ANZCA
FPM

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Dear Felicity,

Professional Document IC-1 Minimum Standards for Intensive Care Units

Thank you for the invitation to provide feedback on the College of Intensive Care Medicine (CICM) professional document IC-1 Minimum Standards for Intensive Care Units (ICUs).

The Australian and New Zealand College of Anaesthetists (ANZCA), including the Faculty of Pain Medicine and Chapter of Perioperative Medicine, is committed to setting the highest standards of clinical practice in the fields of anaesthesia, pain and perioperative medicine. As one of the largest medical colleges in Australia and New Zealand, ANZCA is responsible for the postgraduate training programs of anaesthetists, specialist pain medicine physicians and clinicians managing comprehensive perioperative patient care and supports the ongoing continuous improvement of practitioners working within these medical specialities.

Earlier this year ANZCA and CICM launched the Dual Training Recognition process (DTRP) [1] to reduce duplication for trainees on pathways to FANZCA and FCICM respectively. ANZCA also indirectly accredits intensive care units accredited by CICM, where trainees are on rotation.

ICUs are self-contained units operating around the clock to deliver complex care through inter-disciplinary engagement, including with anaesthetists and acute pain services. ICUs place significant workforce reliance on medical staff (as articulated in 5.2.3) and junior medical staff, such as critical care trainees, resident medical officers (RMOs) and trainees of other medical colleges who are on rotation.

Overall, the minimum standards for ICUs are comprehensive and set important benchmarks for safe, effective and high-quality adult/paediatric intensive care services across Australia and New Zealand.

The document includes a new focus on workforce wellbeing, environmental sustainability stewardship and culturally safe practices, however ANZCA wishes to highlight a number of workforce and training requirements that warrant further consideration, starting with the overarching principles, as follows:

1. Person Centred Care

ANZCA supports the central position of patients and their family/carers, as partners in ICU care. Shared decision-making in perioperative care is aligned to an individual's values, goals and preferences. Inter-disciplinary discussion between a patient, family/carers and healthcare professionals is recommended to optimise recovery. [2]

[1] Australian and New Zealand College of Anaesthetists / College of Intensive Care Medicine of Australia and New Zealand. Dual Training Recognition Process Guidance Document. ANZCA/CICM. Melbourne, 2026. Link

[2] Australian and New Zealand College of Anaesthetists. A framework for perioperative care in Australia and New Zealand. ANZCA. Melbourne, 2021 (updated 2023). Link

3. Safety Culture and Workforce Wellbeing

The principle recognises that the wellbeing of a multidisciplinary workforce is integral to patient safety and service sustainability. The document includes recommendations for rest facilities for night staff that are proximate to the ICU. ANZCA recommends that facilities to assist with fatigue management are mandatory.

4. Culturally Safe and Community-Responsive Care

ANZCA recognises the inequities in health outcomes for Aboriginal, Torres Strait Islander, Māori, and Pasifika peoples across Australia and New Zealand and supports principles that guide the provision of culturally safe and responsive care.

The growth of the Aboriginal, Māori and Torres Strait Islander medical workforce is a key priority for most Australian medical colleges, including ANZCA. Initiatives that enable services to reflect the cultures of the communities they serve, and the incentives offered by CICM, for example, *Kanyini* and *Whanaungatanga* bursaries are important contributors to delivering culturally safe care.

5. Environmental Sustainability and Resource Stewardship

The introduction of measures within ICUs that reduce environmental harm and optimise resource stewardship is welcomed. A move away from single use items, and the reduction of greenhouse gas emissions through discontinuation of nitrous oxide (N_2O) outlets, are aligned to ANZCA's position statement on environmental sustainability (PS64). [3]

6. Equitable Access and Care

ANZCA recommends that the document addresses the number of available ICU beds that should be provided to reduce disparities in access to intensive care services regardless of age, sex, gender, disability, cultural background, socioeconomic status or geographical location. There is a wide variation both within and between jurisdictions in Australia and New Zealand. This leaves critically unwell patients in environments unsuited to their needs.

Intensive Care medicine is well practiced in the cultural needs of other minority groups of African, Asian, Middle Eastern and American origins and we recommend that the document addresses these important cultural considerations, while also prioritising the cultures of Aboriginal, Māori and Torres Strait Islander peoples.

7. Paediatric Specific Standards

ANZCA supports the exclusion of Neonatal ICUs from these standards, in recognition of the highly specialist nature of facility, equipment and workforce requirements.

Turning to the standards and recommendations in chapters 4 to 7 that cover physical infrastructure, workforce, operational and culture aspects of the document, ANZCA recommends a separate section on the minimum standards for training programs delivered within ICU centres. Our detailed feedback follows:

4.1	Physical infrastructure: The document references the Australian Health Facility Guidelines (AusHFG) however it is unclear if the physical design specifications in this document also reflect relevant binational standards for Australia and New Zealand, and international standards (such as, ISO/TC 121 (Anaesthetic and respiratory equipment).

[3] Australian and New Zealand College of Anaesthetists. Position statement on environmental sustainability in anaesthesia and pain medicine practice (PS64). ANZCA. Melbourne, 2026. Link

4.4.16	Equipment not mounted on the pendant: ANZCA recommends access to appropriate clinical equipment (that is not mounted on the pendant) including equipment to manage difficult airways, as per ANZCA standard (Standard 4.2). [4]
4.3.1	Bedspace: In situations where ICU-monitored care is delivered by anaesthetists (for example in circumstances of clinical deterioration) space requirements should allow for workforce, equipment, and family movements. [5]
4.6.5	The standard provision of telecommunication systems should include telehealth infrastructure for use by medical staff and for patients to communicate with family/carers, when the patient is isolated and/or when their family/carers are remote.
4.8.3	Staff facilities and offices: The standard provision of a seminar room for teaching purposes does not cover medical training requirements or simulation facilities suitable for the DTRP. ANZCA recommends a separate section on the minimum standards for training programs delivered within ICU centres. [1]
4.8.6	Office space: Large departments may need one or more Deputy Director roles who would require individual office space in addition to the Director. Supervisors of Training (SoTs) also require access to suitable private spaces, computer and secure storage (of trainee data) as per ANZCA Standards for Accreditation (Standard 2.2.5).[4]
5.2.2	Medical staffing: The standard for all specialist medical staff to hold qualifications in intensive care medicine (with at least 80% FCICM representing the specialist medical staff) in regional centres may be unachievable?
5.2.3	This standard may overlap or duplicate standard 5.2.10.
5.2.7	Accredited training centres: ANZCA recommends a separate section on the minimum standards for training programs delivered within ICU training units (pending publication of the SoT Handbook).
5.2.11	Orientation: The standard should cover orientation to clinical and related IT systems, including EMR systems.
5.2.12	Trainee supervision: ANZCA recommends this standard is expanded so that trainees receive appropriate and effective supervision (a supervisor for a trainee is identified and available at all times) in accordance with ANZCA Standards for Accreditation (Standard 2.2).[4]

[4] Australian and New Zealand College of Anaesthetists. Accreditation Standards for specialist medical college accreditation of training settings. ANZCA. Melbourne, 2026. Link

[5] Australian and New Zealand College of Anaesthetists. Position statement on monitored care by an anaesthetist (PS19). ANZCA. Melbourne, 2025. Link

5.4.1	Other staffing: The standard should address interdisciplinary relations in addition to multidisciplinary teams. Communications with anaesthetists and acute pain services in particular related to patient transfers, acute pain consultation, or airway management and other procedural support is not addressed.
6.2.19	The standard describes multidisciplinary teams' access to training facilities. ANZCA recommends trainee access to appropriate training facilities, including technology-enhanced/simulation training facilities as per ANZCA Standards for Accreditation (Standard 3.1.2).[4]
6.3	Digital capacity: EMR systems used within ICUs are typically stand-alone and do not interact with a patient's digital records (including medication prescribing systems, record keeping systems and patient medical notes/the Goals of Care documentation) used across other hospital departments (like *Mosaic* used in oncology services, *Genie* in pain services and *EDIS* in emergency departments). Stand-alone EMRs leads to fragmented information systems behind the care of critically unwell patients. ANZCA recommends a minimum standard for ICU EMRs that are integrated with the networked hospital EMR systems, supporting informed critical care delivery.
6.3.6	Use of audio-visual technologies (overhead camera): ANZCA recommends that privacy requirements are met when using A-V technology in the absence of intensive care specialists on-site. The proposed use of an overhead camera may extend beyond remote monitoring of vital signs (CICM IC-16).
7.1.4	Cultural safety: The standard should address the important cultural considerations of other minority groups in addition to Aboriginal, Māori and Torres Strait Islander peoples.
7.2	Workforce wellbeing: The standard should address increases in workload, which must be accompanied by increased consultant staffing, in order to maintain an appropriate level of supervision of the trainees.
7.2.6	The standard should require that unacceptable workplace behaviours are identified, investigated, managed and recorded, as per ANZCA standard (Standard 1.1.2).[4]

In closing, thank you for the invitation to provide feedback on minimum standards for settings in which specialist medical training takes place. We look forward to future collaborations with the CICM.

Yours sincerely,

Dr Brien Hennessy FANZCA
Chair, ANZCA Safety and Quality Committee