition as a specialist in intensive care medicine.
- 5.2.5 The Board may admit to Fellowship Overseas Trained Specialists who have satisfied all of the requirements of the OTS process.

- 5.2.6 The application for admission to Fellowship must be on the prescribed form and contain such information as the Board may require.
- 5.2.7 The application must be approved by the Overseas Trained Specialists Committee.
- 5.2.8 Admission to Fellowship will only be recommended by the Board when all relevant Regulations have been satisfied.
- 5.2.9 Every application will contain an agreement by the candidate that all communications made by the Board or any of its officers and all answers to any questionnaire made by any referee or any Fellow of the Faculty will for all purposes be deemed a confidential communication.

5.3 *Admission to Fellowship by Election*

- 5.3.1 The Board may elect to Fellowship without examination persons who have made a notable contribution to the science and practice of intensive care medicine, in the fields of research, training, education and administration.
- 5.3.2 Applications for admission to Fellowship under this Regulation will be on the prescribed form. References will be sought from three nominated referees.
- 5.3.3 Applications for admission to Fellowship under these Regulations may be considered at any meeting of the Board provided that applications are submitted to the Executive Officer 60 days prior to the meeting.
- 5.3.4 Each application will be accompanied by a curriculum vitae, criteria for assessment and guide for applicants, copies of all documentary evidence of qualifications and experience, certificate of good standing, evidence of participation in professional, academic and continuing education activities. Documents must be in English or certified translations should be provided.
- 5.3.5 Applications for election to Fellowship, on the prescribed forms and with supporting documentation, will be sent to each Member of the Board at least fourteen days before the day of the Board Meeting.
- 5.3.6 No award will be made at a meeting of the Board unless three quarters of the Members of the Board present vote in favour. This is subject to a minimum of seven Members voting in favour. The Board will vote by secret ballot.
- 5.3.7 Applications rejected by the Board may be reconsidered if formally proposed and seconded at a subsequent Board Meeting.
- 5.3.8 Those admitted to Fellowship by election will pay an entrance fee as prescribed by the Board in addition to the annual subscription.
- 5.3.9 The Board at its discretion may remit the entrance fee and annual subscription of any Fellow admitted under Regulation 5.3.1.

5.4 Having received and considered all relevant materials and communications in reference to an application for Fellowship of the Joint Faculty, the Board may admit the candidate to Fellowship, reject the application or suspend final determination for any period it thinks fit.

5.5 Each applicant will sign the following pledge which is binding upon admission to Fellowship:

"I hereby pledge myself as a condition of Fellowship of the Joint Faculty of Intensive Care Medicine, Australian and New Zealand College of Anaesthetists and Royal Australasian College of Physicians to obey all Regulations of the Joint Faculty."

5.6 All proceedings in relation to the admission to Fellowship will be confidential.

5.7 Applicants admitted to Fellowship of the Joint Faculty of Intensive Care Medicine, Australian and New Zealand College of Anaesthetists and Royal Australasian College of Physicians, will be entitled to place after their name the letters FJFICM.

5.8 The Diploma of Fellowship of the Faculty will be in the following form:

*JOINT FACULTY OF INTENSIVE CARE MEDICINE,
AUSTRALIAN AND NEW ZEALAND COLLEGE OF ANAESTHETISTS AND
ROYAL AUSTRALASIAN COLLEGE OF PHYSICIANS*

No.....

*This is to certify that on this.....day of in the year,
..... was duly admitted a
Fellow of the Joint Faculty of Intensive Care Medicine, Australian and
New Zealand College of Anaesthetists and Royal Australasian College
of Physicians.*

*Given under the common Seal of the Joint Faculty of Intensive Care
Medicine.*

and shall be endorsed with the crests of ANZCA and the RACP.

5.9 Applicants admitted to Fellowship of the Joint Faculty who have satisfied the training and examination requirements in Paediatric Intensive Care (as decided by the Board and approved by ANZCA and RACP) will be issued with a Certificate of Endorsement indicating that the Fellowship is awarded in Paediatric Intensive Care Medicine.

6. HONORARY FELLOWSHIP

6.1 The Board may confer Honorary Fellowship of the Joint Faculty on distinguished persons who have made a notable contribution to the advancement of the science and practice of intensive care who are not practising intensive care in Australia or New Zealand.

- 6.2 Honorary Fellowship of the Joint Faculty will normally not be conferred "in absentia".
- 6.3 Nominations for the award of Honorary Fellowship of the Joint Faculty may be considered at any Board Meeting.
- 6.4 All nominations will be made in writing, formally proposed and seconded by two Members of the Board, and submitted to the Executive Officer at least 28 days before the Board Meeting.
- 6.5 Each nomination will be accompanied by a curriculum vitae.
- 6.6 The Board will vote on the nomination by secret ballot.
- 6.7 No award will be made at a meeting of the Board unless three quarters of the Members of the Board present vote in favour.
- 6.8 Nominations rejected by the Board may be reconsidered if proposed and seconded at a subsequent Board Meeting.
- 6.9 Honorary Fellows will not pay an entry fee or annual subscriptions.

7. TRAINING AND EXAMINATIONS IN INTENSIVE CARE MEDICINE

These Regulations will apply to all Trainees commencing training towards the Diploma of the Joint Faculty on or after 1st December 2003. Trainees commencing training prior to that date will be governed by the Regulations in force at the time of commencement of their training.

The training of an intensive care specialist to the standard required for the award of the Diploma of Fellowship of the Joint Faculty of Intensive Care Medicine, Australian and New Zealand College of Anaesthetists and Royal Australasian College of Physicians requires the completion of six years of structured supervised training (which commences after at least 12 months general hospital experience) as well as the various examination and other requirements as set out in Regulation 7.

Definitions:

A **Trainee** in intensive care is a registered medical practitioner who has completed at least 12 months of General Hospital Experience as specified in Regulation 7.2 and who has registered with and been accepted by the Joint Faculty with a view to obtaining the Fellowship of the Joint Faculty by examination.

A **Basic Trainee** is a Trainee who has completed at least 12 months of General Hospital Experience (usually Post-graduate Year 1), and who has taken up a supervised appointment within a Hospital Department (or other organisation) approved by the Joint Faculty and is occupying a position which meets the requirements for Basic Training as set out in Regulation 7.4.6.

An **Advanced Trainee** is a Trainee who has completed all the requirements for Basic Training, and has taken up a supervised appointment within a Hospital Department (or other organisation) approved by the Joint Faculty for Advanced Training in Intensive Care, and is occupying a training position which meets the requirements for Advanced Training as set out in Regulation 7.4.7 (see below for definition of Advanced Training).

A **Candidate** is a Trainee who has been approved to present for a Joint Faculty examination.

General Hospital Experience refers to the cumulative period of 24 months (full-time equivalent) spent in hospital clinical appointments. Twelve months of general hospital experience is required prior to the commencement of Approved Training as defined below. (Refer Regulation 7.2 and 7.4.6).

Approved Training refers to training and experience undertaken by a Trainee in a post within Hospital Departments (or other organizations) approved by the Joint Faculty or a College of a related discipline as appropriate for gaining experience in the areas of practice set out in Regulation 7.3 and for achieving the Objectives of Training.

Basic Training is a minimum period of three years of Approved Training (BTY1, BTY2, BTY3) designed to provide Trainees with the fundamentals of the practice of intensive care medicine, anaesthesia, medicine and related disciplines and a sound knowledge of relevant applied basic sciences. (Refer Regulation 7.4.6.)

Advanced Training is a minimum period of three years Approved Training (ATY1, ATY2 and ATY3) following Basic Training, and designed to provide Trainees with experience in intensive care and other requirements for professional practice as an intensive care specialist. (Refer Regulation 7.4.7.)

Core intensive care training refers to the mandatory period (24 months) of intensive care training undertaken by an Advanced Trainee in an intensive care unit approved by the Joint Faculty in accordance with Regulation 7.8.

‘Senior Registrar’ position is a position that involves increased seniority close to the time of completion of specialist training, ie. when there is a reasonable expectation of completion within a year. The Trainee will have a lesser level of supervision than junior trainees, with greater clinical autonomy and responsibility. Rostering must be independent of junior medical officers and must include longitudinal responsibility for patient care beyond the series of single shifts (this implies a specific on-call component). The position will also involve specific responsibility for supervision and training of more junior medical officers and involvement in research, education and administration. (Refer Regulation 7.4.5.2 and 7.4.7.7)

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Training Time will be calculated in months and is inclusive of normal holiday, sickness and parental leave as well as special leave for training or examinations purposes. (Refer Regulation 7.3.4.)

Interrupted Training. Training will be deemed to be interrupted by any period spent in activities not relevant to training in Intensive Care Medicine. Such periods do not include ordinary leave provisions and ‘relevance’ will be determined by the Censor or the Board. Training in other specialties related to Intensive Care Medicine is not considered an interruption.

An **Intensive Care Unit, Approved Training Post, Hospital Department (or other organisation)** is one recognised by the Joint Faculty for the purpose of providing a Trainee with supervised experience in one or more of the areas of practice set out in Regulation 7, and facilitating the attainment by the Trainee of the defined training objectives.

7.1 Registration and Training Fees

- 7.1.1 For Training to be approved, Trainees must be registered and must pay the initial Registration Fee and the Annual Training Fees.
- 7.1.2 Trainees must be registered with the Joint Faculty and have submitted full documentation and have paid the appropriate registration fees before being eligible to present for the Primary or Fellowship Examination. Trainees must be registered with the Joint Faculty before three months of Advanced Training have been completed.
- 7.1.3 Trainees must sign any authority required to permit the Joint Faculty to have access to and hold all information necessary for training purposes.
- 7.1.4 The Annual Training Fee must be paid by 30 April each year. Trainees taking up an appointment in an Approved Hospital Department (or other organisation) after 1 March must pay the Annual Training Fee within three months of commencing in that position.
- 7.1.5 Medical practitioners not registered with the Joint Faculty who make enquiry about matters related to recognition of experience for training purposes may be required to pay an Assessment Fee.
- 7.1.6 Persons may be deemed by the Board to be exempt in part or in whole from paying the registration or training fees.

7.2 General Hospital Experience

- 7.2.1 An intending Trainee may apply for registration with the Joint Faculty after completion of 12 months (full-time equivalent) General Hospital Experience.
- 7.2.2 Basic Training cannot commence until at least 12 months (full-time equivalent) General Hospital Experience has been completed.

7.3 Approved Training

- 7.3.1 Approved Training towards the Diploma of Fellowship will be defined as beginning on the date of commencement of supervised intensive care, anaesthesia, medicine or related training within Hospital Departments (or other organizations) approved by the Joint Faculty or a College of a related discipline for training purposes.
- 7.3.2 Recognition may be given for other training which predates the commencement of Approved Training which must comply with the provisions of Regulation 7.3.
- 7.3.3 For training to be approved, registered Trainees must submit an Application for Approval of Training form to the Joint Faculty office whenever taking up an appointment in an approved Hospital Department (or other organisation). Such information must be submitted to the Joint Faculty office within three months of commencing the appointment.

7.3.4 During training, a total of 24 weeks leave for all purposes (e.g. annual leave, sick leave, study leave, examination leave, parental leave) may be taken during the minimum 36 months of Basic Training. A total of 24 weeks leave for all purposes may be taken during the minimum 36 months of Advanced Training. Longer periods of leave are addressed in Regulation 7.6.

{6/04} 7.3.5 Other training may be approved by the Censor having regard to the Trainee's individual training and experience. A specialist in another related area of acute medicine who is more than 5 years post award of postgraduate diploma and who has been working full-time in that specialty will be eligible for award of Fellowship after completion of supplementary training (as determined by the Training Committee to provide equivalence of training), success at the Fellowship Examination and satisfactory completion of the Formal Project.

7.4 **Program for Training and Certification in Intensive Care Medicine**

Eligibility for Fellowship of the Joint Faculty requires completion of a six year training program divided into three Basic Training years (BTY's) and three Advanced Training Years (ATY's). This program must include:

- {6/06} • Satisfactory completion of the JFICM or ANZCA Primary Examination, the RACP Written/Clinical Examinations, or other approved examination as outlined in 7.4.7.3.
- A six year training program comprising three years of basic training and three years of advanced training, which must include:
 - 24 months of core intensive care training (as Advanced Training)
 - 12 months of clinical anaesthesia (which may be undertaken as basic training)
 - {6/04} - 12 months of clinical internal medicine (which may be undertaken as basic training). For trainees undertaking combined JFICM and ACEM training, 6 months of this period may be spent in an Emergency Department.
 - 12 months of elective training (which must be undertaken as Advanced Training)
- Satisfactory completion of the Fellowship Examination
- Satisfactory completion of a Formal Project
- Satisfactory In-Training Assessment
- {2/05} • Completion of the Medical ADAPT Course

7.4.1 Six years of training are required, comprising three years of Basic Training (see Regulation 7.4.6) and three years of Advanced Training (see Regulation 7.4.7).

7.4.2 A maximum of 48 months training may be spent outside Australia, New Zealand or Hong Kong. At least 12 months of the two core ATYs must be undertaken in an intensive care unit in Australia, New Zealand, or Hong Kong accredited as C24. (Refer Regulation 7.4.7.8.)

7.4.3 Trainees registering with the Joint Faculty who have undertaken partial training in other programs acceptable to the Board may at the discretion of the Censor be deemed to have completed Basic Training. The detailed program for such a

Trainee will be determined by the Censor having regard to that Trainee's individual training and/or experience.

- {6/06} 7.4.4 Training beyond the end of BTY 3 will not be accredited until the JFICM or ANZCA Primary Examination, the RACP Written/Clinical Examinations or an acceptable Primary Examination has been passed, in accordance with Regulation 7.4.7.3.
- 7.4.5 Approved Training will comprise:
- 7.4.5.1 24 months of core intensive care medicine training as an Advanced Trainee. This period will not be recognised unless all the requirements for Basic Training have been completed satisfactorily. This period must meet the following requirements:
- 7.4.5.1.1 At least 12 months must be undertaken in a unit or units classified as C24.
- 7.4.5.1.2 12 months must be continuous and undertaken in one unit.
- 7.4.5.1.3 Core intensive care training must be undertaken in minimum periods of six months.
- 7.4.5.1.4 No more than one rotation to a unit classified as C6 is permitted during core intensive care training without prior approval of the Censor.
- 7.4.5.1.5 For the Paediatric Fellowship endorsement, training must include at least 18 months of the ATYs in a paediatric intensive care unit approved for core training. 12 months must be undertaken in a C24 paediatric intensive care unit.
- 7.4.5.2 A minimum of six months of the three ATYs must be undertaken as a 'Senior Registrar' in intensive care medicine (refer definition under Regulation 7). This Regulation will apply to Trainees commencing Advanced Training from 1st December 2004.
- 7.4.5.3 12 months clinical anaesthesia in either the BTYs or the non-core (elective) ATY year, at least 6 months of which should normally be undertaken in a registrar position.
- 7.4.5.4 12 months clinical internal medicine in either the BTYs or the non-core (elective) ATY year, at least 6 months of which should normally be undertaken in a registrar position. A registrar position is a position considered by the Censor to be equivalent to a position accredited by the RACP and which involves supervision of junior medical officers and supervision by registered specialist physicians. For the paediatric endorsement 12 months must be spent in paediatric medicine.
- 7.4.5.5 An elective period of 12 months as an Advanced Trainee. Trainees must obtain prospective approval from the Censor for training. The minimum time of approved training under this Regulation will be three months. Training must be in one or more of the following disciplines:

- a) Intensive care medicine
- b) Clinical anaesthesia
- c) General medicine
- d) Specialist medicine
- e) Emergency medicine
- f) Surgery
- g) Pain medicine
- h) Research
- i) Other disciplines related to intensive care medicine

7.4.6 Basic Training Years (BTYs)

7.4.6.1 Basic Training will occupy a minimum period of three years of full time equivalent training (BTY 1, BTY2 and BTY3). The BTY1 may be the same as Postgraduate Year 2 (PGY2).

7.4.6.2 It is expected that two of the three years of basic training will be spent in any combination of:

- a) Intensive care medicine
- b) Clinical anaesthesia
- c) General medicine
- d) Specialist medicine
- e) Emergency medicine
- f) Surgery
- g) Pain medicine
- h) Research
- i) Other disciplines related to intensive care medicine

Trainees may choose to fulfil the minimum requirements in anaesthesia and/or medicine before commencing advanced training.

7.4.6.3 Basic training must be under the supervision of a specialist in the relevant discipline. This will normally be in a hospital accredited by the relevant training college for that discipline, but other positions may be approved at the discretion of the Censor.

7.4.6.4 The prescribed program for the BTYs of ANZCA and the RACP, ACEM and RACS will be accepted by the JFICM for training. Other programs may be accepted where deemed appropriate by the Censor. The prescribed supervision for these programs will be accepted by the Joint Faculty for its trainees.

7.4.6.5 Where a Trainee is registered with the JFICM for basic training, the Supervisor of Training for Intensive Care Medicine in the hospital concerned will be responsible for organising the overall supervision of the trainee.

7.4.6.6 Where Trainees are not registered with the Joint Faculty, registration with an approved program will be accepted.

{6/06} 7.4.6.7 The JFICM or ANZCA Primary Examination, the RACP Written/Clinical Examinations or other approved examination should be successfully completed during the BTYs in order to satisfy the requirements for Basic Training. In some circumstances, the Censor

may permit this examination to be undertaken during the first ATY under the conditions outlined in Regulation 7.4.7.4.

- 7.4.6.8 At the discretion of the Censor and the Training Committee, Trainees who have undertaken specialist training overseas may be exempt from some or all of the elements of the BTYs. Exemption will depend on an assessment of equivalence of training, supervision and examination.

7.4.7 **Advanced Training Years (ATYs)**

- 7.4.7.1 Advanced Training will comprise a minimum period of three years, ATY1, ATY2, and ATY3.

- 7.4.7.2 In order to commence Advanced Training Trainees must have satisfied all the requirements of Basic Training as set out in Regulation 7.4.6.

- 7.4.7.3 Eligibility for Advanced Training and presentation for the Fellowship Examination will be dependent upon candidates having achieved one of the following:

- {6/06} (a) Success at the JFICM or ANZCA Primary Examination.
- (b) Basic physician training and success at the RACP Written and Clinical (adult or paediatric) examinations.
- {6/07} (c) Successful completion of a postgraduate basic training program (involving at least three years in addition to Post Graduate Year 1) which is accepted by the Board as having a curriculum and assessment process which ensures that the trainee has knowledge and skills similar to that of a successful candidate of the JFICM basic training program including the JFICM Primary Examination.

The Examination must be passed during the BTYs or in some circumstances, ATY1, before training progression. Exemptions will be granted for the purposes of intensive care training only.

- 7.4.7.4 If the examination is attempted during ATY1, retrospective accreditation for ATY1 is not guaranteed and can only be considered after prospective approval by the Censor, and success at the Examination. If such a conditionally approved year of core training is accredited, the second year of core training must be a continuous year in a C24 accredited unit and the Fellowship examination may not be attempted during the second core year.

- 7.4.7.5 All ATYs must be prospectively approved.

- 7.4.7.6 At least one of the ATYs must be spent as 12 continuous months in a unit approved for core training as C12 or C24.

- 7.4.7.7 A minimum of six months of the ATYs must be undertaken as a 'Senior Registrar' in intensive care medicine (refer definition under Regulation 7). This Regulation will apply to Trainees commencing Advanced Training from 1st December 2004.

7.4.7.8 At least 12 months (not necessarily continuous) of the two core years must be undertaken in an intensive care unit in Australia, New Zealand or Hong Kong accredited as C24.

7.4.7.9 The non-core ATY is considered an elective year and may sometimes be needed to complete the minimum requirements. This year may be spent in any combination of:

- a) Intensive Care Medicine
- b) Clinical anaesthesia
- c) General medicine
- d) Specialist medicine
- e) Emergency medicine
- f) Surgery
- g) Pain medicine
- h) Research
- i) Other disciplines related to intensive care medicine

7.4.7.10 Trainees will be required to complete 12 months of core intensive care training prior to presentation for the General or Paediatric Fellowship Examination.

7.4.7.11 The General or Paediatric Fellowship Examination must be completed successfully in order to satisfy the requirements for Advanced Training.

7.4.8 **In-Training Assessment**

All Trainees must participate in the Joint Faculty's in-training assessment process and comply with requests from the Joint Faculty for information relating to their training performance, in accordance with the processes outlined in Joint Faculty Policy Document IC-11 *Guidelines for the In-Training Assessment of Trainees in Intensive Care Medicine*.

7.4.8.1 Six monthly assessments are required during the Advanced Training Years.

7.4.8.2 A satisfactory assessment in at least five out of the six assessments, including the final assessment, is essential for the award of Fellowship.

7.4.8.3 The Censor may rule that further training is required in the event of unsatisfactory in-training assessment.

7.4.9 **Formal Project**

{6/07}

To satisfy the requirements of advanced training, a Formal Project must be completed by all Joint Faculty of Intensive Care Medicine (JFICM) trainees, as detailed in the document 'Formal Project Requirements'. Trainees completing this requirement will be eligible for consideration of the award of the Felicity Hawker Medal (refer Regulation 15).

{2/05}

7.4.10 **Medical ADAPT Course**

Trainees registering for training from 1st November 2004 are required to complete the Medical ADAPT Course prior to being granted Fellowship.

7.4.11 **Minimum Duration of Training**

The minimum duration for the components of approved training in anaesthesia, medicine and elective training is three months.

7.5 **Part-time Training**

- 7.5.1 Part-time training will be considered on an individual basis and must have prospective approval from the Censor.
- 7.5.2 The specific part-time arrangements must be documented and supported in writing by the Trainee's Head of Department.
- 7.5.3 Part-time training is permissible in any year of training. Advanced Training can not be commenced until the equivalent of the full three years of Basic Training has been completed satisfactorily.
- 7.5.4 Part-time training must result in the same total training time and training content as is required for full-time Trainees.
- 7.5.6 Part-time training requires a commitment to both in-hours and out-of-hours duties. These duties must be assigned on a pro rata basis and must comprise a minimum of 20% of the commitment of a full-time Trainee.
- 7.5.7 Part-time training requires registration with the Joint Faculty and payment of a pro-rata Annual Training Fee.
- 7.5.8 Part-time Trainees must maintain an appropriate record in their Training Portfolio which can be submitted to the Censor on request so that their workload and training can be evaluated accurately.

7.6 **Interrupted Training**

(Refer definitions, under Regulation 7.)

- 7.6.1 Advanced Training must include at least two years interrupted only by normal holiday or short-term special (eg study or conference) leave.
- 7.6.2 Trainees must notify the Joint Faculty in the event of extended parental leave or sick leave but should seek advice as to the effect on training.
- 7.6.3 If training is interrupted for between one and two years, there must be a minimum of one core advanced training year as part of subsequent training
- 7.6.4 If training is interrupted for between two and four years, two advanced training years including one core year must be completed as part of subsequent training.
- 7.6.5 If training is interrupted for 4 years or more, two core training years must be completed as part of subsequent training.
- 7.6.6 Under exceptional circumstances, the Censor may allow interrupted training without the need for additional training.

- 7.7.1 Candidates for the JFICM Primary Examination must have completed at least 12 months General Hospital Experience and be registered trainees.
- 7.7.2 Candidates may present for the Primary Examination prior to commencing Approved Training and at any time during Basic Training.
- 7.7.3 Candidates for the Primary Examination must have fulfilled requirements for entry to the examination by the date on which the written section of the examination is held.
- 7.7.4 Primary Examinations will be held at times determined by the Board.
- 7.7.5 The subject areas for the JFICM Primary Examination are set out in the *Syllabus for the Basic Sciences in Intensive Care Medicine*.
- {2/07} The Primary Exam is not split by subject thus the complete written and oral exams need to be taken at the same sitting unless prior exemption has been awarded.
- 7.7.6 The examination comprises a written and oral section. The written section may be taken in cities of Australia and New Zealand or other areas at the discretion of the Board. The oral section will be held in a capital city in Australia or New Zealand at the discretion of the Board.
- 7.7.7 Applications to present for the Primary Examination must be made on the approved form together with all relevant documentation verifying completion of the requirements of Regulation 7.7.1 and the prescribed fee. The completed application must be received by the Executive Officer at least 56 days before the commencement date of the written examination.

7.8 The Fellowship Examination (General or Paediatric)

- 7.8.1 Candidates presenting for admission to the Fellowship Examination must have satisfied the requirements of Regulation 7.4.7.3 and have completed Basic Training and one year of Advanced Training in core intensive care. These requirements must be satisfied by the date on which the written section of the examination commences.
- 7.8.2 Applications to present for the Fellowship Examination must be made on the approved form together with all relevant documentation verifying completion of the requirements of Regulation 7.8.1 and the prescribed fee. The completed application must be received by the Executive Officer at least 56 days before the commencement date of the written examination.
- 7.8.3 Candidates for the Fellowship Examination must have fulfilled requirements for entry to the examination by the date on which the written section of the examination is held.
- 7.8.4 Where the training required to present for the Fellowship Examination has not been completed by the closing date for application, but will be completed by the date of the written section of the examination, a written statement will be required

from the applicant's Supervisor of Training certifying the completion of training requirements as set out in Regulation 7.8.1 by the date of the written section.

- 7.8.5 The subjects for the Fellowship Examination will be the theory and practice of intensive care medicine, including relevant aspects of the basic sciences, anaesthesia and clinical medicine.
- 7.8.6 The examination comprises written and oral sections. The written section may be taken in cities of Australia and New Zealand or other areas at the discretion of the Board. The oral sections will be held in a capital city in Australia or New Zealand at the discretion of the Board.
- 7.8.7 Fellowship Examinations in general and paediatric intensive care medicine will be held at times to be determined by the Board.
- 7.8.8 On successful completion of the Fellowship Examination, candidates will be issued with the following certificate:

This is to certify that has satisfied all examination requirements of the Joint Faculty of Intensive Care Medicine, Australian and New Zealand College of Anaesthetists and Royal Australasian College of Physicians. Award of Fellowship of the Joint Faculty is dependent on completion of all training and examination requirements as set out in Joint Faculty Regulations. On completion of these requirements, it is anticipated that the Board of the Joint Faculty will admit her/him to Fellowship of the Joint Faculty.

7.9. Examination application and conduct

- 7.9.1 To be permitted to present as a Candidate at a designated examination, the Trainee must submit an application for approval by the Censor.
- 7.9.2 A Candidate who withdraws his or her application may be refunded the fee provided that written notice of withdrawal is received by the Executive Officer before the published date on which entries close.
- 7.9.3 A Candidate whose entry has been accepted and who withdraws from the examination on or after the date on which entries close, or who fails to attend at the examination, may be required to forfeit the examination fee.
- 7.9.4 A Candidate whose entry has been accepted may withdraw from the examination on medical or compassionate grounds. Satisfactory evidence must be produced in support of such an application. This application must be made in writing within seven days of withdrawal or failure to present for examination. The Board may refund a proportion of the fees paid or may hold the fee over for the next examination. In this situation, the Candidate must submit a new application for the next examination. Entry to a subsequent examination is not automatic. This Regulation should be read in conjunction with Joint Faculty Policy Document IC-12 *Examination Candidates Suffering from Illness, Accident or Disability*.
- 7.9.5 The Board may decline to accept any examination entry.

- 7.9.6 If the candidate is not satisfied with the Board's decision, the Appeals Procedure should be invoked.
- 7.9.7 Examination fees shall be determined by the Board.
- 7.9.8 The Chairman of the Court of Examiners for any Joint Faculty examination may refuse to proceed with the examination of a Candidate who:
- 7.9.8.1 Infringes the relevant Joint Faculty Regulations.
 - 7.9.8.2 Is considered by the Examiners to be guilty of behaviour prejudicial to the conduct of the examinations.
- 7.9.9 The Chairman of the Court of Examiners for each Examination will be responsible for ensuring that candidates are informed of the decision of the examiners in respect of that examination as soon as is practicable after a decision has been made. Letters will be handed directly to the candidates by the Invigilator at a specified time and place. In the event that a candidate does not appear to receive this notification, the letter will be posted to the candidate by the first available mail. Candidates for the Fellowship Examination will further be informed that consideration for granting of the Fellowship of the Joint Faculty is dependent on the receipt of certified documents by the Executive Officer that show that the Trainee has completed all training requirements as set out in Regulation 7.4.

7.10 Intensive Care Units Approved for Training

- 7.10.1 The Board will approve intensive care units as suitable for core intensive care training. Units may be approved as follows:
- 7.10.1.1 The core component of intensive care training must be undertaken in Units approved by the Board for core training for 24, 12 or 6 months. These Units are classified as C24, C12 or C6 respectively. Not more than one period of training in a Unit classified as C6 will be permitted during core intensive care training, without prior approval of the Censor.
 - 7.10.1.2 An Intensive Care Unit, Hospital Department (or other organization) must be approved by the Joint Faculty in order to provide training in intensive care. Such approval requires an accreditation review which has been accepted by the Board.
- 7.10.2 Training within approved Hospital Departments (or other organizations) must provide clinical experience both in-hours and out-of-hours and ensure supervision at all times in accordance with the requirements of Policy Document IC-4 *The Supervision of Vocational Trainees in Intensive Care*.
- 7.10.3 A Hospital Department or other organisation may be recognised as suitable only for Advanced Training.

7.11 Other posts approved for training

- 7.11.1 Posts for the anaesthesia component of intensive care training will normally be in hospitals approved for training by the Australian and New Zealand College of Anaesthetists.
- 7.11.2 Posts approved for the medical component of intensive care training will normally be in hospitals with programs approved for training by the Royal Australasian College of Physicians. This post must not be in an intensive care unit.
- 7.11.3 Posts in surgery related to intensive care will normally be in hospitals with training posts approved for training by the Royal Australasian College of Surgeons.
- 7.11.4 Posts in Emergency Medicine will normally be in hospitals with training posts approved for training by the Australasian College for Emergency Medicine.
- 7.11.5 Notwithstanding the above Regulations, the Censor may approve other training, providing supervision of the Trainee is undertaken by a specialist in the discipline.
- 7.11.6 Subject to the provisions of Regulation 7.4.6.3 (and unless approved retrospectively under 7.3.2) training in other disciplines may be recognised following prospective approval by the Censor.
- 7.12 All enquiries, applications and communications relating to training must be addressed to the Executive Officer, Joint Faculty of Intensive Care Medicine, 'Ulimaroa' 630 St Kilda Road, Melbourne, Victoria, 3004, Australia.

8. ANNUAL SUBSCRIPTION

- 8.1 The annual subscription to be paid by Fellows will be decided by the Board and approved by ANZCA and RACP and will be payable on the first day of January in each year.
- 8.2 Fellows admitted on or after the first day of July in any year will pay half the annual subscription for that year.
- 8.3 Reductions and Exemptions
- 8.3.1 Conditions under which reduction or exemption of the annual subscription may be granted are detailed on the subscription notice.
- 8.3.2 Notwithstanding 8.3.1 the Board may remit the whole or part of the annual subscription payable by a Fellow.
- 8.4 Any Fellow who has not paid the annual subscription within twelve months from the due date will be deemed to be, in arrears.

- 8.5 Any Fellow who fails to pay the annual subscription within a further twelve months, will cease to be a Fellow and will be duly notified by the Executive Officer. The name of the Fellow will then be removed from the list of Fellows.
- 8.6 The Board may announce to the public generally or to any professional body or organisation, the fact that such person has ceased to be a Fellow of the Joint Faculty.
- 8.7 Should a sufficient explanation for failure to pay the annual subscription be made by the Fellow to the satisfaction of the Board, it may recommend readmission as a Fellow of the Joint Faculty and upon such terms and conditions as the Board may in its absolute discretion, decide.

9. RESIGNATION FROM THE JOINT FACULTY

A Fellow of the Joint Faculty will cease to be a Fellow of the Joint Faculty if the Fellow resigns his or her Fellowship in writing, thirty (30) days after receipt by the Executive Officer of his or her written resignation.

10. TERMINATION AND SUSPENSION OF FELLOWSHIP

10.1. A Fellow of the Joint Faculty will cease to be a Fellow of the Joint Faculty:

- (a) If the Fellow dies.
- (b) If the Fellow resigns his or her Fellowship (pursuant to Regulation 9 hereof)
- (c) Pursuant to Regulation 8.5 hereof.
- (d) If the Fellow is removed from the Register of Medical Practitioners by a Medical Registration Authority so recognized by the Board for this purpose on grounds of malpractice, misconduct, ethical or other similar grounds.
- (e) If the Fellow is expelled in accordance with these Regulations.

10.2. The procedure for expulsion of a Fellow of the Joint Faculty will follow the procedures documented in the Constitution of ANZCA.

10.3 A complaint against any Fellow will not be dealt with by the Joint Faculty unless it is made in writing and lodged with the Executive Officer.

10.3.1 The Executive Officer will refer the complaint in writing to a Practice Committee, comprising three Fellows appointed by the Regional/National Committee of the relevant state or New Zealand. No member of the Practice Committee shall be a member of the Board of the Joint Faculty. If the Practice Committee feels there is a case to answer it shall forward the complaint to the Fellow concerned seeking the Fellow's written submission in respect of such complaint within fourteen (14) days receipt of notice to the Fellow of the complaint. The Practice Committee may:

- (a) take no action;
- (b) counsel the Fellow concerned;
- (c) refer the matter to the Board; or
- (d) dismiss the complaint and exonerate the Fellow.

10.3.2 In respect of complaints about any Fellow the Board shall function as the Disciplinary Committee. Any Fellow who is the subject of any complaint to be heard before the Board shall, at least thirty (30) days prior to the Meeting of the Board at which any determination is to be made in respect of the matter to be considered, be given written notice by the Executive Officer notice of:

- (a) the intention of the Board to consider the matter;
- (b) the time, date and place of the meeting;
- (c) particulars of the nature of the matter under consideration, and
- (d) advice that the Fellow may attend and give oral or written submissions at that meeting in respect of the matter.

10.3.3 The Board shall give the Fellow an opportunity to be heard. At the conclusion of its consideration of the matter, the Board may:

- (a) take no action;
- (b) censure and/or counsel the Fellow;
- (c) refer the matter to ANZCA Council for consideration pursuant to article 32; or
- (d) dismiss the complaint and exonerate the Fellow.

10.4 No Fellow will be found guilty or punished under these Regulations, except by the vote of at least three quarters of all the Members of the Board present and of at least three-quarters of all the Members of the Councils present. The quorum for such meetings will be three quarters of the elected Membership of Board or Councils.

10.5 In the event of a Fellow found guilty of derogatory conduct and censured, suspended or expelled pursuant to Regulation 10.4 above, the Executive Officer will notify the Fellow of the Board and Council decisions.

10.6 A Fellow, within seven days of being notified of such suspension or expulsion, will have his/her name removed from the list of Fellows and be requested to return the Diploma of Fellowship.

11. ANNUAL GENERAL MEETING OF THE JOINT FACULTY

11.1 The Annual General Meeting of the Fellows of the Joint Faculty will be held at such time and place as the Board will, in each year, determine, and not more than fifteen (15) months after the holding of the last preceding meeting.

- 11.2 Thirty (30) days notice of the Annual General Meeting of Fellows will be sent to each Fellow of the Joint Faculty at the address appearing in the Register of Fellows of the Joint Faculty.
- 11.3 The business of the Annual General Meeting will be:
- 11.3.1 To receive the report of the Dean.
- 11.3.2 To receive the Balance Sheet and Income and Expenditure Account.
- 11.3.3 To receive the declaration of the poll for election to the Board.

12. GENERAL BUSINESS MEETINGS OF THE JOINT FACULTY

- 12.1 General Business Meetings of the Joint Faculty will be held at such times and places as the Board may direct by resolution.
- 12.2 *Standing Orders at General Business Meetings*
- 12.2.1 When a motion has been duly proposed and seconded, the Chairman will at once take the votes thereon, unless a Fellow proceeds to discuss the matter or to propose an amendment.
- 12.2.2 All motions will be:
- (a) Duly proposed and seconded.
- (b) Affirmative in character.
- (c) Submitted in writing thirty days before the meeting and circulated with the agenda.
- (d) Withdrawn only by unanimous consent of the meeting.
- 12.2.3 A motion may be resolved, adjourned or referred to the Board.
- 12.2.4 The proposer of a motion has the right of reply at the conclusion of the debate.
- 12.2.5 No other Fellows will speak more than once upon the same motion or amendment except:
- (a) In explanation or correction of some matter during the debate when he/she will have the right to explain a misunderstanding or language but will be prohibited from further debate on the merits of the case.
- (b) Upon a point of order raised during the debate.
- (c) By permission of the Chairman.

- 12.2.6 Any Fellow rising to a point of order will state distinctly such point of order without debate and will then resume his/her seat until the point of order is decided by the Chairman.
- 12.2.7 Any Fellow speaking when a point of order is raised will not continue his/her speech until the point of order is decided.
- 12.2.8 Any motion approved or rejected cannot be moved again at the same meeting, but a notice of motion to vary the decision may be given.
- 12.2.9 The Chairman will put all questions in a distinct and audible voice to the meeting and declare whether or not the vote is carried.
- 12.2.10 Motions will be decided by simple majority, except where otherwise provided in these Regulations, with the Chairman exercising a deliberative and if applicable, a casting vote.
- 12.2.11 A motion may be amended during the debate, provided the intent of the motion is preserved. No Fellow will propose more than one amendment to a motion.
- 12.2.12 Upon an amendment being carried, the motion as amended will take the place of the original motion and may be further amended until a decision is reached.
- 12.2.13 No Fellow may speak to any question after the Chairman has risen to put the question except to a point of order.
- 12.2.14 Any Fellow who has not already spoken will have the right to move that "the question be now put".
- 12.2.15 There will be no debate on such motion.
- 12.2.16 Such a motion must be carried by a three quarters majority of those present. The Chairman will have a casting vote.
- 12.2.17 When a motion is carried "that the motion be now put", the mover of the original motion will be allowed to reply.
- 12.2.18 A motion to adjourn the meeting or debate may be proposed and, if seconded, will be put to the vote immediately.
- 12.2.19 When "time" for the resumption of an adjourned debate is discussed, the discussion will be confined to the question of time and duration of the debate.
- 12.2.20 In all other cases the Chairman will have jurisdiction.
- 12.2.21 By permission of the Chairman, any Fellow may propose a suspension of Standing Orders. This motion must be carried by a three quarters majority of those present.

- 12.2.22 The business of Special General Meetings will be confined to reading the notice convening the meeting and the consideration of subjects for which the meeting was called.

13. SCIENTIFIC MEETINGS OF THE JOINT FACULTY

- 13.1 Scientific Meetings of the Joint Faculty will be held at such times and places as the Board may from time to time by resolution direct.

13.2 Standing Orders at Scientific Meetings

- 13.2.1 The text of remarks introducing a discussion and all papers and reports read at meetings of the Joint Faculty will be the property of the Board and will not be published without the sanction of that Board.

- 13.2.2 There will be a time limit, to be announced by the Chairman at the beginning of the meeting, for presentation of papers and for participation in the discussion.

14. THE JOINT FACULTY OF INTENSIVE CARE MEDAL

{6/05} The 'Joint Faculty of Intensive Care Medicine Medal' was established in 2005 to recognise an outstanding contribution to the Specialty of Intensive Care Medicine and was first presented at the inaugural JFICM Annual Scientific Meeting that year.

- 14.1 The Award is made intermittently at the discretion of the Board of the Joint Faculty of Intensive Care Medicine with the sole criterion being that the Nominee has made an outstanding and major contribution to the specialty of Intensive Care Medicine.
- 14.2 Eligibility shall be limited to Fellows of the Joint Faculty of Intensive Care Medicine.
- 14.2 Nominations shall be considered at any Board Meeting.
- 14.3 All nominations shall be formally proposed and seconded in writing by two members of the Board, and submitted to the Executive Officer at least 30 days before the Board Meeting.
- 14.4 Each nomination shall be accompanied by a curriculum vitae and supporting documentation.
- 14.5 The Board will vote on each nomination by secret ballot following discussion.
- 14.6 No award shall be made unless three-quarters of the members of the Board present vote in favour.
- 14.7 The successful Nominee and the JFICM Fellowship will be notified following the Board meeting.
- 14.8 The Medal will be presented to the successful recipient at a subsequent Annual Scientific Meeting or Ceremony.

- 14.9 A nomination rejected by the Board may be reconsidered if formally proposed and seconded at a subsequent Board Meeting.

15. THE FELICITY HAWKER MEDAL

{6/07} *The Felicity Hawker Medal was established in 2004 to honour Dr Felicity Hawker, inaugural Dean of the Joint Faculty of Intensive Care Medicine.*

- 15.1 The Felicity Hawker Medal will be awarded to the Trainee, or Fellow within 1 year of award of the Diploma of Fellowship, who is judged to make the best contribution at the Formal Project Session held as part of the JFICM or ANZICS Annual Scientific Meeting (ASM).
- 15.2 Eligibility for the Prize will be limited to current or past JFICM-registered trainees presenting material related directly to their Formal Project report.
- 15.3 Application to present at the Formal Project Session must be accompanied by an abstract of the material to be presented. The Formal Project Report must be submitted for evaluation at least one month prior to the scheduled date of presentation. Whilst all criteria for submission of the Report apart from the presentation (clause 2.5) must be met, it is not essential that the Project Report has been fully assessed and accepted prior to application.
- 15.4 The Board shall, from time to time, appoint three adjudicators for the Prize in addition to the Chairman of the Education Committee who will Chair the Adjudication Panel. This task may be delegated to the Chairman of the JFICM or ANZICS ASM Committee. Adjudicators may co-opt additional adjudicators at the ASM should one or more of the appointed adjudicators be unable to attend.
- 15.5 If, in the opinion of the adjudicators, no presentation attains a sufficiently high standard, the Medal will not be awarded.
- 15.6 If necessary, the ASM Scientific Convenors will pre-select presentations for the Formal Project Session on the basis of the submitted abstracts. A ten minute presentation, followed by five minutes of questions, will form the basis on which each entry for the Medal is considered by the adjudicating panel. The presentation must be based on the material submitted in the trainee's Formal Project Report.

16. THE G.A. (DON) HARRISON MEDAL

The G.A. (Don) Harrison Medal was established by the Faculty of Intensive Care, Australian and New Zealand College of Anaesthetists in 1994.

- 16.1 All candidates who present for the Fellowship Examination may be considered for this Award.
- 16.2 The Medal is awarded by the Board on the recommendation of the Examinations Committee.

- 16.3 The Medal is awarded annually to the candidate who passes all four sections of the Examination and achieves the highest mark in that calendar year provided that the candidate's performance is of sufficient merit.
- 16.4 If two or more candidates are found to have reached the required standard and to have achieved the same number of marks, the Examinations Committee will adjudicate. Special note will be taken of the performance of the candidates in the Clinical Section of the Examination.
- 16.5 The winner of the G.A. (Don) Harrison Medal is advised of the Award by the Dean following the recommendation of the Chairman of the Examinations Committee. The Medal will be presented to the recipient at a future occasion at which new Fellows of the Joint Faculty of Intensive Care Medicine are presented.

17. ACADEMIC DRESS

- 17.1 For Fellows, the gown will be of black stuff, with looped sleeves. The square yoke and the fronts will be faced in 35mm royal blue and gold satin ribbon, separated by 35mm black. The royal blue ribbon will be on the inside edge of the facings and yoke, the gold will be on the outside edge. A red satin ribbon of 35 mm will be hemmed to the sleeve cuff.
- 17.2 During their term only, Members of the Board of the Joint Faculty will have 35mm royal blue satin ribbon attached to the sleeve cuff and bottom hem. Each sleeve will be covered with six gold silk faced buttons together in three pairs with braided silk cord. The blue ribbon around the sleeve cuff will be relinquished upon retirement from the Board.
- 17.3 For the Vice-Dean, a black gown will be made from lightweight pure wool in the same style as a Board Member's gown. In addition, the square yoke and fronts will be faced with 35mm royal blue satin ribbon and 12mm oak leaf gold bullion braid. The sleeves will be trimmed with 12mm of oak leaf gold bullion braid running around each sleeve at chest level. 35mm royal blue satin ribbon will be trimmed to the bottom hem.
- 17.4 For the Dean, a black gown will be made from lightweight pure wool in the same style as a Board Member's gown. In addition, the square yoke and fronts will be faced with 35mm royal blue satin ribbon and 12mm oak leaf gold bullion braid. The sleeves will be trimmed with 35mm royal blue satin ribbon around the armholes, and there will be one bar of 25mm oak leaf bullion braid at the sleeve head edged with 35mm royal blue satin ribbon. 35mm royal blue satin ribbon will be trimmed to the bottom hem.

{2/07} **18. REVIEW AND RECONSIDERATION / APPEALS PROCEDURE**

It is expected that persons will lodge a formal appeal only as a last resort. Before convening the Appeals Committee, the Executive Officer will generally advise an applicant to seek a reconsideration and/or review of the original decision. The Appeals Committee shall only be convened if the Executive Officer is satisfied that the applicant has exhausted all other avenues of reconsideration and review of the relevant decision.

Requests for reconsideration and appeals against decisions of the Joint Faculty of Intensive Care Medicine will be subject to the Review and Reconsideration/Appeals Process of the Australian and New Zealand College of Anaesthetists.

19. SEAL

The Joint Faculty shall have, and may use, a common seal of such form and for such purposes and in such manner as may be decided by the Board and approved by ANZCA and the RACP. The signatories will be the President of ANZCA, President of RACP, Dean, Censor and Executive Officer.

20. TRANSITIONAL PROVISIONS

For the purpose of these Regulations, any period of service as a member of the Board or as an Office Bearer (for a particular Office) of the Faculty of Intensive Care, ANZCA, shall be counted as and deemed to be service in that respective position in the Joint Faculty pursuant to these Regulations.

21. OTHER PROVISIONS

Save as expressly provided in these Regulations, the Joint Faculty and the Board and their respective meetings, will be governed by the Constitution of the Australian and New Zealand College of Anaesthetists as if a reference therein to the College were a reference to the Joint Faculty, and a reference therein to the Council were a reference to the Board with such modifications as may be consistent with the intent of these Regulations.