



	Formal confirmation of dates of appointment and date of commencing a position in an accredited unit, on hospital letterhead and signed by an appropriate authorised individual. Email confirmation is not accepted.
	<p>Documentation confirming training prerequisites, either:</p> <ul style="list-style-type: none"> <li>• A certified copy of the diploma for the prerequisite specialist qualification.</li> <li>• An original letter on formal letterhead from the relevant college or other training institution confirming that the applicant is in the final 104 weeks (full time equivalent) of training for award of the pre-requisite specialist qualification (link regulation 36.7).</li> </ul> <p>If your name has changed and is different from the name on either of the above documents, you must provide a certified copy of a name change, or marriage certificate.</p>

\* “Certified” means certified by a justice of the peace or equivalent authority in Australia (<http://www.australia.gov.au/information-and-services/public-safety-and-law/justices-of-the-peace>) or New Zealand ([www.jpfd.org.nz](http://www.jpfd.org.nz)) with the following on the certified copy:

- “Certified true copy of original document”
- Certification date
- Certifier’s signature
- Certifier’s name and position.

## 5 SPECIALIST QUALIFICATION

Name of specialist college or training body: \_\_\_\_\_

If you have completed, or are working towards specialist qualification other than the following: FANZCA, FACEM, FCICM, FRACP, FRACGP, FRNZCGP, FACRRM, please provide the following:

Speciality: \_\_\_\_\_ Country: \_\_\_\_\_

Date of completion of specialist qualification (if completed):

## 6 TRAINING PLACEMENT

Name of training site: \_\_\_\_\_

Start date of training:

## 7 DECLARATION OF APPLICANT

I solemnly declare that the statements made in this application are true and accurate.

Signature: \_\_\_\_\_ Date:

Refer to the ANZCA DHM webpage for current training fees.

Payment amount: \_\_\_\_\_

Please find enclosed my cheque/bank draft

Cheques or bank drafts must be made in New Zealand dollars and payable to ANZCA.

Please charge my credit card (tick one)

Visa

MasterCard

Credit Card number: \_\_\_\_\_

Name on card: \_\_\_\_\_ Expiry date: 

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Cardholder's signature: \_\_\_\_\_

Send your completed form and accompanying documents to the College:

ANZCA Training Assessment unit

PO Box 6095, Melbourne, Victoria 3004, Australia

Email: [dhm@anzca.edu.au](mailto:dhm@anzca.edu.au) | Fax: +61 3 8517 5362

# Australian and New Zealand College of Anaesthetists DHM Trainee Agreement

## Background

The Australian and New Zealand College of Anaesthetists (ANZCA) is committed to ensuring that all vocational training in the ANZCA Diploma of Advanced Diving and Hyperbaric Medicine is undertaken in an appropriate environment and that all parties; ANZCA, its representatives and trainees, understand and are informed of their rights and obligations.

The ANZCA Diploma of Advancing Diving and Hyperbaric Medicine (Dip Ad DHM, hereafter “the diploma<sup>1</sup>”) is a post-specialisation qualification in Australia and New Zealand. Award of the diploma requires completion of DHM training requirements and a specialist qualification acceptable to the ANZCA Council, current medical registration and declaration of fitness to practice.

This document sets out the rights, responsibilities and obligations of each party involved.

## Trainee declaration

1. I will endeavour to achieve the learning outcomes and undertake all components of the training program as set out in the ANZCA Advanced Diving and Hyperbaric Medicine curriculum. I understand that this curriculum is updated regularly and that I need to keep abreast of changes as communicated by ANZCA.
2. In particular, I will develop the necessary skills and attributes associated with the ANZCA DHM Clinical Fundamentals and undertake the necessary experience required to provide safe, high-quality care to patients.
3. To achieve these objectives, I undertake to set my learning goals for each clinical placement, actively seek the required clinical experience to meet volume of practice requirements and actively participate in self-assessment.
4. I acknowledge that my training each year must be in an ANZCA- approved training site or position and will be supervised appropriately. I agree, when in an ANZCA- approved training site, to undertake the required Clinical Experience, Volume of practice, Workplace-based assessments, Diving and Hyperbaric medicine courses, advance life support course and SPUMS diploma.
5. I understand that I will receive feedback on my performance and will be advised on how best to address any areas that need improvement. I accept that training will require me to move between hospitals and may require experience in rural and/or private practice settings.

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<sup>1</sup> Note that there is also a SPUMS diploma. Except where the term “SPUMS diploma” is used in this handbook, the term “diploma” refers to the ANZCA qualification.

6. I understand that ANZCA collects and holds personal data for the purpose of trainee registration, for the administering of the training program and for evaluating my progress. I consent to having this information used for these purposes and as authorised in the ANZCA Privacy Policy. I understand that I may contact ANZCA and request to review the information I have provided.
7. I understand that ANZCA applications, training documentation and/ or materials will be provided to me during the course of the training program. I acknowledge that this material is owned by the College, is subject to intellectual property protection and therefore cannot be used by me for purposes other than training without the College's prior approval.
8. I agree to submit all required applications, complete the relevant feedback forms and provide all information required by ANZCA within the time limits or deadlines stipulated by the College. I acknowledge that it is my responsibility to ensure that all time limits and deadlines are observed, including timely payment of all fees and the submission of required documentation.
9. I acknowledge that it is my responsibility to be fully informed and aware of all requirements of ANZCA, particularly *Regulation 36 ANZCA Diploma of Advanced Diving and Hyperbaric Medicine, the Advanced Diving and Hyperbaric Medicine curriculum, the DHM-ANZCA Handbook for Advanced DHM Training*, and any other rules, guidelines and policies in relation to DHM training. This will include the timely submission of all relevant documentation.
10. I acknowledge that collecting information about patients has important privacy implications. In collecting and using any patient information it is my responsibility to ensure that all privacy obligations are met and any necessary consent obtained. Only de-identified information should be routinely stored. If any identifying information is recorded or other material submitted to the College I will ensure that my, or my hospital's privacy statement, addresses this issue or that my patient has consented.
11. I am aware of and agree to abide by ANZCA's *Policy on bullying, discrimination and harassment for Fellows and trainees acting on behalf of the College or undertaking College functions* and will not bully or unlawfully discriminate or harass (including sexually harass) an employee of the College, a contractor of the College, a member of the public, a Fellow, international medical graduate specialist or another trainee. I will not victimise another person or subject a person to any detriment because that person has made a complaint under College policies, has brought proceedings under College policies or has, or proposes to, give evidence or information in connection with proceedings under College policies.
12. I undertake to observe all relevant ANZCA policies in relation to training.
13. I undertake to abide by all relevant ANZCA corporate policies in addition to any other policies that may apply at my place of employment.
14. I agree that if I have concerns regarding my training, it is my responsibility to seek to have these addressed. I acknowledge that I can approach and seek appropriate guidance from my supervisors of training and education officer, or ANZCA's director of professional affairs (DPA), assessor, General Manager, training assessment or the Chief Executive Officer.

15. I agree and acknowledge that whilst I may seek advice from my supervisors and relevant ANZCA Fellows in relation to aspects of my education and training, my supervisors are not authorised to vary the rules and guidelines for the training program or the policies of ANZCA in relation to the training program. Requests for any change or variation of the guidelines or policies or any extension of time must be made in writing to the DPA Assessor and be confirmed to me in writing by ANZCA.
16. I release ANZCA and its representatives from all claims or liability arising from advice or assistance given in good faith.
17. As a registered medical practitioner, I agree to abide by the professional standards outlined in the professional codes of conduct of the Medical Board of Australia or the Medical Council of New Zealand (as relevant), ANZCA's *Academic Integrity Policy*, ANZCA's *Internet, email and computer use policy* and local hospital and health service policies. I agree to be honest, trustworthy and act with integrity at all times. I am aware that plagiarism, academic misconduct (including fraudulent entry into the TPS) and irreverent use of social media are violations of such professional standards.
18. I certify that I am free from dependency on recreational and/ or non-prescribed drugs and have no illnesses that would preclude the safe practice of anaesthesia. I undertake to inform ANZCA if I develop dependence on recreational and/or non-prescribed drugs or if I develop an illness that would preclude the safe practice of anaesthesia. I acknowledge that if I develop any dependence on recreational or non-prescribed drugs or any condition that precludes the safe practice of anaesthesia, this may result in the suspension or termination of my training at any time and prevent my admission to fellowship of ANZCA.
19. I agree to maintain my medical registration and I undertake to notify ANZCA if my medical registration is withdrawn or suspended, conditions are placed on my medical registration or if I receive notice of any complaint to any medical registration authority.
20. I understand that email will be the primary means by which communication is maintained between me and ANZCA and that ANZCA will use the email address I designate as my primary email. I undertake to regularly access my designated primary email account and to ensure that at all times there is sufficient space in the primary email account to allow receipt of emails from the College, even those containing attachments that are several megabytes in size.
21. Failure to abide by any of the terms and conditions or clauses of this agreement may result in a trainee performance review (TPR) being initiated and possible consequences, including my removal from the training program and referral to the appropriate medical regulatory authority.
22. I agree to participate if required in ANZCA's review processes in relation to unsatisfactory performance or progress in the training program, including a TPR. I also understand that I can initiate the TPR if I feel that I have been unfairly assessed or treated.
23. I am aware that ANZCA has a formal reconsideration and review process that I may instigate which precedes the final appeals process. I agree to abide by the final decision of the appeals process.

## ANZCA's declaration

ANZCA agrees to provide support to its representatives, including supervisors of training, education officers, rotational supervisors, specialised study unit supervisors, introductory training tutors, clinical fundamental tutors, departmental scholar role tutors, provisional fellowship training supervisors and workplace-based assessors to provide trainees with appropriate resources and support in the following areas:

1. Assisting the trainee to participate in a suitable DHM program.
2. Assisting the trainee to achieve completion of all assessment requirements and other training program requirements.
3. Advising the trainee if requested about resources available to assist the trainee to achieve the objectives.
4. Endeavouring to provide supervision appropriate to the trainee's level of training and the situation.
5. Encouraging a climate conducive to learning and training.
6. Encouraging a climate that is free from bullying and harassment in the workplace in accordance with the College's *Policy on bullying, discrimination and harassment for Fellows and trainees acting on behalf of the College or undertaking College functions*, and to address all grievances relating to bullying, discrimination or harassment promptly, sensitively and confidentially.
7. Endeavouring to meet with the trainee in a timely manner to provide accurate, and timely feedback.
8. Encouraging the trainee to maintain and monitor the completeness and accuracy of their training records.
9. Assisting the trainee to attend any appropriate educational sessions.
10. Encouraging the trainee to make appropriate time allowance for learning needs.

### **ANZCA and its representatives agree to use reasonable endeavours in the following areas:**

11. Supporting an appropriate, fair, and transparent selection process of trainees to rotational training programs.
12. Providing the trainee with access to educational material related to the training program.
13. Ensuring that any information held by the College on a trainee is stored in a manner that ensures confidentiality in accordance with College policies.
14. Answering any queries the trainee may have on the DHM training program and the requirements to progress in an accurate and timely manner.
15. Responding to applications for approval of individual training positions requiring prior approval in a timely manner.
16. Responding to any other inquiries in a timely manner.

17. Undertaking to ensure best efforts are made to contact the trainee by secondary email, fax or telephone in the event that the designated primary email account is inactive or does not have sufficient space to receive emails from the College.

## Acceptance by the trainee and ANZCA

***Acknowledgment of the terms of this agreement is necessary before the trainee's training time can be accrued.***

I accept the trainee's rights and responsibilities as outlined in this agreement.

Trainee signature	
Name in block letters	
Date	

ANZCA General Manager, Training Assessment	
Name	

Please note: Trainees are required to sign or acknowledge the training agreement annually in order to remain registered in the ANZCA Training Program.





**Australian and New Zealand College of Anaesthetists  
And  
Faculty of Pain Medicine**  
ABN 82 055 042 852

**User Agreement for Document Supply Requests made via Electronic Mail**

**College ID :** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**E-mail 1** \_\_\_\_\_

**E-mail 2** \_\_\_\_\_

**E-mail 3** \_\_\_\_\_

Agrees with the Library that:

1. All copies requested by me under this agreement are required for the purpose of research or study, will not be used for any other purpose, and have not previously been supplied to me by the library.
2. The declaration in clause 1 applies to all requests made by me in accordance with clause 5.
3. The library may treat as signed by me any e-mail request and declaration made under subsection 49(1) of the Copyright Act 1968 that records that it was sent from my email address.
4. I understand that it is an offence under section 203F of the Act to make a declaration under section 49 that I know, or ought reasonably to know, is false or misleading in a material particular, and I will not allow any requests to be signed in a manner provided under clause 3 (above) without my authority.
5. All e-mail requests and declarations must include at least the following declaration as well as the requester's College ID:

*This request is made pursuant to my user agreement with the Library – Australian and New Zealand College of Anaesthetists.*

*I declare that any copy requested is required for the purpose of research or study, will not be used for any other purpose, and has not previously been supplied to me by the library.*

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please email a scanned copy of the user declaration to [library@anzca.edu.au](mailto:library@anzca.edu.au)

Or post to:

ANZCA Library  
630 St Kilda Road,  
Melbourne, Victoria 3004,  
Australia.

