Oration to College of Intensive Care Medicine (synopsis)

Dermot Phelan 26 Hobart, May 2018

Mr President and colleagues,

The honour of being asked to speak tonight is immense – only matched by the pleasure of being here with the trainees, who are receiving their Fellowships and awards after years of challenging training, continuing assessment and examination. My introduction to Critical Care was during an Anaesthesia / Critical Care rotation during internship in Brisbane – a novel concept at the time. But the real immersion occurred during a rotational residency at the Royal Perth Hospital when even to a junior eye, it was evident that organised, consultant led Critical care was achieving previously unthinkably positive patient outcomes. And with mentors such as Geoff Clarke, John Weekes and the Irish physician Intensivist, Karl Donovan, it was not difficult to choose a career path – Critical Care via Anaesthesia.

I returned to Ireland to complete Anaesthesia training and the contrast was very striking – Critical Care was unashamedly regarded as 'registrar work' from which doctors could be called away at a whim for 'real work' e.g. providing tea breaks in theatre. Even senior figures such as the then Intensive Care Society (UK) president said that working 'on the ITU' would be forever thus as the subject was impossibly broad and could never provide the basis for a disciplined medical specialty.

Despite this, I went back to ANZ (Flinders Medical Centre, Adelaide) to undertake formal training in Intensive Care Medicine (ICM) but, even there, some were wary. At the time, there was no textbook of ICM, no agreed description of training requirements and the recently set-up exam seemed virtually impossible to pass. However the nature of the work, the evident better patient outcomes and the disposition of those involved was very encouraging. In retrospect, I can also see the leadership of the time working behind the scenes to develop a formal training programme with a recognised governance structure. The external manifestation of this was the evolution of the exam name through five name changes from my time in 1983(FFARACS) to 2008 when it became the now highly prized and respected Fellowship of the College of Intensive Care Medicine (FCICM -ANZ). Happily for the record, Felicity Hawker in Gary Phillips book has described the detail of this evolution.

But was this work having an influence more broadly especially in the UK and Ireland? Not really. A hint for me should have been the then joint UK-Irish training committee's refusal to accept any of that structured, supervised, ANZ Intensive Care training towards completion of anaesthesia training. I was also told recently that when I later started work as an Intensivist, 'nobody knew what it was - or what to do with you'. On my first arrival for work in ICU and asking for the 'round', I was sent next door to the cardio-thoracic round – there was no ICU round!

But over time, with the appointment of an ICU resident and the initiation of regular rounds and consistent input, things changed. Happily many of the best residents of the time were influenced by the new development and opted to pursue ICM - almost exclusively at the time via ANZ. So, as they came back and were appointed in Ireland, many of the external influences took shape – the Intensive care Society of Ireland (ICSI) in 1987 and, in 1994,

the intercollegiate Irish Board of Intensive care Medicine (IBICM) was set up to organise and oversee training and an examination in Intensive Care. The first exam (1996), with the help of an extern examiner from the ANZ Faculty, had six successful diploma (DIBICM) candidates.

The then Irish Hospitals' Board (Comhairle na nOspidéal) determined that this qualification (or equivalent) was an eligibility requirement for a consultant post in Intensive Care and, at this stage, over 200 post-graduate doctors have successfully taken the exam. Many of these undertook further advanced training overseas, mainly in ANZ. Over a relatively short time, the consultant cohort had evolved to sustain and develop the training programme and now approx 60% of Irish consultants in ICM are ANZ trained. Five of the ten training units in Ireland are now visited and accredited by the ANZ college – thus maintaining a quality standard and constituting a training precinct as large as many of the ANZ's own states / territories. Critical Care practice and training is now central to all major Irish hospitals and meaningful, multi-centre audit and research is integrated - and Ireland has become one of the first countries in Europe to recognise (in 2013) Intensive Care Medicine as a specialty. Indeed, ICM is central to the current evolution of the healthcare networks in Ireland. The importance of ANZ to this total development was recognised by the first honorary fellowship of the JFICMI being awarded to Charlie Corke, the CICM (ANZ) president.

The associated postgraduate medical training saw the European examination in Intensive Care Medicine emulate the Irish pattern for some years until demand outgrew the capacity to provide a clinical exam. Now an objective structured clinical examination (OSCE)-style exam pertains but with Dublin remaining as one the major European exam centres. The Irish-European influence is maintained by an obligatory position for Ireland on the European exam committee and in its contribution to the fashioning and acceptance of competency-based post-graduate medical training in Europe. Indeed, Intensive Care Medicine has led in this respect - 'Cobatrice' being the first description of a medical specialty in Europe which is couched in terms of assessable competencies.

It is a special event when the CICM (ANZ) chooses to recognise the development of ICM in Ireland and to appreciate the parallels between their own and Ireland's evolution. We should recognise of course the reasons why ANZ are world leaders in ICM – its own College, an exemplary training programme, a gold-standard exam and a long-established continuing professional competency system. The contribution of ICM to national issues e.g. in caring for the victims of terrorist (Bali) bombings and in leading on end-of-life care and the related debate is broadly recognised at home - many Intensivists being included in the national honours list. The related world leading patient outcomes (Kaukonen, Bellomo et al 2014) has provided the platform for universally influential, multi-centre, quality research (in which Ireland is collaborating); and many individual elements of the ANZ training system e.g. the BASIC (Basic Assessment and Skills in Intensive Care) course are being embraced world wide. Ireland is honoured to be considered in this league and we are grateful to all in Ireland who have contributed to this development by making the commitment to train in ICM (mainly in ANZ) - and to all those who trained them and have continued to contribute as esteemed colleagues and College visitors.