Regulation 38
Training in Anaesthesia in Affiliated Training Regions Leading to FANZCA, as from the Start of the 2013 Hospital Employment Year, and Accreditation of Facilities to Deliver this Curriculum

September 2018 v1.10
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Abbreviations used in this regulation

ANZCA Australian and New Zealand College of Anaesthetists
AT advanced training
ATF annual training fee
ATR affiliated training region
ATY3E advanced training extended
AVT approved vocational training
BT basic training
BTY2E basic training extended
EEMC Education Executive Management Committee
EF examination fee
EO education officer
ET extended training
FANZCA Fellow(hip) of the Australian and New Zealand College of Anaesthetists
FEx final examination
FTE full-time equivalent
HEY hospital employment year
ICM intensive care medicine
ICU intensive care unit
IntT interrupted training
ITA in-training assessment
NL normal leave
PEx primary examination
PMET prevocational medical education and training
PTT part-time training
RTC regional training committee
SOT supervisor of training
TDP trainees experiencing difficulty process
TPR trainee performance review
TPR Subcommittee Trainee Performance Review Subcommittee
TTT total training time
VTP vocational training program
38.1 Definitions

An **accredited anaesthesia department** is one authorised by ANZCA to provide a trainee with a supervised training experience that is appropriate to his or her stage of training, and which complies with all the requirements of the vocational training program leading to FANZCA (regulation 38.7).

An **accredited training site** usually encompasses an accredited anaesthesia department, and may include additional facilities within the same organisation or complex, such as intensive care units, which are also accredited by ANZCA (directly or indirectly) for the provision of components of the vocational training program (regulation 38.7).

**Advanced training** is the second training period and follows basic training. It requires a minimum period of 156 weeks full-time equivalent training time as approved vocational training (less any approved recognised prior learning).

The **affiliated training regions** are Hong Kong, Malaysia and Singapore, where there are accredited training sites at which trainees who were registered with ANZCA on August 31, 2012 may complete the vocational training program leading to FANZCA, providing this is done within the prescribed timeframe (regulations 38.3.3 and 38.3.4).

The **ANZCA Handbook for Training and Accreditation in the Affiliated Training Regions** complements this regulation and sets out in detail the operational requirements expected of both trainees and accredited training departments for all aspects of the training and accreditation program leading to FANZCA in the affiliated training regions. It is intended that this handbook will be the usual source consulted by those seeking information about training and accreditation. The handbook is maintained electronically and the current requirements are always those in the document that can be accessed on the ANZCA website. Should there be any conflict between this regulation and the handbook, the regulation takes precedence.

The **ANZCA training agreement** is a legally binding formal statement of the mutual obligations and expectations of the College and the trainee. This document must be signed by trainees in order to register with the College, and then annually acknowledged in order to maintain registration, normally in association with payment of the annual training fee (regulations 38.6.1.5 and 38.6.1.6).

The **ANZCA vocational training program** is the program which when completed is the basis for admission to FANZCA by training (regulation 38.4).

An **applicant** is a medical practitioner who has submitted preliminary documentation to the College, but has not yet met all the requirements for registration as a trainee.

**Approved vocational training** is the integrated teaching, learning and assessment experienced by a trainee in supervised appointments within accredited hospital departments or training sites (or other prospectively approved training experience) to
complete requirements of the vocational training program leading to FANZCA (regulation 38.6).

**Basic training** is the initial training period. It requires a minimum period of at least 104 weeks full-time equivalent training time as approved vocational training (less any approved recognised prior learning), providing trainees with a sound knowledge of relevant applied basic sciences and a comprehensive basic grounding in the practice of anaesthesia (regulation 38.6.6).

A **candidate** is a trainee who has been accepted formally for admission to a College examination.

A **clinical placement** is a discrete period of approved vocational training, typically but not necessarily for 13, 26 or 52 weeks, often focusing on a particular anaesthetic sub-specialty, and always based at a single accredited training site, although it may extend via a secondment to an accredited satellite facility, provided the identified supervisor of training responsible for that placement remains responsible for training undertaken during the secondment.

**Curriculum modules** define the learning requirements in knowledge, skills and attitudes in specified areas of practice, which must be achieved during approved vocational training or recognised prior learning, as specified in regulation 38.6.4, and as set out in the *ANZCA Handbook for Training and Accreditation in the Affiliated Training Regions*.

The **Early Management of Severe Trauma** is a course that is undertaken in Australia and New Zealand in facilities accredited by the Royal Australasian College of Surgeons. Equivalent courses are run in other jurisdictions. This course is recommended to all ANZCA trainees and must be undertaken by trainees who have not completed an approved Effective Management of Anaesthetic Crises course.

The **Effective Management of Anaesthetic Crises** is a course that is undertaken in ANZCA-accredited simulation-based training facilities. This course is recommended to all ANZCA trainees and must be undertaken by trainees who have not completed an approved Early Management of Severe Trauma course.

**Extended training** (ET) is required of trainees whenever all the requirements of basic training or advanced training have not been completed within the minimum time requirements. ET is a component of approved vocational training and must be undertaken in an accredited department and comply with all normal training requirements (regulation 38.6.8).

**Fees** must be paid in order to register to be a trainee (registration fee), to seek recognition of prior learning (recognition of prior learning fee), accrue approved vocational training (annual training fee), maintain registration while in interrupted training (registration maintenance fee) and sit examinations (examination fee, examination withdrawal fee) (regulation 38.6.2). The amounts of the various fees are determined by ANZCA Council on an annual basis, and the details are available via the *ANZCA Handbook for Training and Accreditation in the Affiliated Training Regions*.
The **final examination** is a summative assessment of the theory and practice of clinical anaesthesia, and can be undertaken only after the completion of at least 104 weeks of clinical anaesthesia and at least 52 weeks of advanced training (regulation 38.6.17.2.2).

A **foreign training program** is a specialist anaesthesia training program operating in any country other than Australia and New Zealand, and denotes any program other than that leading to FANZCA. The affiliated training regions conduct the ANZCA vocational training program as well as their own programs, and these latter are deemed foreign training programs.

**Formative assessment** is assessment designed to provide feedback to the trainee regarding his or her knowledge, skills and attributes as these relate to what is expected of a trainee at a given stage in the training process, to facilitate reflection by the trainee, to enable improvement, and to support optimal advancement through the training program.

A **hospital employment year** (HEY) is a period of 52 (and occasionally 53) consecutive calendar weeks coinciding with the normal commencement and completion dates for trainee annual appointments. The precise dates of commencement and completion vary in different training jurisdictions. If local trainee annual appointments run, for example, from April 1, 2013 to March 31, 2014, this 52 week period will constitute the 2013 HEY in that region.

**Interrupted training** is any period following the commencement of approved vocational training (AVT) when a trainee is not accruing time towards AVT, whether because of extended leave beyond the permitted maximum durations of normal leave, because for personal reasons the trainee is working outside accredited departments or training sites, or because the maximum duration of AVT permitted at a given accredited department or training site has been exceeded (regulation 38.6.12).

**In-training assessment** is a process having both formative and summative assessment components as specified in the ANZCA Handbook for Training and Accreditation in the Affiliated Training Regions (regulation 38.6.17.1).

**Normal leave** encompasses all leave such as annual leave, sick leave, parental leave, study leave or examination leave that is permitted within basic training and advanced training, and any period of extended training (regulation 38.6.11).

**Part-time training** is any training appointment that is for fewer worked hours per week, on average, than the hours required of those employed on a full-time basis in that department or at that training site (regulation 38.6.9).

A **personal vocational training year** is a period of 52 consecutive weeks (full-time equivalent) recognised prior learning plus approved vocational training, excluding interrupted training. For any individual trainee the first such year commences on the earliest calendar date approved towards total training time.
Prevocational medical education and training is the preliminary postgraduate period prior to the commencement of approved vocational training, usually undertaken as a junior hospital medical officer or equivalent, when broad experience is gained in the provision of medical care, resulting in a well-grounded generalist orientation (regulation 38.5).

The primary examination is a summative assessment of the applied basic science foundations of clinical anaesthesia, and must be completed as a component of basic training (regulation 38.6.17.2.1).

Prospectively approved overseas training for trainees resident in the affiliated training regions (ATRs) is training outside Australia, New Zealand and the ATRs that has been approved prospectively by the director of professional affairs (assessor) as eligible for recognition towards approved vocational training (regulation 38.6.10).

A provisional Fellow is a trainee who has completed at least the first two years of advanced training, all requirements of modules 1 to 10, passed the final examination, and been granted prospective approval from the director of professional affairs (assessor) for an optional individualised training program aimed at facilitating the transition from trainee to independent specialist. This provisional fellowship training may be undertaken during all or part of advanced training year 3.

Quality assurance is an organised process that assesses and evaluates health services to improve the quality and safety of care, and to ensure that these improvements have been achieved.

Recognition of prior learning is the process whereby credit may be given for relevant training undertaken prior to the commencement of approved vocational training (regulation 38.6.13).

A regional training committee is the committee appointed by ANZCA Council to oversee all aspects of training within that region, to liaise on behalf of ANZCA with the relevant local authorities, to advise trainees regarding optimal training pathways and on their behalf to facilitate necessary training appointments, and to report regularly to ANZCA on all the committee's activities and any issues of relevance to the ANZCA vocational training program.

Summative assessment is formal assessment designed to identify whether a trainee has achieved the knowledge, skills and attributes that are required at a given stage in the training process, and to determine whether the trainee will be permitted to progress to the next stage of that process.

The supervision of training in accredited departments is undertaken by supervisors of training (regulation 38.6.16.3).

The supervision of training at a regional level is undertaken by education officers (regulation 38.6.16.2).

Time spent in approved vocational training (AVT) includes all clinical anaesthesia time plus all other clinical time, as from the date of commencement in AVT, including
any time spent in prospectively approved overseas training and all time spent in extended training, plus all permitted normal leave.

**Total training time** is all time spent in approved vocational training plus all time approved as recognised prior learning. Any time spent in interrupted training is excluded.

A **trainee** for FANZCA is a registered medical practitioner who is registered for vocational training with the College, having met the selection criteria, paid the required fees, and taken up an appointment complying fully with ANZCA training requirements in an accredited training site to commence approved vocational training (AVT) (regulations 38.6.1, 38.6.2 and 38.6.3).

The **date of commencement of approved vocational training** is the date of first taking up an appointment complying fully with ANZCA training requirements in an accredited department.

The **trainee experiencing difficulty process** is a process designed to identify at an early stage a trainee who for whatever reason is not progressing appropriately through the vocational training program, so that supportive interventions can be put in place (regulation 38.9).

**A trainee performance review** is implemented when serious concerns regarding a trainee’s performance require a review to be undertaken by senior College representatives external to the department in which the trainee is working, in order to determine the future of the trainee in the ANZCA vocational training program (regulation 38.10).

The **Training Accreditation Committee** acts on behalf of ANZCA Council with regard to the accreditation of departments and training sites (regulation 38.7).

**Training periods** are defined durations of clinical training with time requirements which must be completed in each of the two successive stages of the vocational training program: **basic training**, which occupies a minimum of 104 weeks (less any approved recognised prior learning), and **advanced training**, which occupies a minimum of 156 weeks (less any approved recognised prior learning).

**A training week** amounts to the average hours required of those employed on a full-time basis in a particular training site. This will vary across facilities.

### 38.2 Applicability

**This regulation applies to all ANZCA trainees permanently resident at the commencement of the 2013 hospital employment year (HEY) in the affiliated training regions** (ATRs), plus any registered trainees who leave Australia or New Zealand after the start of the 2013 HEY to take up permanent residency in the ATRs and who are eligible to complete training in those regions. It does not apply to
trainees permanently resident in Australia or New Zealand who are undertaking a defined period of prospectively approved overseas training in the ATRs.

38.3 ANZCA revised curriculum 2013

38.3.1 As from the commencement of the 2013 hospital employment year (HEY) a revised curriculum for vocational training in anaesthesia has been introduced in Australia and New Zealand.

38.3.2 ANZCA Council has resolved that, given the high quality of contemporary local training programs in the affiliated training regions (ATRs), there is no continuing need for the ANZCA program to be offered in those regions. The revised ANZCA curriculum will not be introduced in the ATRs, and the ANZCA program will be withdrawn.

38.3.3 In the ATRs, trainees who were registered with ANZCA on August 31, 2012 will be able to complete the ANZCA vocational training program (VTP) while domiciled in the ATRs, and will do so under these regulations, provided training is completed by the end of the 2018 HEY (that is, mid-2019 in these regions).

38.3.4 Any trainee who has not completed the ANZCA VTP by the end of the 2018 HEY year will be required to complete training under regulation 37, with the specific requirements being determined by the director of professional affairs (assessor). Such trainees may be required to complete training in Australia or New Zealand.

38.4 Eligibility for admission to fellowship by training

The training of a specialist anaesthetist to the standard required for admission to fellowship of the Australian and New Zealand College of Anaesthetists, for trainees resident in the affiliated training regions requires completion of a vocational training program of at least 260 weeks and meeting all the requirements prescribed in this regulation, and in the ANZCA Handbook for Training and Accreditation in the Affiliated Training Regions.

38.5 Prevocational medical education and training

38.5.1 Approved vocational training (AVT) may commence only after a total period of at least 104 weeks full-time equivalent (FTE) prevocational medical education and training (PMET) has been completed.

38.5.2 At least 52 weeks FTE PMET must have been spent gaining broadly-based clinical experience in areas of practice other than clinical anaesthesia, intensive care medicine or pain medicine. This will usually be experience in general medicine and its related specialties, surgery, emergency medicine, obstetrics and gynaecology, or general practice.
38.5.3 For PMET purposes the date of actual completion of all requirements for university studies, not necessarily the date of conferment of the degree diploma, will be deemed the date of graduation from medical school.

38.5.4 Up to 12 weeks normal leave may be included within the 104 weeks of PMET.

38.5.5 Those applying under regulation 38.6.13 for credit as recognition of prior learning of specialist anaesthesia training undertaken in foreign training programs which did not require the PMET experience specified in this regulation must meet the requirements of regulations 38.5.1, 38.5.2, 38.5.3 and 38.5.4. It is acceptable in this circumstance for some or all of this PMET experience to post-date the specialist anaesthesia training that can be credited as recognition of prior learning. AVT may however be commenced only once all PMET requirements have been completed.

38.6 The ANZCA vocational training program

38.6.1 Registration

38.6.1.1 Some medical practitioners resident in the affiliated training regions (ATRs) wishing to undertake the ANZCA vocational training program (VTP) registered with ANZCA and commenced approved vocational training (AVT) in an accredited anaesthesia department or an intensive care unit (ICU) acceptable to ANZCA Council, prior to April 25, 2012. They may continue AVT and complete the ANZCA training program as defined under this regulation.

38.6.1.2.1 Some medical practitioners resident in the ATRs wishing to undertake the ANZCA VTP registered with ANZCA prior to April 25, 2012, yet did not commence AVT in an accredited anaesthesia department or ICU acceptable to ANZCA Council by April 24, 2012.

38.6.1.2.2 These medical practitioners must submit to ANZCA formal confirmation of their commencing, no later than the start of the 2013 hospital employment year (HEY), an appointment to a position complying with all ANZCA training requirements in an accredited anaesthesia department or ICU acceptable to ANZCA Council.

38.6.1.2.3 To qualify as an ANZCA trainee in any accredited training site the trainee must be working at that training site in a way which complies with all the requirements for training ANZCA trainees. These requirements include, but are not necessarily limited to, appropriate levels of supervision, a suitable mix of cases including acute emergency cases, all the required ANZCA assessment processes, and comprehensive access to all the relevant educational, teaching and quality assurance programs within that department.

38.6.1.2.4 To achieve registration an ANZCA supervisor of training must verify formally to ANZCA records management that the trainee is in a post which complies with all these requirements. This applies to all ANZCA training sites. The trainee is responsible for obtaining and submitting the documentation, which must include the precise date of commencement in the position, and be received by ANZCA no later
than four weeks after the start of the 2013 HEY. The letter of appointment must be in
hard copy on hospital letterhead and signed by an appropriate authorised individual;
verification by email or fax is not acceptable.

38.6.1.2.5 Failure to submit this documentation within four calendar weeks of the
commencement of the 2013 HEY will result in registration status under earlier
regulations being terminated.

38.6.1.3 Medical practitioners resident in the ATRs, wishing to undertake the ANZCA
VTP, and who registered with ANZCA after April 24, 2012 were required by August
31, 2012 to have submitted all necessary registration documentation and all
documentation required as evidence of having taken up an appointment in a position
complying with all ANZCA training requirements in an accredited anaesthesia
department.

38.6.1.4 All registration documentation and the registration fee, and all
documentation confirming commencement of AVT in a position complying with all
ANZCA requirements, must be received by ANZCA no later than four calendar
weeks following commencement of AVT. No more than four calendar weeks training
prior to receipt by the College of all required registration documentation will be
approved as AVT.

38.6.1.5 To achieve registration the ANZCA training agreement must be signed by
the registrant.

38.6.1.6 To maintain registration as a trainee the ANZCA training agreement must
be signed on an annual basis, normally in association with payment of the annual
training fee (ATF). Failure to pay the ATF by August 31 of the year to which the ATF
applies will be deemed as withdrawal from the VTP. Similarly, failure to sign the
ANZCA training agreement by August 31 of the year to which the ATF applies will be
deemed as withdrawal from the VTP (regulation 38.11.3).

38.6.1.7 Trainees resident in the ATRs who withdraw from the VTP (regulation
38.11) may not subsequently re-apply for registration as an ANZCA trainee, unless
applying to do so as residents in Australia or New Zealand, in which case the
application must be made under the requirements of regulation 37.

38.6.1.8 Any individual who has been removed from the ANZCA VTP as the
outcome of a trainee performance review is not permitted to re-apply for registration
as an ANZCA trainee.

38.6.2 Fees

38.6.2.1 The non-refundable registration fee must be paid within four calendar
weeks of commencing approved vocational training (AVT). Credit as AVT will not be
given for any training undertaken earlier than four calendar weeks prior to receipt by
the College of the registration fee.
38.6.2.2.1 Trainees in the affiliated training regions (ATRs) commencing their first personal vocational training year at an accredited anaesthesia department or other training site must pay the non-refundable annual training fee (ATF) within four calendar weeks of commencing training, and by June 30 for each subsequent calendar year commencing June 1 in which AVT is undertaken.

38.6.2.2.2 Trainees undertaking extended training, or spending part or all of a calendar year as prospectively approved overseas training outside the ATRs or outside Australia or New Zealand, must pay the full ATF due for each calendar year commencing June 1 in which this training is undertaken.

38.6.2.2.2.1 Effective from June 1, 2015, trainees who undertake a prospectively approved period of at least 52 weeks in continuous part-time training are entitled to a pro rata ATF based on the percentage of the FTE equivalent rounded to the nearest tenth plus an administration fee. Where an ATF for any part of the period has already been paid a refund will be issued.

38.6.2.2.2.2 Effective from June 1, 2015, trainees who undertake a prospectively approved period of interrupted training of at least 13 consecutive weeks will pay a reduced ATF based on the number of months in training. A pro rata registration maintenance fee (RMF) will also be charged for the months spent in interrupted training. A pro rata RMF is calculated starting from a month in which a trainee commenced interrupted training. A pro rata ATF is calculated starting from the month in which the interrupted training period finished. If the period of interrupted training is less than 13 weeks then the full ATF must be paid. If the interrupted training is not prospectively applied for or is deemed to be interrupted training then the full ATF must be paid.

38.6.2.2.3 Trainees are required to pay the full ATF for the calendar year beginning June 1 in which they are admitted to fellowship. Effective from June 1, 2015, following admission, the new Fellow will receive a refund for the unused duration of the ATF.

38.6.2.2.4 Trainees in the ATRs who have not paid the ATF by July 31 in any calendar year other than the first year of AVT will have their status changed to “not financial”. This will render them unable to access the protected section of the ANZCA website for trainees in the ATRs, including ability to submit in-training assessment (ITA) data and access ANZCA library resources.

38.6.2.2.5 Failure to pay the ATF within the timeframe stipulated in regulation 38.6.2.2.1 will result in the interval between June 30 and the receipt of payment by the College being counted as interrupted training (IntT). Trainees experiencing financial hardship which makes payment impossible within the timeframe required should apply prospectively to the director of professional affairs (assessor) for special consideration. Each case will be considered on an individual basis.

38.6.2.2.6 Trainees who fail to pay the ATF by August 31 of the year to which the ATF applies will be deemed to have withdrawn from the training program.
38.6.2.3.1 Effective from June 1, 2015, the non-refundable **registration maintenance fee (RMF)** is payable by June 30 by all trainees resident in the ATRs undertaking a prospectively approved period of at least 13 consecutive weeks interrupted training (regulation 38.6.12). If it is planned that training will be resumed part way through a calendar year, a pro rata ATF and pro rata RMF, as approved by the interrupted training application process, should be paid for that calendar year. Payment of the registration maintenance fee retains the trainee’s financial status and enables the trainee to access the protected section of the ANZCA website for trainees in the ATRs, including ability to submit ITA data and access ANZCA library resources.

38.6.2.3.2 Effective from June 1, 2015, if training is resumed part way through a calendar year beginning June 1 for which a registration maintenance fee has already been paid, a pro rata ATF will be applicable for the month of training minus a pro rata refund for the portion of the RMF already paid for that calendar period. The pro rata ATF must be paid within four weeks of resumption of training.

38.6.2.3.3 Trainees whose plans change during a calendar year and who will complete a total duration of AVT in excess of a pro rata ATF already paid, must pay the additional ATF owing within four weeks of being invoiced (invoice due date). Failure to pay the additional ATF within four weeks of being invoiced will result in the interval between the invoice due date and the receipt of payment by the College being deemed interrupted training. Trainees who fail to pay the additional ATF owing within **three calendar months** of being invoiced will be deemed to have withdrawn from the training program and their training record will be archived. Trainees who will complete a total duration of AVT less than the pro rata ATF already paid for that calendar year, and who advise ANZCA prospectively of their changed plans, will be entitled to receive a refund within four weeks of this advice being received by the College.

38.6.2.3.4 Trainees who fail to pay the registration maintenance fee by August 31 of the year to which the registration maintenance fee applies will be deemed to have withdrawn from the training program. Trainees experiencing financial hardship which makes payment impossible within the timeframe required should apply prospectively to the director of professional affairs (assessor) for special consideration. Each case will be considered on an individual basis.

38.6.2.4 Trainees applying under regulations 38.6.13.1 and 38.6.13.2 for recognition of prior learning for training experience that pre-dates the commencement of AVT must pay the non-refundable **recognition of prior learning fee**.

38.6.2.5.1 The **examination fee** must be paid at the time of application to sit the primary examination or the final examination (regulation 38.6.17.2.3.4).

38.6.2.5.2 The **examination withdrawal fee** must be paid by trainees withdrawing from an examination, as specified in regulation 38.6.17.2.4.5.2.

38.6.2.6 In all instances, evidence of an individual’s training status at a given time is possession of a current invoice indicating that fees have been paid.
38.6.2.7 Effective from September 1 2017, trainees who after June 1 in a calendar year withdraw or are deemed withdrawn from training may be entitled to a pro rata refund of an annual training fee already paid. This pro rata refund is calculated starting from the calendar month following the month in which the trainee withdraws or is deemed withdrawn from training.

### 38.6.3 Trainee selection and appointment

38.6.3.1 ANZCA does not appoint trainees to accredited departments or training sites. Appointment is undertaken by the employing authority.

38.6.3.2 As a condition of accreditation by ANZCA, the employing authority undertakes to appoint anaesthetic trainees in accordance with the following selection principles: equal employment opportunity, non-discrimination and lack of bias. Formal procedures must be in place, including rules of evidence and relevance. Appropriate notice of selection committee meetings and information sources considered must be given and access to an appeals process provided. The selection process must be subject to regular evaluation and review. Further guidance is available from the ANZCA Training and Assessments Unit.

### 38.6.4 Curriculum modules

38.6.4.1 Curriculum modules specify learning requirements in knowledge, skills and attitudes that must be completed during approved vocational training, or during training approved retrospectively as recognition of prior learning.

38.6.4.2 The 12 modules are:

- Module 1 Introduction to Anaesthesia and Pain Management
- Module 2 Professional Attributes
- Module 3 Anaesthesia for Major and Emergency Surgery
- Module 4 Obstetric Anaesthesia and Analgesia
- Module 5 Anaesthesia for Cardiac, Thoracic and Vascular Surgery
- Module 6 Neuroanaesthesia
- Module 7 Anaesthesia for Ear, Nose and Throat, Eye, Dental and Maxillofacial Surgery
- Module 8 Paediatric Anaesthesia
- Module 9 Intensive Care Medicine
- Module 10 Pain Medicine
- Module 11 Education and Scientific Enquiry
- Module 12 Professional Practice

38.6.4.3 Modules 1 and 3, plus at least one of modules 4 to 10 must be completed during basic training.

38.6.4.4 Modules 4 to 10 must all be completed in order to undertake a provisional fellowship program during advanced training year 3.

38.6.4.5 Modules 2, 11 and 12 may be completed at any stage of vocational training.
38.6.4.6 The requirements for each module are specified in the ANZCA Handbook for Training and Accreditation in the Affiliated Training Regions.

38.6.4.7 The requirements for each of modules 1 to 10 and 12 must be signed off by an appointed module supervisor as having been completed satisfactorily, and this must be endorsed by a relevant supervisor of training.

38.6.4.8 The requirements of module 11 must be met either by having a formal project approved by a specifically appointed formal project assessment committee, or by having other work approved by the director of professional affairs (assessor), as meeting the requirements for exemption from the formal project.

38.6.4.9 Rules and processes governing formal project assessment committees and the requirements for exemption from the formal project are specified in the ANZCA Handbook for Training and Accreditation in the Affiliated Training Regions.

38.6.5 Training time

38.6.5.1 Training comprising approved vocational training (AVT) together with any approved recognition of prior learning must occupy a minimum of 260 weeks full-time equivalent (FTE), with a minimum of 104 weeks FTE in basic training (BT) and a minimum of 156 weeks FTE in advanced training (AT). Additional time may be required as extended training (ET) in BT and/or AT, as specified in regulation 38.6.8.

38.6.5.2 AVT commences on the date the trainee, having met all registration requirements including payment of the registration fee, first takes up an appointment in a position that complies with all ANZCA training requirements, in an accredited department.

38.6.5.3.1 A minimum of 143 weeks FTE, which may be inclusive of normal leave (NL), must be spent undertaking clinical anaesthesia. Trainees may elect to complete up to a further 104 weeks FTE clinical anaesthesia, inclusive of NL, within the minimum 260 week FTE vocational training program.

38.6.5.3.2 There is no minimum duration required for any appointment in clinical anaesthesia.

38.6.5.4.1 A minimum of 13 weeks FTE, which may be inclusive of up to two weeks NL, must be spent undertaking intensive care medicine (ICM) in an intensive care unit (ICU) acceptable to ANZCA Council.

38.6.5.4.2 An appointment in ICM must be for a minimum period of at least four weeks FTE.

38.6.5.5.1 A maximum of 104 weeks FTE, which may be inclusive of NL, may be spent undertaking any combination of:

- Additional ICM in ICUs acceptable to ANZCA Council
- Neonatal ICM
Pain medicine
Internal medicine
Retrieval medicine, maximum 26 weeks, other than as a provisional fellowship
Emergency medicine
Diving and hyperbaric medicine, maximum 26 weeks, other than as a provisional fellowship
Any other clinical training that is relevant to anaesthetic practice
A formal research program.

38.6.5.5.2 With the exception of ICM and pain medicine, all appointments under regulation 38.6.5.5.1 require formal prospective application to the director of professional affairs (assessor) for approval.

38.6.5.5.3 With the exception of appointments in ICM all appointments under regulation 38.6.5.5.1 must be acknowledged formally by another College or equivalent training body as acceptable for vocational training in that specialty.

38.6.5.5.4 All appointments other than in clinical anaesthesia, ICM or pain medicine must be for continuous periods of at least 13 weeks FTE, which may be inclusive of up to two weeks NL. Appointments in ICM and pain medicine must be for a minimum period of at least four weeks FTE.

38.6.5.6 All appointments for ET, whether as basic training extended or advanced training extended, must be in clinical anaesthesia, with the exception of trainees who have not yet completed the minimum period of ICM specified in regulation 38.6.5.4.1.

38.6.5.7 A maximum of 104 weeks FTE training time may be undertaken outside the affiliated training regions, Australia and New Zealand, as specified in regulation 38.6.10.2.

38.6.6 Basic training

38.6.6.1 All trainees must complete basic training (BT), which is designed to provide trainees with a sound knowledge of relevant applied basic sciences, and a comprehensive basic grounding in the requirements for specialist practice in clinical anaesthesia.

38.6.6.2 BT comprises basic training year 1 and basic training year 2, and will occupy a minimum of 104 weeks full-time equivalent (FTE), including normal leave (NL) which may occupy a maximum of 16 weeks FTE during the minimum 104 weeks training time.

38.6.6.3 Trainees who have not completed all the requirements of BT within 104 weeks must be in basic training extended (BTY2E) in order to complete whatever requirements of BT are still outstanding. These requirements cannot be completed while in interrupted training, except that trainees may be admitted to the primary examination (PEx) in the circumstances specified in regulation 38.6.17.2.1.3. The
maximum permitted NL during BTY2E is eight weeks leave per 52 weeks extended training time pro rata.

38.6.6.4 An essential requirement for the completion of BT is the satisfactory completion of modules 1 and 3, and the satisfactory completion of at least one of modules 4 to 10. Modules 2 and 11 may also be completed during BT, but module 12 may not be completed during BT.

38.6.6.5 The completion of the PEx is an essential requirement for BT.

38.6.6.6 Trainees undertaking BT may complete up to 52 weeks prospectively approved training time outside the affiliated training regions, Australia and New Zealand, as set out in regulation 38.6.10.

38.6.6.7 Full details of the curriculum for BT are available via the ANZCA Handbook for Training and Accreditation in the Affiliated Training Regions.

### 38.6.7 Advanced training

38.6.7.1 Following completion of all requirements for basic training (BT), all trainees must complete advanced training (AT), which is designed to provide trainees with a comprehensive advanced attainment of the knowledge, skills and attributes required for specialist practice in clinical anaesthesia.

38.6.7.2 AT comprises advanced training year 1, advanced training year 2 and advanced training year 3, and will occupy a minimum of 156 weeks full-time equivalent (FTE), including normal leave (NL) which may occupy a maximum duration of 24 weeks FTE during the 156 weeks training time.

38.6.7.3 Trainees who have not completed all the requirements of AT within 156 weeks must be in advanced training extended (ATY3E) in order to complete whatever requirements of AT are still outstanding. These requirements cannot be completed while in interrupted training, except that trainees may be admitted to the final examination (FEx) in the circumstances specified in regulation 38.6.17.2.2.3. The maximum permitted NL during ATY3E is eight weeks leave per 52 weeks extended training time pro rata.

38.6.7.4 An essential requirement for the completion of AT is the satisfactory completion of curriculum module 2 and all of modules 4 to 11 that were not completed during BT, and the completion of module 12.

38.6.7.5 The completion of the FEx is an essential requirement for AT.

38.6.7.6 Trainees undertaking AT may complete up to 52 weeks prospectively approved training time outside the affiliated training regions (ATRs), Australia and New Zealand, as set out in regulation 38.6.10.

38.6.7.7 Trainees granted approval for recognition of prior learning that predates commencement of approved vocational training (regulation 38.6.13), may undertake
overseas training as specified in regulation 38.6.10 provided that the total time, inclusive of recognised prior learning, spent during AT outside the ATRs, Australia and New Zealand shall not exceed 52 weeks.

38.6.7.8.1 Trainees in advanced training year 3 who have successfully completed the FEx and all of modules 1 to 10 may undertake an optional individualised period of training as a **provisional Fellow** for a period of at least 13 weeks, after prospective approval by the director of professional affairs (assessor), as specified in the **ANZCA Handbook for Training and Accreditation in the Affiliated Training Regions**. A provisional fellowship program is designed to facilitate the consolidation of vocational training and assist in initiating specific career direction and the transition to independent specialist practice.

38.6.7.8.2 Trainees undertaking a provisional fellowship must have appropriate supervision available to them at all times, but should also be involved in providing supervision, teaching and assessment to more junior trainees, junior doctors, medical students, anaesthetic technicians and nurse assistants to the anaesthetist. Provisional Fellow appointments with distant supervision in a remote location (for example, Pacific Islands) may be considered, but will normally be restricted to a maximum period of 13 weeks FTE.

38.6.7.9 Full details of the curriculum for AT are available via the **ANZCA Handbook for Training and Accreditation in the Affiliated Training Regions**.

### 38.6.8 Extended training

38.6.8.1 Trainees in basic training who have not completed all the requirements by the conclusion of 104 weeks full-time equivalent (FTE) approved vocational training (AVT) must remain in basic training extended (BTY2E) until all requirements of BT have been met.

38.6.8.2 Trainees in advanced training (AT) who have not completed all requirements by the conclusion of 156 weeks FTE, must remain in advanced training extended (ATY3E) until all requirements of AT have been met.

38.6.8.3 Extended training (ET) is part of AVT and must be undertaken in an accredited department, be in clinical anaesthesiology, or in intensive care medicine only if the minimum requirement for the latter of 13 weeks FTE has not yet been completed, and comply with all normal training and accreditation requirements including regular submission of in-training assessments.

38.6.8.4 Trainees who are required to undertake ET because either the primary examination or the final examination has not yet been completed should be in ET while preparing for and sitting the examination. If in interrupted training trainees must have been in AVT within 52 calendar weeks of sitting the written section of either examination (regulation 38.6.12.2).
38.6.8.5 BTYE2E may not be continued beyond a total of 104 weeks FTE, and ATY3E may not be continued beyond a total of 156 weeks FTE. These time limits do not apply retrospectively, but only to periods of ET beginning as from the commencement of the 2013 hospital employment year. Trainees who within these timeframes have not completed the requirements of the respective training period will be deemed to have withdrawn from the vocational training program. If there are special circumstances justifying the retention of training status beyond these timepoints, prospective application requesting retention and providing full supporting information must be made to the director of professional affairs (assessor).

38.6.8.6 The accreditation conferred on departments via the Training Accreditation Committee (regulation 38.7) will specify for any given accredited department whether the maximum permitted duration of AVT in that department includes or excludes time undertaking ET.

38.6.9 Part-time training

38.6.9.1 Part-time training (PTT) must be applied for prospectively, and to count towards approved vocational training (AVT) it must have been approved by the director of professional affairs (assessor). All applications will be considered on an individual basis.

38.6.9.2 Trainees undertaking PTT must complete all specified requirements of the vocational training program in order to be admitted to FANZCA.

38.6.9.3 PTT may be undertaken at any stage of AVT.

38.6.9.4 PTT must comprise a minimum of 50 per cent of the commitment of a full-time trainee in the same department.

38.6.9.5 Applications for PTT must specify the arrangements under which the training will occur, and provide formal confirmation of participation in both elective and emergency/acute duties, assigned broadly on a full-time equivalent (FTE) proportional basis.

38.6.9.6 Part-time trainees must participate in the local/regional teaching programs on at least a FTE proportional basis.

38.6.9.7 For trainees undertaking PTT, the maximum normal leave permitted and the recording of all leave taken will be on a pro rata basis. Such leave must fall within a defined and prospectively approved period of PTT.

38.6.9.8 Part-time trainees are required to pay the full annual training fee (regulation 38.6.2.2.2).
38.6.10 Prospectively approved overseas training

38.6.10.1 Applications may be considered for training to be undertaken outside the affiliated training regions (ATRs) or Australia or New Zealand. Prospective approval must be obtained from the director of professional affairs (assessor) for such training to be recognised as approved vocational training (AVT).

38.6.10.2 Trainees in basic training may undertake up to 52 weeks full-time equivalent (FTE) AVT as prospectively approved overseas training, and trainees in advanced training may undertake up to 52 weeks FTE AVT as prospectively approved overseas training.

38.6.10.3 By the completion of the vocational training program (VTP) at least 156 weeks FTE AVT must have been completed in Australia, New Zealand and/or the ATRs.

38.6.10.4 Any prospectively approved overseas training (other than a prospectively approved provisional Fellowship) must be in a department accredited for the provision of postgraduate vocational training in anaesthesia by a specialist college, university or similar authority that is acceptable to ANZCA.

38.6.10.5 Any prospectively approved overseas training must enable full participation in all aspects of the ANZCA VTP, including a formal commitment by overseas supervisors to undertake required in-training assessments and facilitate the provision to ANZCA of all required training information.

38.6.11 Normal leave

38.6.11.1 Normal leave (NL) encompasses all leave such as annual leave, sick leave, parental leave, study leave and examination leave.

38.6.11.2.1 A maximum of 16 weeks full-time equivalent (FTE) NL may be taken during the minimum 104 weeks of basic training.

38.6.11.2.2 A maximum of 24 weeks FTE NL may be taken during the minimum 156 weeks of advanced training.

38.6.11.2.3 For trainees undertaking extended training (ET), the maximum NL permitted during the period of ET will be calculated on a pro rata basis of eight weeks NL per 52 weeks total training time.

38.6.11.2.4 For trainees undertaking part-time training (PTT), the maximum NL permitted and the recording of all leave taken will be on a pro rata basis. Such leave must fall within a defined and prospectively approved period of PTT.

38.6.11.3 Any leave in excess of the permitted maximum NL within a given training period will be considered interrupted training.

38.6.12 Interrupted training
38.6.12.1 Any period of leave longer than permitted maximum normal leave constitutes interrupted training (IntT).

38.6.12.2 Trainees who are in IntT and who have been in approved vocational training (AVT) within 52 calendar weeks of the commencement date of the written section of the primary examination (PEx) or final examination (FEx), whether previously in basic training, basic training extended, advanced training or advanced training extended, may be permitted to attempt the PEx or FEx. Should the period of IntT exceed 52 calendar weeks, entry to the relevant examination will not be permitted.

38.6.12.3 All IntT must normally be applied for prospectively and advice obtained from the director of professional affairs (assessor) regarding the consequences for subsequent training.

38.6.12.4 In circumstances such as unexpected illness where prospective application is not possible, application must be made at the earliest opportunity.

38.6.12.5 AVT plus any approved recognition of prior learning must include at least 104 weeks FTE (full-time equivalent) continuous training time.

38.6.12.6 If training is interrupted for a continuous period of more than 52 calendar weeks, subsequent training must include at least 52 weeks FTE continuous training time.

38.6.12.7 If training has been interrupted for a continuous period of more than 104 calendar weeks, the trainee will be deemed to have withdrawn from the vocational training program. If there are special circumstances justifying the retention of training status beyond this time-point, prospective application requesting retention and providing full supporting information must be made to the director of professional affairs (assessor).

38.6.13 Recognition of prior learning

38.6.13.1 Recognition of prior learning in clinical anaesthesia

38.6.13.1.1 A medical practitioner, who has completed full or partial vocational anaesthesia training in a foreign training program that predates the commencement of approved vocational training, may apply to have training time approved retrospectively as recognition of prior learning towards the requirements for the ANZCA vocational training program (VTP).

38.6.13.1.2 Applications must be made to the director of professional affairs (assessor), including full original documentation or copies certified by a justice of the peace or equivalent authority, confirming the relevant postgraduate medical experience, together with confirmation that the training undertaken was recognised as postgraduate vocational training in anaesthesia by a specialist college, university or similar authority acceptable to ANZCA Council.
38.6.13.1.3 If some or all of the prior training was undertaken on a part-time basis, the certified documentation provided must include confirmation that all the requirements of regulations 38.6.9.4, 38.6.9.5 and 38.6.9.6 were met.

38.6.13.1.4 If the training was in a VTP pre-approved by ANZCA Council for recognition of prior learning, up to 104 weeks full-time equivalent (FTE) total training time (TTT) may be approved retrospectively towards basic training (BT). Normal leave (NL) requirements as specified in regulation 38.6.11 must be met. Exemption may be granted from the primary examination (PEx) (regulation 38.6.13.1.7). In the absence of such exemption, this examination must be completed satisfactorily in order to complete BT. If at least 52 weeks FTE training time in clinical anaesthesia is approved retrospectively, exemption may be granted from the requirements of module 1. Depending on the supporting documentation provided, credit may also be given towards the completion of other curriculum modules. Additional training time may be required in basic training extended (BTY2E).

38.6.13.1.5 If the training was not in a program pre-approved by ANZCA Council for recognised prior learning, up to 104 weeks FTE TTT may be approved retrospectively towards BT. NL requirements as specified in regulation 38.6.11 must be met. The PEx must be completed in order to complete BT. If at least 52 weeks FTE training time in clinical anaesthesia is approved retrospectively, exemption may be granted from the requirements of module 1. Depending on the supporting documentation provided, credit may also be given towards the completion of other curriculum modules. Additional training time may be required in BTY2E.

38.6.13.1.6 A trainee who previously occupied a senior house officer appointment in anaesthesia in the United Kingdom during the period from April 1, 1996 to July 31, 2007 may have up to 52 weeks FTE TTT approved retrospectively towards BT, provided that the appointment was in a hospital accredited for training by the Royal College of Anaesthetists, and occupied a minimum duration of at least 13 weeks. The ANZCA PEx must be completed in order to complete BT. If 52 weeks FTE training time in clinical anaesthesia is approved retrospectively, exemption may be granted from the requirements of module 1. Depending on the supporting documentation provided, credit may also be given towards the completion of other curriculum modules. Additional training time may be required in BTY2E.

38.6.13.1.7 A trainee who holds a postgraduate qualification in anaesthesia by examination awarded in the affiliated training regions may apply for retrospective approval of up to 104 weeks FTE TTT towards BT, and up to 104 weeks FTE TTT towards advanced training (AT), provided the time was spent undertaking supervised training in ANZCA-accredited departments and training sites, and the training complied with all the College’s requirements. Application may also be made for exemption from the PEx. The ANZCA final examination must be completed satisfactorily in order to complete the requirements for AT. Depending on the supporting documentation provided, retrospective approval may also be granted towards the completion of curriculum modules. Depending on the requirements still to be fulfilled, additional training time may be required in BTY2E or advanced training extended.
38.6.13.1.8 Medical practitioners who were not registered with ANZCA as trainees, but who previously completed a period of at least 13 weeks FTE anaesthesia training equivalent to that of an ANZCA trainee in an accredited department of anaesthesia, may apply for retrospective approval of up to 52 weeks FTE TTT towards BT. The PEx and all other requirements of BT must be completed. If 52 weeks FTE training time in clinical anaesthesia is approved retrospectively, exemption may be granted from the requirements of module 1. Depending on the supporting documentation provided, credit may be given towards the completion of other curriculum modules. Additional training time may be required in BTY2E.

38.6.13.1.9 Trainees granted retrospective approval of previous anaesthesia training as meeting any requirements of the ANZCA VTP must complete all other requirements of the program.

38.6.13.2 Recognition of prior learning in an anaesthesia-related specialty

38.6.13.2.1 A medical practitioner who prior to the commencement of approved vocational training has undertaken vocational training in the affiliated training regions or Australia or New Zealand or overseas in a specialty recognised by ANZCA as anaesthesia-related, may apply to have up to 104 weeks full-time equivalent (FTE) training time approved retrospectively towards the requirements for basic training (BT) and advanced training (AT).

38.6.13.2.2 Applications must be made to the director of professional affairs (assessor), including full original documentation or copies certified by a justice of the peace or equivalent authority, confirming the relevant postgraduate medical experience, together with confirmation that the training undertaken was recognised as eligible for credit towards postgraduate vocational training by a specialist college, university or similar authority acceptable to ANZCA Council.

38.6.13.2.3 If the training was for 52 weeks FTE or less, it will be credited towards basic training year one. If the training was for more than 52 weeks FTE, the first 52 weeks FTE will be credited as basic training year one, and the subsequent period credited towards advanced training year one, to take effect after the trainee has completed all requirements of BT. Normal leave requirements as specified in regulation 38.6.11 must be met. The primary examination must be completed in order to complete BT and the final examination in order to complete AT. Additional training time may be required in basic training extended or advanced training extended.

38.6.13.2.4 If the training was in intensive care medicine (ICM), it may be considered for approval as meeting the requirement of regulation 38.6.5.4.1.

38.6.13.2.5 If some or all of the prior training was undertaken on a part-time basis, documentation must be provided confirming that the requirements of regulations 38.6.9.4, 38.6.9.5 and 38.6.9.6 were met.
38.6.13.2.6 If a trainee has been awarded fellowship of the College of Intensive Care Medicine of Australia and New Zealand, approval may be granted for up to 117 weeks of training in ICM and other anaesthesia-related disciplines. Further, approval may be granted for training in clinical anaesthesia provided it was undertaken in accredited training sites.

38.6.13.2.7 Trainees granted retrospective approval of previous training in anaesthesia-related specialties as meeting any requirements of the ANZCA vocational training program must complete all other requirements of the program.

38.6.14 Courses

38.6.14.1 Effective Management of Anaesthetic Crises

38.6.14.1.1 Effective Management of Anaesthetic Crises is a course providing formative assessment. It may be undertaken only in ANZCA-accredited centres.

38.6.14.1.2 Satisfactory completion of the Effective Management of Anaesthetic Crises course with award of the certificate is a compulsory requirement of the vocational training program, unless the Early Management of Severe Trauma course has been completed.

38.6.14.1.3 The Effective Management of Anaesthetic Crises course may be undertaken at any time during training.

38.6.14.2 Early Management of Severe Trauma

38.6.14.2.1 Early Management of Severe Trauma is a course providing both formative and summative assessment, and is undertaken in Australia and New Zealand in centres accredited by the Royal Australasian College of Surgeons. Equivalent courses are operated in other jurisdictions.

38.6.14.2.2 The Early Management of Severe Trauma course is a requirement of the vocational training program, unless the Effective Management of Anaesthetic Crises course has been completed. Credit will be given for the Early Management of Severe Trauma course only if the final assessment is completed satisfactorily.

38.6.14.2.3 The Early Management of Severe Trauma course, or a recognised equivalent course, may be undertaken at any time during approved vocational training, or during recognised prior learning.

38.6.15 ANZCA website and communication with trainees

38.6.15.1 ANZCA maintains a website, within which all financial trainees and their supervisors of training have access on a personal basis to confidentially maintained trainee profiles, in which a summary of all reported training is recorded. The training recorded does not have status as formally approved training until any given item has been assessed and signed off by the director of professional affairs (assessor).
38.6.15.2 Financial trainees have access via the website to the education and training resources of ANZCA, including information resources such as the ANZCA library.

38.6.15.3 Communications to trainees will be via their nominated email addresses.

38.6.15.4 Trainees are recommended, but not required, to record their training experience and other training-related activities, electronically or in hardcopy.

38.6.15.5 Trainees are responsible for the timely submission of all required training documentation, according to the processes as set out in the *ANZCA Handbook for Training and Accreditation in the Affiliated Training Regions*.

38.6.15.6 All ANZCA supervisors of training are responsible for the timely submission of in-training assessments of trainees for whom they are responsible, according to the processes as set out in the *ANZCA Handbook for Training and Accreditation in the Affiliated Training Regions*.

38.6.15.7 Trainees who for whatever reason are concerned about their previous training record and wish to optimise their future training pathway are advised to communicate at an early date with the director of professional affairs (assessor).

### 38.6.16 Supervision of training

#### 38.6.16.1 Regional training committees

38.6.16.1.1 The ANZCA Council, with advice from the Education Executive Management Committee, will appoint regional training committees (RTCs) for each of Hong Kong, Malaysia and Singapore. These will each be named according to the region (that is, RTC Hong Kong, RTC Malaysia and RTC Singapore). The roles of the RTCs are specified in their terms of reference.

38.6.16.1.2 The RTC is responsible for overseeing the ANZCA vocational training program (VTP) in that region.

38.6.16.1.3 The RTC is responsible for liaising and negotiating as required on a day-to-day basis with the local hospital and university authorities on matters related to the ANZCA VTP.

38.6.16.1.4 The RTC is responsible for advising ANZCA of any matters that may affect the operation of the ANZCA VTP in that region, including any issues that may prejudice compliance with all ANZCA training requirements.

38.6.16.1.5 The RTC is responsible for ensuring that the accredited departments within the region are together able to provide all the trainees within the region with a comprehensive training experience meeting all requirements of the VTP.

38.6.16.1.6 The RTC, in conjunction with the relevant supervisor(s) of training, is responsible for advising trainees regarding the individualised training pathways trainees should follow, in order to meet all remaining ANZCA training requirements in...
the minimum timeframe. Trainees who fail to follow the advice of the RTC are responsible for the consequences of their actions, including the possibility of prolonging the time required to meet all VTP requirements.

38.6.16.1.7 The RTC is responsible for liaising with employing authorities and heads of departments to facilitate the appointment of trainees to the necessary departments if trainees are to pursue optimal training pathways.

38.6.16.1.8 At the beginning of each hospital employment year (HEY), or at another suitable time-point each year, the RTC is responsible for advising ANZCA records management of the planned terms to be undertaken by each trainee expected to train within that region during the coming year.

38.6.16.1.9 Members of the RTC, as officers of the College and acting on its behalf, must utilise formal processes that are adequately documented and will provide a sound basis for review if decisions are challenged via an application for reconsideration, review or appeal (regulations 30 and 31).

38.6.16.1.10 Unconfirmed minutes of each RTC will be forwarded to the ANZCA chief executive officer within six weeks of each meeting. Confirmed minutes should be sent within two weeks of such confirmation.

38.6.16.1.11 Each RTC will provide to the ANZCA chief executive officer by March 31 each year, an annual report of ANZCA vocational training in that region and proceedings of the committee during the previous calendar year.

38.6.16.1.12 The RTC will have a minimum of seven and a maximum of 10 members, nominated to the ANZCA Council by June 1, 2013 and at least every 24 months thereafter by representatives of the local health authority and of the local specialist training program in anaesthesia.

38.6.16.1.13 The membership of the RTC must include at least two Fellows of ANZCA (one of whom will be the education officer (EO)), a representative of the local health authority, a representative of the organisation conducting the specialist training program in anaesthesia in that region, two ANZCA trainees and at least one representative of each of an academic head of a university department of anaesthesia, a clinical head of a department of anaesthesia, and an ANZCA supervisor of training.

38.6.16.1.14 The RTC will elect by secret ballot its chair and deputy chair from within its membership, each of whom who will serve for an initial term of three years, and be eligible for re-election for up to one further such term. The RTC deputy chair will advise ANZCA Council within one calendar month of any resignation from these appointments, and the name of the replacement who will again be elected from the RTC membership by secret ballot.

38.6.16.1.15 The RTC will nominate a suitable local anaesthetist to serve as EO for that region for an initial term of three years, and be eligible for re-nomination for up to one further such term (regulation 38.6.16.2). The RTC deputy chair will advise the
chair, Education Executive Management Committee within one calendar month of any resignation and new nomination for this appointment.

38.6.16.1.16 The RTC will nominate a member of the committee to serve as the ANZCA formal project officer for that region. The RTC deputy chair will advise the chair, Education Executive Management Committee within one calendar month of any resignation and new nomination for this appointment.

38.6.16.1.17 All RTCs will be disbanded on withdrawal of ANZCA training from the affiliated training regions at the end of the 2018 HEY (mid-2019).

38.6.16.2 Education officers

38.6.16.2.1 An education officer (EO) will be appointed to each region within the affiliated training regions. The title for each EO will have the region or country after the acronym EO (that is, EO Hong Kong, EO Malaysia or EO Singapore).

38.6.16.2.2 The regional training committee (RTC) for each region will nominate the EO for that region. The EO will be nominated by the RTC and appointed by the Education Executive Management Committee.

38.6.16.2.3 Each EO is responsible for overall co-ordination and operation of the vocational training program (VTP) in their region.

38.6.16.2.4 EO appointees must be Fellows of ANZCA, and must have skills and experience appropriate to the appointment.

38.6.16.2.5 EO appointments will normally be for three years in the first instance, with the possibility of renewal for a further three year term.

38.6.16.2.6 The EO is responsible for overseeing training within a given region and appointing its supervisors of training (SOTs). He or she must have an in-depth understanding of the ANZCA training program, the regulations governing it, and the processes to be followed by SOTs and other supervisors.

38.6.16.2.7 The EO is responsible for ensuring that suitable courses focused on preparation of trainees for the College examinations are available for trainees in the region.

38.6.16.2.8 The EO is responsible for overseeing, in conjunction with the ANZCA Training and Assessments Unit, the organisation of any ANZCA examinations held in that region.

38.6.16.2.9 The EO is responsible for ensuring that trainees within the region are able to fulfil the requirements of the ANZCA module 11/formal project.

38.6.16.2.10 The EO has particular responsibilities with regard to trainees experiencing difficulty and will provide advice and support to SOTs and others involved, and ensure appropriate processes are followed (regulation 38.9). When it is necessary, the EO is also responsible for initiating, in conjunction with the general
manager, education unit and the director of professional affairs (assessor), the process to set up a trainee performance review (regulation 38.10).

38.6.16.2.11 The EO is responsible for facilitating, in conjunction with the Education unit, the provision of regular education and training for SOTs within the region.

38.6.16.2.12 The EO is responsible for convening and chairing regular regional meetings, at least annually, in which all supervisors of training within that region can participate to discuss matters of mutual interest or concern, related to the ANZCA VTP.

38.6.16.2.13 The EO must be provided by the department within which he or she is based with adequate time to perform the necessary tasks, and with an appropriate work environment, including a private space for interviews, secure document storage and internet access via a compatible browser.

38.6.16.2.14 EOs, as officers of the College and acting on its behalf, must utilise formal processes that are adequately documented and will provide a sound basis for review if decisions are challenged via an application for reconsideration, review or appeal (regulations 30 and 31).

38.6.16.2.15 Each EO is required to sign an ANZCA education officer agreement upon appointment and reappointment. The agreement outlines ANZCA’s obligations to the EO and the EO’s obligations to ANZCA.

38.6.16.2.16 Detailed requirements and processes to be followed by the EO are set out in the ANZCA Handbook for Training and Accreditation in the Affiliated Training Regions.

### 38.6.16.3 Supervisors of training

38.6.16.3.1 Each accredited department will nominate one or more supervisors of training (SOTs) to oversee the training provided by that department. Larger departments will require more than one SOT.

38.6.16.3.2 SOT appointments will be nominated by each department’s clinical head, approved by the education officer (EO) and notified to ANZCA training assessment.

38.6.16.3.3 An SOT appointee must be a Fellow of ANZCA or hold a comparable qualification acceptable to ANZCA Council. He or she must not be a candidate for any College examination, and must have skills and experience appropriate to the appointment.

38.6.16.3.4 SOT appointments will normally be for three years in the first instance, with the possibility of renewal for a further three year term.

38.6.16.3.5 SOTs are responsible for overseeing training within their department, undertaking in-training assessments, and certifying satisfactory completion of the relevant training requirements.
38.6.16.3.6 SOTs are responsible for facilitating the submission of training data for all ANZCA trainees, irrespective of any individual trainee’s participation or non-participation in any other parallel training program. There must be equitable access to training opportunities, advice and support for all ANZCA trainees within an individual department.

38.6.16.3.7 SOTs are responsible for assisting each trainee to develop a personal training plan that aims to satisfy all the requirements of the ANZCA vocational training program, if possible within the minimum timeframe.

38.6.16.3.8 SOTs must advise the EO for their region of any trainee experiencing difficulty (regulation 38.9), so that appropriate support can be provided and to ensure that proper processes are implemented.

38.6.16.3.9 SOTs must be provided by their department with adequate clinical support time to perform the necessary tasks, and with an appropriate work environment, including a private space for interviews, secure document storage and internet access via a compatible browser.

38.6.16.3.10 SOTs, as officers of the College and acting on its behalf, must utilise formal processes that are adequately documented and will provide a sound basis for review if decisions are challenged via an application for reconsideration, review or appeal (regulations 30 and 31).

38.6.16.3.11 SOTs are required to sign an ANZCA supervisor of training agreement upon appointment and reappointment. The agreement outlines ANZCA’s obligations to the SOT and the SOT’s obligations to ANZCA.

38.6.16.3.12 Detailed requirements and processes to be followed by SOTs and departments are set out in the ANZCA Handbook for Training and Accreditation in the Affiliated Training Regions.

38.6.16.4 Clinical supervision in the workplace

38.6.16.4.1 All clinical care provided by trainees must be supervised at all times.

38.6.16.4.2 Clinical supervisors must be Fellows of ANZCA or hold a comparable qualification acceptable to ANZCA Council. Provisional Fellows are permitted to supervise more junior trainees.

38.6.16.4.3 Clinical documentation of each episode of care delivery undertaken by a trainee must specify the name of the supervisor and the level of supervision provided.

38.6.16.4.4 The levels of supervision that are required in varying clinical circumstances at different stages of training are defined in the ANZCA Handbook for Training and Accreditation in the Affiliated Training Regions.
38.6.17 Assessments

38.6.17.1 In-training assessments

38.6.17.1.1 Progression through the ANZCA vocational training program is dependent on satisfactory performance in in-training assessments (ITAs), which are conducted with the trainee by the supervisor of training (SOT).

38.6.17.1.2 An ITA must occur at the beginning and at the end of each clinical placement, and at least every 26 calendar weeks.

38.6.17.1.3 A planning ITA should occur at the beginning of every placement and incorporate discussion of a trainee’s clinical placement plan, outlining the learning opportunities expected and sought from the placement.

38.6.17.1.4 An interim ITA should normally occur part way through a placement if the placement is of 26 calendar weeks duration or more. An interim ITA may also occur at other times at the instigation of either the trainee or the SOT.

38.6.17.1.5 A feedback ITA must be undertaken at the end of every placement, and the evaluation should be informed by the trainee’s clinical placement plan agreed at the planning ITA.

38.6.17.1.6 The trainee and the SOT are both responsible for signing off on a completed ITA, and the SOT is responsible for submission of the document to ANZCA training assessment.

38.6.17.1.7 The detailed requirements for ITAs are specified in the ANZCA Handbook for Training and Accreditation in the Affiliated Training Regions.

38.6.17.2 Examinations

38.6.17.2.1 Primary examination

38.6.17.2.1.1 The primary examination (PEx) is a summative assessment of the applied basic science foundations of clinical anaesthesia, and its successful completion is an essential requirement for basic training (BT). As from the commencement of the 2013 hospital employment year (HEY) a revised syllabus and structure for the PEx will be introduced. This syllabus is available via the ANZCA Handbook for Training and Accreditation in the Affiliated Training Regions.

38.6.17.2.1.2 Registered trainees in the affiliated training regions, who at the commencement of the 2013 calendar year had not completed both sections of the ANZCA PEx, may apply to enter a final sitting of the PEx under previous regulations, to be held during the first half of the calendar year 2013. Trainees unsuccessful at this final sitting of the PEx under previous regulations will be required to sit and pass the revised ANZCA PEx, and will no longer carry any credit from an earlier partial pass.
38.6.17.2.1.3 Candidates should be in approved vocational training when sitting the PEx, however they may be admitted to the examination while in interrupted training providing they have been in BT or basic training extended (BTY2E) within 52 weeks of the commencement date of the written section.

38.6.17.2.1.4 Trainees who have not yet passed the PEx and who have been in BTY2E for more than 26 weeks full-time equivalent must attempt the PEx at the next sitting if they did not sit the examination during the initial 26 weeks. If further time in BTY2E is required because the trainee has not yet passed the PEx, the examination must be attempted at least once in every 52 week period.

38.6.17.2.1.5 The examination will be held at venues and on dates and at times to be determined by ANZCA Council.

38.6.17.2.1.6 The examination must be taken and passed as a whole, with no carrying of a partial pass.

38.6.17.2.1.7 A trainee who has been unsuccessful in three attempts at the PEx will be required to attend a remediation interview as detailed in the ANZCA Handbook for Training and Accreditation in the Affiliated Training Regions.

38.6.17.2.1.8 A trainee who has been unsuccessful in five attempts at the PEx will not be permitted to re-sit the examination or to remain in the ANZCA vocational training program. This limit will apply to examination attempts beginning as from the start of the 2013 HEY.

38.6.17.2.1.9 A trainee who has been awarded the diploma for a foreign postgraduate qualification in anaesthesia by examination that is acceptable to ANZCA Council may be granted exemption from the ANZCA PEx. The qualification must represent a training program with a curriculum which includes an assessment process that ensures that the recipients have an understanding of relevant applied basic sciences to the standard required for FANZCA. Applications for exemption from the PEx must be made to the director of professional affairs (assessor), including full supporting original documentation or a copy certified by a justice of the peace or equivalent authority.

38.6.17.2.2 Final examination

38.6.17.2.2.1 The final examination (FEx) is a summative assessment of the theory and practice of clinical anaesthesia, and its successful completion is an essential requirement for advanced training (AT). The syllabus is available via the ANZCA Handbook for Training and Accreditation in the Affiliated Training Regions.

38.6.17.2.2.2 Candidates for the FEx must be trainees who have completed all requirements for basic training, and completed at least 52 weeks full-time equivalent (FTE) approved training time in AT and a total of at least 104 weeks FTE training time in clinical anaesthesia throughout their approved vocational training (AVT) and any approved recognition of prior learning.
38.6.17.2.2.3 Candidates should be in AVT when sitting the FEx; however they may be admitted to the examination while in interrupted training so long as they have been in AT or advanced training extended (ATY3E) within 52 weeks of the commencement date of the written section/medical clinical component.

38.6.17.2.2.4 Trainees who have not yet passed the FEx and who have been in ATY3E for more than 26 weeks FTE must attempt the FEx at the next sitting if they did not sit the examination during the previous 26 weeks. If further time in ATY3E is required because the trainee has not yet passed the FEx, the examination must be attempted at least once in every 52 week period.

38.6.17.2.2.5 The FEx will be held at venues and on dates and at times to be determined by ANZCA Council.

38.6.17.2.2.6 The FEx must be taken and passed as a whole, with no carrying of a partial pass.

38.6.17.2.2.7 A trainee who has been unsuccessful in three attempts at the FEx will be required to attend a remediation interview, as detailed in the ANZCA Handbook for Training and Accreditation in the Affiliated Training Regions.

38.6.17.2.2.8 A trainee who has been unsuccessful in seven attempts at the FEx will not be permitted to re-sit the examination or to remain in the ANZCA vocational training program in the affiliated training regions, Australia or New Zealand. This limit will apply to examination attempts beginning as from the start of the 2013 hospital employment year.

38.6.17.2.3 Application to present for an examination

38.6.17.2.3.1 Applicants for the primary examination must be ANZCA trainees. Applicants for the final examination must be either ANZCA trainees or practitioners applying via the international medical graduate specialist system in Australia or New Zealand (regulation 23).

38.6.17.2.3.2 Applicants must have fulfilled all eligibility requirements at the date of application, or will do so by the date of the written section of the relevant examination. In the latter circumstance an applicant must provide a written statement from his or her supervisor of training certifying that he or she will have completed all entrance requirements by that date.

38.6.17.2.3.3 Applicants must have paid all outstanding fees.

38.6.17.2.3.4 Applications must be made on the official form, and must include the examination fee and all required documents.

38.6.17.2.3.5 Applications must be received by the general manager, ANZCA Education unit by the closing date, which will be published at least 26 weeks prior to the relevant examination.
38.6.17.2.4 Examination candidates suffering illness, accident and disability, and withdrawal from an examination

38.6.17.2.4.1 Any candidate may withdraw his or her application in writing, before the date of the examination.

38.6.17.2.4.2 A candidate may withdraw on medical or compassionate grounds before the examination. If on medical or compassionate grounds a candidate is unable on the day to present for the examination, he or she must submit a written notice and provide evidence of cause within seven days of the examination. A new application must be submitted if he or she wishes to present for a subsequent examination.

38.6.17.2.4.3 If an examiner or invigilator becomes aware that a candidate is ill, he or she should notify the chair of the court, who will determine whether the illness is incapacitating and, if appropriate, will reschedule the candidate’s program within the examination or advise the candidate to withdraw. No special consideration will be given to a candidate who elects against advice to continue with the examination.

38.6.17.2.4.4 Prospective candidates with a chronic illness or disability which they believe may impact detrimentally on their performance in the examination will be considered for assistance appropriate to their disability, provided that this assistance does not compromise the fairness or reliability of the examination. If a trainee believes that such consideration should be given to particular circumstances, a fully documented application should be submitted to the chair of examinations at least 18 weeks prior to the advertised examination closing date. Further action will be at the discretion of ANZCA Council on the advice of the chair of examinations.

38.6.17.2.4.5 The examination fee (EF) may be refunded based on the following considerations:

38.6.17.2.4.5.1 The EF will be refunded in full if the written notice is received by the general manager, ANZCA Education unit up to and including the closing date for applications for the examination.

38.6.17.2.4.5.2 Candidates who withdraw from an examination during the interval between the closing date for applications and up to and including 15 calendar days prior to the first scheduled day of that examination will incur an examination withdrawal fee and the balance of the EF will be refunded, unless this is modified on compassionate grounds.

38.6.17.2.4.5.3 Candidates who withdraw from an examination during the period beginning 14 calendar days prior to the first scheduled day of that examination will receive no refund of the EF, unless this is modified on compassionate grounds.

38.6.17.2.4.5.4 The presence of medical or compassionate grounds as justification for a partial or full refund of the EF will be determined by the chair of examinations on behalf of ANZCA Council.
If the full EF is refunded on compassionate grounds, that same amount will be accepted at the candidate’s request as a full application fee for the immediate subsequent examination. Should the applicant choose to sit at a later date the fee paid will be refunded and the full EF must be paid for the subsequent examination.

### 38.6.17.2.5 Successful completion of an examination

#### 38.6.17.2.5.1
Candidates who have successfully completed the primary examination will be issued with the following certificate:

*This is to certify that …. has successfully completed the primary examination of the Australian and New Zealand College of Anaesthetists, and on completion of all other requirements of basic training as specified in College regulations will be eligible to progress to advanced training.*

#### 38.6.17.2.5.2
Candidates who have successfully completed the final examination will be issued with the following certificate:

*This is to certify that …. has successfully completed the final examination of the Australian and New Zealand College of Anaesthetists, and on completion of all other requirements of advanced training as specified in College regulations will be eligible to apply for admission to Fellowship.*

### 38.6.18 Teaching and learning resources

#### 38.6.18.1
ANZCA offers hypothetical cases and related resources which help to integrate teaching and learning in the training environment. These are detailed in the *ANZCA Handbook for Training and Accreditation in the Affiliated Training Regions.*

#### 38.6.18.2
ANZCA offers clinical teacher courses and workshops for Fellows, to develop and maintain their expertise in education and training. These are detailed in the *ANZCA Handbook for Training and Accreditation in the Affiliated Training Regions.*

### 38.7 Accreditation of facilities for training

#### 38.7.1
ANZCA accredits suitable facilities as training sites for approved vocational training (AVT).

#### 38.7.2
Accreditation requires a review undertaken on behalf of the Training Accreditation Committee, for subsequent Training Accreditation Committee approval and notification to ANZCA Council.

#### 38.7.3
To qualify as an ANZCA trainee in any accredited training site the trainee must be working at that training site in a way which complies with all the
requirements for training ANZCA trainees. These requirements include, but are not necessarily limited to, appropriate levels of supervision, a suitable mix of cases including acute emergency cases, all the required ANZCA assessment processes, and comprehensive access to all the relevant educational, teaching and quality assurance programs within that department. Detailed requirements of the accreditation process, including the data required, the criteria utilised, and the processes to be followed are specified in the ANZCA Handbook for Training and Accreditation in the Affiliated Training Regions.

38.7.4 An accredited training site usually encompasses an anaesthesia department, but may include additional facilities within the same organisation or complex such as intensive care units. All training sites require accreditation by the College (directly or indirectly) for the provision of components of the training program.

38.7.5 An accredited training site (via their supervisor of training) must undertake to co-operate with the regional training committee, in identifying the optimal pathways for progression through the vocational training program for all the trainees working at that training site.

38.7.6 Accreditation applies to the accredited training site and does not specify the number of trainees that can work in the facility, this being the prerogative of the employing authority.

38.7.7 AVT can only occur in accredited training sites, with the exception of training approved prospectively by the director of professional affairs (assessor) under regulations 38.6.7.8.1 and 38.6.10.

38.7.8 An accredited training site will be accredited for specified training periods (basic training and advanced training) and for specified durations of AVT.

38.7.9 Specified durations of AVT are typically for 26 weeks, 52 weeks, 104 weeks or 156 weeks full-time equivalent (FTE).

38.7.10 No training site may be accredited for more than 208 weeks FTE AVT, of which no more than 156 weeks FTE may be accredited for training in clinical anaesthesia within the accredited training site.

38.7.11 ANZCA accreditation of an anaesthesia department will specify whether the approved maximum duration of AVT includes or excludes time in extended training.

38.8 Trainees with illness or disability

38.8.1 The College recognises that, on occasion, trainees may either not be able to perform their duties adequately owing to illness or other disability, or may need special assistance as a result of ongoing disability.

38.8.2 The process of selection of medical graduates into anaesthesia training and their re-selection during training (regulation 38.6.3) must be based on equal opportunity without prejudice, regardless of gender, race, religion, age, pregnancy,
disability or other personal attribute, provided that these do not impair the trainee’s professional and clinical performance (that is, the ability to meet the reasonable and genuine requirements of the position). If in doubt, appropriate advice and guidance should be obtained from an occupational medicine specialist or other appropriate health professional.

38.8.3 Trainees have a responsibility to ensure that they are fit to practise, and they must seek medical advice if they are uncertain about their fitness to practise.

38.8.4 Those dealing with trainees who are ill or disabled must ensure that patients are not put at risk, nor trainees disadvantaged.

38.8.5 Maintenance of confidentiality and protection of privacy are paramount obligations to trainees with illness or disability. These obligations must not be breached except in the case of mandatory reporting requirements to external regulatory authorities, and/or where immediate patient safety is at risk.

38.8.6 In cases where patient safety may be affected, the College reserves the right to notify medical boards/councils or other appropriate authorities.

38.8.7 The College does not determine fitness to practise. This is a matter for the trainee’s treating medical practitioner, his or her employer, and the relevant regulatory authority granting registration to practise.

38.8.8 The reporting requirements of the jurisdiction within which the trainee is working with regard to illness or disability must be met.

38.8.9 Notification to the College of any illness or disability that would preclude the safe practice of anaesthesia, intensive care medicine (ICM) and pain medicine, including dependence on or inappropriate use of alcohol or recreational and/or non-prescribed drugs, and/or treatment with prescribed drugs likely to compromise the safe practice of anaesthesia, ICM or pain medicine should be made in writing and addressed to the chief executive officer. The College will handle each notification, taking into account all the particular circumstances and the principles set out in this regulation.

38.8.10 Training options that might be considered in the event of illness or disability and the processes to follow are set out in the ANZCA Handbook for Training and Accreditation in the Affiliated Training Regions.

38.8.11 Provisions in the event of illness or disability in the context of an examination are set out in regulation 38.6.17.2.4.

38.8.12 At the commencement of each calendar year beginning June 1, and as part of the application to present for any College examination, trainees are required to make the following declaration:

I certify that:
a) I have no illness or disability that would preclude the safe practice of anaesthesia, intensive care medicine and pain medicine, including dependence on or inappropriate use of alcohol or recreational and/or non-prescribed drugs, and/or treatment with prescribed drugs likely to compromise the safe practice of anaesthesia, intensive care medicine or pain medicine.

or

I have informed the College of any illness or disability that would preclude the safe practice of anaesthesia, intensive care medicine and pain medicine, including dependence on or inappropriate use of alcohol or recreational and/or non-prescribed drugs, and/or treatment with prescribed drugs likely to compromise the safe practice of anaesthesia, intensive care medicine or pain medicine, and I am receiving appropriate medical care.

and

b) I undertake to notify the College if I develop an illness or disability that would preclude the safe practice of anaesthesia, intensive care medicine and pain medicine, including dependence on or inappropriate use of alcohol or recreational and/or non-prescribed drugs, and/or treatment with prescribed drugs likely to compromise the safe practice of anaesthesia, intensive care medicine or pain medicine.

Signature:

38.8.13 Trainees applying for admission to fellowship are again required to make the above declaration, together with the following:

a) I acknowledge that any condition which could preclude the safe practice of anaesthesia, intensive care medicine or pain medicine, including personal drug or chemical dependence, may prevent my admission to fellowship.

and

b) I agree that all communications made by the ANZCA Council or any of its officers, and all answers made and all communications of every kind in relation to this my application for admission to fellowship of the Australian and New Zealand College of Anaesthetists shall for all purposes be absolutely privileged.

Signature:

38.9 Trainee experiencing difficulty process
Professional development during training requires that trainees contribute to the professional activities of their training department, reach work-related performance standards appropriate to their stage of training, progress towards necessary levels of responsibility and autonomy, and meet other training requirements such as the successful completion of examinations.

Trainees may for many reasons experience difficulty in achieving the required levels of professional development that are appropriate to their stage of training. The processes to follow when either the trainee or his or her supervisors consider it desirable to initiate a trainee experiencing difficulty process (TDP) are set out in the ANZCA Handbook for Training and Accreditation in the Affiliated Training Regions.

Unless patient safety is thought to be at risk, or actions have been taken that may represent professional misconduct (when the matter should be referred to the appropriate registration authority, such as the medical board or council), a formal TDP should be implemented. This is a departmentally-based staged response comprising interview, offers of support, remedial strategies, and ongoing monitoring.

Mandatory triggers for the initiation of a TDP are:

- A trainee consistently performing at a level clearly below that considered acceptable for a developing specialist anaesthetist at his or her stage of training; for example, achieving a single overall negative global assessment in an in-training assessment (ITA).

- A trainee consistently performing at what is considered a borderline level for a developing specialist anaesthetist at his or her stage of training; for example, achieving a borderline global assessment in two ITAs within 52 calendar weeks.

- A trainee whose performance has deteriorated significantly between ITAs, raising concerns which are considered sufficiently serious as to require immediate intervention.

The principles of natural justice must be observed throughout the TDP. It is advisable for ANZCA supervisors to seek advice from the hospital’s human resources unit, to ensure compliance with local employment legislation.

The processes to follow in undertaking the TDP are specified in the ANZCA Handbook for Training and Accreditation in the Affiliated Training Regions.

Accurate written records must be kept of all relevant meetings. This written record must include the meeting date, the persons present, the matters discussed, the views expressed by the trainee, and any agreed actions. If there is a possibility that the trainee may be subject to disciplinary action, this information must be conveyed formally to the trainee, and the trainee must acknowledge in writing that he or she has received and understood it.

The supervisors of training must advise the educational officer (EO), rotational supervisor and GM, T & A as soon as practicable, wherever a TDP has been initiated to ensure that appropriate processes are followed and to facilitate the
provision of appropriate guidance and assistance. The GM, T& A must be advised of the outcome of the TDP.

38.9.9 The TDP must be monitored closely. The SOT must report regularly to the EO on the trainee’s progress. If within a maximum of 26 calendar weeks there has not been at least satisfactory progress to resolution of the issues of concern, consideration must be given as to whether extension of the current training period might benefit the trainee in meeting the required standard. In this situation:

38.9.9.1 The SOT must advise the EO of the circumstances, providing full background information together with supporting documentation of the processes followed up to that point and including all communications from the trainee.

38.9.9.2 The EO must advise the general manager, Education unit, the chair of the TPR Subcommittee and the director of professional affairs (assessor) and seek their advice as appropriate to the particular circumstances.

38.9.9.3 The EO must make a determination as to whether additional training time within the trainee’s current training period is required. If the trainee has previously had training time extended as an outcome of a TDP determination, a second such extension is not permitted. In this case, a trainee performance review (TPR) is required.

38.9.9.4 The EO may require of the trainee up to 26 weeks full-time equivalent additional training time, together with other specified requirements for additional assessments and other necessary measures during this training period. The duration of additional training time must be consistent with the remediation required. The additional training time must occur within the trainee’s current training period, and will therefore necessitate extended training (ET) in that training period. All the provisions and requirements of ET as specified in regulation 38.6.8 will apply.

38.9.9.5 The EO must ensure that the trainee, the SOT, the RTC and relevant College staff are all fully informed of the additional requirements.

38.9.9.6 Failure by the trainee to accept and engage constructively with the additional requirements imposed by the College will constitute a serious breach of the ANZCA training agreement and necessitate escalation to a TPR.

38.9.9.7 If within two weeks of the conclusion of the ET period the remediation process has not resulted in the trainee meeting reasonable expectations for his or her level of training, the SOT must request that the EO initiate a TPR. The trainee who declines to accept a TPR will be deemed to have withdrawn from the vocational training program.

**38.10 Trainee performance review**

38.10.1 On occasion the performance of a trainee may require an independent review to determine the future of a trainee in the vocational training program (VTP).
Information on this trainee performance review (TPR) process will be provided to all trainees on entering the VTP, and to all education officers (EOs), supervisors of training (SOTs) and Fellows.

38.10.2 The TPR process is not to be employed in the first instance if it is believed that a trainee’s practice significantly jeopardises, or has the potential to jeopardise patient safety (for example, substance abuse or other serious illness). In such circumstances the trainee should in the first instance be reported to the relevant registration authority. A TPR should then be implemented.

38.10.3 The TPR process must be initiated:

38.10.3.1 When ANZCA representatives perceive that local remedial measures under regulation 38.9 have failed to resolve a trainee’s problems. Issues of trainee performance justifying such action are outlined in the ANZCA Handbook for Training and Accreditation in the Affiliated Training Regions.

38.10.3.2 When conditions have been imposed by or undertakings agreed with a relevant registration authority regarding a trainee’s practice or his or her registration has been suspended or removed (regulation 38.12).

38.10.3.3 When, in the absence of any report of concerns by ANZCA office bearers, and acting on own motion powers under a common law duty of care, a majority of the president, the executive director of professional affairs, and the chair of the TPR Subcommittee, believe that there are reasonable grounds on other evidence for believing that the trainee’s performance raises a risk to patient safety, or that there are other reasonable concerns about the trainee’s performance (for example, substantiated academic dishonesty).

38.10.3.4 When a trainee wishes to initiate this process because the trainee perceives that interpersonal relationships in the workplace have broken down and are preventing a fair and valid assessment of his or her performance and progress.

38.10.4 The decision to commence a training performance review process will be undertaken by the Trainee Performance Review Subcommittee following advice and a recommendation from the DPA Assessor and DPA with responsibility for TPRs.

38.10.4.1 If local remedial measures have failed, a report will be made by the SOT to the EO about these concerns, and this will be forwarded with any accompanying information to the general manager, Education unit.

38.10.4.2 If the TPR is triggered by the decision of a medical regulatory authority, or by an own motion decision of senior College office-bearers, this information will pass directly to the general manager, Education unit (or nominee), who will request reports from all relevant SOTs and the EO.

38.10.4.3 If initiated by a trainee, the TPR will be triggered by the trainee writing to the general manager, Education unit and setting out his or her concerns, together with any supporting documentation. The general manager, Education unit (or nominee) will then request reports from all relevant SOTs and the EO.
38.10.5 The information provided to the general manager, education unit will be made available to the relevant clinical head of department.

38.10.6 The general manager, education unit (or nominee) will, in consultation with the TPR Subcommittee chair and director of professional affairs (assessor), put in place a review team and determine its terms of reference and provide all relevant background information.

38.10.7 The selection and composition of the review team, and the processes by which the team must operate are specified in the ANZCA Handbook for Training and Accreditation in the Affiliated Training Regions.

38.10.8 The TPR review team may, if considered appropriate or necessary, utilise information deriving from assessments conducted within the VTP. The trainee is obligated to do all things reasonably necessary to make applicable information deriving from assessments available to the review team, while free to comment on these assessments and raise any material concerns.

38.10.9 Other than in the circumstances specified in regulation 38.12, the review team is required to recommend:

38.10.9.1 That the trainee continues in training without conditions.

38.10.9.2 That the trainee continues in training subject to meeting certain conditions or requirements (for example, agreeing to undergo remediation).

38.10.9.3 That the trainee is removed from the VTP.

38.10.10 The review team will submit a report and recommendation to the general manager, education unit, who will table it for consideration by the TPR Subcommittee. The TPR Subcommittee may in response recommend special training requirements which are additional to those specified in this regulation. The report of the review team, together with the decision and recommendations of the TPR Subcommittee, will then be considered by the Education Executive Management Committee (EEMC) for a determination, under delegation from Council. EEMC may choose in some cases to refer to Council for final decision. The decision of EEMC / ANZCA Council will be communicated to the trainee, ANZCA supervisors, and other bodies as appropriate, including where necessary registration authorities and/or employing authorities. Any recommendation for a trainee to be removed from the VTP must be approved by ANZCA Council.

38.10.11 The trainee must be made aware of ANZCA’s provisions for the reconsideration, review and appeal of any College decision (regulations 30 and 31).

38.10.12 If the decision of EEMC / ANZCA Council is that the trainee is to continue in training subject to meeting certain conditions or requirements (regulation 38.10.9.2):

38.10.12.1 The trainee will be suspended from normal vocational training as from the date of EEMC / ANZCA Council’s decision, and will not accumulate any further
training time or other vocational training credits throughout the remaining period of the TPR process.

38.10.12.2 It is the trainee’s responsibility to comply with all conditions or requirements, under the supervision and with the support of relevant SOTs, and under the oversight of the EO.

38.10.12.3 The EO must, in consultation with the SOTs, submit a progress report on request, at approximately three monthly intervals, to the general manager, education unit. The general manager, education unit (or nominee) will submit this report to the next meeting of the TPR Subcommittee. The TPR Subcommittee may, in the light of the progress report, recommend modifications to the EEMC.

38.10.12.4 When all recommended processes have been completed, the EO must submit a final report to the general manager, education unit. This report will provide a global assessment by the EO, in consultation with the SOTs, taking account of the trainee’s compliance with all requirements of the TPR process, and based on all assessments undertaken during the TPR. The report will be considered by the TPR Subcommittee, which will agree a recommendation for consideration by EEMC / ANZCA Council, for a final determination on the outcome of the TPR.

38.10.12.5 If the recommendations have been complied with satisfactorily, and the trainee has achieved the required level of performance, the trainee may, as from the date of EEMC or ANZCA Council’s decision, as relevant according to delegations, resume normal training and accruing normal volume of practice and other training credits.

38.10.12.6 If the recommendations have not all been complied with satisfactorily, and/or the trainee has not achieved the required level of performance, the trainee will, as from the date of ANZCA Council’s decision, be removed from the VTP.

**38.11 Withdrawal from training**

38.11.1 Trainees seeking to withdraw from the vocational training program (VTP) should advise the College of this in writing, addressing a letter to the general manager, education unit, and specifying their reasons for withdrawal.

38.11.2 Trainees who exceed the maximum permitted durations in extended training (regulation 38.6.8.5) or interrupted training (regulation 38.6.12.7) will be deemed to have withdrawn from the VTP.

38.11.3 Trainees who, in any calendar year, have failed to pay the annual training fee (ATF) within 13 calendar weeks of the ATF due date, will be deemed to have withdrawn from the VTP. Similarly, trainees who have failed to sign the ANZCA training agreement within 13 calendar weeks of the ATF fee due date will be deemed to have withdrawn from the VTP (regulation 38.6.1.6).
38.11.4 Trainees in the affiliated training regions who have withdrawn from the VTP may not subsequently re-apply for registration.

38.12 Trainees under conditions, suspended or removed from the register by a registration authority, or under other limitations (voluntary or imposed) which affect the trainee’s

38.12.1 Medical practitioners may have undertakings agreed to limit practice with, conditions placed on their practice by or be suspended or removed from registration by the relevant registration authority. This may result from health related issues or be the outcome of a disciplinary process.

38.12.2 Trainees subject to the agreed undertakings to limit practice, imposition of conditions, suspension or removal have an obligation to inform the College that this is the case.

38.12.3 When ANZCA is advised by the trainee or otherwise becomes aware that a trainee within the vocational training program (VTP) is subject to such agreed undertakings to limit practice, conditions, suspension or removal, the following will occur:

38.12.3.1 If conditions are placed on a trainee’s practice or undertakings agreed to limit practice, the trainee will be suspended from normal vocational training as from the date the conditions were imposed, and will not accumulate further training time or other vocational training credits until a trainee performance review (TPR) process can determine whether normal vocational training may be resumed. At the earliest opportunity a trainee TPR (regulation 38.10) must be undertaken, the trainee being advised of any concerns the College may have arising out of the registration authority’s decision and being given an opportunity to respond to these concerns. The TPR will determine whether the trainee may resume approved vocational training (AVT) while the registration authority’s agreed undertakings or conditions are in place, and if so, whether any conditions should be imposed in addition to those determined by the registration authority, including a possible requirement for special supervision. This TPR process must take account of concerns for patient safety, trainee welfare, the effect of conditions on the clinical experience required by the trainee if training is to resume, and the trainee’s prior record with the College.

38.12.3.2 If suspended from the medical register, a trainee will be placed in interrupted training from the date of such suspension. Should the trainee have the suspension lifted, and wish to return to practice and to resume AVT, he or she must advise the College of this in writing within 26 weeks of the suspension being lifted, and a TPR (regulation 38.10) must be undertaken to determine ANZCA’s requirements for the resumption of training. In the absence of such advice, after 26 weeks following lifting of the suspension the trainee will be deemed to have withdrawn from the VTP.
38.12.3.3 If removed from the medical register, a trainee will be removed from the VTP and not permitted to continue in training.

38.12.4 If a trainee has completed all requirements of the VTP and is applying for admission to fellowship at the time the registration authority’s decision is imposed:

38.12.4.1 If the applicant does not hold current registration to practise at the time of application he or she will not be admitted to fellowship.

38.12.4.2 If the applicant has undertakings agreed with or conditions imposed on his or her practice by a relevant registration authority, a TPR (regulation 38.10) must be undertaken to determine whether admission to fellowship may proceed or must be deferred until the agreed undertakings or imposed conditions are lifted.

38.12.4.3 If the undertaking or condition is due to a transmissible disease the trainee may continue in the training program and they will not be stopped from applying for admission to fellowship, provided that:

38.12.4.3.1 In Australia, the Medical Board of Australia (MBA) decides that the doctor can practise within the full scope of practice of anaesthesia, that doctor can undertake/continue anaesthesia training and be admitted to ANZCA Fellowship (provided all training requirements are met); or

38.12.4.3.2 In New Zealand, provided the Medical Council of New Zealand (MCNZ) determines that the doctor can practise within the full scope of practice of anaesthesia, that doctor can undertake/continue anaesthesia training and be admitted to ANZCA Fellowship (provided all training requirements are met); and

38.12.4.3.3 Such trainees are required to declare any conditions or agreed undertakings on their practice as part of their annual training declaration (or otherwise would be in breach of the ANZCA Training Agreement); and

38.12.4.3.4 Such trainees are required to advise the heads of department and supervisors of training in the departments in which they undertake ANZCA training of the restrictions on their practice.

38.12.4.3.5 Such trainees are required to advise the College should the conditions or agreed undertakings on their registration change, as soon as practically possible after such change occurs. This may lead to a review of the trainee’s training status.

38.13 Reconsideration, review and appeal

Any person who is dissatisfied with and adversely affected by a decision made under this regulation may apply to have the decision reconsidered. Subsequent applications may be made for review and then appeal. All such applications must be made under regulations 30 and 31.

38.14 Revision and updating of regulation 38 and the ANZCA Handbook for Training and Accreditation in the Affiliated Training Regions
This regulation and the *ANZCA Handbook for Training and Accreditation in the Affiliated Training Regions* will be amended from time to time as ANZCA Council may determine. The current regulation and handbook will be available via the College website.

### 38.15 Interpretation and non-binding decisions

38.15.1 Any decision, approval, consent, or the exercise of any discretion, by ANZCA Council or other committee or authority under regulation 38 will be considered on a case-by-case basis, having regard to the particular circumstances of each case.

38.15.2 Notwithstanding regulation 38, ANZCA Council may exercise or dispense other decisions after consideration of relevant circumstances.

38.15.3 Any such decision, approval, consent or exercise of discretion will not be binding on any other or future decisions or set any precedent for other or future decisions regarding regulation 38.

### 38.16 Communications

All enquiries, applications and communications regarding regulation 38 must be made in writing and, unless otherwise specified in this regulation, addressed to the chief executive officer, Australian and New Zealand College of Anaesthetists, 630 St Kilda Road, Melbourne, Victoria 3004, Australia.