Anaesthesia Training in New Zealand Made Easy

New Zealand Trainee Committee
2015
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Introduction

Welcome to “Anaesthesia Training in New Zealand Made Easy”.

This online handbook aims to give an overview of Anaesthesia training in New Zealand. A lot of invaluable information about your training is presented in a helpful, practical form. There are lots of hurdles to jump along the way, but at least if you know what they are, when and how to tackle them, then you are off to a flying start. This handbook is built on the hard work of previous New Zealand Trainee Committee (NZTC) members. We will endeavour to keep it as up-to-date as possible, but please be aware that some information may change over time.

The first section of this handbook attempts to describe some of the major organisations linked to anaesthesia in Australasia, and how these interact with one another. A new curriculum for Anaesthesia Training was introduced for the 2013 Hospital Employment Year, and Section Two aims to summarise essential features of the curriculum.

Section Three describes some of the administrative aspects of being an Anaesthesia Trainee in New Zealand, while Section Four is devoted to tips for passing each of the exams. Section Five discusses welfare in relation to trainees, and the latter sections include some links to specific situations such as retrospective accreditation of previous posts.

This handbook is designed to supplement the online ANZCA resources that can be found on “Networks” (https://networks.anzca.edu.au) - “Anaesthesia Learning” – “Trainee Orientation and Support Resources.” This resource has overviews of training and links directly to relevant ANZCA documents.

If you have any ideas on how we could improve this handbook please feel free to contact us with your suggestions on training@anzca.org.nz

Good luck!

The New Zealand Trainee Committee 2015

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<th>ANZCA Head Office – Melbourne</th>
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<td>Telephone: +61 3 9510 6299</td>
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<td>Website: <a href="http://www.anzca.edu.au">www.anzca.edu.au</a></td>
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1. Organisations and Groups You Should Know About

We will start with the key organisations related to anaesthesia in Australia and New Zealand. Many people find this extremely confusing - there are several organisations which do different things and interact in different ways.

1.1 The Australian and New Zealand College of Anaesthetists (ANZCA)

ANZCA, often referred to as “the College,” is ultimately responsible for promoting professional standards and safety in Australasian anaesthesia and for the examination and qualification of anaesthetists in Australia and New Zealand. Its head office is in Melbourne, and most trainees will pay this building a visit at some stage - usually for exams or courses.

It is important to remember that ANZCA is not an industrial organisation for anaesthetists. This role is taken on by other organisations with which ANZCA has links, such as the ASA (Australian Society of Anaesthetists) and NZSA (New Zealand Society of Anaesthetists).

The New Zealand National Office of ANZCA is situated in Wellington and many of its functions mirror those of ANZCA in Melbourne. The role of the New Zealand National Committee (in some ways similar to Australian Regional Committees) is to meet the unique needs of New Zealanders and to liaise with national agencies such as the Ministry of Health and the Medical Council of New Zealand (MCNZ).

As trainees we need to join the College to undertake accredited training in anaesthesia and progress on to Fellowship.

The Faculty of Pain Medicine (FPM) is part of ANZCA.
College Structure
Since the College is the body that aims to provide our training and assessment, an insight into the structure helps us understand what “goes on” in Melbourne and how it affects us.

Below is a diagram of the current governance structure of ANZCA, demonstrating how all of the committees link up and ultimately report to the top, ie, the elected “ANZCA Council”.

[Diagram of ANZCA Council structure]
1.2 The New Zealand Trainee Committee (NZTC)

The New Zealand Trainee Committee is an official ANZCA Council Committee charged under Regulation 16 “to consider issues relating to education and training.” Each Training Region, including New Zealand, has its own trainee committee with the size varying according to the number of trainees represented. As New Zealand has over 200 trainees we are entitled to 10 members on the committee. The NZTC meets four times a year. Our scope is broad and issues range from small, for example notifying trainees which hospitals are to be accredited, to large undertakings, like the production of this handbook, and providing the College with feedback related to training.

The New Zealand and Australian trainee committees essentially decide their own area of focus and many of the trainee committees have decided to focus on encouraging trainee welfare and networking. The Chairs of each of the regional trainee committees make up the ANZCA Trainee Committee (ATC). The Chair of the NZTC also sits on the New Zealand National Committee (NZNC) and the New Zealand Education Sub-committee (ESC).

The tenure for elected committee members is two years, with a new committee formed annually around September. This is to allow for new trainees to come on board and the replacement of senior trainees who gain Fellowship. If more than 10 trainees volunteer for the committee then an election is held. Being involved with the committee is enjoyable and not particularly onerous. It gives trainees the chance to have their voice heard and to affect issues arising around training.

Our main drive is to increase collegiality between trainees, to get trainees to focus on their own welfare and the welfare of others, as well as acting as a line of communication for issues arising during training. We communicate via the Gasbag newsletter and via updates to this handbook. We also welcome trainees directly contacting their local representative.

If you have an interest in your own training and welfare, we encourage you to consider nomination for the committee. This is your chance to get involved and to improve things!

Further information about the NZTC can be obtained by emailing training@anzca.org.nz

1.2.1 New Zealand National Committee (NZNC)

The New Zealand National Committee is responsible for activities similar to those of the Australian regional committees but also represents the College in dealing with national agencies such as the Ministry of Health and the Medical Council of New Zealand. In this respect, some of its functions mirror those of the ANZCA Council in Melbourne.
The committee advises the ANZCA Council on New Zealand issues, convenes continuing medical education events for Fellows, runs examination preparation courses for trainees and provides a forum for liaison between training hospitals and the College. The Chair of the New Zealand Trainee Committee is a co-opted representative on the National Committee.

1.2.2 Education Sub-committee (ESC) New Zealand

The Education Sub-committee is made up of all the Supervisors of Training, Rotational Supervisors and the Education and Deputy Education Officers. The Chair of the New Zealand Trainee Committee is also included in these meetings. The meetings provide a forum for Supervisor of Training education and support, as well as discussion of issues relevant to the delivery of training in New Zealand. The ESC reports to the NZNC via the Education Officer New Zealand.

For more information about the current New Zealand committees see http://www.anzca.edu.au/about-anzca/council-committees-and-representatives/Committees/nz-national-committee/nz-committees

1.3 The NZ Society of Anaesthetists (NZSA)

The NZSA is a membership-based organisation that has supported and represented the interests of Anaesthetists in New Zealand since its inception in 1948. It serves its membership by facilitating education, as well as providing advocacy and support for their wellbeing and, in turn, the wellbeing of patients.

The ‘Society’ is active in promoting research and innovation for those working in the field of anaesthesia to ensure the safety of patients. They are also politically active, communicating with various Government bodies through face-to-face meetings and submissions on issues unique to New Zealand, such as drug availability, funding, and workforce issues as well as dealing with concerns over alternative providers of anaesthesia.

Other functions involve overseas aid work to provide equipment, education, and visiting anaesthetists to resource poor countries. They also maintain close links with our Pacific Island colleagues, as well as sponsoring anaesthetists from the Pacific to attend conferences. Through this structure the face of anaesthesia in New Zealand is presented to the world.

The NZSA also maintains strong contacts with the New Zealand National Committee of ANZCA, the Australian Society of Anaesthetists (ASA) and is an active participant in the World Federation of Societies of Anesthesiologists (WFSA) since joining in 1960.
For trainees, the journal *Anaesthesia and Intensive Care* can be provided (for a fee) with membership, which is always useful when preparing for the final exam. The NZSA also offers prizes to encourage research, partly sponsors the Annual Registrar Meeting, and secures discounts on conference fees for members. Their expertise in private healthcare, political issues and career options makes them really useful during the transition to becoming a consultant.

The NZSA trainee representative facilitates the Society’s engagement with trainees. The trainee representative sits on the NZSA Executive Committee, and links in with various trainee organisations. He/she participates in the NZ, Australian, and ASA Trainee Committee meetings as an observer and looks for opportunities to collaborate.

To join the NZSA you need to be nominated and seconded by NZSA members. Trainees can join for free. If you wish to join the NZSA, just ask one of your consultants; chances are they may be a member, and will happily support your application!

Telephone: 04 494 0124  
Website: [www.anaesthesiasociety.org.nz](http://www.anaesthesiasociety.org.nz)  
Email: nzsa@anaesthesia.nz
2. The Training Scheme

In this section, we will introduce the basic components of training. The current curriculum was introduced at the start of the 2013 hospital employment year. There are many components to the curriculum, and while this guide will introduce the basic components that you need to be aware of early on, you should take time to look through the ANZCA website pages listed in this section and the Networks Resources – particularly Trainee Orientation and Support Resources.


At the time of writing, the curriculum is undergoing a substantial review so you should always check the ANZCA website to ensure you have the most current information.

2.1 Basics of the Curriculum

To be simplistic, you have to do two things to complete training:
- Complete sufficient time as a trainee (described in Section 2.1.1), and
- Complete a list of competencies and requirements (described in Section 2.1.2, and elaborated on in Section 2.3).

Here is more information about each:

2.1.1 Time and Units of Training

The ANZCA curriculum consists of a minimum of five years of supervised training. This is divided into four periods of training, known as units – and they will be referred to as units from now on:
- Six months Introductory Training (26 weeks)
- Eighteen months Basic Training (78 weeks)
- Two years Advanced Training (104 weeks)
- One year Provisional Fellowship (52 weeks)

The curriculum describes time periods in weeks rather than months or years. As such, we will do the same from now on, in an effort to get you used to thinking in weeks.

2.1.2 Training Requirements

Broadly speaking, the curriculum is based around the completion of a large list of competencies, which you have to achieve to complete training (as well as completing the five years of recognised
training time as described above). These competencies can be broadly classified as relating to one of three areas:

1. **ANZCA Roles in Practice** – essentially generic abilities and attitudes that you are to develop during training. There are seven roles in total, and examples include medical expert, communicator, and scholar.

2. **ANZCA Clinical Fundamentals** – these are clinical skills and knowledge that are required of anaesthetists across all areas of anaesthesia. Examples include airway management, general anaesthesia and sedation, and resuscitation.

3. **Specialised Study Units** – skills and knowledge relating to subspecialty areas of anaesthesia, such as paediatric anaesthesia and cardiac anaesthesia. There is more information on these in Section 2.3.4 of this handbook.

Each Role in Practice, Clinical Fundamental, and Specialised Study Unit has a list of competencies, or requirements associated with it, that must be met during training. These can largely be thought of as a list of “tasks” that you have to achieve. For the Specialised Study Units, you may be assigned to that particular area of work for a period of time (often six weeks or three months). The tasks associated with the other areas tend not to be given a particular attachment in order to complete them; they are simply to be achieved in the course of your daily life as a trainee. Some will need to be achieved during a particular training unit (eg completed by the end of advanced training), while some may need to be repeated once during each training unit. Others have no training unit specified, and simply need to be done at some point before the end of training.

So what are these “tasks” that we keep referring to? The different types of task are listed below, and described in more detail in section 2.3:

- Completing and logging the correct amount of time
- Workplace Based Assessments (WBAs)
- Volume of Practice (VOP)
- Specialised Study Units (SSU)
- Clinical Performance Review (CPR) at the beginning and end of each six month (26 week) period
- A Core Unit Review (CUR) at the end of each Unit of Training
- Exam requirements
- Other requirements including Scholar Role activities.
At the beginning of each training unit, it is worth reading exactly what you are required to do for that unit. This information can be found at http://www.anzca.edu.au/training/2013-training-program/pdfs/curriculum-appendix-one. The first time you see it, it can be helpful to have someone sit down with you to go through it (eg your Supervisor of Training or a friendly registrar).

Similar documents exist, stating what you have to achieve during each SSU (http://www.anzca.edu.au/training/2013-training-program/pdfs/curriculum-appendix-five), and for each Clinical Fundamental (http://www.anzca.edu.au/training/2013-training-program/pdfs/curriculum-appendix-four). Again, if possible, try to find someone who is familiar with the layout to go through them with you.

2.1.3 Training Requirement Delays
If you are coming to the end of a training unit and are struggling to get one or two tasks done in time to progress, you can apply to the Director of Professional Affairs (DPA) Assessor to be allowed to delay those tasks and complete them in the next training unit. This tends to apply to smaller tasks (for example you just need one more arm block to complete Advanced Training), rather than bigger tasks. You would not be allowed to delay an exam until the next training unit. In applying to delay a task, your Supervisor of Training will be asked to write a letter confirming that they support your request. The DPA Assessor will need to know that your ongoing employment will allow you to complete what you are delaying (so if you are delaying vascular cases, and are going to be working in a centre that does not do vascular, they will be unlikely to approve this). Requests to delay components are considered on a case-by-case basis, and you should never assume that your request will be successful.

This process of applying to delay tasks until the next training unit can take some weeks, so don’t leave it until the last minute. This can be a particular problem when people complete their final examination in the second sitting of their second year of AT, and realise they have lots of requirements still left to do in the six or so weeks before they would normally finish advanced training. This tends to result in a scramble to get it all done, or to apply to delay tasks. Try to have one eye on the future, and if it is clear several months out that you will be unable to meet a requirement, apply as early as possible to have it delayed until the next training unit.

2.2 The Training Portfolio System (TPS)
The Training Portfolio System (TPS) is the online logbook created by the College, for you to enter all activities relating to your training.
There are two things that you need to learn to do from the outset of your training. These are:

- Entering theatre cases into the TPS
- Logging “time” on the TPS.

Be aware that there is a time limit within which cases and time must be logged (currently 13 and four weeks respectively).

The website for the TPS is https://tps.anzca.edu.au To log in, enter your ANZCA ID number and password. We have attempted to describe a couple of the common tasks, including those mentioned above, in the Housekeeping section of this guide (Section 3.4). A more thorough guide can be found at http://www.anzca.edu.au/training/2013-training-program/recording-training/recording-training.html

There are some things that your Supervisor of Training will need to verify to confirm that you have completed them. This includes time worked, SSUs, and Scholar Role activities. They do this by using their own log in to access your TPS records and sign off various things electronically. As you become more accustomed to the TPS, you will start to recognise what these are. Not everything needs your SOT to confirm – for example theatre cases, which you can simply enter onto the TPS, at which point they are automatically accepted by the system.

**2.3 Tasks to Complete During Training**

We have talked about how the training scheme requires you to complete a list of “tasks” during your time as a trainee. We discuss each of these now, in more detail.

**2.3.1 Time**

Each training unit has a minimum number of weeks of training, as listed previously (eg 26 weeks for Introductory Training). Each week you must enter into the TPS:

- What type of work you did (or leave you took) that week
- If you spent some of the week on leave and some of it at work, you must state what percentage of the week you spent doing each.

See Section 3.4 for further explanation of how to do this.

It is very important that you start logging Time from your first week of registration with the College onwards. The College will only let you enter Time within four weeks of it occurring – so if you wait more than four weeks, it will be lost as training time and you will delay everything else, including your completion of training. The College is very strict on training time – if you are short by one week, you will have to complete that extra week, which can cause problems if you are due to finish a job. Most hospitals will not offer contracts which are only one week long!
2.3.2 Volume of Practice

For each unit of training (apart from Provisional Fellowship), there are a specified number of procedures you must perform which include:

- Anaesthesia for specified operations (for example, you must provide anaesthesia for 25 patients having hip fracture surgery)
- Anaesthesia for patients with specified conditions (for example, you must provide anaesthesia for 20 patients with diabetes)
- Anaesthesia for patients of specified ages (the ages with targets attached to them are all for children – for example, you must provide anaesthesia for five children under six months of age)
- Specified anaesthetic procedures (for example, you must do 40 arterial lines).

The TPS records (for each of the above) what you have done as well as what you still need to do. The web pages listed in Section 2.1.2 also list what you need to do. Every case must be logged into the TPS, including the patient’s age, medical conditions, the operation(s) performed, and any anaesthetic procedures you performed.

Our experience is that the more regularly you do this, the easier it is to do. Therefore it is best to get into the habit of updating your cases at the end of each day, or even better if you can be logging cases as you go. It is important to start using the TPS from the outset, from day one in theatre, to ensure you get cases logged, otherwise it can become easy to get behind. It can be very difficult to get information retrospectively over several weeks of exactly what cases you did, and what you did for them – much easier just to fill it in as you go along. Keeping your TPS up-to-date will also avoid surprises, last minute stresses and extensions of time.

2.3.3 Work-Based Assessments (WBA)

These are formal assessments that you do “on the job”, and enter into the TPS. Your assessor can be any consultant who is a FANZCA, and may also be a Provisional Fellow. There are four types of WBA:

- MiniCEX
  The term stands for “Mini Clinical Evaluation Exercise”. Essentially your assessor watches you give an anaesthetic (or do an anaesthetic assessment and make a plan), and provides feedback on your performance.

- DOPS
  "Direct Observation of Procedural Skill". Your assessor watches you do a procedure (eg spinal, central line), and provides feedback on your performance. Note that we all fail at the easiest of procedures from time to time, and failure to perform a procedure successfully
does not necessarily result in automatic failure of assessment if other aspects of the technique were satisfactory.

- **CBD**
  “Case Based Discussion” – you discuss a case that you have managed, and some of the elements around it (eg how you managed a crisis, how you planned for and carried out a complex case). Usually this would be done by photocopying your anaesthetic chart and bringing it to your assessor to talk through. Unlike a mini-CEX, the assessor does not watch you actually do the case.

- **MSF**
  “Multisource Feedback”. You ask various members of staff to fill in a questionnaire relating to your performance. “Staff” will often include consultants, anaesthetic technicians, theatre and recovery nurses, and surgeons.

Each training unit will have a list of mandatory WBAs to be completed for that unit and each SSU will generally have a list of WBAs to be completed.

There is a required “run-rate” of WBAs to be completed for Basic and Advanced Training. Note that WBAs completed for an SSU or Mandatory WBAs for a training unit will count in this run-rate. The run-rate typically takes the form of a minimum number of WBAs to be completed in every three month period:

- For Basic Training: (2 mini-CEX, 1 CBD, 2 DOPs)
- For Advanced Training: (2 mini-CEX, 1 CBD, 1 DOPS).

The purpose behind all WBAs is the same: to provide feedback and encourage you to reflect on your performance. They are formative assessments. With all WBAs (with the exception of MSF), the assessor should be asking the question: “If you were on your own, would you be able to manage this case/procedure/situation in a safe manner?” If the answer is no, the assessor should consider what needs to be done to get you to a level where you could manage unaided. In some cases the solution may simply be more experience. There is not a “pass/fail” component as such, and instead reflects the process of training. For example, you may need significant assistance with anaesthesia for a patient with complex co-morbidities at the beginning of your training, but by the time you reach the provisional fellowship year you should be far more independent in that area of practice. Your scores over time will increase reflecting your increasing level of independence.

**2.3.4 Specialised Study Units (SSUs)**

These are based around subspecialty areas of anaesthesia that you will be exposed to during your training.
The full list of SSUs is:
- Cardiac Surgery and Interventional Cardiology
- General Surgery, Urology, Gynaecology, and Endoscopy
- Head and Neck, ENT, dental, and ECT
- Intensive Care
- Neurosurgery and Neuroradiology
- Obstetrics
- Ophthalmic procedures
- Orthopaedic surgery
- Paediatric anaesthesia
- Plastics, reconstructive, and burns
- Thoracic surgery
- Vascular surgery and Interventional Radiology.

The main backbone of completing an SSU is the requirement to have completed a particular list of cases (ie Volume of Practice or VOP) relating to that area (the TPS will have these cases listed under that particular SSU). Hospitals will often organise particular blocks of time for you to be attached to a particular theatre and caseload (especially for more super-specialised areas like cardiac and neuro). However, you can log cases for a particular SSU at any time in your training, not just when you are “officially” doing that SSU (for example, an emergency craniotomy that happens at 3 am when you are on-call for general theatres, will count towards your total for neuro, even if you are not officially doing your neuro SSU at the time).

You complete an SSU when you:
- Have the requisite number of cases logged in the TPS
- Have completed the necessary WBAs for that SSU
- Have had a meeting with the consultant in charge of that SSU and they have completed the online form (again in the TPS) to say they are happy you have gained the necessary skills. The Supervisor of Training also has to give their own stamp of approval on your TPS record, but this can be done without a specific meeting.

Exact requirements to be completed during each SSU can be found at

2.3.5 Clinical Placement Review and Core Unit Reviews (CPR/CUR)
These are both meetings held with your Supervisor of Training at various points during your training time.
The Clinical Placement Review (CPR) is carried out:

1. At the beginning of each six month period, described as a “planning” CPR where you discuss what your goals are for the upcoming six months.
2. At the end of each placement, described as a “feedback” CPR, as an appraisal of how you have progressed during that time.

If your placement is longer than six months, you will have an “interim” CPR every six months, where your progress is discussed. As such, you should never go more than six months without some sort of appraisal with your Supervisor of Training, via either an interim or a feedback CPR.

A Core Unit Review (CUR), on the other hand, takes place at the end of a training unit. This is the time to check that you have met all requirements for that unit, and successful sign-off by the Supervisor of Training allows you to progress to the next training unit.

These two meetings can be completed simultaneously if both are due at the same time.

Be aware that once you complete a Core Unit Review, you cannot enter any cases/courses/WBAs into the TPS that happened before the date of your CUR. Therefore, you must make sure that your TPS record is up-to-date before embarking upon the CUR.

2.3.6 Examinations
There are two examinations in the training scheme, known as the Primary (or Part 1), and Finals (or Part 2).

The primary examination should be attempted during basic training, and you must pass it to progress to advanced training.

The final examination can be attempted after completion of 26 weeks of advanced training, and must be passed to progress from advanced training to provisional Fellowship.

Section 4 of this handbook contains more details of each exam, and some tips for studying for them. More complete information about examinations can be found at http://www.anzca.edu.au/training/examinations and this web page contains further links for each individual exam.

2.3.7 The Scholar Role
The 2013 curriculum introduced the Scholar Role. It involves various tasks to be completed at various points of training. The exact tasks can be found on the relevant page of the ANZCA
website, at http://www.anzca.edu.au/training/2013-training-program/scholar-role-training. The Scholar role is currently being reviewed and may well undergo some changes in the future to align it better with the FANZCA CPD program. We will update this section once details are released. Below is a summary of the basic components currently:

- **Teaching tasks:**
  - Teach a small group tutorial
  - Teach a practical skill
    - Each of these must be assessed once and must be completed before the end of advanced training. They involve you teaching a tutorial to your peers, or to house officers/med students, with a consultant watching and assessing.

- The major bulk of the Scholar Role has two options, known as option A or option B. You can choose to complete either one and this can be done at any time during training (with the exception of one of the option A tasks):
  - Option A – complete all three of these tasks:
    - Critically appraise a paper published in a peer-reviewed indexed journal for internal assessment – note this must be done before the end of basic training
    - Critically appraise a topic for internal evaluation and present it to the department
    - Complete an audit and provide a written report for external assessment by the Scholar Role Subcommittee.
  - Option B – complete one of these tasks:
    - A suitable research project or systematic review (see the link above for more details of exactly what is required)
    - A formal qualification usually linked to clinical education, management, or research, from a recognised university. The link above describes the sorts of courses people do for this purpose, as well as a list of example courses that are likely to be suitable. The College needs to pre-approve whichever course you choose, so make sure this is done before you enrol.

- Attending Morbidity and Mortality/Quality Assurance meetings – you need to attend 20 of these during your training (in reality most hospitals hold these once a month, so you will likely achieve this easily).

- Regional or greater conferences or meetings – you need to attend two of these during training.

When you do any of the above activities, you need to log it into the TPS, and must also get your SOT to sign off that you have done it.
In terms of the option A or option B – it is worth getting on with these early (between primary and final exams is a good time). Things can often take longer than you expect (eg delays in getting ethics approval or results for audits, or delays in graduating in a Postgraduate Certificate) – you do not want to have to delay completion of training while waiting for something to be finalised.

Be aware of deadlines for enrolling in courses. The College needs to approve your course before you enrol in it, so don’t wait until close to the enrolment deadline before applying to the College. Also check with your department as to what they may pay for in terms of courses and don’t assume they will reimburse you. Option B can be expensive if you have to self-fund so make sure you plan ahead.

2.3.8 Other Requirements
There are a few other requirements to meet at various stages of training:

- Initial Assessment of Anaesthetic Competence Questions – this an assessment at the end of introductory training to decide whether you are suitable to progress to basic training (this is also usually the point at which you will start appearing on the out-of-hours roster)
- Attend an Effective Management of Anaesthetic Crisis (EMAC) course at some point during training (but must not be during introductory training)
- Attend Advanced Cardiac Life Support courses during introductory training, basic training, and again during advanced training (an EMAC course counts as an exemption from this within the training period you attend the EMAC course [either basic or advanced training], your SOT needs to record this in the TPS)
- If you do not attend enough trauma calls (which in New Zealand hospitals you probably will), you will need to attend an Advanced Trauma Life Support course (known in New Zealand as Early Management of Severe Trauma or EMST).

Again, once you have done each course, you need to enter it into the TPS and get your SOT to verify it.

2.4 How on earth do you figure all this out as a new trainee, when you also need to learn how to give an anaesthetic?????
The answer to this is that, in your first few months, you should aim to work out what you do and don’t need to be doing straight away. The things to understand or action early are:

- How to enter cases into the TPS – try to do this from the first day. If you enter things incorrectly or miss out details you can re-enter cases and edit them within a few weeks.
- How to enter time on the TPS
- A planning CPR
- Work Based Assessments relating to procedures you are starting to become comfortable doing
- Read through some of the Scholar Role activities. You may get a chance to do a tutorial or teach a skill, and you will probably start going to Morbidity and Mortality or Quality Assurance meetings, so you may get a chance to start chipping away at some of the requirements.

2.5 Extended and Interrupted Training
If you have completed enough weeks for a training unit, but still have other requirements to complete before you can progress to the next training unit, you will enter Extended Training (providing you are still working in a training post). During this time, you will not accrue any more Training Time (so the date that you finish training will be delayed by however many weeks you are in extended training for), but you can still achieve other requirements such as Volume of Practice. A common example of this is someone who has finished all requirements and time for basic training but has not yet passed the primary examination (or finished advanced training but not yet passed the final examination).

For each unit, there is a limit to how many weeks you can spend in extended training before you have to start applying for special exemptions or risk having training terminated (this time is usually at least as long as, or slightly longer than, the training period itself – eg you can spend another 104 weeks in extended basic training, at the end of your 78 weeks of basic training). You do not need to apply for extended training – it will happen automatically.

Interrupted Training occurs when you wish to remain as a trainee but are not working in a training post. This might be because you wish to spend some time doing something else (eg research or other education), you are working in a non-training post, are having parental leave, or due to illness or injury. The College requires you to apply prospectively for this (or if in unforeseen circumstances, to apply within 13 weeks of entering interrupted training). Applications are made to the DPA Assessor. There are various rules governing different situations but, in general, you can have up to two years’ consecutive interrupted training. Note that, during this time, you cannot generally achieve other training requirements, although there are special circumstances in which you can complete examinations and Scholar Role activities.

2.6 Vocational Training Rotations in New Zealand
Training rotations are designed to rotate a trainee through various subspecialty areas as well as gaining general exposure in other hospitals. Theoretically you can complete your training without belonging to one of the schemes, but there are distinct advantages in being in a scheme.
There are four rotations in New Zealand: Northern, Midland, Central and Southern. For more details see Appendix 4.

**Joining a Rotational Scheme**
- You can join a rotation by undergoing a competitive interview. It is important to confirm the status of your position as you may need to apply to join the local training rotation separately.
- Often trainees begin by doing time as an anaesthesia Senior House Officer or in a non-affiliated registrar position.

**Things to note**
- Not all the positions in approved training departments in New Zealand are affiliated with rotations. There are some trainees who do not have a rotation agreed at the time of appointment and are therefore non-affiliated, though eligible to participate in the ANZCA training program and have training time accredited.
- This may happen when rotation positions are not filled by the rotation and trainees are subsequently appointed to the vacancy by participant hospitals.
- Such trainees may be able to apply to join the rotation in the next appointment round.
- Some of the subspecialty areas, such as cardiothoracic and neuro anaesthesia, are only available in certain centres in New Zealand and Australia.
- Rotational arrangements in some Australian states differ from those in New Zealand. Trainees transferring across the Tasman should check the implications for their training progression.
3. Housekeeping

There is a lot of “admin” involved in being an anaesthesia trainee. It is always tempting to put this off with a plan to “do it later”, particular during busy times, eg when approaching an exam. However, many things become harder to do the later you leave them. Every year some people get caught out by not having done something in time (or forgetting to do it at all!), which may result in having to enter extended training.

A big trap is at the end of basic and then advanced training, if you sit the relevant exam at the end of this training unit. As it is tempting to ignore anything not related to the exam, people frequently complete the exam and then realise that they have a large number of requirements to meet to finish that training unit. This can lead to a stressful scramble to complete WBAs, VOP cases, and other requirements such as ACLS courses (or apply to the DPA assessor to delay things until the following training unit as described in 2.1.3). So while it is tempting to ignore these requirements in the run-up to an exam, try to keep an eye on what else you need to be doing, and start making plans.

Main things to make sure you are up-to-date with are:
- Registration with the College
- Fees
- Various forms to fill in
- Training Portfolio System
- Meetings with your Supervisor of Training
- Registration with the New Zealand Medical Council
- Membership of a Defence Union
- Membership with the NZRDA (optional)

3.1 Application and Registration with the College

It is essential that you are registered with the College in order to have your training recognised. Failure to do so within four weeks of starting training, will result in your first few weeks of training not being recognised (which will delay everything else you do during training by a few weeks, including the date when you finish).

The process, fees, and forms needed are found at http://www.anzca.edu.au/training/application-and-registration
There are two steps to becoming registered with the College:

1. **Application**

To apply to the College you need to:

- be a Registered Medical Practitioner (ie a doctor)
- have worked as a doctor for at least one year (or a year Full Time Equivalent)

You need to complete an application and registration form, sign a declaration, and pay the fee. You must also provide supporting documents, such as a certified copy of your medical degree, passport (or birth certificate), Medical Registration, and evidence of post-graduate medical experience (such as a Certificate of Service, which most hospitals are happy to provide). For most of these documents, you should either provide the original, or a Certified Copy signed by a Justice of the Peace (JP) who has viewed the original (most towns have a list of JPs, who can be found via Google).

2. **Registration**

This is done once you are in a training post and you need to have:

- applied to the College as above (or if you haven’t already applied, you must do so at the same time as registering)
- completed two years (or two years Full Time Equivalent) working as a doctor
- a job in a site accredited for anaesthesia training (and have a letter from them to prove it).

Again, you must supply the relevant paperwork, documentation, and fees. Note that you will have to pay an Annual Training Fee as well as Application and Registration fees for your first year.

The Application and Registration form can be found on the above webpage. The bottom of this form states the exact documents needed for each part of the process.

3.2 **Fees**

The bad news is that there are various points in the course of your training where you will need to give the College money. The good news is that in New Zealand, most of these costs are reimbursed by the employing hospital, under the terms of the MECA (Multi Employer Collective Agreement). Many of the fees have deadlines to be met. Be aware that the College tends to be very strict on these deadlines.

The part of the College website dealing with fees can be found at [http://www.anzca.edu.au/training/fees](http://www.anzca.edu.au/training/fees)
The main fees you will need to pay are:

**Application and Registration Fees**
These are payable at the beginning of training. Note that you need to pay this within four weeks of commencing training. Failure to do so will result in the College not recognising the first four (or more) weeks of training, which will delay your finish by at least the same number of weeks.

**Annual Training Fee**
This is due by January 31 each year. Again, if you are late with this fee, you may lose training time, which will delay everything from then on including your finishing date. If you have not paid this fee by the end of March, you risk being withdrawn from the training program.

Note that if you are in interrupted training, you do not pay this fee, but instead must pay an Annual Maintenance Fee to remain registered with the College.

**Exam Fees**
There is a deadline for each exam sitting. Make sure you get your application in before this, as well as your fees. Generally this deadline is non-negotiable.

The College will often take time to process the fee, so be aware that the money might still not come out of your account several weeks after you sent the form – do not spend it on something else in the meantime!

**Practicalities of Paying:**
Some of the fees you will pay can be done online. The Annual Training Fee is an example of this. Most other fees are paid by attaching payment to the accompanying form. This can be in the form of either writing your credit card details in the relevant section, or enclosing a bank cheque.

As described below, a good way to get most forms to the College is to scan and email them. This is particularly useful when the form includes credit card details, which might be hazardous to put in the post. It is also more reliable than faxing, which risks wrong numbers or paper jams. The usual address to send things to is training@anzca.edu.au

**Claiming Back Fees:**
The MECA that operates in New Zealand for junior doctors states that many of the above fees should be reimbursed. Each hospital will have a different form and process to go through for this to happen.
You can claim other expenses too, such as exam courses, other courses, some text books, and travel/accommodation associated with exams and courses. The MECA/RMO contract has details of these, and you should discuss with your hospital how to go about this, and what is acceptable to claim for. Some hospitals have specific procedures, for example some will wish to book things for you, or have restrictions as to what types of course or what travel or accommodation costs they will pay. Most hospitals will reimburse without question, as long as the course is related to your training, and your accommodation and flights are sensible. If you claim reimbursement for course and travel costs for an acupuncture course in Paris, with Business Class flights and two nights staying at Champs Elysees Plaza Hotel, the hospital will most probably challenge this.

3.3 Forms
You will need to fill in various forms at various stages of your training. Increasing numbers of forms are now completed online, although some are still on paper. You can find the list of forms you will need to complete at (http://www.anzca.edu.au/training/2013-training-program/forms).

As described above, the most reliable way of sending forms is usually to scan completed forms and email them to training@anzca.edu.au (or occasionally a different address, although College staff are generally good at forwarding emails between departments if you get it wrong). Most documents will be accepted this way, although they will sometimes ask that you also send an original copy of something in the post as well.

Here are some of the forms you will need to complete:

**At Start of Training**
- Application and Registration Form
- Training Agreement
- ANZCA Training Program Application Agreement
- Annual Training Fee

**Every Year**
- Annual Training Fee

**Every Six Months**
- Clinical Placement Review via the TPS. See section 2.3.5 for more information

**At the end of each Training Unit**
- A Core Unit Review via the TPS. See section 2.3.5 for more information
SSU Sign-off
- On completion of an SSU, you fill in an online form via the TPS. Depending on local preferences, this will either be with the SOT, or another consultant who is nominated as supervisor for that SSU.

Before Provisional Fellowship Training
- Application for prospective approval of a Provisional Fellowship

End of Training
- Admission to Fellowship Application Form

Other Forms along the way
Lots of other forms exist, for various purposes. These include:
- Multisource Feedback Forms (MSF)
- Applying for exams
- Scholar Role activities
- EMAC, EMST, and other courses
- Part-Time Training
- Retrospective Recognition of Training Time

3.4 The Training Portfolio System (TPS)
As suggested in the chapter on training, this online system is the backbone of your training. It is where you keep a record of every training requirement you have met, and see what training requirements you have left. We hope that we have already impressed upon you the importance of doing this.

3.4.1 Practicalities of Using the Training Portfolio System
The website for the TPS is www.tps.anzca.edu.au The log-in will be the same as your ANZCA website log-in. This will take you to the homepage. You will see a menu down the left-hand side of the page, from which most tasks can be completed.

Instructions for most tasks on the TPS can be found at http://www.anzca.edu.au/training/2013-training-program/recording-training/recording-training.html however, here are some instructions for the more common tasks (each one assuming you are beginning at the home page, having logged in as described above):
**Entering cases**
- Select “Cases and Procedures” on the left-hand menu
- Select “record a case or procedure”
- Enter the details from the drop-down boxes. You can also try searching for medical conditions, surgical procedures, and anaesthetic procedures.
- Anything with the words “VOP” after it means that that is a case/procedure/medical condition with a requirement for you to have achieved a certain number.

**Entering sessions – eg pain round, pre-assessment clinic, trauma calls**
- Go to “Cases and Procedures” on the left-hand menu
- Select “record session”
- Select the session you have entered from the drop-down menu.

**Logging Time**
Failing to realise that you have to do this has caught out many people. Every week of training, you must log that you have indeed been in training that week. To do this, go to “record time” on the left hand menu of the homepage. You will be asked to enter:
- The ending date of the week you are logging
- The hospital you are in
- What type of work you did or leave you took
- If you, for example, spent some of the week at work and some on leave, you must enter how many days you did that work/leave, as a percentage of rostered days.

The type of work will usually be “Clinical Anaesthesia Time”, unless you are doing a specific run in something non-anaesthesia based, usually ICU. Most types of leave (including annual, sick, and study leave) are described as “normal leave”. Note that although there are options for things such as ICU and pain medicine, doing the odd day or week on one of those would normally be considered as Clinical Anaesthesia Time rather than as something else. If unsure, check with your Supervisor of Training.

For each type of work, you must enter what percentage of the rostered week you did this for. For example if you were rostered to work three days that week and you did Clinical Anaesthesia Time for all three days that is 100%. If you took one day of leave, that is 33% normal leave and 66% Clinical Anaesthesia Time.

**3.5 Meetings with the Supervisor of Training (SOT)**
The SOT is the College’s representative on training, liaising between you, the College and hospital authorities. He/she is the one you can approach with any question or problem regarding your
training (eg forms, documents required, timeline, exams, but also problems with supervision or other issues with your clinical work).

You will have many meetings with your SOT during your training. Examples of these are:
- A CPR at the end of every six month period (essentially a progress report, see section 2.3.5 for more details)
- A CUR at the end of every training unit, to ensure that you have met the requirements for that unit, and can progress to the next unit (see 2.3.5 for more details).

As such, you should have a formal meeting with the SOT at least twice a year. However, more frequent informal meetings are extremely useful. In order to be able to help you, your SOT needs to know your plans, problems, questions and ideas for improvement!

3.6 Other Admin jobs Unrelated to Training
Other things you will need to sort out as a doctor in New Zealand:
- Medical Council of New Zealand registration
- Membership with a defence union (such as Medical Protection Society)
- Membership with Resident Doctors Association (optional).

3.7 How to Contact the College
You can always phone or email them:

In Australia:
ANZCA Melbourne Head Office
Phone: +61 3 9510 6299
Email: training@anzca.edu.au

In New Zealand:
ANZCA New Zealand National Office
Phone: +64 4 499 1213
Email: training@anzca.org.nz

3.8 Conferences and Meetings
As part of your training, you are required to attend two regional or greater conferences or meetings. We encourage you to attend the annual ANZCA Annual Scientific Meeting (usually held in Australia) and the NZ Annual Scientific Meeting (usually in November). NZSA hold an annual meeting as well - check their website for details. The ANZCA website has an event calendar and consultants in your hospital may have useful recommendations for upcoming events.
In the past we have held very successful Registrar meetings - visit the ANZCA NZ website www.anzca.org.nz to check what’s coming up. It is not only a great opportunity to meet other trainees from around the country, but also to make contact with specialists and experts and just experience the atmosphere. Conferences provide a fantastic learning experience and usually offer sessions that are more than worthwhile for final exam preparation.

Registrars from year five on, and third year registrars who have passed the Part One exam and completed 12 months service from the exam, are entitled to a maximum of $6,500 conference leave expenses. Check with your employer or review your employment contract.
4. Exams

This section deals with the two examinations (primary examination and final examination) that you have to get through during your training. It begins with some general advice on studying for an exam. Following this is a section for each exam, giving details on the basic format, followed by some tips on how to study for that exam. The section is rounded off with some housekeeping tips related to the exams.

This section is largely one person’s opinion based on the experiences of each exam. There is lots of good advice which can be gained by talking to those who have sat each exam recently, and by attending exam preparation courses.

The part of the College website relating to exams is found at http://www.anzca.edu.au/training/examinations

4.1 How to Study for an Exam – General Tips

With both exams, it will feel like you have an insurmountable mountain to climb when you start. During your first few months of serious study, it is likely that you will feel like you are getting nowhere. It is often not until the last month or two that you start realising that things are coming together a little, and even then, most people will spend more time thinking about all the things they haven’t yet covered rather than all the things they have learnt. If you are having a “where do I start, I’m not even scratching the surface” moment, the trick is to take a deep breath, pick a topic, and start going through that topic (and that topic only – do not sit there jumping from topic to topic in a single evening). Make sure that you come out of that study session knowing something that you did not know the previous day. It may only be a small gain, but all of the small gains add up over time, and close to the exam you will start realising just how much you have covered.

Most people who succeed in an exam will have a few moments in the run up to that exam, when they feel certain that they have no chance whatsoever of passing! The lesson is: do not give up! If you are having a low moment or a bad week, realise that it will probably go away and the next day/week will often be a better one.

Early on, many people struggle to get into study. As with exercise, you will build up study “stamina” over time, such that your study will get more efficient, and you can study for longer periods without losing focus. Having said this, many people cannot study for more than 45 minutes or so without a break, so it is worth planning breaks into your study rather than trying to push through when your mind cannot focus any more. Some people are early morning studiers, others late evening studiers. Some study with music, others need silence – over time you will work out what works for you.
When you start learning a topic, try to focus on the basic information and key points. Do not get bogged down in small details. It is tempting to try to suck every last morsel of information out of a chapter/paper, and get distracted from learning the key points. Most people will likely forget all the minutiae very rapidly, whereas basic concepts and “big picture” information will stay in your memory for longer, and can be built on later. Basic concepts are more likely to be the difference between passing and failing a question, whereas minutiae may or may not be worth an extra half-mark here and there. One way to do this when writing notes on a topic, is to limit yourself to one side of A4 only, or one cue-card for example – then you have to be selective and only write the important bits.

When you first practice doing old exam questions, it is common not to be able to answer them, even on a topic you feel like you have spent a lot of time on. It is surprising how this is such an issue early on, and then in the run-up to the exam you will start noticing that you are able to answer the same questions that previously made you feel like a chimp, without feeling like you had done further study in that area.

There is a document on the college website, at [http://www.anzca.edu.au/training/supervisory-roles/supervisor-of-training/effective-study-for-trainees](http://www.anzca.edu.au/training/supervisory-roles/supervisor-of-training/effective-study-for-trainees). This document has lots of practical advice on how to make your learning more effective (you will need your College login to access it).

You should try to go on at least one preparation course for each exam. Dates for courses in New Zealand can be found at [http://www.anzca.edu.au/about-anzca/council-committees-and-representatives/Committees/nz-national-committee/nz-events/nz-examination-courses.html](http://www.anzca.edu.au/about-anzca/council-committees-and-representatives/Committees/nz-national-committee/nz-events/nz-examination-courses.html). If you don’t get on one in NZ, there are also courses in Australia. Book these early, and make sure you can get leave from your hospital before parting with money. Hospitals will usually reimburse you for these.

Get together a study group of individuals aiming to sit the same exam. Each of you will bring different tips and knowledge to the group. You can talk through topics with each other, and share books/discoveries of useful websites with each other. Also, it is sometimes nice in the more miserable times coming up to the exam to establish that everyone else is also feeling miserable.

With both examinations, there is approximately two months between the written examinations (and medical viva for the final exam), and the vivas in Australia. It is probably wise to take about one week’s break from study after the written exam, in order to recharge the batteries. After this, you need to get practicing vivas with anyone who will listen to you. Answering questions out loud to an examiner sitting in front of you (rather than merely writing your answer down on paper) adds extra pressure. It needs a lot of practice to become slick, and you should aim to do one practice viva per
day on average. Get anyone you can find in your department to viva you. As well as consultants, you can approach registrars who have recently done the exam. Get friends/family to ask you questions from your notes or a viva book (even if they are non-medical and have no idea what they are asking or what you are saying). Even a dog or a newborn baby can have concepts explained to them. When you are on your own, practice answering the sorts of questions you will be asked.

Unfortunately it often takes several weeks for the written examinations to be marked, and you to be informed whether you have been invited to the viva. Do not wait to find out before you start practicing vivas – if you wait until you have been formally invited, you will probably have left it too late to do enough practice to pass. Therefore, until you know for sure, you must assume that you will be invited to viva, and press ahead with viva practice.

When it comes to the vivas, the examiners are usually very fair people. Their job is to identify the candidates who have knowledge, so it is in their interests to allow candidates to relax enough to show how much they know. Examiners go through a rigorous process to ensure that they are up to the job of examining, and the sort of people who want to torture candidates for not knowing obscure details, are not usually allowed to become examiners!

Lastly, you and your family will need to look after each other well during the exam period, and it is a team effort. Exams can be hard for families and relationships, and can take over your life somewhat (and you probably need to let them take over your life for a period of time around each exam). However, make sure you allow yourself some time amongst all the study for some positive activities. Set aside time for family/partners, and try to maintain some social contact with friends (within reason – in the run up to the exam, you cannot afford to write off a day as a result of activities the previous evening). It is a good idea to keep up with exercise and healthy eating. If you are struggling under the burden of things, talk to someone about it (this may be someone who is also doing, or has done the exam, or it may be someone professional). Above all, just remember that while the exam is important, some things are more important – in particular your family and your own health and wellbeing, so make sure you don’t sacrifice any of these for an exam.

4.2 The Primary Exam
The website for the Primary Exam is http://www.anzca.edu.au/training/examinations/primary-exam.html This is a largely science based exam. The content is based around physiology, pharmacology, physics, measurement, and quality and safety.

There is a well laid out curriculum (http://www.anzca.edu.au/training/2013-training-program/pdfs/curriculum-appendix-two) that maps learning outcomes to the primary examination and is a good place to start planning your study.
4.2.1 The Format

The exam is held twice a year. The format involves two stages:

- Written examinations (held in Auckland, Hamilton, Wellington, Christchurch and Dunedin)
  - 150 Multiple-choice Questions (MCQs), in 150 minutes
  - 15 Short Answer Questions (SAQs), in 150 minutes
- Viva examination a couple of months later in Melbourne. This involves three vivas, each 20 minutes long. The final results come out at the College building that evening (and are also put up on the College website).

The written examination (also known as “the writtens”) happens over a day, with the sittings held usually in March, and then again in August (but see the College website for exact dates and deadlines as they do change from year to year). The viva usually occurs six weeks after the respective writtens. To pass the entire exam you must achieve at least 50% in the sum of the multiple-choice, short-answer and viva sections. To get invited to the viva you must achieve 40% in the SAQs and 60% in the MCQs (if you score below this, it is assumed that you would have too much to do to be able to drag yourself up to a 50% average overall in the viva).

Note that if you get invited to viva, but do not then pass overall, you must start from the beginning next sitting, by re-doing the writtens – you cannot carry your written exam result forward to the next exam.

4.2.2 Where to Start Studying

As said above, you will feel like there is a mountain to climb when you first start, and will spend many months feeling like you are not even scratching the surface. In the early months, try to go through a few of the big areas, as this will start to make a dent in all the content. Below are some suggestions of where to start, but there are lots of ways the content can be tackled. Talk to people who have done the exam recently for other suggestions. Remember the curriculum is clearly mapped out with regard to learning objectives for each examination and breaks things down into manageable chunks. If you are feeling lost in the wilderness, go back to the curriculum.

Physiology can be approached by attacking a few of the big topics first (eg respiratory and cardiovascular systems). Each of these needs to be known well, and may be worth devoting a month or so to, early on in your study (depending on how much you knuckle down). As above, try to get a feel for basic concepts first – later on you can get more detailed if things are going well. Pharmacology has five major drug groups which need to be learnt well (and lots of other groups which need to be covered in less detail). These groups are – IV induction agents, volatiles, muscle relaxants, opioids, and local anaesthetics. An approach could be to start by attacking each of these topics, taking at least a week or two on each one.
Physics and measurement is worth looking at early on, as some of the principles underpin other areas of the syllabus, and it can be draining to cover lots of ground at once. There are various books suggested on the website.

The website has a reading list for the exam, which can be found at http://www.anzca.edu.au/training/examinations/pdfs/PEX-reading-list%20May_13.pdf You are not expected to have read every book cover to cover! Most people will choose one or two books for each area and use these books as their main text. Some examiners suggest that, for a given area, you study from one book rather than trying to bring in lots of information from different books. There are other good books as well and this is not an exhaustive list. It is worth speaking to others who have done the exam for their recommendations.

4.2.3 Specific Parts of the Exam

MCQs
There are 150 questions to answer in 150 minutes. In New Zealand the MCQ exam is usually sat from 11.00am to 1.30pm. The exam times are later in the day than you might expect because they have to be sat at exactly the same time all over Australia as well (hence an early morning for those in Perth!).

SAQs
There are 15 questions to answer in 150 minutes. The SAQ exam is normally sat from 4.00pm to 6.30pm.

These questions are usually all about working out a structure to the answer, and the more you practice them, the more it becomes obvious what that structure should be for each question. Most papers will have several repeated questions, for which you should be able to bang out a good answer quickly for easy marks. Be aware though that questions may change subtly from previous versions, so make sure you read each question carefully.

In the weeks before the exam, go through questions again and again, and time yourself, in order to build up mental stamina, and stamina in your hand to be able to sit there for writing solidly for two and a half hours.

In the actual exam itself, you have 10 minutes per question. Make sure you stick to this – if you spend 15 minutes on one question, you will only have five minutes on another. Spending an extra five minutes on a question will be unlikely to get you more than an extra mark or two, but losing five minutes on another question will likely lose you most of the marks available on that question.
Therefore, you must make sure that at 10 minutes you put that question away and move onto the next question.

**Viva**

As above, you need to practice vivas as often as you can. You are likely to need to draw lots of graphs (this is true for both SAQs and the vivas), so practice drawing graphs over and over again until you can rattle them off slickly. Learn to talk about what you are drawing as you draw it (this is surprisingly difficult at first, but becomes easier in time). As with SAQs, learning to structure your answers is often key, and also will become much easier, the more vivas you do.

### 3.3 The Final Examination

The website for the final examination can be found at [http://www.anzca.edu.au/training/examinations/final-examination-requirements.html](http://www.anzca.edu.au/training/examinations/final-examination-requirements.html) The final exam is a clinical exam rather than scientific, although it can test you on anything to do with anaesthesia. It can be viewed as an exit exam to test whether you would make a safe consultant anaesthetist.


#### 4.3.1 The Format

The format is:

- Two written examinations over a single day
  - SAQs – 15 questions in 150 minutes
  - MCQs – 150 questions in 150 minutes
- A medical viva the following day – two 18 minute vivas
- An anaesthetic viva – Eight 15 minute vivas
  - Held a couple of months later, in Australia (either Melbourne or Sydney). The results come out the evening of this viva, followed by a champagne reception.

As with the primary examination, there are two sittings per year. Note that, unlike the primary, the writtens and medical vivas are held in only one New Zealand venue per sitting, therefore you may need to travel to this exam.

All candidates sit the writtens and medical viva. To get invited to the anaesthetic viva you have to achieve a pass in one of the first three components (the SAQ paper, MCQ paper, or medical viva, and must average at least 40% for your MCQ and SAQ papers. To pass overall, you must achieve an overall mark of 50%, and must have averaged at least 50% from your anaesthetic vivas.
As with the primary exam, if you do not pass, you need to start at the beginning for the next exam – you cannot carry your written or medical viva marks forward to the next exam.

4.3.2 Where to Start Studying
It is often hard to know where to begin with the final exam and, as above, it is better to pick some obvious topics and start looking at them, rather than feeling defeated that there is too much to do. The good news is that, although there seems to be lots more to study than the primary exam, the pass rate is also generally higher.

Here are some tips on where to start:
- *The Oxford Handbook of Clinical Anaesthesia*. Seems like it would be too easy, but often gives very good basic info on managing a wide variety of conditions and areas. Often contains enough info to pass an SAQ on a particular topic.
- SAQs from recent papers. It gives you an idea of the sorts of topics and questions examiners like and starts you thinking about answer structures. See below for more advice on SAQs.
- EMAC (Effective Management of Anaesthetic Crisis). You have to do this at some point in training, and before your final exam is a very sensible time. If you have not done it, see if a colleague will lend you the manual, as there is a lot of crisis management in the exam.
- The ANZCA Professional Documents ([http://www.anzca.edu.au/resources/professional-documents](http://www.anzca.edu.au/resources/professional-documents)) and Endorsed Guidelines ([http://www.anzca.edu.au/resources/endorsed-guidelines](http://www.anzca.edu.au/resources/endorsed-guidelines)) are also frequently asked about, so you should know these reasonably well, or at least know what they refer to.
- Other good sources of information are CEACCP articles (and other recent reviews in the main journals). Also, the College produces the Blue Books and Acute Pain Management Scientific Evidence manual (see [http://www.anzca.edu.au/resources/college-publications](http://www.anzca.edu.au/resources/college-publications) for both of these). Again, as productions from the College, you can assume that the College might choose to examine you on these.
- Landmark studies (eg POISE, ENIGMA) – start keeping cribsheets of these, such that you can say in a few sentences roughly what each was looking at and what it showed.

In the early days, when you probably will not have much direction to your study, try to read up on things you are going to be doing/have done in theatre. If you have seen someone with MS or Parkinsons, look up the anaesthetic considerations that evening (eg using CEACCP articles or the Oxford Handbook). If you are about to do a list of TURPs, take the chance to look up the various aspects (especially TURP syndrome). By studying things which are going on at work at that time, it will have much more meaning to you than reading about a random topic that you may not...
encounter in your clinical practice for several more months. This will mean that these things are more likely to stick in your long-term memory.

4.3.3 Specific Parts of the Exam

MCQs

There are 150 of them, in 150 minutes. Of these, 50 will have come from the previous paper, and another 50 will have come from older papers (but usually papers from the last five years). The College does not publish previous MCQs so talk to registrars who have just completed the exam for an idea of what the MCQs are like.

SAQs

Unlike the primary exam, exact questions tend not to repeat too often, although you will detect themes when practicing old questions. It is still important to do lots of old questions, to develop technique, and build up the stamina in your hand so that you can sit there writing like fury for 150 minutes without your hand falling off. Like the primary, structure tends to be everything in these questions and you should practice working out how to structure answers as well as actually practicing writing out answers to time.

Medical viva

There are two medical vivas (usually back to back or with a brief break in between). Each viva is 18 minutes long, beginning with a history and examination on a patient with a chronic condition, with an examiner observing. This is followed by a discussion with the examiner, away from the patient. During this discussion you will usually review some investigations and discuss other aspects of the medical management of that patient, sometimes then leading to a discussion about anaesthetic care of that patient.

The history and examination are medical rather than anaesthetic focused and tend to be similar to the history and examinations you would do for medical school finals. As such, using whatever book you used to learn these at medical school will probably be suitable for this exam. Focus tends to be on disease severity and impact, especially on the patient’s functional capacity (as these are often what are important to us when anaesthetising) rather than on making clever diagnoses based on your history and examination. The examiner is an anaesthetist, not a physician, and as such will expect your knowledge of medicine, and your standard of history and examination, to be that of a sensible well-rounded anaesthetist, not that of someone going into a physicians clinical exam.

There are books with good advice on how to prepare for the medical viva. As with everything else, you need to practice it. Your history and examination will need to be well practiced, as they are done under significant time pressure and you need to be able to cover lots of ground quickly – this
is very difficult when you first attempt it, but you speed up with practice. You need to be able to do
a slick examination of common systems (especially cardiovascular, respiratory, abdominal, neuro,
musculoskeletal, and thyroid), and be able to identify common clinical signs (although you do not
need to be anywhere near the level of someone sitting their physicians exam). It is worth practicing
the common examinations over and over again (eg on your partner) so that you can do them on
autopilot, and also try to get out to the wards to see some of the common signs. Your medical
registrar colleagues can be an excellent source of recommendations of patients with clinical signs
who are on the wards and willing to be examined. If you are out of the habit of listening to heart
and lungs and looking at JVPs during your anaesthetic assessments, it is worth getting back into
that habit in the run up to the exam.

There is a good course run in Wellington every six months, focusing on the medical viva (and to a
lesser extent, anaesthetic vivas). Places are limited and you need to book early. You need to be
enrolled to sit the exam to gain a place on this course.

**Anaesthetic Viva**

This involves eight vivas, each of which starts with you being given a brief clinical scenario, and an
initial question (which will usually be along the lines of “how will you deal with this situation?”). The
viva will start with you answering this question, and then having other issues thrown at you to deal
with. Often these issues will involve either an unexpected crisis for you to manage, or a dilemma
for you to deal with, or both!

This exam is to establish whether you are safe to be a consultant. Therefore, remember **you are a
consultant** during these vivas. You do not “call my consultant for advice” although you may ask for
a second pair of hands or discuss with a colleague for a second opinion. Often dilemmas will not
have an obvious right answer. In this case, you must say what you would do, and why you would
do it – you cannot sit on the fence and avoid direct questions. There will often be obvious
downsides to your plan, and if you acknowledge the downsides and state how you would respond
if they occur, you will usually do very well.

Again, the key to success is lots of practice between the writtens and the vivas. While some
consultants feel that the primary exam is too long ago to feel comfortable asking you viva
questions, most will happily do anaesthetic vivas by remembering a complicated scenario that they
once had to deal with, and turning it into a viva for you.
4.4 Examinations – housekeeping advice.

Some general housekeeping tips for each exam:

Make sure you submit your application form before the closing date. If you miss the closing date, you miss the closing date – it is usually non-negotiable. The closing dates are clearly posted on the ANZCA website. Note that there is a date before which you can choose to defer to the following sitting if something unexpected happens meaning that you can no longer sit as planned.

Make sure you have a valid passport/visa that will allow you to enter Australia to go to the vivas. This is especially important if you do not hold a New Zealand passport, as you will need to apply for a visa to enter Australia (for most nationalities this is fairly painless and can be done online, but make sure you do not forget to get it sorted). People have also been caught out in the past by not noticing the expiry date on their passport – do not become one of these people! You should have at least six months before the expiry date of your passport on the day you travel back to NZ.

Make sure you book study leave with your hospital early on. For the written exams, it is often worth seeing whether it is possible to get a week or even two weeks before the actual exam.

For the exam itself, consider staying in a decent hotel the night before. Consider getting there two days before (especially if flying) for the sake of minimising stress of flights being missed/cancelled. Give yourself plenty of time to get to the venue itself, and consider popping over the previous day to make sure you are clear exactly where it is, and how long it takes to get there. Do not get into the situation of having to rush flustered and sweating into an exam because you were running late and nearly missed it! (This especially goes for the viva – Australia can be rather hot!)

If you are involved in a long drive home after an exam, please be careful about staying awake at the wheel. Most people will be sleep deprived, and the adrenaline which has sustained you for several days will now be gone. It will be late in the day as a result of the timing of New Zealand sittings. Be aware of what a dangerous combination this is, and take regular breaks if you have to drive halfway across the country. Consider staying another night in the location of the exam. This advice is pertinent for exam courses as well, as these can be similarly mentally draining.

Most importantly – GOOD LUCK
5. Welfare of Trainees

Being an anaesthesia trainee puts you into a unique, enjoyable and challenging position. Anaesthetists are high achievers, with high expectations of themselves, and have to negotiate numerous challenges on the road to becoming a specialist, eg assuming entire responsibility for the unconscious patient, working under time pressure, taking difficult postgraduate exams, keeping surgeons (and midwives) under control, working shifts and trying to manage a healthy work/life balance, to name but a few.

In the face of such challenges it is not surprising, and well recognised, that trainees may encounter difficulties along the way. Stress, fatigue, burn-out, physical and mental health issues all affect busy junior doctors. Doctors are more likely to encounter some of these problems than the general population, and as anaesthetists we are especially vulnerable. Therefore you must look after yourself, and look after each other.

The good news is that anaesthesia as a specialty is aware of these issues and has developed a Special Interest Group (SIG) for the welfare of anaesthetists. Many of us have had times when we have needed to seek help for reasons described above, which has taken much of the stigma away from seeking help. If you feel that you are not coping well with the burdens of the job (or other challenges life has thrown your way), please talk to someone about it. That someone might be a family member, trusted friend or colleague, General Practitioner, or one of the other services described below in 5.2.7. This is also true if you suspect that a colleague has significant issues and is in need of help.

Many hospitals have a designated Welfare Officer (some have more than one) who can provide useful contacts and information locally, and also be available to discuss issues that you have. Supervisors of Training are also very helpful in this regard, and can help find ways to minimise the impact of problems on your training. Some hospitals have developed a Mentoring Scheme, where you nominate a consultant to act as your mentor. They are available as another contact for advice or support, either when you have specific issues, or more generally for things like how to apply for jobs or get through an exam.

5.1 ANZCA Welfare of Anaesthetists Specialist Interest Group (SIG)
This group was created to promote the importance of physicians’ physical and mental wellbeing. There are multiple resource documents on various welfare issues from personal health to breaking bad news to medico-legal issues and so on. These documents are a useful practical resource, as
well as a starting point for study for the final exam professional issues. The documents are available at

5.2 Specific Welfare Issues
5.2.1 Sick Doctors
Doctors, like everybody else, get sick. The only difference is that doctors know best! And what’s more, in New Zealand it is currently legal to write your own prescriptions. Self-diagnosis and treatment, corridor conversations with specialists or friends and denial of your own symptoms (where under normal circumstances you would send your patients off for specialist evaluation) are counterproductive. It is very difficult to be objective about your own health (or that of family members), and you do not have access to basic things like investigations. Your expertise is in anaesthesia not primary care. For all these reasons, get a GP and visit them regularly (ANZCA recommends once a year for a check-up), even if things are apparently going well. If you can’t find a GP willing to look after doctors, ask your colleagues or contact the Doctors Health Advisory Service (phone 0800 471 2654).

If you do get sick, we would advise against struggling on regardless. While many of us feel guilty calling in sick, departments can always cope, and you are no use to anyone if you cannot do the job safely. If sickness is likely to cause you to need significant time away from work, or cause restrictions on your work, keep your SOT in the loop – they may be able to find ways to limit the impact on your training.

5.2.2 Physical Health
In rare instances, your illness may affect your ability to work safely as an anaesthetist. The Doctors Health Advisory Service provides independent, confidential advice to doctors with health problems and can advise on such issues or put you through to someone who can help. They do have an obligation in extreme situations to contact the relevant authorities if they think you are likely to harm yourself or your patients.

5.2.3 Mental Health
Tragically one anaesthetist takes his or her own life each year in Australasia. It is well known that doctors have a higher suicide rate than the general population, and anaesthetists have one of the highest rates of all specialties. Depression, too, is more common in doctors. New Zealand has come a long way with the removal of any stigma from mental illness. If you feel you are really not coping, please talk to someone about it. That someone may be a GP, counsellor or psychiatrist, or it may be a trusted colleague or a friend/family member.

5.2.4 Drugs and Alcohol

Alcohol in excess can impair your performance at work and become destructive in your life.

The Welfare SIG has a document on the problems of substance abuse among anaesthetists, which can be found at http://www.anzca.edu.au/fellows/special-interest-groups/welfare-of-anaesthetists/pdfs/RD%2020%20Substance%20Abuse%202013.pdf

We are sadly vulnerable to this, partly because we have the knowledge and easy access to various drugs. Trainees have been known to fall into this trap (as have consultants, anaesthetic technicians, and other theatre staff).

As well as being aware of the personal risk of addiction, please be aware of the signs of possible misuse by a colleague. These signs include:

- Finding drugs/syringes in non-work areas eg at home
- Erratic behaviours or changes in personality
- Working long hours, arriving before everyone and leaving after everyone, or the desire to work solo
- Frequently missing drugs, or excessively high doses signed out compared to what would be expected
- Patients may be consistently more sore in PACU than would be expected from the doses recorded
- Long sleeves to cover injection sites.

Most of these signs are not diagnostic in themselves, but may raise alarm bells if several are present. Often clinical performance does not deteriorate as quickly as you would expect. Historically it has been seen that when confronted by allegations of drug misuse, anaesthetists have a high incidence of suicide in the immediate period after confrontation. Therefore, if you suspect misuse in a colleague, do not confront them – speak to a trusted senior colleague or Welfare Officer about your suspicions. ANZCA recommends that each hospital should have a protocol/strategy for dealing with this very difficult and dangerous problem. This will typically involve a carefully planned intervention to confront the individual with a plan to remove them immediately to a treatment facility and to ensure that they are not left alone until in a place of safety.

5.2.5 Fatigue and the Anaesthetist

In view of the proven reduction in cognitive psychomotor performance, and potential for increased errors and poor decision-making in the fatigued anaesthetist, there is an ANZCA document outlining the problem and steps to reduce risk associated with fatigue (Professional Document
Some of the responsibility is yours, and your life should be organised such that you are not constantly fatigued at work!

Some tips...
- Take your allowed annual leave
- Take regular breaks from clinical work during the day. In a 24 hour sleepless period, naps of 30-45 minutes are shown to improve performance.
- So does caffeine, but the caffeine content of free hospital coffee cannot, however, be quantified!
- Anaesthesia departments have a responsibility to find cover for you if you are too tired to work safely and (also in accordance with the RDA MECA contract) to organise rosters that allow sufficient rest.
- You have a responsibility to recognise when you are fatigued and therefore unsafe to anaesthetise patients. This includes being sensible about staying on to finish an “interesting” case when you have been at work for a long time (for example into the daylight hours with a case you began overnight).

5.2.6 Clinical Errors
As anaesthetists we make lots of clinical decisions and administer lots of medications, usually without anyone else checking what we are injecting. Human beings are error-prone by design, and we are therefore likely to make drug errors from time to time. Occasionally an error will have serious consequences for a patient. Fortunately our specialty has recognised for many years that these errors are largely inevitable, and treats them as an opportunity to learn and improve systems rather than blame individuals – after all we all make errors from time to time. It is essential that you report errors that you make, as there will often be gaps in systems that made your error more likely to occur.

There are lots of things you can do to minimise drug errors, including stopping any conversation or other tasks when drawing up or giving drugs and performing a “final check” of syringe and ampoule before injecting a drug.

If you make an error, the important things are:
- Tell your supervising consultant straight away. Your initial judgement may be clouded by the stress of the situation and a fresh brain to manage the situation can be invaluable.
- Honesty and open disclosure is essential. The patient and family should be told as soon as practical. As a trainee you should get help from your supervising consultant in doing this.
- Present the error at your department’s Morbidity/Mortality meeting. As stated above, errors are seen as ways to improve safety in future, rather than a sign that an individual is struggling. Presenting errors will often gain you respect rather than judgement from your colleagues – they may have made similar errors in the past.
- Have a think about whether you can put into place any personal systems that could prevent such an error happening again (this goes for any error you make, even if it was harmless).
- Do not underestimate the emotion associated with making an error. Talk to someone about this; do not keep it to yourself.

We all make mistakes. If you discuss your error with a consultant, they will often tell you about the time they did exactly the same thing!

5.2.7. Important Resources

<table>
<thead>
<tr>
<th>Who can help</th>
<th>Help provided</th>
<th>Contacts</th>
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</thead>
<tbody>
<tr>
<td>Your local Occupational Health Team</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctors’ Health Advisory Service</td>
<td>Confidential personal health assistance for health practitioners</td>
<td>24 hour helpline 0800 471 2654</td>
</tr>
<tr>
<td>Medical Protection Society</td>
<td>Medico-legal advice</td>
<td>phone: 0800 225 5677</td>
</tr>
<tr>
<td>Medical Council of New Zealand Health Committee</td>
<td></td>
<td>phone: 0800 286 801 ext 774</td>
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</tbody>
</table>
### Who can help?

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<thead>
<tr>
<th>Service</th>
<th>Help Provided</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Employee Assistance Service</td>
<td>Employees are entitled to three hours counseling free with Clinical Psychologist/Counselors (no questions asked)</td>
<td>I need to talk to someone NOW : 0800 327 669  <a href="mailto:wn@eapservices.co.nz">wn@eapservices.co.nz</a></td>
</tr>
<tr>
<td>New Zealand Resident Doctors’ Association (NZRDA)</td>
<td>Medico-legal advice</td>
<td>Phone: (09) 623 3993  <a href="http://www.nzrda.org.nz">www.nzrda.org.nz</a></td>
</tr>
</tbody>
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And of course: your GP, family, friends, trusted colleagues in the department...

### 5.3 Trainees with Families

There are many trainees who have families, and who start families during their training. The decision to start a family is clearly a big one anyway, and the decision to do so while training is no exception to this. If you can, talk to people who have experience of this themselves. If you plan to start a family (or indeed if it was not planned as such), as well as sending our congratulations and best wishes, we hope the following information will be of use to you.

#### 5.3.1 Training & Pregnancy

There are a couple of things you should know if you are contemplating a pregnancy while training in anaesthesia.

Make sure this is what you really want to do! It is difficult to come back to work when you realise that, even if you can find someone to job-share with, the College requires anyone doing part-time training to do a minimum of 50% of the commitment of a full-time trainee (See regulation 37.5.5.9 - [http://www.anzca.edu.au/resources/regulations/regulation-list/regulation-37-training-in-anaesthesia-leading-to-fanzca.html](http://www.anzca.edu.au/resources/regulations/regulation-list/regulation-37-training-in-anaesthesia-leading-to-fanzca.html)). Since the majority of jobs as a registrar are at least 50 hours a week or more, this means you have to work for at least 25 hours a week. Locally, some hospitals have further restrictions on part-time training.
Regulation 37.5.6 states that training in anaesthesia must include at least two continuous years of training time, interrupted only by normal leave. This means that you have to do two years of full-time work which can have implications for those considering interrupting their training for a pregnancy. Thus it might be a good idea to have two years of continuous training under your belt before you embark on a pregnancy as not having this may preclude part-time training once you have a baby.

What to Do When You Are Pregnant (ANZCA related)
Training that varies from the standard anaesthesia training program ideally requires prospective approval from the DPA Assessor. (Don’t panic if you are already pregnant, we can’t always plan everything). The easiest way to contact the DPA Assessor is through the email: assessor.requests@anzca.edu.au

If training is interrupted for more than one year, subsequent training must include at least one continuous year of supervised training. (Regulation 37.5.6.8 http://www.anzca.edu.au/resources/regulations/regulation-list/regulation-37-training-in-anaesthesia-leading-to-fanzca.html).

Tips on working when you are pregnant (non-ANZCA related)
Remember that while it is exciting for you, not everyone in your department may share your excitement, although most people are pretty reasonable and this comes down to personality. Reasons why your colleagues may not be so excited include the thought of trying to fill a roster without you and the requirement of not doing lists with radiology (including acutes). Also again, while most people are reasonable, the other registrars on the roster do in fact have to take up the slack when your hours cut down as your pregnancy progresses – a tricky situation as you are still ‘at work’, but not really taking a full role, so there is no replacement for you with regard to the roster.

You must apply for parental leave with your RMO Unit. This involves seeing them with a medical certificate from your Lead Maternity Carer (LMC) stating you are pregnant and when you are likely to be finishing work (this doesn’t of course mean that the date will be exact, as babies have a habit of coming when they are ready, not necessarily when the RMO Unit is ready!)

Your hours are reduced as your pregnancy progresses. This is for good reasons. Nobody will thank you for doing the extra work when you go into premature labour! The RMO contract is subject to change, but as it stands, the contractual rules are:
- No more nights from 28 weeks
- No more long days from 32 weeks (days in excess of 10 hours)
- No more acute clinical workload from 36 weeks

Please note that employees may have their salary reduced in a manner agreed between the parties on a case-by-case basis.

There are two forms of parental leave payment for RMOs:
- The first is the government scheme, which pays a caregiver around $400 per week for 16 weeks. Everyone is entitled to this. Helpful information is available and an application form can be downloaded from the Ministry of Business, Innovation and Employment website: http://employment.govt.nz/er/holidaysandleave/parentalleave/index.asp
- The second form of parental leave payment is part of the MECA and entitles the caregiver to a lump sum equivalent to six weeks’ pay after returning to work for six months. This is applied for through your DHB. It is payable by the DHB you work for even if you have shifted DHBs in the interim. Check your employment agreement for further details.

5.3.2 Support During Your Training

Training is hard enough without throwing a pregnancy or new baby into the mix. One of the things people find really helpful is being able to discuss the issues (maybe even before getting pregnant) with someone who has already been there. Getting in touch with other trainees who are in the same situation is invaluable; ask around in your hospital. Remember consultants and trainees in other specialties can provide advice and support too, parenthood is not specialty specific!
6. Overseas Trainees

We have many overseas trainees, especially from the UK and if you're reading this, you are probably one of them. Welcome to Aotearoa, the Land of the Long White Cloud. We hope you find the following section helpful as you settle into your new life here.

6.1 Life in New Zealand

... is great! The country is beautiful, there are endless opportunities for great outdoor activities and it is clearly a fantastic lifestyle change to live here. Many things are easier and more relaxed than you may have experienced them at home. Work/life balance may be more favourable, too. People are very friendly and often extremely helpful.

In all countries there are bureaucratic requirements to fulfill in order to practice medicine and undertake training. New Zealand is no exception.

6.2 Accreditation of Training Time Done Overseas

A maximum of 24 months of training time may be undertaken outside ANZCA regions. This time can be counted towards basic training only (with rare exceptions), if it is recognised retrospectively. The training site must be recognised by an appropriate college or university and the job must be of at least three consecutive months.

It is important to consider the time you might need to complete ANZCA exams and allow for this when seeking time accreditation. If you are credited all your BT time and still need to complete your primary exam you will be straight into extended training time which may not offer much benefit except additional stress when you least need it.

If you want to go away during your training, apply formally to the College prospectively and get it approved! You can still only do a maximum of 24 months of training time overseas - 12 months can be counted to basic training and 12 months towards advanced training.

Retrospective accreditation of training time done overseas is a difficult process!
- Each case is assessed individually - allow several months for any decision from the Assessor.
- Don't get frustrated, but if it takes too long, contact the College and ask for the reason.
- Your documents may not have arrived or may not be sufficient.
What paperwork do I need?

1. CV
2. References
3. Documentation about your training experience:
   - How much time, full-time or part-time, how much leave, exposure to which subspecialities, cases/logbook, and information about supervision, modules, teaching/tutorials, and the training program of the college or training body you have trained under.
   - It requires a letter from your previous Head of Department or SOT confirming the dates of appointment and that the training was ‘recognised by the appropriate authority as appropriate for specialist training purposes’.
   - You need to be able to demonstrate appropriate training experience - the more similarities to the training scheme here you can show, the better your chances!

Tips

- Ideally, get your paperwork done even before coming here...
- You will need all the documents in English (get them translated!)
- If you send any original documents - keep a certified copy! It is a nightmare to hunt down people at the other end of the world to re-write a reference from five years ago.
- Make sure you use a courier, not just simple mail. Ask for a confirmation upon arrival of your letter.

Caveats for retrospective accreditation of experience within NZ or from overseas

1. You have to have completed 24 months prevocational experience before commencing approved training in an ANZCA approved department. This does not mean that training time prior to completion of PMET cannot be recognised retrospectively.
2. Training hospitals are accredited for six months, one, two or three years of Approved Vocational Training in Clinical Anaesthesia. These AVT limits are applicable for retrospective accreditations, too. But time in other specialty areas or as a PFY may be in addition, up to a maximum of four years on any training site.
3. Advanced training can only be commenced once basic training requirements are fulfilled.
4. You will have to sit the primary exam, unless you have a postgraduate qualification in anaesthesia by examination that is acceptable.

Tips

- Ideally, get the paperwork and accreditation done before coming here, especially if you already have extensive experience, as there is no guarantee for any recognition, or be prepared to deal with the disappointment of ineligibility.
- If you are thinking of getting anything approved retrospectively, talk to your SOT as early in your training as possible and communicate with the DPA Assessor via Assessor Support (assessor.requests@anzca.edu.au).
- More than one regulation may apply to you - so read them all and very carefully! Also talk to someone who has recently been through the process. Be aware that their case may be different though, and could be misleading.

6.3 Additional Fees
In addition to the above, you may be required to pay an Assessment Fee, which is rebated from the Registration Fee. If you are granted retrospective recognition of training time done elsewhere, you will have to pay the full Annual Training Fee for each year of training accredited (you may claim it back from the hospital).
7. Retrospective Accreditation of Training Time in Another Specialty

Often trainees join us from the College of Surgeons, Intensive Care Medicine or other specialties. Welcome!

Some of your experience and time can be counted towards your anaesthesia training. This can now be applied for at any stage of training.

| Previous Non-Anaesthesia Experience | • 24 months of training time may be spent in “other disciplines related to anaesthesia”.
| | • It is subject to approval from the DPA Assessor.
| | • A main condition for retrospective recognition is that the training is ‘recognised by the appropriate college/training body as appropriate for specialist training purposes’ and is of minimum three months length. (12 months could be accredited towards basic training, 12 months towards advanced training).
| CICM / JFICM Fellows | • Even if you are required to sit the primary exam, you may get granted retrospective approval of training time in anaesthesia (if supervised position in approved department).
| | • Up to 27 months of training time in ICU or other disciplines related to anaesthesia may be approved.

The same conditions apply with regard to fees and application tips as for the overseas trainees.
8. The Trainee in Difficulty Process (TDP)

Trainees may face many challenges during their training time which can have a significant impact on training. The College has a specific process for trainees to assist those who need additional support and guidance to get their training back on track or make decisions about their career path. A detailed description of this process is covered in section 13 of the ANZCA Handbook for Training and Accreditation.

The Trainee experiencing Difficulty Process (TDP) was developed to guide trainees and Supervisors of Training with how to best deal with various challenges. It provides a format, checklist and list of potential resources to ensure that the TDP can be successfully concluded with the least interruption to training.

Difficulties encountered may include, but are not limited to, any one or a combination of the following:

- Clinical performance in any of the ANZCA Roles in Practice below that expected for the stage of training as reflected in assessments, for example, the initial assessment of anaesthesia competence (IAAC).
- Failure to pass College examinations.
- Personal problems, illness and/or disability that interferes (temporarily or permanently) with training and/or performance of duties.
- Mental health issues (for example, depression, anxiety, personality issues) that impair professional communication, teamwork or other aspects of performance.
- Substance abuse or dependence (for example, involving opioids, other anaesthetic agents, alcohol or recreational drugs) requires a specific investigation and management process outside the scope of the TDP. See Welfare of Anaesthetists SIG resource document 20, Suspected or Proven Substance Abuse (Misuse). It is essential to seek professional advice and comply with regulatory requirements, especially mandatory reporting requirements, of the Medical Council of New Zealand.

In all situations, the safety of patients as well as the welfare of the trainee must be carefully considered. Your Supervisor of Training and Head of Department will be involved in this process. Although stressful, it is important to engage in this process and accept advice and help offered. A mentor will be invaluable to support you during this time and your department will assist with finding someone suitable.

The TDP is not about failure and will not adversely impact your future career. The emphasis is on trying to prevent failure and providing appropriate assistance for whatever challenge is being faced.
9. Reconsiderations, Review and Appeal Process

If you believe a decision by the College is incorrect or unfair, there is a way of getting it reviewed. The formal process is covered by Regulation 30: Reconsideration and Review Process, and Regulation 31: Appeals Process. Check the College website under Resources; Regulations. This process is expected to be used only as a last resort. Before convening the Appeals Committee, the Chief Executive Officer/Faculty General Manager will generally advise an applicant to seek a reconsideration and/or review of the original decision.

The Appeals Committee will only be convened if the Chief Executive Officer/Faculty General Manager is satisfied that the applicant has exhausted all other avenues of reconsideration and review of the relevant decision.

The NZRDA can also provide independent advice to NZRDA members.
Check out the “Amateur Transplants” with their song “Anaesthesia Hymn” on Youtube if you want to know what anaesthesia is all about....http://www.youtube.com/watch?v=c1JzCDqt3BM

Also a good laugh: http://www.laryngospasms.com/
Appendix 1 – Glossary of Terms and Abbreviations

ANZCA
The Australian and New Zealand College of Anaesthetists (also known as “the College”). It is a professional organisation that governs and oversees matters relating to professional standards and safety. The head office is located in Melbourne. For more information, see section 1.

AT and ATY
AT is advanced training (the third and fourth years of the five year training scheme). Sometimes also known as Advanced Training Years or ATY.

AVT
Approved Vocational Training. This is your training time as approved by the College within accredited hospitals and departments, or other time you have prospectively had approved by the College that counts towards completing your FANZCA.

BT and BTY
BT is basic training (from halfway through the first year until the end of the second year of the five year training scheme). Sometimes also known as Basic Training Years or BTY.

CICM
The College of Intensive Care Medicine. A similar role to ANZCA, but for the specialty of Intensive Care Medicine. Formed in 2010, it was previously part of ANZCA but is now a separate organisation.

CBD
Case Based Discussion. One of the Work Based Assessments, this involves you discussing with a consultant a case which you have been involved in. As a result of this discussion, the consultant fills in an assessment. See Section 2.3.3 for more information.

CPD
Continuing Professional Development. This is essentially the ongoing learning that anaesthetists do to ensure that their knowledge and skills remain up to date and are not forgotten. This involves participation in a number of activities, including departmental education sessions, journal clubs, courses, conferences, reading of journals, and teaching anaesthetic trainees. Consultants and Provisional Fellows are required to participate in the CPD program run by the College.
**CPP**
Clinical Placement Plan. Made by a trainee at the beginning of a placement, with a plan for what learning goals they should try to achieve during that placement. This forms the basis of the Planning Clinical Placement Review (see below).

**CPR**
Clinical Placement Review. There are three forms of CPR. These are:

- **Planning CPR** – a meeting at the beginning of a placement, to discuss plans for that placement. This planning requires the trainee to make a Clinical Placement Plan (a plan for what learning goals and TPS targets they will aim to achieve during the placement).

- **A feedback CPR** – a meeting between trainee and Supervisor of Training at the end of a placement, or every six months (26 weeks). Essentially this is to monitor progress made during the placement.

- **Interim CPR** – if a placement is longer than six months, there should be an interim CPR every six months (described in the curriculum as a third type of CPR, this is probably the same as a feedback CPR, but not at the end of placement).

All of these involve a meeting with the SOT and are logged into TPS.

**CUR**
Core Unit Review. Completed at the end of each unit of training (ie introductory training, basic training, advanced training, and Provisional Fellowship). This again involves a meeting with the Supervisor of Training, where it is checked that all requirements for the unit of training have been met. Once this has occurred satisfactorily, the SOT can sign off that unit, and the trainee can progress to the next unit of training.

**DHB**
District Health Board. Who your employment contract is usually with.

**DPA**
Director of Professional Affairs. When you want to undertake training that varies from the standard anaesthesia training program or believe you have previous relevant training that may count, you may request prospective or retrospective approval through the Director of Professional Affairs (DPA) Assessor. This includes part-time training, interrupted training and carrying over requirements into the next training period. All requests are reviewed on a case-by-case basis.
**DOPS**
Direct Observation of Procedural Skills. One of the Work Based Assessments, this involves a consultant, Fellow or Provisional Fellow observing you performing a procedure and filling in an assessment. See Section 2.3.3 for more information.

**E - seen after IT, BT or AT**
Short for extended, as in extended training time, see section 2.5. E just means you have completed the minimum time requirements for that training period. If you have to take additional leave, have another go at an exam, need time out for health reasons, pregnancy, or any other reason, you may well end up with an E on your TPS. E doesn't make you a bad trainee it just means you are requiring a bit more time. Remember training is not a race, the five years is a guide only and time equals experience.

**EMAC**
Effective Management of Anaesthetic Crisis. This is a three-day course run for anaesthetists and anaesthesia trainees. As the name implies, it aims to teach management of crisis in anaesthesia. As well as addressing algorithms and guidelines, it also looks at human factors (behaviour of individuals and teams in an emergency situation). Every trainee is required to attend at least one EMAC course during training.

**EMST**
Emergency Management of Severe Trauma. This is the New Zealand form of ATLS (Advanced Trauma Life Support), run out of the same manual, and using the same structure and content. It is not compulsory to attend this during training, but many choose to do so anyway, and if you cannot achieve sufficient trauma Volume of Practice during training, you can be exempt by completing an EMST course instead. These courses are run through the Surgical College and there is usually a LONG waiting list so plan ahead.

**FANZCA**
Fellow of the Australian and New Zealand College of Anaesthetists. Describes someone who has completed training and hence been inducted into the College as a Fellow. Includes any consultants (unless they trained under a different scheme in a different part of the world), and any “Fellows” – the latter phrase usually describing someone who has finished training but is now working in a training role in a particular subspecialty area to gain further experience in that area.

**FPM**
Faculty of Pain Medicine. Our compatriots in analgesia.
**HDC**
Health and Disability Commissioner. Ensures that the rights of consumers of healthcare in New Zealand are upheld as per the code of rights. Quality and safety in healthcare in action and a reminder to always be the doctor you would want to see.

**HEY**
Hospital Employment Year. This runs from December to December in New Zealand. Australia is different, running from February to February.

**IT**
Introductory Training. The first six months of training, and the first “Unit” of training.

**LMC**
Lead Maternity Carer. The health professional in charge of the care of an individual pregnant woman. Typically will be a midwife, but occasionally will be a private Obstetrician.

**Mini-CEX**
Literally Mini Clinical Evaluation Exercise. One of the Work Based Assessments, this involves a consultant, Fellow or Provisional Fellow observing you assessing a patient, or carrying out an anaesthetist. They then fill in an assessment providing feedback on your performance. See Section 2.3.3 for more information.

**MCQ**
Multiple Choice Question. One of the types of question used in the written sections of both the primary and final examination. Typically gives a “stem” (an initial statement), with five options, only one of which will be correct – your job is to decide which option is correct.

**MCNZ**
Medical Council of New Zealand. The regulatory body for New Zealand doctors. To be able to practice as a doctor, you must have a valid practicing certificate from the MCNZ.

**MSF**
Multisource Feedback. One of the Work Based Assessments (although fairly different to the other three), this involves asking various people in your workplace to fill in an assessment of your performance. The results are collated by your Supervisor of Training, and fed back to you. This is now run completely electronically through the TPS and includes the ability to send reminder emails to encourage full participation. See Section 2.3.3 for more information.
**ANZCA**
New Zealand National Committee.

**NZRDA**
New Zealand Resident Doctors Association.

**NZSA**
New Zealand Society of Anaesthetists.

**NZTC**
New Zealand Trainee Committee. This is a committee formed of up to 10 trainee members, elected by trainees, who meet up to four times a year to discuss issues related to training and trainees, such as trainee welfare and networking. The various roles of this committee include the production and maintenance of this handbook. Similar trainee committees exist for each of the states in Australia and the chairs of all the committees form the ANZCA trainee committee.

**PFY**
Provisional Fellow Year. The fifth and final year of training. At this time, the expectation is that you will work largely unsupervised in preparation for transitioning into a consultant role. People often develop a subspecialty interest during this time.

**PMET**
Prevocational medical education and training. To apply to the College you must have completed at least 52 weeks of PMET time. To register as a trainee you must have completed at least 104 weeks (full-time equivalent) PMET experience. These 104 weeks can include no more than 52 weeks experience in any combination of clinical anaesthesia, intensive care or pain medicine. Up to six weeks leave may be included for each 52 weeks of PMET.

**RACS**
Royal Australasian College of Surgeons.

**SAQ**
Short Answer Question. Usually a 10 minute question addressing a topic (or sometimes two related topics). These are used in the written sections of both the primary and final examination.

**SIG**
Special Interest Group. These groups exist within the College for anaesthetists with common interests in a particular area. Some are related to particular subspecialties (such as airway, or
Obstetrics), but others exist for areas such as welfare, education, and communication. Any anaesthetist can join a SIG, and sometimes trainees can join a SIG as well. A full list can be found on the College website [http://www.anzca.edu.au/fellows/special-interest-groups](http://www.anzca.edu.au/fellows/special-interest-groups).

**SOT**
Supervisor of Training. A consultant in your place of work (may be more than one consultant in larger hospitals) who acts as the College’s representative on training. As well as overseeing and optimising your training, he/she is required to sign off many aspects of your training activities, and to assist with other questions or issues related to training. See section 3.4 for more details. Basically your “go to” person for all things training.

**SSU**
Specialised Study Unit. These involve learning about particular subspecialty areas within anaesthesia and includes one SSU in Intensive Care. To complete an SSU, you have to have completed the required number of cases listed for that SSU, completed any Work Based Assessments listed for that SSU, complete the time requirement for the Intensive Care SSU and then meet with the Specialised Study Unit Supervisor in your hospital to have it signed off on the TPS. It will then be approved on the TPS by your Supervisor of Training. See section 2.3.4 for more information.

**TPS**
Training Portfolio System. Your new best friend and record of training, this is the online logbook designed by the College for you to log all time, activities, courses and assessments that you do during training. See Sections 2.2 and 3.1 for more information.

**VOP**
Volume of Practice. The Curriculum specifies minimum numbers of cases of different types, medical conditions of different types, and procedures of different types that you have to perform at various points of your training. For each, there is a target number that you have to achieve (for example, you have to anaesthetise at least 20 patients with asthma during your training). Details of requirements are handily indicated on the TPS.

**WBA**
Work Based Assessment. These are assessments that must be completed during training. There are four types, which are Mini-CEX, CBD, DOPS, and MSF. With the exception of MSF, these involve a consultant, Fellow or Provisional Fellow giving feedback on your performance in a situation and commenting on how independently you could manage such a situation. Each period of training, and SSU, require you to perform a specified list of these assessments. There is also a
“run rate” for each three month period of training to ensure you keep up with requirements. See each individual type for more information, and also section 2.3.3.
Appendix 2: Important Contacts and Sources of Information

ANZCA Contacts

Australia

<table>
<thead>
<tr>
<th>Person</th>
<th>Contact information</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANZCA Head Office - Melbourne</td>
<td>Ph: +61 3 9510 6299</td>
</tr>
<tr>
<td></td>
<td><a href="http://www.anzca.edu.au">www.anzca.edu.au</a></td>
</tr>
<tr>
<td>Assessor Support (DPA Assessor)</td>
<td><a href="mailto:assessor.requests@anzca.edu.au">assessor.requests@anzca.edu.au</a></td>
</tr>
<tr>
<td>Training Department</td>
<td><a href="mailto:training@anzca.edu.au">training@anzca.edu.au</a></td>
</tr>
<tr>
<td>Australasian Trainee Committee</td>
<td><a href="mailto:trainee.committee@anzca.edu.au">trainee.committee@anzca.edu.au</a></td>
</tr>
<tr>
<td>Librarian</td>
<td><a href="mailto:library@anzca.edu.au">library@anzca.edu.au</a></td>
</tr>
</tbody>
</table>
New Zealand

<table>
<thead>
<tr>
<th>Person</th>
<th>Contact information</th>
</tr>
</thead>
</table>
| ANZCA NZ Office                | Ph: 04 499 1213  
|                                | Fax: 04 499 6013                          |
|                                | Postal Address:                          |
|                                | Street Address:                          |
|                                | PO Box 25506  
|                                | Level 7, EMC² House                      |
|                                | Featherston Street  
|                                | 5 Willeston Street                       |
|                                | Wellington 6146  
|                                | Wellington 6011                          |
|                                | [www.anzca.org.nz](http://www.anzca.org.nz) |
| Heather Ann Moodie             | gm@anzca.org.nz                           |
| General Manager, NZ            |                                          |
| Susan Ewart                    | communications@anzca.org.nz              |
| Communications Manager, NZ     |                                          |
| Virginia Lintott               | policy@anzca.org.nz                      |
| Senior Policy Adviser, NZ      |                                          |
| Alison McKessar                | training@anzca.org.nz                    |
| Training & Education Coordinator |                                      |
| Alka Rajpal                    | eventsnz@anzca.org.nz                    |
| Events & Finance Administrator |                                          |
| Jo Young                       | anzca@anzca.org.nz                       |
| NZNC Administrative Officer    |                                          |
| Rose Chadwick                  | assessments@anzca.org.nz                 |
| Assessments Coordinator (IMGS) |                                          |
## Websites

<table>
<thead>
<tr>
<th>Website</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="http://www.anzca.edu.au">www.anzca.edu.au</a></td>
<td>Official site of the College - has all information about training</td>
</tr>
<tr>
<td><a href="http://www.anzca.org.nz">www.anzca.org.nz</a></td>
<td>ANZCA NZ Office Website, includes NZ exam course information.</td>
</tr>
<tr>
<td><a href="http://www.anaesthesiamcq.com">www.anaesthesiamcq.com</a></td>
<td>The best for your part 1 and 2 MCQs and SAQs since sliced bread!</td>
</tr>
<tr>
<td><a href="http://www.nysora.com">www.nysora.com</a></td>
<td>Fantastic info about regional anaesthesia</td>
</tr>
<tr>
<td><a href="http://www.frca.co.uk">www.frca.co.uk</a></td>
<td>Homepage of the British College - has good exam stuff</td>
</tr>
<tr>
<td><a href="http://www.mcnz.org.nz">www.mcnz.org.nz</a></td>
<td>Medical Council of New Zealand - for registration issues, also for sources of information regarding ethics, consent etc.</td>
</tr>
<tr>
<td><a href="http://www.anaesthesia.org.nz">www.anaesthesia.org.nz</a></td>
<td>Portal to the NZSA website</td>
</tr>
<tr>
<td><a href="http://www.anzca.edu.au/resources/libr">www.anzca.edu.au/resources/libr</a></td>
<td>ANZCA Library</td>
</tr>
<tr>
<td>ary/</td>
<td></td>
</tr>
<tr>
<td><a href="http://www.anzca.org.nz/resources/usef">www.anzca.org.nz/resources/usef</a></td>
<td>Links to various sites for information on anaesthesia, Medical Colleges, medical information and publications</td>
</tr>
</tbody>
</table>
Appendix 3: More Details on Organisations

3.1. ANZCA Committees Relevant to Trainees

The particular ANZCA committees relevant to us are:

<table>
<thead>
<tr>
<th>Committees of Council</th>
<th>Subcommittees of ETC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trainee Committee (covered in Section 1)</td>
<td>Training Accreditation Committee (TAC)</td>
</tr>
<tr>
<td>Education and Training Committee (ETC)</td>
<td>Primary Examination Subcommittee</td>
</tr>
<tr>
<td>Training Accreditation Committee (TAC)</td>
<td>Final Examination Subcommittee</td>
</tr>
<tr>
<td></td>
<td>Assessments Subcommittee</td>
</tr>
<tr>
<td></td>
<td>Workplace Based Assessments Subcommittee</td>
</tr>
<tr>
<td><strong>Subcommittees of ETC</strong></td>
<td><strong>Working Groups of ETC</strong></td>
</tr>
<tr>
<td></td>
<td>Curriculum Review Working Group (CRWG)</td>
</tr>
<tr>
<td></td>
<td>Distance Education Working Group (DEWG)</td>
</tr>
<tr>
<td></td>
<td>Clinical Teachers Development Working Group (CTDWG)</td>
</tr>
<tr>
<td><strong>Working Groups of ETC</strong></td>
<td><strong>New Zealand Committee</strong></td>
</tr>
<tr>
<td></td>
<td>New Zealand National Committee (NZNC)</td>
</tr>
<tr>
<td></td>
<td>New Zealand Education Sub-Committee</td>
</tr>
<tr>
<td></td>
<td>New Zealand Trainee Committee (NZTC)</td>
</tr>
</tbody>
</table>

**The Training Accreditation Committee (TAC)**
This is the committee that assesses and accredits hospitals and Rotational Training Programs for ANZCA training. All are reassessed on a regular basis (every five years) and you may be involved in a College visit during your training.

**The Education and Training Committee (ETC)**
Provides advice on training and education of vocational trainees (that’s us) to Council, implements Council policy and coordinates educational activities.

**Working Groups**
There are a couple of important reviews relevant to trainees currently underway:
- The Curriculum Review is ongoing, revising the 2013 Curriculum now that it has been running for a few years.
• The Distance Education Working Group is looking at ways to support rural trainees and provide distance learning resources.

3.2. ANZCA in New Zealand

New Zealand has its own National Committee which oversees New Zealand affairs, as New Zealand anaesthesia and healthcare differs from that in Australia. This is our local contact with the College.

Each ANZCA region has its own elected Regional Committee which supports the headquarters’ function and conducts appropriate training, supervision and continuing medical education in their region.

The New Zealand National Committee (NZNC) of the Australian and New Zealand College of Anaesthetists is not only responsible for activities similar to those of the Australian Regional Committees but also represents the College in dealing with New Zealand national agencies such as the Ministry of Health and the Medical Council.

3.3. ANZCA Library Resource

Gives you access to books and journals, both electronically or hard copies. Most are available through the College Head Office: www.anzca.edu.au/resources/library/

Contact a librarian: library@anzca.edu.au

The NZ Office also holds books useful to training Trainees. www.anzca.org.nz/resources

3.4 Useful NZSA Publications

The Relative Value Guide and The Clinical Services Guideline

These publications are useful tools to aid in the practical and financial aspects of anaesthesia in the private sector.

Anaesthesia and Intensive Care

Published by the Australian Society of Anaesthetists (ASA), it is the NZSA’s home journal. A subscription (and electronic access) is included with NZSA membership. It is also available via the ANZCA library website.

Patient Information Leaflets

The NZSA produces several guides designed to explain anaesthesia and analgesia to patients. They are a popular way to provide useful education in the pre-operative period and prior to obstetric epidurals.
Associated Publications

The NZSA acts as a distribution network for other occasional publications of interest to NZ anaesthetists. Recent examples include a DVD on malignant hyperthermia and a book on the history of anaesthesia in NZ.
## Appendix 4: Vocational Training Rotations

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Participating hospitals*</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Northern Rotation</strong></td>
<td></td>
<td>All posts are part of a formal rotation</td>
</tr>
<tr>
<td></td>
<td>· Auckland City Hospital (incorporating Women’s Health, Cardiothoracic and Starship Childrens’ Health)</td>
<td></td>
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<tr>
<td></td>
<td>· Middlemore Hospital</td>
<td></td>
</tr>
<tr>
<td></td>
<td>· North Shore Hospital</td>
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</tr>
<tr>
<td></td>
<td>· Whangarei Hospital</td>
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</tr>
<tr>
<td></td>
<td>· Taranaki Base Hospital (New Plymouth)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>· North Shore Hospital</td>
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</tr>
<tr>
<td></td>
<td>· Whangarei Hospital</td>
<td></td>
</tr>
<tr>
<td></td>
<td>· Taranaki Base Hospital (New Plymouth)</td>
<td></td>
</tr>
<tr>
<td><strong>Midland Rotation</strong></td>
<td>· Waikato Hospital</td>
<td>The majority of trainees in the Midland region do not have an agreed rotation and are, by definition non-affiliated.</td>
</tr>
<tr>
<td></td>
<td>· Tauranga Hospital</td>
<td></td>
</tr>
<tr>
<td></td>
<td>· Rotorua Hospital</td>
<td></td>
</tr>
<tr>
<td><strong>Central Rotation</strong></td>
<td>· Wellington Hospital</td>
<td>All posts, except for one in Hutt Hospital, are formal rotation posts.</td>
</tr>
<tr>
<td></td>
<td>· Hutt Hospital</td>
<td>A number of the Hutt and Wellington Hospital posts are filled by non-trainees.</td>
</tr>
<tr>
<td></td>
<td>· Palmerston North Hospital</td>
<td></td>
</tr>
<tr>
<td></td>
<td>· Hawke’s Bay Hospital</td>
<td></td>
</tr>
<tr>
<td></td>
<td>· Nelson Hospital</td>
<td></td>
</tr>
<tr>
<td><strong>Southern Rotation:</strong></td>
<td>· Christchurch Hospital</td>
<td>Except for two posts in Invercargill and two in Dunedin all posts are normally part of the rotation.</td>
</tr>
<tr>
<td>South Island Anaesthesia</td>
<td>· Dunedin Hospital</td>
<td></td>
</tr>
<tr>
<td>Training Scheme</td>
<td>· Southland Hospital (Invercargill)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>· Timaru Hospital</td>
<td></td>
</tr>
</tbody>
</table>

* This may change as hospitals join (or leave) rotations.
We Need Your Feedback!

In order to make this handbook better, more relevant to you and up-to-date, we need your opinion:

- Have you noticed any mistakes?
- What could be done better? What should we change?
- What did you like?

Send us a quick e-mail to training@anzca.org.nz

Thanks a lot!

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Disclaimer:

Please note that this document reflects the current Regulations at the time of writing (Late 2015) - they may change. Ensure you use the latest version only.
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