

1 June 2011

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Dear Susan

### **Reaccreditation of the College of Intensive Care Medicine**

Thank you very much for your request to the NZMA and in particular its Doctors-in-Training Council to provide feedback on this consultation. In order to give you the most relevant advice we have asked our Intensive Care Medicine Doctors-in-Training members for their views.

Firstly, we advise that we have been given a copy of the submission prepared by the CICM trainees committee and support that submission in its entirety.

Turning to our comments generally,

Our CICM trainees have expressed some concern over the lack of direction given regarding a syllabus. While we accept that this is a consultant exam that intends to test the breadth of a trainee's knowledge we believe that there is still a need for some guidance to be given on the College's expectations as to what trainees need to know. Also, we understand that while there are a number of good resources available, these are not necessarily held by the College and the trainee depends on an effective work environment to guide their study. Depending on where a trainee works however, that guidance can be variable.

Our members have also indicated that trainee support for those having difficulties is weak and there is little acknowledgement by the College of the stressful burden applied by the training schemes' demands - particularly during exam years.

Administration is still a significant problem for the College although we note that this is not new and bedevilled the JFICM when it was still in existence. Communication with (and clear communication lines for) trainees to access the College are still an issue. The fact that there has been a problem with staff turnover for several years has not helped and while staff are always polite and try to be helpful, there have been several instances of incorrect information being provided or information that has been lost. We think there is a need for this to be addressed.

Finally, in respect of the major challenges facing trainees, our views of the main issues are:

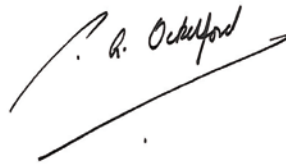
- burnout and lack of acknowledgement of the demands of ICU training and as a long term career
- difficulties balancing training and life demands for dual trainees
- lack of ICU consultant jobs for an ever increasing number of trainees.

We hope our comments are of assistance.

Yours faithfully

A handwritten signature in black ink, appearing to be 'Jonathan Foo', written in a cursive style.

Dr Jonathan Foo  
Chair, DITC, NZMA

A handwritten signature in black ink, appearing to be 'Paul Ockelford', written in a cursive style.

Dr Paul Ockelford  
Chair, NZMA