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Overview of Intensive Care in Australia

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Introduction

Intensive care is a separately recognized specialty in Australia with specific post-graduate training and qualifications, which do not require prior specialty qualifications. This has led to a high-profile presence of the specialty in most Australian hospitals. Intensive care units (ICUs) are usually staffed by specifically trained intensive care specialists.

The intensive Care Specialty

Australia was fortunate in avoiding most of the political infighting that often accompanies the introduction of a new specialty. This smooth initiation can be attributed to the efforts of several committed clinicians, who were already practicing as full-time intensive care specialists in Australia and New Zealand during the 1970s. They resolved to establish a strong society of clinicians – the Australian and New Zealand Intensive Care Society (ANZICS). This same group of clinicians established separate training in intensive care within the Colleges of Physicians and Anaesthetists. A joint faculty of intensive care, separate from these colleges, has now been established to oversee training in intensive care. There are now common examinations and training requirements for intensive care specialists throughout Australia and New Zealand. These two countries were jointly the first in the world to establish specific post-graduate training in the specialty of intensive care, and the specialty's first graduate completed training in 1980.

Intensive Care Units

Every referral hospital and many larger rural and metropolitan hospitals now have intensive care units staffed by specifically trained intensivists. The intensive care units are largely single units managing medical, surgical and obstetric patients. Pediatric intensive care units are separate, and the clinicians managing them are specifically trained in pediatric intensive care. The ICUs are all operated on a “closed” basis, with patients admitted under the management of ICU intensivists or under joint management between the intensivists and a home admitting team. Hospitals may have separate specialist units for critically ill patients, such as those caring for burns, spinal injuries, neurosurgery and cardiac surgery, but these are often headed by intensivists or at least involve intensivists intimately in joint care.

The overall health system in Australia is based on a strong public system with parallel private healthcare. Private patients are managed in both public and private health facilities. The larger private hospitals have separate intensive care units, staffed by full-time specialists, as in the public system. There is a large overlap between both systems, with the same intensive care specialists often working in both systems.

The Strengths of Australian Intensive Care

One of the strengths of Australian intensive care is the close cooperation between specialist doctors and nurses working full-time in intensive care. This has been a feature since the first initiatives to establish the specialty in the 1970s. The ANZICS annual conference, for example, has always been conducted and organized jointly by both medical and nursing specialists. This close cooperation acknowledges the special role of intensive care as a joint initiative, in which team efforts are crucial to achieve good clinical outcomes. In this way, Australian intensive care sets itself apart from other medical specialties, which often emphasize the skills of individual doctors, such as surgeons and physicians.

The intensive care specialty in Australia has developed a reputation for high clinical standards and recently established its credentials in research with the formation of the Clinical Trials Group (CTG) of the ANZICS, which oversees multi-center trials across Australia and New Zealand. As a result, research in intensive care now is equal to the standards of specialist training and clinical practice. Australia also has led the world in involvement in systematic ways to manage the seriously ill – whether they happen to be within the walls of the ICU or in other areas of the hospital. Furthermore, intensivists have a high profile in administrative roles, both within hospitals and at government levels. At the broadest

level, Australian intensivists are involved with national planning of intensive care resources and standards.

Conclusion

In summary, intensive care in Australia is a robust and separately recognized specialty, which has been widely accepted within the Australian healthcare system since its inception. It has developed high standards of clinical practice, training and research. By building on these strengths and sharing its experiences, the Australian intensive care community can contribute to worldwide efforts to improve critical care services.

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