

## Training and Assessments

### Recognition of Prior Learning – Clinical Anaesthesia Time

RPL

#### 1. PERSONAL INFORMATION

ANZCA ID (if registered):

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Contact number: \_\_\_\_\_ Email Address: \_\_\_\_\_

#### 2. RECOGNITION OF CLINICAL ANAESTHESIA TRAINING TIME

Please tick only one of the following to specify which category you wish to apply for. The table below shows the maximum possible credits you may apply for under each regulation.

##### Clinical anaesthesia training:

- In a program pre-approved for RPL (training from The Royal College of Anaesthetists, UK or The College of Anaesthetists of Ireland) (regulation 37.5.7.2.4).
- In a program not pre-approved for RPL (regulation 37.5.7.2.5).
- Postgraduate qualification by exam in an affiliated training region (training from Hong Kong, Malaysia and Singapore) (regulation 37.5.7.2.6).
- In ANZCA-accredited departments while not registered as an ANZCA trainee (must be at least 52 weeks of clinical anaesthesia) (regulation 37.5.7.2.7).

	In a program pre-approved for RPL (Reg 37.5.7.2.4)	In a program not pre-approved for RPL (Reg 37.5.7.2.5)	Postgraduate qualification by examination (Reg 37.5.7.2.6)	In ANZCA-accredited departments while not registered as an ANZCA trainee (Reg 37.5.7.2.7)
<b>IT</b>	≤ 26 weeks	≤ 13 weeks	≤ 26 weeks	≤ 13 weeks
<b>BT</b>	≤ 78 weeks	≤ 65 weeks	≤ 78 weeks	≤ 39 weeks
<b>AT</b>			≤ 78 weeks	
<b>PFT</b>			≤ 26 weeks	
<b>IAAC</b>	Yes	No	Yes	No
<b>PEX</b>	Yes	No	Yes	No
<b>FEX</b>	No	No	No	No
<b>VOP (SSUs)</b>	Specific WBA and case numbers credits are determined by the DPA Assessor based on the supporting documentation submitted with your application.			
<b>VOP (CFs)</b>				
<b>WBAs</b>				

Please list the most relevant terms for each training period that include the VOP and WBAs you want recognition for. Refer to the table above for maximums allowed under each type of experience. You should discuss with your supervisor of training and consider the following:

- Impact on your overall clinical experience as you train to become a specialist anaesthetist.
- Requirements to sit primary examination.
- Extended training time limits for the relevant training period(s) and employment implications.

Training Period	Start date	End date	Duration (weeks)	Hospital/facility	Leave taken	FTE (0.5 – 1) refer to section 3 for part-time training
<b>IT</b> (up to 26 weeks)						
<b>BT</b> (up to 78 weeks)						
<b>AT</b> (up to 78 weeks)						
<b>PFT</b> (up to 26 weeks)						

### 3.SUPPORTING DOCUMENTATION

The following evidence should be attached to your completed recognition of prior learning form:

Training Requirement	Evidence required
<input type="checkbox"/> Time	<p>A supporting letter on original hospital letterhead that confirms the following for each term you have indicated in section 2 that you wish to have assessed for RPL:</p> <ul style="list-style-type: none"> <li>• Date of appointment</li> <li>• Type of experience</li> <li>• Amount of leave taken</li> <li>• Accreditation of training by relevant training body</li> </ul> <p>For terms with part-time training, documentation that shows:</p> <ul style="list-style-type: none"> <li>• Your duties comprised a minimum of 50 percent of the commitment of a full-time trainee in the same department</li> <li>• You participated in both in-hours and out-of-hours duties on an FTE-proportional basis</li> <li>• You participated in the local/regional teaching on at least an FTE-proportional basis</li> </ul>
<input type="checkbox"/> IAAC	Initial Assessment of Competence Certificate
<input type="checkbox"/> Examination	FRCA or FCAI Certificate

Training Requirement	Evidence required
<input type="checkbox"/> Cases and procedures	Logbook
<input type="checkbox"/> Workplace-based Assessments <input type="checkbox"/> SSU WBAs	Evidence of assessments completed
<input type="checkbox"/> EMST <input type="checkbox"/> EMAC <input type="checkbox"/> ALS <input type="checkbox"/> APLS <input type="checkbox"/> CICO <input type="checkbox"/> Neonatal resuscitation	Course Certificate
<input type="checkbox"/> Speciality experience	College Certificate/Letter stating training completed to date
<input type="checkbox"/> Scholar role activities	<p>Recognition of prior learning or exemption is available for four of the core scholar role activities, but not the audit activity. All trainees must complete the audit activity, noting the improved <a href="#">audit requirements</a>.</p> <p>The following forms can be used to prospectively apply for an activity to be completed during training, or to apply for recognition of a completed activity. Detailed requirements for RPL and exemptions are provided in section 7.5 of the ANZCA Handbook for Training and Accreditation. A list of pre-approved courses is available here:</p> <ul style="list-style-type: none"> <li>▪ <a href="#">Teach a skill and facilitate a group discussion.</a></li> <li>▪ <a href="#">Critical appraisal of a paper and critical appraisal of a topic.</a></li> </ul>

#### 4. DECLARATION OF APPLICATION

*I have discussed this application with my supervisor of training and I solemnly declare that the statements made in this application are true and accurate.*

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

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

#### 5. SUPERVISORS OF TRAINING ENDORSEMENT

*I have discussed this application with the trainee and I support the request.*

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

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

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

