Version control register

<table>
<thead>
<tr>
<th>Version</th>
<th>Author</th>
<th>Approved by</th>
<th>Approval Date</th>
<th>Sections Modified</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>Policy Unit, TE-DDG</td>
<td>ETC, Council</td>
<td>August 2012</td>
<td>Refer to the version control register at the end of the document for details of the changes included in previous versions.</td>
</tr>
<tr>
<td>1.2</td>
<td>Policy Unit</td>
<td>Council</td>
<td>November 2012</td>
<td></td>
</tr>
<tr>
<td>1.3</td>
<td>Education Unit; Dean of Education</td>
<td>Dean of Education</td>
<td>November 2013</td>
<td></td>
</tr>
<tr>
<td>1.4</td>
<td>Training Assessment (TA) Unit</td>
<td>ETAEC, Council</td>
<td>December 2015</td>
<td></td>
</tr>
<tr>
<td>1.5</td>
<td>TA Unit</td>
<td>ETAEC</td>
<td>July 2017</td>
<td>Section 2.1 minor terminology changes</td>
</tr>
<tr>
<td>1.6</td>
<td>Education Unit</td>
<td>ETAEC</td>
<td>August 2017</td>
<td>Section 2.6.3 added exemption from CbD for paediatric anaesthesia SSU Section 2.6.4 and 2.8 clarification of time requirements Section 4 added timeframe for applications. Section 5 minor terminology changes. Sections 7.3.3 and 7.3.4 update to terminology and process. Sections 7.6.1, 7.6.3, 7.6.6.1, and 15.5 reduce number of attempts at FEx. Sections 7.6.2 and 7.6.3 removal of examination requirements in extended training. Section 10 minor terminology changes. Section 11 added timeframe for applications. Section 12 minor terminology changes.</td>
</tr>
</tbody>
</table>

Table of contents

1. INTRODUCTION ......................................................................................................................... 10
   1.1 PURPOSE OF THIS HANDBOOK ............................................................................................ 10
   1.2 STRUCTURE AND GOVERNANCE OF THE COLLEGE .............................................................. 11
   1.2.1 REGULATIONS ................................................................................................................ 11
   1.2.2 PROFESSIONAL DOCUMENTS AND CODE OF PROFESSIONAL CONDUCT .................. 11
   1.3 ROLES, COMMITTEES AND STAFF UNITS INVOLVED IN THE TRAINING PROGRAM .......... 12
   1.4 DEFINITION OF TERMS, ABBREVIATIONS AND DEFINITIONS USED IN THIS HANDBOOK .... 15

2. TRAINING PROGRAM OVERVIEW ........................................................................................... 16
   2.1 SUMMARY OF THE TRAINING PROGRAM ............................................................................. 16
   2.2 FELLOWSHIP ..................................................................................................................... 18
   2.3 PROGRAM FLEXIBILITY ...................................................................................................... 18
   2.4 APPLICATION AND REGISTRATION INFORMATION ............................................................. 18
   2.5 PREVOCATIONAL MEDICAL EDUCATION AND TRAINING (PMET) ............................... 18
   2.6 CURRICULUM STRUCTURE .................................................................................................. 19
   2.6.1 ANZCA ROLES IN PRACTICE ......................................................................................... 20
2.6.2 CLINICAL FUNDAMENTALS ................................................................. 20
2.6.3 SPECIALISED STUDY UNITS ............................................................. 21
2.6.4 TRAINING PERIODS AND CORE STUDY UNITS ............................... 22
2.7 PROGRESSION ..................................................................................... 26
2.8 VOLUME OF PRACTICE ....................................................................... 26
2.8.1 VOLUME OF PRACTICE CASES AND PROCEDURES ......................... 27
2.8.2 TRAINING TIME REQUIREMENTS ..................................................... 28
   Table 2.1 Training time requirements .................................................... 28
2.9 APPLICATION AND REGISTRATION ...................................................... 32
2.9.1 APPLICATION ................................................................................. 32
2.9.2 REGISTRATION ............................................................................. 34
2.9.3 CHANGE OF NAME ........................................................................ 36
2.9.4 DOCUMENT CERTIFICATION .......................................................... 36
2.10 PRIVACY ............................................................................................ 36

3. GUIDELINES ON SELECTION FOR VOCATIONAL TRAINING POSITIONS IN ANAESTHESIA ................................................................. 37
   3.1 OVERVIEW ...................................................................................... 37
   3.2 PRINCIPLES .................................................................................... 37
   3.3 APPOINTMENT OF THE SELECTION COMMITTEE ............................... 38
   3.5 SELECTION PROCESS COMPONENTS ............................................. 40
   3.6 SELECTION PROCESS STEPS .......................................................... 40

4. FEE STRUCTURE ................................................................................... 42

5. RECOGNITION OF PRIOR LEARNING (RPL) ........................................... 44
   5.1 SUMMARY OF PRINCIPLES AND POTENTIAL RETROSPECTIVE APPROVALS ................................................................. 44
   5.1.2 RETROSPECTIVE RECOGNITION OF PART-TIME EXPERIENCE ................................................................. 44
   5.2 EXPERIENCE DURING PREVOCATIONAL TRAINING .......................... 46
   5.3 PRIOR EXPERIENCE IN CLINICAL ANAESTHESIA ............................ 46
   5.3.1 INTERNATIONAL MEDICAL GRADUATE SPECIALIST PATHWAY ................................................................. 46
   5.3.2 OTHER ......................................................................................... 46
   5.4 EXPERIENCE IN AN ANAESTHESIA-RELATED SPECIALTY .................. 49

6. GUIDELINES ON GIVING FEEDBACK ON TRAINEE PERFORMANCE ...... 50
   6.1 PROCESS .......................................................................................... 50
   6.2 CHARACTERISTICS OF EFFECTIVE FEEDBACK ................................ 52
   6.3 RESOURCES TO IMPROVE SUPERVISOR SKILLS IN GIVING FEEDBACK ................................................................. 52
   6.4 RECEIVING FEEDBACK .................................................................... 52

7. ASSESSMENT REQUIREMENTS ................................................................ 54
   7.1 OVERVIEW ...................................................................................... 54
   7.2 ANZCA GUIDELINES ON ASSESSMENT ............................................ 57
   7.3 THE IN-TRAINING ASSESSMENT (ITA) PROCESS ................................. 57
   7.3.1 INITIAL ASSESSMENT OF ANAESTHETIC COMPETENCE (IAAC) ................................................................. 57
   7.3.2 CLINICAL PLACEMENT REVIEWS (CPRs) ......................................... 58
   7.3.3 SPECIALISED STUDY UNIT REVIEW ............................................ 60
   7.3.4 CORE UNIT REVIEWS (CURs) ........................................................ 61
   7.3.5 PROVISIONAL FELLOWSHIP REVIEW ........................................... 63
   7.4 WORKPLACE-BASED ASSESSMENT (WBA) ......................................... 64
   7.4.1 INITIATION OF WORKPLACE-BASED ASSESSMENTS (WBAs) ............... 65
   7.4.2 NUMBERS OF WORKPLACE-BASED ASSESSMENTS ............................ 65
   7.4.3 GUIDELINES FOR THE SELECTION OF CASES AND PROCEDURES FOR WORKPLACE-BASED ASSESSMENTS ................................. 68
   7.4.4 MULTI-SOURCE FEEDBACK (MSF) .................................................. 69
   7.4.5 DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS) ............... 69
   7.4.6 MINI-CLINICAL EVALUATION EXERCISE (mini-CEX) ......................... 70
   7.4.7 CASE-BASED DISCUSSION .......................................................... 70
   7.5 SCHOLAR ROLE ACTIVITIES AND ASSESSMENTS ............................... 72
7.6 EXAMINATIONS .................................................................................. 80
    7.6.1 OVERVIEW ................................................................................. 80
    7.6.2 PRIMARY EXAMINATION ......................................................... 80
    7.6.3 FINAL EXAMINATION ............................................................... 81
    7.6.4 EXAMINATION APPLICATION ............................................... 84
    7.6.5 EXAMINATION WITHDRAWAL ............................................... 85
    7.6.6 EXAMINATION RESULTS ......................................................... 85
        7.6.6.1 Examination failure and feedback process ......................... 86
    7.6.7 EXAMINATION AWARDS ......................................................... 89

8. INFORMATION ON COURSES .................................................................. 90
    8.1 OVERVIEW .................................................................................. 90
    8.2 ANZCA REGIONAL AND NATIONAL COURSES ......................... 91
    8.3 EXTERNALLY RUN COURSES ..................................................... 91
        8.3.1 THE EFFECTIVE MANAGEMENT OF ANAESTHETIC CRISES (EMAC) COURSE ........................................ 92
        8.3.2 THE EARLY MANAGEMENT OF SEVERE TRAUMA (EMST) COURSE ............................................. 92
        8.3.3 ADVANCED LIFE SUPPORT (ALS) COURSES ................................................................. 92
        8.3.4 CAN’T INTUBATE CAN’T OXYGENATE (CICO) EDUCATION SESSIONS ........................................ 95
        8.3.5 PAEDIATRIC LIFE SUPPORT EDUCATION SESSIONS ............................................................ 98
        8.3.6 NEONATAL RESUSCITATION EDUCATION SESSIONS .................................................. 101

9. GUIDELINES ON EDUCATIONAL RESOURCES FOR TRAINING ............ 104
    9.1 OVERVIEW .................................................................................. 104
    9.2 TEACHING AND LEARNING CASES .......................................... 104
    9.3 PODCASTS AND WEBINARS ...................................................... 105
    9.4 WELFARE OF ANAESTHETISTS SPECIAL INTEREST GROUP RESOURCES .................................... 105
    9.5 ANZCA LIBRARY ........................................................................ 105

10. RECORDING TRAINING EXPERIENCES: THE TRAINING PORTFOLIO SYSTEM (TPS) .......................................................... 106
     10.1 OVERVIEW .............................................................................. 106
     10.2 TRAINING PORTFOLIO SYSTEM SECTIONS .................................. 107
     10.3 USING THE TRAINING PORTFOLIO SYSTEM ................................ 108
     10.4 WHO GETS ACCESS TO THE TRAINING PORTFOLIO SYSTEM (TPS)? .................................................. 112
     10.5 LEARNING ABOUT HOW TO USE THE TRAINING PORTFOLIO SYSTEM ........................................ 112

11. FLEXIBLE TRAINING OPTIONS ......................................................... 113
     11.1 OVERVIEW .............................................................................. 113
     11.2 ALLOWABLE DURATIONS OF EACH TRAINING PERIOD, LEAVE, EXTENDED TRAINING AND INTERRUPTED TRAINING .......................................................... 113
     11.3 PART-TIME TRAINING (REGULATION 37.5.5.9) ..................... 114
     11.4 OVERSEAS TRAINING ............................................................... 114
     11.5 INTERRUPTED TRAINING .......................................................... 114
     11.6 EXTENDED TRAINING ............................................................... 116

12. TRAINEE ILLNESS OR DISABILITY ....................................................... 118
     12.1 OVERVIEW .............................................................................. 118
     12.2 SELECTION OF TRAINEES ...................................................... 118
     12.3 FITNESS TO PRACTISE .............................................................. 118
     12.4 CONFIDENTIALITY AND PRIVACY .......................................... 119
     12.5 TRAINING OPTIONS ................................................................. 119
     12.6 EXAMINATIONS AND SPECIAL CONSIDERATION .................... 119
     12.7 OTHER RESOURCES ................................................................ 120

13. TRAINEE EXPERIENCING DIFFICULTY (TDP) PROCESS .................. 121
     13.1 OVERVIEW AND WHEN TO INVoke PROCESSES .................... 121
     13.2 IDENTIFYING TRAINEES EXPERIENCING DIFFICULTY ............ 125
     13.4 SATISFACTORY PROGRESS ........................................................ 136
     13.5 UNSATISFACTORY PROGRESS .................................................... 136
13.6 TRIGGERS FOR FURTHER ACTION ................................................................. 137
13.8 SERIOUS ISSUES: PROFESSIONAL MISCONDUCT OR A RISK TO PATIENT SAFETY ...... 139

14. TRAINEE PERFORMANCE REVIEW .......................................................... 140
14.1 OVERVIEW AND SITUATIONS WHICH MAY LEAD TO A TRAINEE PERFORMANCE REVIEW 140
14.2 SELECTION AND COMPOSITION OF THE TRAINEE PERFORMANCE REVIEW TEAM .... 141
14.3 THE TRAINEE PERFORMANCE REVIEW ON-SITE REVIEW ............................. 141
14.4 THE TRAINEE PERFORMANCE REVIEW REPORT .................................. 142

15. EXITING THE TRAINING PROGRAM ......................................................... 144
15.1 OVERVIEW .................................................................................................. 144
15.2 PROGRESSION TO FELLOWSHIP BY TRAINING .................................................... 144
15.3 VOLUNTARY WITHDRAWAL ........................................................................ 146
15.4 NON-COMPLIANCE WITH CURRICULUM REQUIREMENTS ......................... 146
15.5 REMOVAL FROM THE TRAINING PROGRAM ............................................. 147
15.5.2 MEDICAL REGISTRATION AUTHORITY INTERVENTIONS ....................... 147
15.6 RE-REGISTRATION AS A TRAINEE ......................................................... 148

16. RECONSIDERATION, REVIEW AND APPEAL .............................................. 149
17. TRAINING PROGRAM EVALUATION .......................................................... 150

18. SUPERVISOR AND TUTOR ROLES ............................................................. 151
19. SUPERVISION OF CLINICAL EXPERIENCE DURING ANZCA TRAINING .... 154
20. HEAD OF DEPARTMENT ............................................................................... 159

21. SUPERVISOR OF TRAINING ........................................................................ 163
22. INTRODUCTORY TRAINING TUTOR .......................................................... 172
23. CLINICAL FUNDAMENTAL TUTOR .................................................................. 175
24. SPECIALISED STUDY UNIT SUPERVISOR ................................................. 177
25. DEPARTMENTAL SCHOLAR ROLE TUTOR ..................................................... 180
26. PROVISIONAL FELLOWSHIP SUPERVISOR ............................................... 183

27. WORKPLACE-BASED ASSESSMENT (WBA) ASSESSOR .................................. 185
28. ROTATIONAL SUPERVISOR ........................................................................... 187
29. EDUCATION OFFICER .................................................................................. 189
30. SCHOLAR ROLE SUPERVISOR ....................................................................... 192
31. EXAMINER .................................................................................................... 193

32. RESOURCES FOR EDUCATION OFFICERS, SUPERVISORS, TUTORS, WBA ASSESSORS AND EXAMINERS ................................................................. 194
33. ACCREDITATION OF ANAESTHESIA DEPARTMENTS AND OTHER TRAINING SITES FOR ANZCA VOCATIONAL TRAINING ............................................ 196

34. ACCREDITATION STANDARDS ..................................................................... 199
35. ACCREDITATION PROCESS OVERVIEW ..................................................... 210
36. ACCREDITATION DOCUMENTATION ........................................................... 212

37. PROCESS FOLLOWING THE ON-SITE ACCREDITATION REVIEW ............... 216
38. SATELLITE ACCREDITATION ....................................................................... 218
39. RETRIEVAL SERVICE ACCREDITATION ..................................................... 220
40. ACCREDITATION OF DIVING AND HYPERBARIC MEDICINE FACILITIES ... 223
41. ACCREDITATION OF SIMULATION CENTRES FOR DELIVERY OF THE EFFECTIVE MANAGEMENT OF ANAESTHETIC CRISES (EMAC) COURSE. 225
42. WHO TO CONTACT FOR INFORMATION AND ADVICE................................. 226
43. HANDBOOK REVIEW PROCESS AND FEEDBACK............................................. 227
44. ACADEMIC HONESTY AND PLAGIARISM.................................................. 227
45. DISCLAIMER.................................................................................................. 227
46. EDUCATIONAL REFERENCE GUIDE............................................................ 228
Acknowledgements

The College would specifically like to thank those Fellows, trainees and staff who have generously contributed their time and professional expertise to the development of the ANZCA Handbook for Training and Accreditation.

Professor Barry Baker, former Dean of Education and Executive Director Professional Affairs, Chair, Curriculum Redesign Steering Group (disbanded) (2006-2014)

Dr Suzanne Bertrand, Member, TE Document Development Group (disbanded)

Ms Moira Besterwitch, Team Leader Primary Examination

Mr John Biviano, General Manager, Policy (2007-2013)

Mr Paul Cargill, Policy Officer, Community Development

Dr Damian Castanelli, Member, Curriculum Redesign Steering Group (disbanded) and Chair, Education, Training and Assessment Development Committee (ETADC)

Mr Ian Collens, General Manager, Records Management (Acting) (2007-2012)

Ms Rebecca Conning, Policy Officer (2009-2014)

Ms Rebecca Dadhwal, Team Leader Final Examinations

Dr Scott Douglas, Trainee member, TE Document Development Group (disbanded)

Mrs Joanne Dwyer, ANZCA Curriculum Project Coordinator (2011-2013)

Dr Patrick Farrell, ANZCA Councillor and Chair of Examinations

Ms Laura Foley, Manager, Knowledge Resources

Dr Peter Gibson, Member, Curriculum Redesign Steering Group (disbanded)

Dr Genevieve Goulding, President, Chair, Education and Training Committee (disbanded), Member, TE Document Development Group (disbanded), Member Curriculum Redesign Steering Group (disbanded)

Dr Jodi Graham, Member, Assessments Committee (disbanded) and Workplace-based Assessments Committee (disbanded) and former Education Officer Western Australia

Dr Kate Hames, Member, Curriculum Redesign Steering Group (disbanded)

Ms Carolyn Handley, Deputy CEO

Dr Steuart Henderson, Director of Professional Affairs (Assessor), Member, TE Document Development Group (disbanded)

Mr Maurice Hennessey, ANZCA Learning and Development Facilitator

Ms Claire Higgins, ANZCA Education Project Officer (Curriculum)
Dr Rick Horton, Chair, Workplace-based Assessments Committee (dissbanded) Chair, Education, Training and Assessment Management Committee (ETAMC)

Mr Oliver Jones, General Manager, ANZCA Education Unit, Deputy Chair Curriculum Redesign Steering Group (dissbanded)

Ms Cindy Laird, Administrative Officer, Training Accreditation Committee (2010-2013)

Dr Vaughan Laurenson, Director of Professional Affairs (Deputy Assessor), Member, TE Document Development Group (dissbanded)

Professor Kate Leslie, ANZCA Councillor, ANZCA President (2010-12), Member Curriculum Redesign Steering Group (dissbanded)

Dr Michael Lumsden-Steel, Trainee member, TE Document Development Group (dissbanded) and former Co-Chair, ANZCA Trainee Committee

Associate Professor Ross MacPherson, former Chair, Primary Examinations Sub-Committee

Dr Jennifer Myers, Trainee member, TE Document Development Group (dissbanded)

Dr Paul Nicholas, former Co-chair, ANZCA Trainee Committee

Dr Sarah Nicolson, Member, Curriculum Redesign Steering Group (dissbanded)

Ms Lee-Anne Pollard, Acting General Manager, Training and Assessments

Dr Mark Reeves, Member, TE Document Development Group (dissbanded), former ANZCA Councillor (2010-2013) and Chair, Training Accreditation Committee

Dr Lindy Roberts, ANZCA President (2012-2014), Chair, TE Document Development Group (dissbanded) and Member, Curriculum Redesign Steering Group (dissbanded)

Dr Peter Roessler, Director of Professional Affairs (Professional Documents) and Member, TE Document Development Group (dissbanded)

Dr Brett Segal, Trainee Member, Curriculum Redesign Steering Group (dissbanded)

Dr Janet Smith, Member, TE Document Development Group (dissbanded)

Ms Linda Sorrell, Chief Executive Officer

Dr Brian Spain, Member, Curriculum Redesign Steering Group (dissbanded)

Dr Vida Viliunas, former Chair, Final Examinations Sub-Committee

A/Prof Jenny Weller, Chair, Assessments Committee (dissbanded) and member, Education, Training and Assessment Development Committee (ETADC)

Dr Sally Wharton, Member, Final Examinations Sub-committee
Ms Juliette Whittington, Operations Manager, Records Management

In addition to those listed above, the President, Vice President and Dean of Education, together with the TE- Document Development Group and the ANZCA Council extend their sincere thanks for the invaluable contribution and work of the following groups:

Curriculum Project Governance Group (disbanded)
Curriculum Project Implementation Group (disbanded)
Education and Training Committee (disbanded) and the committees and sub-committees that reported to it
Regional/national committees
All Special Interest Groups
The ANZCA Trainee Committee and the regional/national trainee committees
Training Accreditation Committee
1. Introduction

The Australian and New Zealand College of Anaesthetists (ANZCA, ‘the College’) is the professional body in Australia and New Zealand that conducts the education, training and continuing professional development of specialist anaesthetists and specialist pain medicine physicians. ANZCA sets the standards of clinical practice for anaesthesia and pain medicine in Australia and New Zealand. It includes the Faculty of Pain Medicine (FPM).

The mission of the College is "to serve the community by fostering safety and quality patient care in anaesthesia, perioperative medicine and pain medicine". The mission statement guides all the activities of the College including training and the accreditation of training programs and facilities.

Further information about ANZCA is available here.

1.1 Purpose of this handbook

The ANZCA Handbook for Training and Accreditation (the ‘handbook’) is the ‘gateway’ to all information related to the ANZCA training program commencing the 2013 hospital employment year in Australia and New Zealand, including becoming a trainee (eligibility and selection), an overview of the training program, recognition of previous experience, accreditation of training facilities and a glossary of terms and abbreviations. It encompasses relevant College policy, high-level processes and an overview of the curriculum. It is designed to inform and guide potential trainees, Fellows, training facilities and other parties, and includes links to related resources including:

- The ANZCA anaesthesia training program curriculum is structured as follows:
  - Introduction – scope of anaesthesia practice; curriculum aims, key sections, structure, format; logging of cases; progression.
  - Section 1 – ANZCA Roles in Practice.
  - Section 2 – ANZCA Clinical Fundamentals.
  - Section 3 – Specialised study units.
  - Section 4 – Provisional fellowship training.
  - Appendix 1 – Training requirements for each training period.
  - Appendix 2 – Learning outcomes mapped to the primary examination.
  - Appendix 3 – Learning outcomes mapped to the initial assessment of anaesthetic competence.
  - Appendix 4 – VOP and WBA requirements for each of the ANZCA Clinical Fundamentals.
  - Appendix Five – VOP and WBA requirements for the specialised study units.
- Regulation 37: Training in anaesthesia leading to FANZCA, and accreditation of facilities to deliver this curriculum.
- Other relevant regulations (for example regulations 30, 31), available here.
Training resources (such as podcasts, available here).

Training and accreditation forms available here.

Lists of accredited hospitals and other training facilities, available here.

Transition arrangements for those already in ANZCA training at the start of the 2013 hospital employment year, refer to Appendix 4.

Regulation 37: Training in anaesthesia leading to FANZCA, and accreditation of facilities to deliver this curriculum governs the ANZCA training program and, as such, takes precedence over the contents of this handbook should there be any conflict between the two.

The handbook does not cover processes for international medical graduate specialists (IMGS) seeking eligibility for fellowship of the College. The IMGS policies are available here.

The handbook does not cover ANZCA anaesthesia training in Hong Kong, Malaysia and Singapore. Information about training in these countries is located here.

1.2 Structure and governance of the College

ANZCA is a company limited by guarantee under Australian corporations’ law, see here. In New Zealand, it is registered with the New Zealand Companies Office as an overseas company. The board of directors, the ANZCA Council, consists of 14 voting members (12 Fellows elected by the whole fellowship, a new Fellow councillor from and elected by Fellows within three years of fellowship, and the dean of the Faculty of Pain Medicine). The ANZCA Council sets the overall strategic direction of the College and ensures that its objectives are being achieved. There are also committees and sub-committees of ANZCA Council, covering the broad array of College activities including education and training, accreditation, fellowship affairs, continuing professional development, research and quality and safety.

1.2.1 Regulations

The regulations, available here, govern the conduct and management of the College including the training program, and are consistent with the objects of ANZCA’s Constitution. The ANZCA Council is responsible for making, amending and repealing all regulations.

1.2.2 Professional documents and code of professional conduct

- ANZCA’s professional documents promote high quality and safe patient care for those undergoing anaesthesia for surgical and other procedures. The professional documents define the College’s policies and guide trainees and Fellows on standards of practice. Governments, employers and other bodies also refer to these professional documents particularly regarding the standards required for accreditation of healthcare facilities.

- The ANZCA Code of Professional Conduct outlines the professional behaviour expected of ANZCA Fellows. The code complements the College’s professional documents.

- The Faculty of Pain Medicine has developed a suite of professional documents, which define policy and guidelines for pain medicine practice.
1.3 Roles, committees and staff units involved in the training program

1.3.1 Director of professional affairs (DPA) assessor and deputy DPA assessor

The College is keen to ensure that there is flexibility in training requirements for individual trainees, while ensuring high quality ANZCA training. The director of professional affairs (assessor) and deputy director of professional affairs (assessor) make determinations, using the relevant regulations (the rules) as established by the ANZCA Council, on the following matters and other matters relating to training:

- Recognition of prior experience in other anaesthesia and related non-anaesthesia training programs. Such applications must be accompanied by documentation that such experience is recognised by "an appropriate College or other training body".
- Prospective approval of overseas training time.
- Prospective approval of part-time training.
- Prospective approval of interrupted training.
- Approval to sit College examinations.
- Applications for admission to fellowship.
- Approval of exemptions from the formal project (for trainees who commenced training prior to the 2013 hospital employment year).
- Approval of trainee transition requirements for curriculum 2013.

The DPA assessors are responsible for approving the activities undertaken by each trainee as approved towards approved vocational training (AVT). The training activities entered into the training portfolio system by the trainee and confirmed by the appointed supervisor of training are not considered approved by the College towards training until approval has been given by a DPA assessor. This usually occurs during the application to sit the final examination process and during the admission to Fellowship process.

They also provide advice about matters including trainees experiencing difficulty and the trainee performance review process. Queries directed to the director of professional affairs (assessor) should be made via assessor-requests@anzca.edu.au.

1.3.2 Education, Training and Assessment Executive Committee (ETAEC)

The Education, Training and Assessment Executive Committee reports to ANZCA Council and oversees, guides and reports on the activities of the Education, Training and Assessment Management, Development, Strategy, Training Accreditation and International Medical Graduate Specialist committees to ensure implementation of the education, training and assessment initiatives of the College strategic plan and annual business plans. The ETAEC also oversees the Trainee Bursary Evaluation Subcommittee.

For more information refer to the ETAEC terms of reference.

1.3.3 Education, Training and Assessment Strategy Committee (ETASC)

The Education, Training and Assessment Strategy Committee reports to Education, Training and Assessment Executive Committee and hence to ANZCA Council and provides advice to
enable the definition of the College’s strategic direction with respect to Education, Training and Assessment.

For more information refer to the ETASC terms of reference.

1.3.4 Education, Training and Assessment Management Committee (ETAMC)

The Education, Training and Assessment Management Committee reports to the Education, Training and Assessment Executive Committee and hence to ANZCA Council and is the decision-making committee ensuring ongoing quality assurance and management on all components of education, training, assessment and accreditation.

For more information refer to the ETAMC terms of reference.

1.3.5 Education, Training and Assessment Development Committee (ETADC)

The Education, Training and Assessment Development Committee reports to the Education, Training and Assessment Executive Committee and hence to ANZCA Council and ensures ongoing quality improvement of all components of education, training and assessment through the oversight of significant improvements and new initiatives in education, training and assessment.

For more information refer to the ETADC terms of reference.

1.3.6 Training Accreditation Committee

The Training Accreditation Committee provides advice to the Education, Training and Assessment Management Committee on accreditation policy, and implements such policy for approval of training hospital departments (and other training sites). For more information see the Training Accreditation Committee Terms of Reference.

1.3.7 Trainee Committee

The Trainee Committee reports to the Education, Training and Assessment Management Committee and represents trainees on a number of other College committees. The Trainee Committee comprises the chairs of all the regional and national trainee committees, the chair of the Education, Training and Assessment Management Committee and the general manager of the Education unit. The chair or co-chairs of the Trainee Committee is/are always a trainee. Trainees can contact the Trainee Committee directly via email, trainee.committee@anzca.edu.au or through their own regional or national trainee committee. For more information refer to the Trainee Committee terms of reference.

1.3.8 Education Unit

The Education Unit is responsible for contributing to the strategic priority of advancing standards through training, education, accreditation and research including delivering a world-class training program and providing a professional development framework that encourages and supports the ongoing development of trainees’ and Fellows’ skills and expertise.

Aims of the Education Unit
Provide educational expertise and, as appropriate, coordinate the needs assessment, review, authorship, development, implementation, evaluation and ongoing quality improvement of:

i. Curricula for ANZCA’s education, training and professional development programs

ii. Information, support and education for all of ANZCA’s stakeholders registered, delivering, managing, administering or impacted by the education, training and professional development programs

Provide educational expertise and appropriately contribute and/or coordinate:

i. Discussion papers, business cases, education development project proposals and plans to ANZCA’s Council, committees and working groups

ii. Submissions made to ANZCA’s accrediting authorities such as the Australian Medical Council and Medical Council of New Zealand

The unit incorporates three teams: Learning and Development; Training and Assessments and Strategy and Quality. The functions of the team are described below.

The Learning and Development team is responsible for:

- Contributing to the design of educational systems and processes to meet the educational objectives of ANZCA’s education, training and professional development programs.
- Providing education, information and support.
- Coordinating delivery of the review, authorship, development, implementation, evaluation and ongoing quality improvement of education, information and support resources for all stakeholder groups.
- Coordinating delivery of the review, design, development, delivery, evaluation and ongoing quality improvement of education, information and support events for all stakeholder groups.

The Training and Assessments team is responsible for:

- Supporting delivery of the ANZCA training program; engaging with trainees, supervisors, education officers and rotational supervisors.
- Supporting users of the training portfolio system.
- Coordinating the examinations
- Supporting College committees including the ANZCA Trainee Committee, the Education, Training and Assessment Executive Committee, the Education, Training and Assessment Management Committee, the Trainee Performance Review Sub-Committee, the Primary Examination and Final Examination Sub-Committees, the Provisional Fellowship Program Sub-Committee, the EMAC Course Sub-Committee and the Training Accreditation Committee.

The Strategy and Quality team is responsible for:

- Training program development.
• Coordinating the review, authorship, development, implementation, evaluation and ongoing quality improvement of the curricula of ANZCA’s education and training.

• Coordinating the accreditation process for hospitals and other training sites.

• Training site accreditation and support of the Training Accreditation Committee.

Coordinating the specialist international medical graduate assessment process.

1.4 Definition of terms, abbreviations and definitions used in this handbook

The information detailed in the handbook is of two main types, as defined in the ANZCA professional document A01 Policy for the Development and Review of Professional Documents (found here):

1. Policies – deal with matters within the authority and control of the College.

2. Guidelines – offer advice on clinical and non-clinical aspects of the education, training, and practice of anaesthesia and perioperative medicine, reflecting expert consensus and supported by other evidence when available.

Most of the information in this handbook is ANZCA policy. Where it is a guideline, this is clearly marked in the relevant section heading.

A full glossary of definitions used in this handbook is available in regulation 37.
2. Training program overview

The training program is undertaken over five years (260 weeks) during supervised clinical placements within ANZCA-accredited departments and other training sites. When they successfully complete the program, doctors are awarded fellowship of the Australian and New Zealand College of Anaesthetists and will be qualified to practise as specialist anaesthetists in Australia and New Zealand, subject to the requirements of the Medical Board of Australia and the Medical Council of New Zealand, respectively.

Further information about a career in anaesthesia is available in the publication: Anaesthesia – a rewarding and challenging career.

2.1 Summary of the training program

Training must be undertaken in hospitals and other facilities accredited by ANZCA for anaesthesia training, see here. Trainees are not normally permitted to spend all of their training in one hospital. The College regularly inspects these sites to ensure that they meet the high standards expected for quality patient care, clinical experience, supervision, supervisory roles and assessment, education and teaching, facilities and clinical governance as described in the seven ANZCA accreditation standards (section 33).

ANZCA has a comprehensive curriculum for training, which includes learning outcomes, volume of practice requirements (expressed in terms of cases, sessions and procedures), time requirements, courses, assessments (workplace-based assessments, examinations and others) and progression reviews. An overview of the training program is provided in the diagram on the next page. Time is expressed in ‘weeks’, as defined by the employing institution. Sessions should be composed of at least 3 hours and ideally be 4 hours in duration.

An important aim of the revised training program is to place greater responsibility for learning upon trainees. This helps prepare trainees to be responsible for their ongoing learning through continuing professional development for the whole of their professional lives.

The training program requires trainees to:

- Maintain their training portfolio system records, ensuring they are accurate and up-to-date.
- Set learning goals for each clinical placement.
- Actively seek clinical experience to meet volume of practice requirements.
- Ensure adequate preparation for the primary and final examinations.
- Actively participate in self-assessment.
- Participate in feedback sessions and reviews, reflect on feedback received and strive to improve their performance in line with training requirements.
<table>
<thead>
<tr>
<th>Training period</th>
<th>Timeline</th>
<th>Conditions for completion</th>
</tr>
</thead>
</table>
| Introductory training (IT)             | 26 weeks required   | • Application and registration process for access to TPS  
• 26 weeks of training  
• Initial assessment of anaesthetic competence (IAAC)  
• Volume of practice requirements for IT  
• Workplace-based assessment requirements for IT  
• An advanced life support course or equivalent  
• A clinical placement review  
• A core unit review  
• All administrative requirements                                                                 |
|                                        | *Max 52 weeks       |                                                                                                                                                                                                                         |
| Basic training (BT)                    | 78 weeks required   | • 78 weeks of training  
• Volume of practice requirements for BT  
• Workplace-based assessment requirements for BT  
• An advanced life support course or equivalent  
• The primary examination  
• Any two of the five required scholar role activities  
• Clinical placement reviews  
• A core unit review  
• All administrative requirements                                                                                                        |
|                                        | *Max 182 weeks      |                                                                                                                                                                                                                         |
| Advanced training (AT)                 | 104 weeks required  | • 104 weeks training  
• Volume of practice requirements for AT  
• Workplace-based assessment requirements for AT  
• An advanced life support course or equivalent  
• An EMST course, if the volume of practice has not been completed for the resuscitation, crisis management and trauma clinical fundamental  
• The final examination  
• All remaining scholar role activities  
• An approved study plan for the provisional fellowship training  
• Clinical placement reviews  
• A core unit review  
• All administrative requirements                                                                                                        |
|                                        | *Max 260 weeks      |                                                                                                                                                                                                                         |
| Provisional fellowship training (PFT)  | 52 weeks required   | • 52 weeks of training  
• Volume of practice requirements for PFT  
• Workplace-based assessment requirements for PFT  
• Participation in the ANZCA Continuing Professional Development (CPD) program  
• Scholar role meetings  
• Clinical placement reviews  
• A provisional fellowship review  
• All administrative requirements  
• To complete training and be eligible for Fellowship, a trainee must complete the following:  
  • Emergency Management of Anaesthetic Crises (EMAC) course  
  • All scholar role activity requirements                                                                                                   |
|                                        | *Max 104 weeks      |                                                                                                                                                                                                                         |

* The maximum total permitted time to which training can be extended.
2.2 Fellowship

Upon completing all requirements of the training program, a trainee may apply for admission to fellowship of the College. This occurs via the director of professional affairs (assessor), who makes recommendations to the ANZCA Executive. Further information about this process is available on the ANZCA website.

2.3 Program flexibility

The training program may be completed in a minimum of five years (260 weeks) of full-time equivalent (FTE) training. However, the College understands that some trainees will require additional time to meet all the requirements, or may need to interrupt their training for reasons such as maternity/paternity leave, or personal/family illness. ANZCA supports flexibility in training options. The following flexible training options are available:

- Part-time training (see section 11.3).
- Overseas training (see section 11.4).
- Interrupted training (see section 11.5).
- Extended training (see section 11.6).

The director of professional affairs (assessor) will consider requests for flexible training (assessor-requests@anzca.edu.au) on a case-by-case basis and according to regulation 37. For information about flexible training options, contact Training and Assessments (training@anzca.edu.au). Trainees should note that the College supports these options in principle; however, as ANZCA is not the employer, trainees will need to negotiate options such as part-time training with their employer.

2.4 Application and registration information

Registration as a trainee is available only to registered medical practitioners who meet the prerequisites of adequate prevocational medical education and training (PMET) and have secured employment as a registrar (or equivalent) in an ANZCA-accredited training department (section 3), noting that ANZCA does not employ trainees. Prior to obtaining such a position and after completing at least 52 weeks of prevocational medical education and training, doctors may apply to the College, refer section 2.9.

2.5 Prevocational medical education and training (PMET)

Medical practitioners wishing to register as trainees in anaesthesia must have completed at least 24 months of prevocational medical education and training (regulation 37.4). This provides the basic grounding in medical practice upon which the specialist components of an anaesthetist's training are built.

Prevocational medical education and training must include at least 12 months of general training in areas of practice other than anaesthesia, intensive care medicine and pain medicine.

In Australia and New Zealand, prevocational medical education and training is often comprised of the internship (postgraduate year one) and postgraduate year two.
Clinical experience gained as a university student prior to graduation cannot be considered as prevocational medical education and training. However, any clinical experience gained following the date of actual completion of all requirements for university studies, not necessarily the date of conferment of the degree, will be deemed the date of graduation from medical school and will therefore be deemed as prevocational medical education and training.

Medical practitioners seeking to enter the ANZCA training program after having completed a period in an overseas anaesthesia-training program that did not require prevocational medical education and training, still require 24 months of prevocational medical education and training. Some or all of this prevocational medical education and training time can post-date the time spent in anaesthesia training (regulation 37.4.5).

2.6 Curriculum structure

The following is an overview of the curriculum structure and components. A comprehensive description of each component, related learning outcomes, volumes of practice and assessments can be found in ANZCA’s anaesthesia training program curriculum, available here.

Diagram 2.2 Curriculum structure overview

<table>
<thead>
<tr>
<th>General hospital training</th>
<th>ANZCA Roles in Practice</th>
<th>Continuing professional development (CPD)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ANZCA Roles in Practice</strong></td>
<td><strong>Introduction training (IT)</strong></td>
<td><strong>Core unit review (CUR)</strong></td>
</tr>
<tr>
<td><strong>Clinical Fundamentals</strong></td>
<td><strong>Core exam</strong></td>
<td><strong>Primary exam</strong></td>
</tr>
<tr>
<td><strong>IAAC</strong></td>
<td><strong>Final exam</strong></td>
<td><strong>Core unit review (CUR)</strong></td>
</tr>
<tr>
<td><strong>Initial assessment of anaesthetic competence</strong></td>
<td><strong>Specialised study units (SSU)</strong></td>
<td><strong>Provisional fellowship review (PFR)</strong></td>
</tr>
</tbody>
</table>

**2013 curriculum structure: overview**

<table>
<thead>
<tr>
<th>Prevocational medical education and training (PMET) (104 weeks)</th>
<th>Introductory training (IT) (25 weeks including normal leave)</th>
<th>Basic training (BT) (78 weeks including normal leave)</th>
<th>Advanced training (AT) (104 weeks including normal leave)</th>
<th>Provisional fellowship training (PFT) (52 weeks including normal leave)</th>
<th>FELLOWSHIP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General hospital training</strong></td>
<td><strong>ANZCA Roles in Practice</strong></td>
<td><strong>Continuing professional development (CPD)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2.6.1 ANZCA Roles in Practice

The ANZCA Roles in Practice describe the contemporary practice of specialist anaesthetists and have been developed from the ANZCA Curriculum Framework. They are:

- Medical expert.
- Communicator.
- Collaborator.
- Manager and leader.
- Health advocate.
- Scholar.
- Professional.

The roles are expressed in anaesthesia practice in the curriculum in terms of learning outcomes across all core study units and in the specialised study units.

**Learning outcomes** - A learning outcome, usually defined in terms of knowledge, skills or attitudes/behaviours, is a description of what the trainee will achieve as a result of study and training.

2.6.2 Clinical fundamentals

The ANZCA Clinical Fundamentals define the fundamental specialty knowledge and skills of specialist anaesthetists applicable across all areas of practice. They are:

- Airway management.
- General anaesthesia and sedation.
- Pain medicine.
- Perioperative medicine.
- Regional and local anaesthesia.
- Resuscitation, trauma and crisis management.
- Safety and quality in anaesthetic practice.

The learning outcomes of the clinical fundamentals encourage ‘spiral’ development of knowledge, skills and behaviours in relation to the outcomes to be achieved by the end of each training period, grouped into defined core study units. The clinical fundamentals also thread through the specialised study units where their application in a specific context is expressed.
2.6.3 Specialised study units

The 12 specialised study units define the further specialised knowledge and skills required for the anaesthetic management of patients in specific contexts. They are

- Cardiac surgery and interventional cardiology.
- General surgical, urological, gynaecological and endoscopic procedures.
- Head and neck, ear nose and throat (ENT), dental surgery and electroconvulsive therapy (ECT).
- Intensive care medicine.
- Neurosurgery and neuroradiology.
- Obstetric anaesthesia and analgesia.
- Ophthalmic procedures.
- Orthopaedic surgery.
- Paediatric anaesthesia.
- Plastic, reconstructive and burns surgery.

Experience in these study units can be accumulated from the beginning of training and is undertaken concurrently with the core study units. While trainees can gain some specialised study units experience during introductory training, they are not permitted to undertake workplace-based assessments for specialised study units during introductory training. Learning outcomes are assessed by both examinations and workplace-based assessments. As well as learning outcomes, the curriculum document provides specific examples of how the ANZCA Roles in Practice may apply in these study units.

As part of the obstetric anaesthesia and analgesia specialised study unit (SSU) trainees are required to complete five episodes of care of the newborn following delivery. It is recommended that trainees spend a block of time with an obstetrician and/or neonatal paediatrician, to assist with and participate in the care of newborn babies, to learn more about the care and management decisions that are provided immediately following birth and the opportunities for collaboration with colleagues from paediatrics, obstetrics and other specialties. This experience may involve a variety of tasks including neonatal resuscitation, medical examination of the newborn and ongoing neonatal care.
Exemption from the CbD for the paediatric anaesthesia specialised study unit
Trainees who complete or have completed at least five cases where the age of the patient is less than six months are exempt from the requirement to complete a CbD for “anaesthetic management of an infant under two years of age”.

The requirements for the paediatric anaesthesia SSU were updated in early 2018 (refer to the curriculum for full requirements). As part of the change, the previous requirement to complete at least five cases where the age of the patient is less than six months was removed and instead trainees are required to complete a CbD for “anaesthetic management of an infant under 2 years of age”. The changes reflect the variance in practice across training sites and aim to ensure that all trainees meet the learning objectives of the SSU, even where they are unable to complete at least five cases where the age of the patient is less than six months.

2.6.4 Training periods and core study units

The training program is divided into four training periods:

1. Introductory training.
2. Basic training.
3. Advanced training.
4. Provisional fellowship training.

The introductory, basic and advanced training periods are designed to develop core capabilities in the practice of anaesthesia. The ANZCA Roles in Practice and ANZCA Clinical Fundamentals are the focus of training during this time and provide the foundation for specialised practice during provisional fellowship training. The provisional fellowship training period is an opportunity to undertake a course of study defined by the trainee and may include development of special expertise in an ANZCA role or roles, or in sub-specialised areas of practice.

Leave consists of all time not spent in training and includes annual leave, bereavement leave, sick leave, parental leave, study leave, examination leave and industrial action. Trainees who intend to take more than 12 continuous weeks of leave should prospectively apply for interrupted training (section 11.5).

2.6.4.1 Introductory training

This unit introduces the ANZCA Roles in Practice and ANZCA Clinical Fundamentals, focusing on the development of basic knowledge and skills, and safe, patient-centred practice. By the end of introductory training, trainees will develop the ability to manage low-risk cases of low complexity with level three or four supervision. Trainees will also begin gaining experience with cases included in the specialised study units.

To successfully complete introductory training, a trainee must complete the following:

- A minimum time of 26 weeks continuous full-time equivalent total training time, including a maximum of three weeks’ leave.
- Volume of practice requirements for introductory training, refer to Appendix 1 of the curriculum.
- Workplace-based assessment requirements for introductory training, refer to Appendix 1 of the curriculum.
- The initial assessment of anaesthetic competence (IAAC) *(Regulation 37.7.1.2.3)*.
- An advanced life support course or equivalent (must be completed within previous 12 months or during introductory training).
- A clinical placement review *(regulation 37.7.1.1)*
- A core unit review *(regulation 37.7.1.2)*

Regulation 37.5.5.4.3 requires that a total of at least 22 weeks (full-time equivalent) *continuous* clinical anaesthesia time (interrupted only by leave and/or other clinical time) must be completed in order to complete introductory training.

* It is possible for trainees to take a total of up to four weeks leave or other clinical time during IT. Trainees who exceed the allowed three weeks of leave or one week of other clinical time must submit an application to the DPA assessor for an exception to regulation 37.5.5.4.3.

All requirements of introductory training must be met prior to progressing to basic training. Failure to fulfil all requirements of introductory training will result in the trainee remaining in extended introductory training (IT-E). The maximum allowable time for extended introductory training is 26 weeks full-time equivalent. If at the end of this time introductory training requirements have not been completed, the trainee will be deemed to have withdrawn from training *(regulations 37.5.5.8.4 and 37.15.2)*.

### 2.6.4.2 Recent anaesthetic experience

Recent anaesthetic experience (RAE) is defined as anaesthetic experience undertaken for at least 13 weeks full-time equivalent (including up to two weeks’ leave), within the 52 weeks immediately prior to the commencement of introductory training. This can be undertaken during prevocational medical education and training (PMET).

Some trainees who satisfy these conditions will commence ANZCA training with a good knowledge of their training site, recently acquired basic anaesthetic skills and some understanding of the training program. These trainees could be expected to quickly settle into their training post and rapidly attain workplace-based assessments (WBAs) towards the initial assessment of anaesthetic competence (IAAC). With recognition of their recent anaesthetic experience these trainees may complete the initial assessment of anaesthetic competence as early as 13 weeks into introductory training, allowing them to work with less than level 1 supervision. They will therefore be able to sit the primary examination at an earlier time during basic training.

Despite early completion of the initial assessment of anaesthetic competence, trainees with recent anaesthetic experience must still undertake all 26 weeks of introductory training. The recent anaesthetic experience does **NOT** reduce volume of practice time for introductory training. Trainees can only have training time reduced if recognition of prior learning (RPL) applies, which is usually for those trainees whose prior experience is at a registrar or equivalent level in another anaesthesia or related specialty training program.

No components of training (such as volume of practice cases and procedures, and workplace-based assessments) other than an advanced life support course can be accrued during recent anaesthetic experience, except if this time has also counted towards recognition of prior learning.

A trainee seeking approval for recent anaesthetic experience should meet with their supervisor of training during the first six weeks of introductory training; they may do this at the same time as the planning clinical placement review. The trainee needs to provide as much evidence as
possible to support a level of competence in knowledge, skills and behaviours appropriate to the introductory training period, including documentation of any assessments that occurred during recent anaesthetic experience.

The application of recent anaesthetic experience is at the discretion of the supervisor of training. If it is unclear as to whether recent anaesthetic experience should apply for any trainee, the supervisor of training should seek guidance from their education officer.

If recent anaesthetic experience applies then the supervisor of training records this in the training portfolio system.

2.6.4.3 Basic training

On successful completion of introductory training, the trainee may commence basic training (BT), which must comprise 78 weeks full-time equivalent including leave (up to 16 weeks is allowed across the minimum 26 weeks of IT plus the minimum 78 weeks of BT). A trainee must meet all requirements of basic training before progressing to advanced training.

To successfully complete basic training, a trainee must complete the following:

- A minimum time of 78 weeks full-time equivalent total training time, including a maximum of 16 weeks leave (this includes leave taken during introductory training).
- Volume of practice requirements for basic training, refer to section 2.8.2.
- Workplace-based assessment requirements for basic training, refer to section 7.4.1.
- The primary examination.
- An advanced life support course or equivalent.
- Any two of the five scholar role activities.
- A minimum of three clinical placement reviews (at least every 26 weeks or earlier for shorter clinical placements, in which situation there would be more than the minimum of three).
- A core unit review.

All requirements of basic training must be met prior to progressing to advanced training. Failure to fulfil all requirements to complete basic training will result in the trainee remaining in extended basic training (BT-E). The maximum allowable time for extended basic training is 104 weeks full-time equivalent. If at the end of this time basic training requirements have not been completed, the trainee will be deemed to have withdrawn from training (regulation 37.5.5.8.4 and 37.15.2).

Trainees in interrupted training may undertake any of the scholar role activities and under some circumstances, the primary examination can be completed during interrupted training but not once the maximum permitted period of extended basic training has elapsed (section 11.5, regulation 37.5.6).

2.6.4.4 Advanced training

On successful completion of basic training, the trainee may commence advanced training (AT), which comprises 104 weeks full-time equivalent including leave of up to 16 weeks. All
requirements of advanced training must be met prior to progressing to provisional fellowship training.

If not undertaken during basic training, it is strongly recommended that trainees undertake the compulsory Effective Management of Anaesthetic Crises (EMAC) course during advanced training as there are significant waiting lists for the course.

To successfully complete advanced training, a trainee must complete the following:

- A minimum time of 104 weeks total training time, including a maximum of 16 weeks leave.
- Volume of practice requirements for advanced training, refer to Appendix 1 of the curriculum.
- Workplace-based assessment requirements for advanced training, refer to Appendix 1 of the curriculum.
- The final examination.
- An advanced life support course or equivalent.
- An Early Management of Severe Trauma (EMST) course, if the volume of practice has not been completed for the ANZCA Clinical Fundamental ‘resuscitation, trauma and crisis management’ (refer to section 2 of the curriculum).
- All remaining scholar role activities (refer Appendix 1 of the curriculum).
- At least four clinical placement reviews (at least every 26 weeks or earlier).
- A core unit review.
- An approved study plan (see below) for provisional fellowship training.

All requirements of advanced training must be met prior to progressing to provisional fellowship training. Failure to fulfil all requirements to complete advanced training will result in the trainee remaining in extended advanced training (AT-E). The maximum allowable time for extended advanced training is 156 weeks full-time equivalent. If at the end of this time advanced training requirements have not been completed, the trainee will be deemed to have withdrawn from training (regulation 37.5.5.8.4 and 37.15.2).

Trainees in interrupted training may undertake any of the scholar role activities and under some circumstances, a trainee may complete the final examination during interrupted training but not once the maximum permitted period of extended advanced training has elapsed (regulation 37.5.6, handbook section 11.5).

2.6.4.5 Provisional fellowship training

On successful completion of advanced training, the trainee may commence provisional fellowship training (PFT), which comprises 52 weeks full-time equivalent including leave of up to eight weeks (regulation 37.5.5.7).

During provisional fellowship training, the Provisional Fellow:

- Must be supervised appropriately, as they are not a specialist anaesthetist.
- Should demonstrate broad knowledge and experience in the specialty.
• Should be involved in teaching and supervision of other trainees, where clinically appropriate.

Some study plans are pre-approved by the College, but trainees may put forward their own individualised proposals for prospective approval by the Provisional Fellowship Program Assessment Sub-Committee. The pre-approved study plans are available here. Trainees must prospectively apply for an individualised study plan (application available here) or notify the College that they are undertaking training in a pre-approved study plan. No more than four weeks prior to receipt of required documentation will count as AVT. Time in PFT will only accrue when the trainee is in a position with an approved study plan.

To successfully complete provisional fellowship training, a trainee must complete the following:

• A minimum time of 52 weeks full-time equivalent total training time, including a maximum of eight weeks leave.

• Volume of practice requirements for provisional fellowship training, refer to Appendix 1 of the curriculum.

• Workplace-based assessment requirements for provisional fellowship training, refer to Appendix 1 of the curriculum.

• Participate in the College’s Continuing Professional Development (CPD) program.

• Scholar role activities, refer to Appendix 1 of the curriculum.

• At least two clinical placement reviews (at least six monthly or more frequently for shorter clinical placements).

• A provisional fellowship review.

At the start of provisional fellowship training, trainees will automatically be enrolled into the ANZCA CPD program and given access to the CPD portfolio. The CPD portfolio, handbook and related resources can be found here.

Following completion of all training requirements, the trainee can apply for fellowship of ANZCA (handbook section 15.2 and regulation 37.3). Failure to fulfil all requirements to complete provisional fellowship training will result in the trainee remaining in extended provisional fellowship training (PFT-E). The maximum allowable time for extended provisional fellowship training is 52 weeks full-time equivalent. If at the end of this time provisional fellowship training requirements have not been completed, the trainee will be deemed to have withdrawn from training (regulation 37.5.5.8.4 and 37.15.2).

Trainees in interrupted training may undertake scholar role activities (regulation 37.5.6, handbook section 11.5).

2.7 Progression

Progression through the curriculum is monitored and assessed at various intervals through the use of the in-training assessment (ITA) process. The in-training assessment process comprises clinical placement reviews (CPRs), specialised study unit reviews (SSURs) and core unit reviews (CURs).

2.8 Volume of practice
2.8.1 Volume of practice cases and procedures

“Volume of practice” refers to the minimum number of actual cases and procedures to be undertaken by a trainee during the first four years of training. These are considered core for every trainee, occur frequently in practice, and all trainees should be able to access exposure without significant difficulty. Volume of practice does not include cases to be assessed via simulation, or teaching and learning cases (section 9.2).

The volume of practice requirements have been set for each core study unit and specialised study unit in the revised curriculum. Within the core study units these have been set according to the seven clinical fundamentals. The intensive care medicine specialised study unit has time-based volume of practice only, and the plastic, reconstructive and burns surgery specialised study unit has no specified volume of practice.

Each assigned volume of practice is the minimum required to achieve learning outcomes specified in the curriculum, and for some cases and procedures it is expected that trainees will complete many more.

Where it is anticipated that there will be significant variance in local practice, flexibility in some of the volumes of practice has been incorporated for example, central venous cannulation (maximum 35 out of 40 by any single route of access).

Rotations will need to consider volumes of practice when allocating trainees to training sites, and when rostering trainees to areas of practice within training sites. Trainees also will need to plan to maximise the opportunity to fulfil their volume of practice requirements.

In circumstances where a trainee is unable to meet the minimum required volume of practice, due to limitations on their rotation and placement opportunities, the supervisor of training may apply to the DPA assessor, on behalf of the trainee(s), for dispensation from the requirement to complete any outstanding volume of practice. The decision will be at the discretion of the DPA assessor, taking into consideration the trainee's particular circumstances and if the balance of their training will provide them with sufficient clinical experience. Such requests should be forwarded to assessor-requests@anzca.edu.au

It is important that any dispensation from a volume of practice requirement is recorded within the trainee’s training portfolio system record. This can be done at the time of a feedback clinical placement review or core unit review.

While trainees are encouraged to log all their clinical experience into the training portfolio system, it is intended that those cases, procedures or sessions logged for required volume of practice should be those from which the trainee has gained meaningful experience. This is ideally entered on the day of the case/session but may be entered up to the date of the trainee’s next core unit review.

Any case may have aspects which count towards volume of practice for any number of study units. For example, anaesthesia for a craniotomy in a child may count toward:

- Requirements in the neurosurgery and neuroradiology specialised study unit
- As a paediatric case for requirements in the paediatric anaesthesia specialised study unit
- For arterial line insertion for the general anaesthesia and sedation clinical fundamental

It is therefore possible to accrue more than one volume of practice item during one case, where an applicable volume of practice item exists.

It is important for trainees to ensure that they count cases/procedures toward the most appropriate category. For example, if completing a major cardiac case that involved insertion
of a TOE, while the whole case may be counted toward the volume of practice requirement
for cardiac surgery and interventional cardiology procedures, the same TOE cannot also be
counted toward the volume of practice for simple cardiological procedures, as it is considered
part of the larger surgical case, for which the provision of anaesthesia is markedly different.

There are other volume of practice requirements which may be double counted. In other
words, if a trainee is unable to achieve one or more separate but similar requirements, they
may be permitted to substitute part of the greater number for the lesser, where this is endorsed
by their supervisor of training. For example, if a trainee completes no more than five non-
neuraxial blocks (of the 20 neuraxial or non-neuraxial blocks of the thorax, abdomen or pelvis)
required for the Regional and local anaesthesia clinical fundamental; they may be permitted
to count completed thoracic or lumbar epidurals or spinal blocks or a combination thereof,
toward the remaining 15 blocks for the thorax, abdomen or pelvis.

2.8.2 Training time requirements

Table 2.1 Training time requirements

<table>
<thead>
<tr>
<th>Training period</th>
<th>Component of training</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introductory training</td>
<td>Total training time</td>
<td>A minimum of 26 weeks.</td>
</tr>
<tr>
<td></td>
<td>Clinical anaesthesia time</td>
<td>A minimum of 22 weeks.</td>
</tr>
<tr>
<td></td>
<td>Other clinical time</td>
<td>A maximum of one week* (optional).</td>
</tr>
<tr>
<td></td>
<td>Leave</td>
<td>A maximum of three weeks*.</td>
</tr>
</tbody>
</table>

The time detailed above is expressed in weeks as defined by the employing institution..

The minimum requirement of 11 weeks intensive care medicine must be completed during IT
(maximum one week) plus BT plus AT.

---- A dotted line indicates a specified number of weeks included as part of a total minimum or
maximum time requirement across training periods.

- CAT Clinical anaesthesia time
- PM Pain medicine
- RM Retrieval medicine
- OCT Other clinical time

Table 2.2 Time requirements for each training period
<table>
<thead>
<tr>
<th>Training period</th>
<th>Component of training</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic training</td>
<td>Total training time</td>
<td>A minimum of 78 weeks.</td>
</tr>
<tr>
<td>Clinical</td>
<td>Clinical anaesthesia time</td>
<td>By the end of basic training trainees need to have completed 69 weeks of clinical anaesthesia time. This includes the clinical anaesthesia time undertaken during introductory training.</td>
</tr>
<tr>
<td>Other clinical</td>
<td>Other clinical time</td>
<td>Up to a maximum of 19 weeks.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• This includes the other clinical time undertaken during introductory training.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Some of all of this time may be in intensive care medicine or another anaesthesia related speciality.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Additional other clinical time may be undertaken during basic training at the expense of some leave.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Any period of other clinical time over the 19 weeks will be applied to advanced training on the completion of basic training.</td>
</tr>
<tr>
<td>Leave</td>
<td>Leave</td>
<td>Up to 16 weeks. This includes the leave undertaken during introductory training.</td>
</tr>
<tr>
<td>Advanced</td>
<td>Total training time</td>
<td>A minimum of 104 weeks.</td>
</tr>
<tr>
<td>Training</td>
<td>Clinical anaesthesia time</td>
<td>By the end of advanced training trainees need to have completed 138 weeks of clinical anaesthesia time. This includes the clinical anaesthesia time undertaken during introductory training and basic training.</td>
</tr>
<tr>
<td>Other clinical</td>
<td>Other clinical time</td>
<td>Up to a maximum of 38 weeks.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• This includes the other clinical time undertaken during introductory training and basic training.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• This must include 11 weeks FTE of intensive care medicine which must be undertaken as a continuous period during basic training and/or advanced training.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• The optional 27 weeks may be undertaken in intensive care medicine or another anaesthesia-related speciality.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Additional other clinical time may be undertaken during advanced training at the expense of some leave.</td>
</tr>
<tr>
<td>Leave</td>
<td>Leave</td>
<td>Up to 16 weeks.</td>
</tr>
<tr>
<td>Total training</td>
<td>Total training time</td>
<td>A minimum of 52 weeks.</td>
</tr>
<tr>
<td>Training period</td>
<td>Component of training</td>
<td>Requirement</td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>-----------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Provisional fellowship training</td>
<td>Clinical anaesthesia time</td>
<td>At least 10 weeks must be clinical time unless an exception has been prospectively approved by the director of professional affairs (assessor). This can be either clinical anaesthesia time or other clinical time.</td>
</tr>
<tr>
<td></td>
<td>Other clinical time</td>
<td>This can focus, either as a whole or in part, on:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• An ANZCA Role in Practice.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• A clinical fundamental.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• A specialised study unit.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A minimum of 4 weeks of provisional fellowship training must be in clinical support activities related to any of the ANZCA roles and not involving direct clinical care delivery.</td>
</tr>
<tr>
<td>Leave</td>
<td></td>
<td>Up to eight weeks</td>
</tr>
</tbody>
</table>

Notes to diagram above (for more information see regulation 37.5.5.3):

2.8.2.1 Clinical anaesthesia time (CAT) requirements (regulation 37.5.5.3.3)

Time requirements are expressed in ‘weeks’, as defined by the employing institution. Sessions should be composed of at least 3 hours and ideally be 4 hours in duration.

1. Introductory training – 22 weeks.

2. Introductory training/basic training – total of 69 weeks of clinical anaesthesia time during introductory training and basic training, 22 weeks of which must be during introductory training.

3. Advanced training – 69 weeks.


During combined basic training and advanced training, but not introductory training, up to 13 weeks (full-time equivalent) may be spent exclusively in a single clinical fundamental or part of a single clinical fundamental (for example, pain medicine) and this time may be accrued as clinical anaesthesia time. Additional time spent in that clinical fundamental must be accrued as other clinical time.

2.8.2.2 Other clinical time (OCT) requirements

1. Introductory training - maximum of one week*.

2. Introductory training/basic training - maximum of 19 weeks may be intensive care medicine.

A total of up to 19 weeks other clinical time, which may include the compulsory 11 weeks intensive care medicine (regulation 37.5.5.3.5), may be completed over introductory training and basic training. Only one week of this may be done in introductory training. Some or all of this time may be in intensive care medicine or in another anaesthesia-related specialty. Additional other clinical training may also be undertaken during basic training in lieu of permitted leave.
3. Introductory training/basic training/advanced training - maximum 38 weeks 19 weeks maximum introductory training/basic training as above and must include intensive care medicine.

A total of up to 38 weeks other clinical training, which must include the compulsory 11 weeks intensive care medicine (regulation 37.5.5.3.5) may be completed within the combination of introductory training, basic training and advanced training; the remaining optional 27 weeks of other clinical training may be in intensive care medicine or in another anaesthesia-related specialty. Additional other clinical training may also be undertaken during basic training and/or advanced training in lieu of permitted leave. More than 19 weeks other clinical training, excluding other clinical training undertaken within permitted leave, may be undertaken prior to the completion of basic training, but the period of other clinical training beyond 19 weeks will be applied to advanced training and this will take effect only on completion of basic training.

4. Intensive care medicine – at least 11 weeks (full-time equivalent), excluding leave, must be spent in intensive care medicine during basic training and/or advanced training.

As from the start of the 2016 HEY this 11 weeks (FTE) training in ICM must be undertaken as a continuous period, interrupted only by up to 2 weeks leave.

In order that trainees are not disadvantaged, those trainees who at the start of the 2016 HEY have already, for whatever reason, completed some but not all of the compulsory 11 weeks (FTE) ICM will be permitted to make up the residual balance at any time prior to their completion of Advanced Training, and they will not be subject to the requirement for the 11 weeks (FTE) ICM to be continuous.

As from the start of the 2016 HEY, trainees who undertake periods of ICM of less than a continuous period of 11 weeks (FTE) will have the ICM time they have completed counted as Other Clinical Time, but they will still be required to complete a continuous period of 11 weeks ICM (FTE) in order to complete the requirements of AT. Trainees who elect to undertake additional ICM, over and above the compulsory minimum 11 weeks (FTE), will not be required to undertake this additional ICM time in continuous periods of any minimum duration, and will merely be required to comply with existing requirements with regard to ICM training.

This training (and any other intensive care medicine done during anaesthesia training) must occur in a unit accredited for general or limited general training by the College of Intensive Care Medicine (CICM) (www.cicm.org.au) or in another intensive care unit recognised by the ANZCA Council for intensive care medicine training towards FANZCA [a prospective request must be sent to the director of professional affairs (assessor) (assessor-requests@anzca.edu.au) for the latter]. Time spent in neonatal intensive care does not count towards the compulsory 11 weeks required in intensive care medicine. Any period in neonatal intensive care must be prospectively approved, unless the unit has been pre-approved by the ANZCA Training and Accreditation Committee (TAC) as part of the regular anaesthetic rotation at that training site. Where relevant, applications must be made prospectively to ensure the position is suitable for training. Late applications may result in interrupted training; no more than four weeks prior to receipt of application and supporting documentation will count as AVT.

* It is possible for trainees to take a total of up to four weeks leave or other clinical time during IT. Trainees who exceed the allowed three weeks of leave or one week of other clinical time must submit an application to the DPA assessor for an exception to regulation 37.5.5.4.3.

2.8.2.3 Provisional fellowship time (PFT)

At least 10 weeks of provisional fellowship time (excluding leave) must comprise clinical time, which may be clinical anaesthesia time or other clinical time, unless the director of professional affairs (assessor) has prospectively approved an exception. This time may be focused solely,
or in part, on any of the ANZCA Roles in Practice, ANZCA Clinical Fundamentals or specialised study units.

2.8.2.4 Retrieval medicine/hyperbaric medicine (RM/HM)

Trainees may participate in retrieval services on an occasional basis during a clinical anaesthesia or an intensive care medicine attachment and such work will be considered part of clinical anaesthesia or intensive care medicine. However, this retrieval work should not account for more than 10 per cent of the trainee’s total clinical workload.

Regarding dedicated attachments:

1. The first 13 weeks (full-time equivalent) of a dedicated attachment in retrieval medicine will count as clinical anaesthesia time, and any time beyond this as other clinical time.

2. All time spent working in hyperbaric medicine will count as other clinical time.

3. A maximum total period of 26 weeks (full-time equivalent) training time (excluding leave) in retrieval medicine and in diving and hyperbaric medicine is permitted during basic training plus advanced training, inclusive of extended training. Additional time may be spent in these areas of practice during provisional fellowship training. The period of 26 weeks represents the total clinical time permitted in either special field of practice. More than one discrete period of training may be included in the total time, and these periods may be interrupted by periods of leave, which are excluded from the total.

2.9 Application and registration

ANZCA has a two-stage process for trainee application and registration that can occur sequentially or concurrently as follows:

- **Application** with the College may occur at any time after the completion of 52 weeks of prevocational medical education and training (PMET). It may occur prior to applying for an anaesthesia training position in an ANZCA-accredited hospital or other training site.

- **Registration** with the College occurs once the trainee has been successful in their application for a training position in an ANZCA-accredited hospital or other training site. It may be initiated by contacting the College, following confirmation of selection and prior to anaesthesia training commencing.

Completion of the application stage prior to the registration stage is desirable, however both stages may be completed concurrently.

2.9.1 Application

The application is the first stage of the application and registration process. On processing of the application, an applicant will receive a welcome letter from the College that can be used to show to prospective employers. The application will retain validity until the end (December 31) of the second calendar year following the year it is lodged, provided the application maintenance fee is paid, as relevant.

The application process provides eligible medical practitioners with access to ANZCA’s educational resources and communications, and will facilitate processing of full registration and access to the training portfolio system when all relevant requirements have been met.

When the application is processed, applicants will gain access to College resources, including:

- Provision of a College ID and password to access the ANZCA website.
• Access to online library resources; online journals, online textbooks, databases, resources for research and useful links.

• Access to College information via the monthly ANZCA e-Newsletter and monthly Training e-Newsletter and electronic information about upcoming conferences and activities.

• Receipt of the quarterly ANZCA Bulletin magazine.

Please note that processing of an application for training does not guarantee entry into the training program, nor employment by an accredited training hospital.

Applications must be posted to:

ANZCA Training and Assessments
PO Box 6095
St Kilda Road Central  VIC  8008
AUSTRALIA
2.9.2 Registration

Registration as a trainee is undertaken once a training position has been obtained but prior to commencement in that training post.

Please note the following registration requirements:

- The College cannot process applications until it receives all required documentation.
- Registration with the College must occur within four weeks of the trainee starting approved vocational training to allow adequate time for relevant training components of introductory training to be met.
- If the application is received later than four weeks following the commencement of vocational training time, any time spent after the first four weeks until the time the application is received will not be counted towards accredited training time.
- It is strongly recommended that trainees begin the registration process as soon as they have secured a training position.
- For trainees whose prevocational medical education and training requirements will be met just before they start a training position, it is possible to have a letter confirming this in advance to facilitate a smooth registration process.

Applications must be posted to:

ANZCA Training and Assessments
PO Box 6095
St Kilda Road Central VIC 8008
AUSTRALIA

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Application</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Be a registered medical practitioner.</td>
</tr>
<tr>
<td></td>
<td>Have completed at least 52 weeks prevocational medical education and training.</td>
</tr>
<tr>
<td></td>
<td>Complete application process including relevant documentation and fees.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Registration</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Be a registered medical practitioner.</td>
</tr>
<tr>
<td></td>
<td>Have completed at least 104 weeks of prevocational medical education and training with at least 52 weeks of this experience in areas of practice other than clinical anaesthesia, intensive care medicine and pain medicine.</td>
</tr>
<tr>
<td>Complete registration process including relevant documentation and fees.</td>
<td>Be appointed to a registrar (or equivalent) training position in an ANZCA-accredited department or other training site.</td>
</tr>
<tr>
<td>Registration must be completed no more than four weeks after commencement in a training post.</td>
<td></td>
</tr>
</tbody>
</table>
### Documentation

<table>
<thead>
<tr>
<th>Application</th>
<th>Registration</th>
</tr>
</thead>
<tbody>
<tr>
<td>A certified copy of the identity page of a current passport or driver’s licence.</td>
<td>A completed ANZCA registration form.</td>
</tr>
<tr>
<td>Evidence of current medical registration.</td>
<td>The original documentation confirming completion of at least 104 weeks prevocational medical education and training, or a copy certified by a JP or equivalent authority.</td>
</tr>
<tr>
<td>The original documentation confirming completion of at least 52 weeks prevocational medical education and training, or a copy certified by a JP or equivalent authority.</td>
<td>A signed and dated ANZCA Training Agreement that authorises the College to access and retain all information necessary for training purposes.</td>
</tr>
<tr>
<td>A signed agreement that authorises the College to access and to retain all information necessary for training purposes</td>
<td>Formal confirmation of employment and appointment to a training position in an ANZCA-accredited department or other training site, including the date of employment commencement.</td>
</tr>
</tbody>
</table>

### Applicants who are not registered with AHPRA or MCNZ

Applicants who are not registered with AHPRA or MCNZ must provide original versions of the following documents or copies certified by a JP or equivalent authority:

- Identity page of a current passport or driver’s license.
- Diploma for the primary medical qualification.
- Certificate confirming current medical registration.

#Justice of the peace or equivalent authority (where relevant for other countries); for Australia and New Zealand refer:

http://www.jspfed.org.nz/
2.9.3 Change of name

If the applicant’s name has been changed from that on the documents, a certified copy of the change in marital status or change of name notice must be provided.

2.9.4 Document certification

Photocopies of the medical degree and prevocational medical education and training (PMET) experience documentation (on hospital letterhead) must be certified. The following information must be written on the certified copy:

- Certified true copy of original document.
- Date of certification.
- Signature of certifier.
- Name and position of the certifier.

The following registration requirements should be carefully noted:

- Registration with the College must occur prior to commencement of training to allow adequate time for relevant training components of introductory training to be met.
- Applications cannot be processed until the College receives all required documentation.

2.10 Privacy

During training, the College collects and holds personal information from individuals when it is reasonably necessary for the performance of its functions and activities; that is, for the purposes of registration, clinical training and examination administration. The information collected and held will not be disclosed to third parties except as required by law.

The reasons for collecting the information and the use to which it is put are outlined in ANZCA’s privacy policy.
3. Guidelines on selection for vocational training positions in anaesthesia

3.1 Overview

These guidelines are provided to assist ANZCA-accredited hospitals, other training sites and accredited rotations to select and appoint doctors to vocational training positions in anaesthesia. Employers undertake selection and appointment (regulation 37.5.3.1) and thus these guidelines must be read in conjunction with relevant employing authority policies on staff recruitment and selection.

These guidelines apply to applicants commencing the ANZCA training program. Trainees already occupying posts in accredited training sites will normally continue to be recognised as trainees provided they continue to demonstrate acceptable performance which includes timely progress through training (see progression rules, section 2.7). The approach to assessing and managing existing trainees who are experiencing difficulty is outlined elsewhere in this handbook (section 13).

Although ANZCA does not appoint doctors to ANZCA-accredited training sites and accredited rotations, a criterion for ANZCA accreditation is that each site demonstrates a selection process that is consistent with the principles of natural justice and conforms to the guidelines outlined in this handbook. Additionally, employers should appoint individuals with full recognition of any prior ANZCA-approved training (regulation 37.5.3.2).

Each training site or training rotation selection committee must include at least one ANZCA representative who is approved by the relevant regional or national committee. This can be a supervisor of training or an education officer. The ANZCA representative monitors compliance with these guidelines.

Once an applicant has been appointed to a position in an ANZCA-accredited training site, he or she is eligible to apply for registration as a trainee. For full details of the documentation that is required for registration refer section 2.9.2.

3.2 Principles

The selection process should result in the best possible applicants being appointed to posts in ANZCA-accredited training sites. This must support the overall objective of ANZCA training, which is to produce specialist anaesthetists who are prepared for the full scope of practice in a range of clinical settings in Australia and New Zealand, in line with the College’s mission to serve the community by fostering safety and quality in anaesthesia, perioperative medicine and pain medicine.

The selection process must uphold the following principles:

- **Appropriate notice.** In order that he or she may make the optimal case for selection, each applicant must have sufficient notice about the timing of selection committee meetings and the sources of information that will be considered by the committee.

- **Equal employment opportunity** as required by relevant legislation.

- **Non-discrimination.** The selection committee must operate impartially and without prejudice and must be seen to work in this way.
• **Formal procedures.** The criteria for decision-making must be prospectively determined. Committee members must be familiar with the requirements of both the employing authority and the College. There must be documented procedures, with prospective applicants having access to published criteria on eligibility and other selection processes. Deliberations should be formally documented.

• **Lack of bias.** The selection committee should not include any member who has such knowledge of a candidate that would preclude him or her coming to the selection process with an appropriately open mind.

• **Rules of evidence and relevance.** The selection committee is entitled to obtain relevant information from any source and to determine what weight will be placed on the material. If information is obtained from other than usual sources, then the applicant should be informed. The committee must consider only matters that are relevant to the selection process. Material that is considered irrelevant by the committee must not be considered further, whatever its source.

• **Access to an appeals process.** Employing authorities must have in place transparent and accessible appeals processes. The selection committee should know the circumstances in which decisions might be appealed. Grounds for appeal might include: evidence that relevant information, available at the time of application, was not considered by the selection committee; the existence of new and relevant information, which was not available to the applicant on the closing date for applications.

• **The selection process is subject to regular evaluation and review.**

3.3 **Appointment of the selection committee**

The selection committee should include representation from the employer, the anaesthesia department (or other training site) and the College, and have age, gender and other balance in line with relevant jurisdictional policies. The relevant regional or national committee should approve the ANZCA representative(s).

The composition of the selection committee should remain unchanged for any given round of appointments. After the initial round of appointments, a selection committee must endorse additional appointments using a process consistent with these guidelines.

The convening authority should formally brief selection committee members as to their tasks. ANZCA selection guidelines, relevant employer policies and the specific selection criteria for each appointment round must be known to all committee members and applied to all applicants being considered in that round.

It is preferable that a single group carry out the entire selection process. However, where there are a large number of applicants, particularly if they are geographically dispersed, it may be necessary to have an interview panel (or panels) that is (are) separate from the overall selection committee. In this situation, the results from each panel are passed on to the selection committee for their consideration and final decision-making.

The processes to be followed by the interview panel(s) must be established prospectively and followed for all applicants.

3.4 **Development of the selection criteria**

Selection criteria must be determined prospectively, be transparent to applicants and relevant to successful performance as an anaesthesia trainee. At the discretion of the employing
authority, the criteria may include completion of the ANZCA application process (section 2.9.1, regulation 37.5.1). Selection criteria should be objective and consistent with the requirements of the employer and the College.

Prior anaesthesia experience is not an essential selection criterion. However such experience may contribute to assessment of suitability for selection.

As doctors who are successful in the selection process must be capable of undertaking the ANZCA training program, selection criteria may be based upon components of the curriculum. Examples of selection criteria based upon the ANZCA Roles in Practice are illustrated in the following table.

Table 3.1 Examples of selection criteria based on the ANZCA Roles in Practice

<table>
<thead>
<tr>
<th>ANZCA Role in Practice</th>
<th>Examples of selection criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical expert – knowledge, skills and attitudes required to perform as an anaesthetist.</td>
<td>Demonstrate an aptitude and commitment to acquiring the medical knowledge and clinical skills necessary to commence, continue and complete anaesthetic training. Demonstrate an ability to evaluate clinical problems and develop appropriate management plans.</td>
</tr>
<tr>
<td>Communicator – communicating with staff, patients and families.</td>
<td>Have good communication skills, both verbal and written, appropriate for an anaesthetist and an ability to effectively facilitate relationships with other staff, patients and their families.</td>
</tr>
<tr>
<td>Collaborator – working within a healthcare team.</td>
<td>Demonstrate an aptitude for and commitment to achieve effective interpersonal collaboration and teamwork. Have an aptitude for and commitment to acquire the skills and professional attitudes to prevent and manage interpersonal conflict.</td>
</tr>
<tr>
<td>Manager and leader – management of self, healthcare team and system.</td>
<td>Demonstrate an ability to effectively organise and manage time and resources. Have a comprehensive understanding of the requirements of anaesthesia training. Demonstrate appropriate self-care, ability to cope with stress and willingness to consider feedback.</td>
</tr>
<tr>
<td>Health advocate – advancing the health of patients and community.</td>
<td>Demonstrate a commitment to the health care of patients from all areas of the region/state/country; the well-being of individual patients and the community, including metropolitan, rural and indigenous populations.</td>
</tr>
<tr>
<td>Scholar – continued self-learning, research and teaching.</td>
<td>Have an appropriate academic history and a commitment to ongoing medical education. Have an understanding of the clinical review process, audit and research.</td>
</tr>
<tr>
<td>Professional – ethical practice, personal behaviour and profession-led regulation.</td>
<td>Demonstrate integrity, punctuality, reliability and a high standard of personal behaviour in the conduct of his or her professional career. Have an understanding of medical ethics and its application to professional anaesthetic practice and profession-led regulation.</td>
</tr>
</tbody>
</table>
3.5 Selection process components

All applicants must be assessed against the selection criteria using the components of the selection process, which are:

1. The written application (curriculum vitae and statement addressing selection criteria).
2. The interview.
3. Referee reports.

Not every criterion will be equally assessed by each component and not all selection criteria may be adequately ascertained from one component.

The appointments process followed by the selection committee should prospectively determine how to take account of information obtained from the application, the interview and referee reports. The weighting of these components should be established prospectively.

3.6 Selection process steps

A fair and transparent selection and appointments process includes the following steps:

Step 1: Advertising

Training positions in ANZCA-accredited hospitals (or other training sites) are advertised with selection criteria that are consistent with local employing authority policies and ANZCA guidelines. At the discretion of the employing authority, the criteria may include completion of the ANZCA application process (section 2.9.1.).

Posts should be appropriately advertised in newspapers, professional journals and electronically as determined by the employer. A position description must be available to all applicants and should detail: duty patterns and leave entitlements; available sub-specialty experience, clinical placements and rotations; the form of the required application; selection criteria; selection processes; and the closing date for applications (which must allow a reasonable time to submit applications).

Step 2: Application

Doctors apply for training positions by the advertised deadline.

Step 3: Short-listing

Applicants are short-listed by the selection committee using the written applications and on the basis of advertised selection criteria. Successful appointment should not be based on the curriculum vitae alone, although poor applications may be rejected on the basis of the CV alone.

Where there are a larger number of applicants than there are posts, short-listing of only the most competitive applicants may be considered. In this situation, it is recommended that applicants are short-listed into three groups – not suitable; suitable but not competitive; and suitable and competitive. Consideration may be given to only interviewing the last group.

Applicants who are unsuccessful at this early stage should be notified in a timely fashion (see Step 6).

Step 4: Interviews
Interviews are held using questions and processes based upon these ANZCA guidelines, employer policies and advertised selection criteria. Applicants are ranked.

Short-listed applicants should be given sufficient notice of interview to allow them to prepare and to attend in person if they so wish. Although face-to-face interviews are preferred, interviews may be conducted by telephone or electronically, if necessary, and applicants should be offered access to these long-distance means.

Questions and other interview formats should be pre-determined and the same core questions should be asked of all applicants. Additional individualised questions for clarification may be asked, as required.

The questions must relate to selection criteria and job requirements only. Questions of a personal or discriminatory nature, including those relating to religion, marital status, sexual orientation, and parenthood, must not be asked.

Multiple mini-interview format, panel interviews or other formats may be used. Interviews and/or stations should be of approximately the same duration for all those who are interviewed. The interview panel need not be the same as the selection committee.

There should be opportunity for applicants to ask questions and to comment on matters related to the selection process.

A record of proceedings of the selection committee and interview committee(s) should be kept for at least one year or until it is clear that there will be no challenge to decisions made by the committee (see step 7).

Step 5: Consideration of referee reports

Each applicant should be requested to provide the names of at least two referees. Referee reports should conform to employer policies. They may be presented in a standardised format using a referee report form. They should address the selection criteria.

Ranking of applications is then undertaken on the basis of the predetermined selection process, including weighting of components (written application, interview, referee reports).

Step 6: Notifying applicants of the outcome

The employer appoints successful applicants to training positions based upon their ranking. Consideration should be given to informing unsuccessful applicants of their status using the following categories:

1. Suitable for appointment and training but no post available in current round.
2. Not suitable now, but is likely to fulfil selection criteria in the future
3. Not suitable for appointment and unlikely to fulfil selection criteria in the future.

Step 7: Opportunity for appeal

Unsuccessful applicants must have access to an appeals mechanism and process in accordance with the policy of the employing authority.

Step 8: Registration as an ANZCA trainee

Successful applicants can then apply for registration as ANZCA trainees (refer section 2.9). This requires a letter of confirmation of selection from the employer. Trainees should register with the College on receipt of confirmation of selection.
4. Fee structure

The ANZCA training fee structure is outlined in regulation 37.5.2 and the fee amounts are determined by the ANZCA Council on an annual basis as part of the annual budgeting process.

For the revised curriculum there is a new application fee for training. The application fee is a one-off fee that covers the administration costs of applying to the College, as well as indicating an interest in joining the ANZCA training program in the future. It benefits prevocational doctors by ensuring online access to College resources (many of which are password protected) including the ANZCA Library, past exam questions, podcasts, webinars and communications including College e-newsletters.

Once the application fee has been paid, it is valid for two full calendar years for doctors to secure a hospital training position and enter the ANZCA training program. Until a post is secured or the applicant chooses not to pursue anaesthesia training, he or she must also pay an annual application maintenance fee that gives access to the College resources mentioned above and covers the associated administration costs. When a hospital training position has been secured, the doctor will pay the one-off registration fee and the pro rata annual training fee from the calendar month approved training is commenced.

Annual training fees are applicable for each calendar year of training and are due for payment by January 31 each year. Trainees who fail to pay by January 31 will have their training recorded as interrupted training until the date that payment is received. Trainees who fail to pay by March 31, 13 weeks after the fee becomes payable are deemed to have withdrawn from the training program.

Trainees undertaking prospectively approved continuous part-time training of at least 52 weeks will pay a pro-rata annual training fee based on their FTE percentage rounded to the nearest tenth plus an administration fee. For example, if a trainee has prospective approval for part time training for a continuous period of 52 weeks at 0.5 FTE for the hospital employment year from February 2 to January 31, they will be invoiced for a pro rata annual training fee for January (1 month) and a pro-rata annual training fee for the months of February to December at 0.5 plus a fixed administration fee.

Trainees undertaking a prospectively approved period of continuous interrupted training of at least 13 weeks will pay a reduced annual training fee based on the number of months they spent in interrupted training and a pro-rata registration maintenance fee for the months spent in interrupted training. For example, trainees approved for 26 weeks of interrupted training from February 2 to August 2 during the hospital employment year will be invoiced for 6 months of the registration maintenance fee plus 6 months of the annual training fee for the calendar year.

Trainees who prior to January 1, have prospective approval for a future period of interrupted or part-time training will have the applicable fee reflected on their invoice at the start of the calendar year.

Trainees who come back to training after a period of interruption may be required to pay additional annual training fees, should they resume training earlier than initially anticipated. Trainees who fail to pay any additional annual training fees within four weeks of being invoiced will have the interval between the invoice due date and the receipt of payment by the College deemed as interrupted training. Trainees who fail to pay any additional annual training fees within 3 months of being invoiced are deemed to have withdrawn from the training program.

In the event a trainee undertakes a continuous 52 weeks part-time or interrupted training of at least 13 weeks during the calendar year, a pro-rata refund will be issued to the trainee if the
full annual training fee has already been paid. For example, trainees who pay the full annual training fee for the calendar year beginning January 1 and applies to undertake 52 weeks part-time training at 0.5 FTE from August 2 to August 2 which crosses two calendar years, will receive a pro-rata refund of the annual training fee for the month of August to December and the invoice for the following year will reflect the pro-rata fee for part-time training from January to July.

For any trainees who paid an annual training fee for the calendar year beginning of January 1, and applied for interrupted training of 26 weeks from August 2 to January 31 during the calendar year will be eligible for a pro-rata refund for the month of August to December and the invoice for the following year will reflect a pro-rata fee for a month of interrupted training.

Trainees are required to pay the full annual training fee for the calendar year beginning January 1 in which they are admitted to fellowship. Following admission, the new Fellow will receive credit on a pro-rata monthly basis for the unused duration of the annual training fee on his or her invoice for the subscription and entrance fee. For example, trainees who pay the full annual training fee by January 31 and who are admitted to Fellowship in March, will have credits from April onwards applied towards their invoice for subscription.

ANZCA makes available up to 20 bursaries each year to assist anaesthesia trainees who are suffering severe financial hardship. Each bursary will be awarded in the form of a 50 per cent reduction in the annual training fee. Applicants must be registered trainees of ANZCA. The application form is made available on the website two months prior to the closing date each year.

In situations of financial hardship which make payment impossible within the timeframe required, trainees should apply prospectively to the director of professional affairs (assessor) for an extension. The application form can be sent via assessor-requests@anzca.edu.au. Each case will be considered on an individual basis. Applications must be made before the fee is due; applications for special consideration received after January 31 will not be considered.
5. Recognition of prior learning (RPL)

5.1 Summary of principles and potential retrospective approvals

- The College may recognise experience gained prior to entry into the training program as summarised in the table below.

- Trainees granted retrospective approval of previous anaesthesia training as meeting any requirements of the ANZCA training program must complete all other program requirements (regulation 37.5.7.3.7).

- Both the duration and recent timing of the training experience will be considered as part of the approval process.

- Applications for recognition of prior learning should be made to the director of professional affairs (assessor) using the Recognition of Prior Learning form and accompanied by all supporting documentation including confirmation that the training undertaken was recognised as postgraduate vocational training by a specialist college, university or similar authority acceptable to the ANZCA Council.

- Applications should be submitted via assessor-requests@anzca.edu.au. Upon receipt of the application, acknowledgement will be sent within one business day but may take up to six weeks for an outcome depending on the director of professional affairs (assessor) workload.

5.1.2 Retrospective recognition of part-time experience

Any retrospective approval of experience gained part-time must meet the ANZCA requirements for part-time training, which include: (regulation 37.5.5.9).

1. A minimum of 50 per cent of the working hours of a full-time trainee.

2. An appropriate mix of elective and emergency work.

3. Participation in local teaching programs (regulations 37.5.5.9.4, 37.5.5.9.5, 37.5.5.9.6).

When submitting an application for recognition of prior learning for experience that was gained part-time, trainees must ensure that the documentation submitted indicates whether these three criteria are met.
Table 5.1  Recognition of prior learning

(Duration listed are maximum number of weeks that may be credited; the director of professional affairs (assessor) assesses each application on its merits.)

| 1. Experience during prevocational training | - Volume of practice requirements. |
| 2. Prior experience in clinical anaesthesia |
| Training in a program preapproved for recognition of prior learning: |
| - 26 weeks towards introductory training. |
| - 78 weeks towards basic training. |
| Training in a program not preapproved for recognition of prior learning: |
| - 13 weeks towards introductory training. |
| - 65 weeks towards basic training. |
| Trainees who hold a postgraduate qualification by examination in an affiliated training region: |
| - 26 weeks towards introductory training. |
| - 78 weeks towards basic training. |
| - 78 weeks towards advanced training. |
| - 26 weeks towards provisional fellowship training. |
| Training in an ANZCA-accredited department when not registered as an ANZCA trainee (Trainees must have completed a period of at least 52 weeks anaesthesia training): |
| - 13 weeks towards introductory training. |
| - 39 weeks towards basic training. |
| 3. Experience in an anaesthesia-related specialty |
| Experience in intensive care medicine may be considered for approval as core intensive care medicine training. |
| Other clinical training: |
| - One week towards introductory training. |
| - 18 weeks towards basic training. |
| - 19 weeks towards advanced training. |
5.2 Experience during prevocational training

Relevant supervised anaesthetic experience during prevocational training can be recognised as recent anaesthesia experience (RAE). See section 2.6.4.2.

Applications for RPL for scholar role activities completed during prevocational training must be made separately under regulation 37.5.10.4.

5.3 Prior experience in clinical anaesthesia

5.3.1 International medical graduate specialist pathway

A medical practitioner who has completed vocational training in a foreign training program, and is recognised as a specialist anaesthetist in that country, may be eligible for the international medical graduate specialist (IMGS) pathway, refer regulation 23.

5.3.2 Other

Applicants who are not eligible for the international medical graduate specialist pathway can apply to the director of professional affairs (assessor) to have training time approved retrospectively towards the requirements of introductory training, basic training, advanced training, and/or provisional fellowship training.

- Applications must include:
  - Full original documentation or copies certified by a justice of the peace or equivalent authority, confirming medical qualifications and eligibility for application and registration as a trainee with ANZCA (if not already registered).
  - Evidence of 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 (regulation 37.5.7.2.2).

- Training time will be recorded as clinical anaesthesia or other clinical time. Leave requirements for ANZCA training will apply (regulation 37.5.5.11).

- If some or all of the retrospective training was part-time, it must comply with the requirements of ANZCA part-time training (regulations 37.5.5.9.4, 37.5.5.9.5, 37.5.5.9.6).

#equivalent authority – justice of the peace or equivalent (where relevant for other countries); for Australia and New Zealand refer:


http://www.jpfed.org.nz/
5.3.2.1 Training in a program preapproved by the ANZCA Council for recognition of prior learning

- The two programs currently pre-approved for ANZCA recognition of prior learning (RPL) are part training towards fellowship of the Royal College of Anaesthetists and the College of Anaesthetists of Ireland. Holders of these qualifications may gain retrospective approval of up to:
  - 26 weeks towards introductory training, and
  - 78 weeks towards basic training.

- Exemption may be granted from the initial assessment of anaesthetic competence (IAAC) and from the primary examination on application to the director of professional affairs (assessor) via assessor-requests@anzca.edu.au.

- Depending on the supporting documentation provided, retrospective approval may also be granted for meeting volume of practice requirements for specialised study units and credit may be given towards the completion of the required assessments (regulation 37.5.7.2.4).

- RPL for scholar role activities will be determined by the Scholar Role Sub-Committee (SRSC) and must meet the requirements of regulation 37.5.10.4.

5.3.2.2 Training in a program not preapproved by the ANZCA Council for recognition of prior learning

- In this situation, trainees may gain retrospective approval of up to:
  - 13 weeks towards introductory training, and
  - 65 weeks towards basic training.

- The initial assessment of anaesthetic competence (IAAC) and the specified volume of practice requirements must be completed satisfactorily in order to complete introductory training.

- The primary examination and other specified assessments plus specified volume of practice requirements must be completed in order to complete basic training.

- For some candidates this may require additional time, which will be recorded as ‘extended time – E’, that is, IT-E (extended introductory training time) or BT-E (extended basic training time).

- Depending on the supporting documentation provided, retrospective approval may also be granted for meeting volume of practice requirements for specialised study units and credit may be given towards the completion of the required assessments (regulation 37.5.7.2.5).

- RPL for scholar role activities will be determined by the SRSC and must meet the requirements of regulation 37.5.10.4.

5.3.2.3 Trainees who hold a postgraduate qualification by examination in Hong Kong, Singapore or Malaysia

- This currently applies to holders of fellowship of the Hong Kong College of Anaesthesiologists, and master of medicine in anaesthesia from Singapore or Malaysia.

- Holders of these qualifications may gain retrospective approval of up to:
- 26 weeks approved towards introductory training.
- 78 weeks approved towards basic training.
- 78 weeks approved towards advanced training.
- 26 weeks approved towards provisional fellowship time.

- Time approved in this way must have been spent in supervised training in ANZCA-accredited training sites, and comply with all College requirements.

- Exemption from the initial assessment of anaesthetic competence and from the primary examination will require specific application to the director of professional affairs (assessor).

- The ANZCA final examination must be satisfactorily completed in order to complete the requirements for advanced training, and the residual requirements for provisional fellowship training must be completed.

- Depending on the supporting documentation provided, retrospective approval may also be granted for meeting volume of practice requirements for specialised study units and credit may be given towards the completion of the other required assessments (regulation 37.5.7.2.6).

- RPL for scholar role activities will be determined by the SRSC and must meet the requirements of regulation 37.5.10.4.

5.3.2.4 Previous training completed in an ANZCA-accredited department while not registered as an ANZCA trainee

- Medical practitioners who, prior to registering as ANZCA trainees, have completed anaesthesia experience in a position that is equivalent to that of an ANZCA trainee in an ANZCA-accredited department, may gain retrospective approval of up to:
  - 13 weeks towards introductory training, and
  - 39 weeks towards basic training.

- The training must have been continuous and for a minimum period of 52 weeks (full-time equivalent) clinical time. It may be interrupted by a period of leave.

- The initial assessment of anaesthetic competence and the specified volume of practice requirements must be completed satisfactorily in order to complete introductory training.

- The primary examination and other specified assessments plus specified volume of practice requirements must be completed in order to complete basic training.

- For some candidates this may require additional time that will be recorded as extended introductory training or extended basic training.

- Depending on the supporting documentation provided, retrospective approval may also be granted for meeting volume of practice requirements for specialised study units and clinical fundamentals. Credit may also be given towards the completion of the required assessments (regulation 37.5.7.2.7).
Trainees granted retrospective approval of previous anaesthesia training as meeting specified requirements of the ANZCA training program must complete all other program requirements (regulation 37.5.7.2.8).

Leave requirements as specified in regulation 37.5.5.11 must be met.

RPL for scholar role activities will be determined by the SRSC and must meet the requirements of regulation 37.5.10.4.

5.4 Experience in an anaesthesia-related specialty

A trainee who, prior to starting ANZCA anaesthesia vocational training, has undertaken vocational training in Australia, New Zealand or overseas in a specialty outside clinical anaesthesia, pain medicine and intensive care medicine (for example, internal medicine, emergency medicine) may apply to have training time retrospectively approved. The documentation requirements are detailed in regulation 37.5.7.3.2.

If the training was in intensive care medicine it may be considered for approval as meeting the requirements for core intensive care medicine training provided the mandated workplace-based assessment multi-source feedback was satisfactorily completed (regulation 37.5.5.3.5). This training (other than that considered to be core intensive care medicine training) is recorded as other clinical training and retrospective approval may be given for up to:

- One week towards introductory training.
- 18 weeks towards basic training.
- 19 weeks towards advanced training.

Any approved other clinical training time will be included in the maximum amount of other clinical training that can be undertaken during each training period of the ANZCA training program.

Leave taken during approved other clinical training may also be accrued towards total training time provided it meets the ANZCA requirements of leave as outlined in regulation 37.5.5.11.

All specified requirements of introductory training, basic training, advanced training and provisional fellowship training must be completed satisfactorily, including the initial assessment of anaesthetic competence, primary examination and final examination.

Depending on the supporting documentation provided, retrospective approval may also be granted for meeting volume of practice requirements for specialised study units and credit may be given towards the completion of the required assessments (regulation 37.5.7.3.4).

RPL for scholar role activities will be determined by the SRSC and must meet the requirements of regulation 37.5.10.4.

If some or all of the retrospective training was part-time it must have met the requirements of ANZCA part-time training (regulations 37.5.5.9.4, 37.5.5.9.5, 37.5.5.9.6).

If a fellowship level postgraduate qualification is held in the specialty in which the training occurred (for example, fellowship of the College of Intensive Care Medicine), up to 42 weeks other clinical time plus leave may also be approved retrospectively towards provisional fellowship training to take effect once all the requirements of advanced training have been completed (regulation 37.5.7.3.6).
6 Guidelines on giving feedback on trainee performance

ANZCA training occurs within clinical settings (for example, the operating suite, preadmission clinic, on postoperative ward rounds, in the pain clinic) and involves supervision by more senior doctors (specialists and senior trainees).

An important part of supervision is providing regular, constructive feedback. Feedback refers to information describing a trainee’s performance in a given activity after a period of observation by a supervising clinician. The aim of the feedback is to assist trainees achieve the desired level of performance and to promote self-development and striving for excellence in the medical expert and non-medical expert ANZCA Roles in Practice.

The feedback should be specific, descriptive, objective and non-judgmental (fair and transparent), promoting the development of insight based on positive outcomes as well as any consequences. Feedback should be given to the trainee in a timely manner to ensure it is effective. Discussions must occur in a private setting with opportunities for the trainee to consider their performance and respond to any feedback that is provided. For feedback to have a positive influence on learning, where a trainee’s performance does not meet set expectations, goals with regular monitoring and support should be developed to improve performance. Most people have a basic need to know how well they are doing – motivation and effort are inextricably linked to the likelihood of success. It is therefore important when giving feedback to focus on providing specific details relating to behaviours and expertise in order to developed desired levels of performance. The ANZCA Roles in Practice are a useful tool in describing the desired levels of performance for all training periods. It is important when giving feedback that the trainee feels a goal is achievable and that they develop a pathway feeding into their clinical placement review plan.

6.1 Process

Feedback is most effective when focused on specific learning goals/outcomes. It is beneficial if the trainee is aware of what good performance is prior to a teaching/learning episode, as this will enable practical comparison with a clearly articulated standard.

Beginning the feedback session with a self-assessment of performance by the trainee can help determine if the trainee is able to self-assess and has insight about his or her own level of performance. The trainee then receives feedback from the supervisor to reinforce the significant areas that the trainee has identified and to provide specific information regarding areas and strategies for improvement. Finally the trainee should summarise the key points of the discussion and update their action plan (see below) with the supervisor, as appropriate.
In summary, feedback should consist of a three-step approach:

1. Trainee self-assessment.
2. Supervisor feedback on strengths and areas for improvement.
   - Restrict feedback to two or three key points that will have the greatest potential impact.
3. Trainee action plan.
   - An important aspect of effective feedback is to ensure the recipient summarises the key points from the dialogue and creates/documents an action plan to address these in the future.

Diagram 6.1 Model of feedback covered in ANZCA Educators Program
6.2 Characteristics of effective feedback

Feedback is most effective when it is:

- Expected (by both the trainee and the supervisor).
- Encouraging.
- Timely.
- Based on first-hand observations, where possible.
- Specific rather than general.
- Focused on a small number of points at each session.
- Limited to observed actions and behaviours, rather than assumptions of trainee performance.
- Respectful and preferably given in a private environment.

Examples of feedback in the training environment

There are a number of modes of delivering feedback in the training program including day-to-day interactions and also at designated points. Feedback can be:

- Brief and informal (for example, “it might be easier to hold the laryngoscope this way”).
- Structured and formative (for example, a mini-clinical evaluation exercise or direct observation of procedural skills with feedback against a set of expected behaviours observed in the clinical environment).
- Structured and at predefined stages of the training program (for example, a clinical placement review or core unit review).

6.3 Resources to improve supervisor skills in giving feedback

Giving effective feedback as a supervisor is a skill that can be developed over time. ANZCA can assist supervisors in developing this skill and has provided a number of resources to assist. These include:

- The ANZCA Educators Program for clinical educators, workshop on feedback.
- The ANZCA Educators Program online course (section 32.2).
- The ANZCA Library has a number of relevant resources.
- Additional information is in handbook section 7.4 on workplace-based assessments.

6.4 Receiving feedback

Feedback has a positive influence on learning (Hattie, 2008). The purpose of feedback is to provide valuable information to enable improvements in performance and behaviour to an
expected level (Ambrose, 2012). Trainees should expect to receive feedback and if it is not forthcoming, they are expected to request it.

Receiving feedback is effective when it follows a four-step process:

- Self-assess.
- Consider strengths and areas for development.
- Develop an action plan.
- Proactively seek support, if required, to achieve desired outcomes.

Useful feedback is specific and most effective when it aligns with the trainee’s clinical placement plan (section 7.3.2.1).

When receiving feedback there are some human behaviours to be aware of that can limit the receiver’s ability to make the most of feedback. These responses range from: ignoring the feedback altogether; defending behaviour or performance without understanding the consequences of it or its impact; creatively explaining behaviour; or accepting the feedback, digesting it, trying to understand it and adapting behaviour so that next time performance improves.

Advice for both trainees and supervisors when receiving feedback:

1. Regularly request feedback and be specific about what you want feedback on, for example, what was observed, the consequences and what you can do to improve.
2. Be mindful of your emotional response and be wary of becoming defensive.
3. Treat it as valuable information and use as basis for self-reflection.
4. Listen actively and ask questions to clarify points raised.
5. Paraphrase the feedback to be sure you have heard and understood it correctly.
6. Use feedback constructively to enable improvement.
7. Evolve clinical placement plans based on feedback received.
7. Assessment requirements

7.1 Overview

During the training program, trainees must ensure the satisfactory completion of the following assessments:

1. The in-training assessment process:
   a. Clinical placement reviews (CPRs) – at least six monthly, including required workplace-based assessments.
   b. Core unit reviews (CURs) – at the completion of introductory training, basic training and advanced training including initial assessment of anaesthetic competence and workplace-based assessments.
   c. Provisional fellowship review (PFR) – at the completion of provisional fellowship training including workplace-based assessments.

2. Examinations:
   a. Primary examination – prior to advancement to advanced training.
   b. Final examination – prior to advancement to provisional fellowship training.

3. Scholar role assessments.

The in-training assessment (ITA) process, undertaken by supervisors of training, comprises clinical placement reviews (CPRs), core unit reviews (CURs) and a provisional fellowship review as summarised in the following table.

It is essential that the in-training assessment process is conducted in accordance with sound educational principles and that the principles of natural justice are observed.
### Table 7.1 Assessment requirements

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Timing</th>
<th>Initiated by</th>
<th>Purpose</th>
<th>Components and discussion points</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initial assessment of anaesthetic competence (IAAC)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initial assessment of anaesthetic competence (IAAC)</td>
<td>Prior to completion of introductory training</td>
<td>Trainee, introductory training tutor or supervisor of training</td>
<td>Summative assessment to move beyond level 1 supervision</td>
<td>Workplace-based assessments, IAAC questions</td>
</tr>
<tr>
<td><strong>Clinical placement reviews (CPR)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Planning clinical placement review</td>
<td>Beginning of clinical placement, or following feedback CPR in placements of greater than six months' duration</td>
<td>Trainee or supervisor of training</td>
<td>Clinical placement plan discussion</td>
<td>Review training to date</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Clinical placement plan documentation</td>
<td>Opportunities for volume of practice and workplace-based assessment</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Scholar role activities</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Exam and course planning</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Welfare issues</td>
</tr>
<tr>
<td>Interim clinical placement review</td>
<td>Optional in general</td>
<td>Trainee or supervisor of training</td>
<td>Discussion of area(s) of difficulty</td>
<td>Documentation</td>
</tr>
<tr>
<td></td>
<td>May be required for trainees experiencing difficulty with any aspect of training</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Commence plan to address area(s) of difficulty</td>
<td>Include review of volume of practice and workplace-based assessment targets</td>
</tr>
<tr>
<td>Feedback clinical placement review</td>
<td>Prior to last day of or up to four weeks after a clinical placement, or at least six monthly in longer placements</td>
<td>Trainee or supervisor of training</td>
<td>Review progress against clinical placement plan</td>
<td>Workplace-based assessment, volume of practice, scholar role activities</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Review core study unit learning outcomes</td>
<td>Clinical placement reviews questions</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Global assessment</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Plan for next clinical placement</td>
<td>Include review volume of practice and workplace-based assessment targets</td>
</tr>
<tr>
<td>Assessment</td>
<td>Timing</td>
<td>Initiated by</td>
<td>Purpose</td>
<td>Components and discussion points</td>
</tr>
<tr>
<td>------------</td>
<td>--------</td>
<td>--------------</td>
<td>---------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td><strong>Specialised study unit reviews (SSUR)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialised study unit review</td>
<td>At completion of specialised study unit review components</td>
<td>Trainee</td>
<td>Review specialised study unit review learning outcomes</td>
<td>Specialised study unit review questions</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Confirm components of specialised study unit review complete</td>
<td>Volume of practice and workplace-based assessment</td>
</tr>
<tr>
<td><strong>Core unit reviews (CUR)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Introductory training core unit review</td>
<td>End of introductory training</td>
<td>Trainee or supervisor of training</td>
<td>Summative assessment</td>
<td>Multi-source feedback</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Confirm components of core study unit complete</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>IAAC, volume of practice time, volume of practice cases and procedures, advanced life support, clinical placement review</td>
<td></td>
</tr>
<tr>
<td>Basic training core unit review</td>
<td>End of basic training</td>
<td>Trainee or supervisor of training</td>
<td>Summative assessment</td>
<td>Multi-source feedback</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Confirm components of core study unit complete</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Primary exam, volume of practice time, volume of practice cases and procedures, workplace-based assessment, advanced life support, clinical placement reviews, specialised study unit review verification; scholar role activity-A</td>
<td></td>
</tr>
<tr>
<td>Advanced training core unit review</td>
<td>End of advanced training</td>
<td>Trainee or supervisor of training</td>
<td>Summative assessment</td>
<td>Multi-source feedback</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Confirm components of core study unit complete</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Final exam, volume of practice time, volume of practice cases and procedures, workplace-based assessment, advanced life support, EMAC, clinical placement reviews, specialised study unit review verification; scholar role activity A &amp; B</td>
<td></td>
</tr>
<tr>
<td><strong>Provisional fellowship review (PFR)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>End of provisional fellowship year</td>
<td>Trainee or provisional fellowship supervisor</td>
<td>Summative assessment</td>
<td>Multi-source feedback</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Confirm components of provisional fellowship training complete</td>
<td>Review provisional fellowship year plan, workplace-based assessment, EMAC, clinical placement reviews, scholar role activity A &amp; B</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Discuss application for fellowship</td>
<td></td>
</tr>
</tbody>
</table>
7.2 ANZCA Guidelines on Assessment

The ANZCA Guidelines on Assessment have been created to direct the development and implementation of appropriate policies and processes on assessment. The full set of principles is listed here.

7.3 The in-training assessment (ITA) process

7.3.1 Initial assessment of anaesthetic competence (IAAC)

The initial assessment of anaesthetic competence (IAAC) is specific to the introductory training (IT) period (regulation 37.5.5.4) and is an assessment of a trainee's ability to commence working clinically beyond level one supervision for suitable cases. For further details on supervision levels, refer to section 19.4.

It has been developed to ensure that trainees new to anaesthesia have achieved competence in key anaesthetic skills and have the fundamental knowledge to safely undertake basic anaesthetic practice in a more independent capacity.

The initial assessment of anaesthetic competence must be completed as a component of introductory training.

It will normally be finally completed during the last weeks of introductory training, and should normally be signed off as part of the introductory training core unit review (IT CUR). However, it may be completed as early as 13 weeks after commencement of introductory training if the trainee has approved recent anaesthetic experience. (Refer to regulation 37.7.1.2.3 for further information). The IAAC can only be signed off by the supervisor of training.

Either the supervisor of training or the introductory training tutor (ITT) may undertake the initial assessment of anaesthetic competence.

The initial assessment of anaesthetic competence is comprised of two components:

1. Initial assessment of anaesthetic competence workplace-based assessments.
2. Initial assessment of anaesthetic competence questions.

Initial assessment of anaesthetic competence (IAAC) workplace-based assessments

For the initial assessment of anaesthetic competence (IAAC), trainees are required to complete the following workplace-based assessments (WBAs) during introductory training:

- Four satisfactory direct observation of procedural skills (DOPS) assessments; and
- Six satisfactory mini clinical evaluation exercise (mini-CEX) assessments.

These are specified in the anaesthetic training program curriculum. Guidelines for conducting these workplace-based assessments are provided in section 7.4. Only the supervisor of training may enter completion of the IAAC WBA in the training portfolio system.

IAAC questions

The initial assessment of anaesthetic competence (IAAC) also includes an assessment of medical expert knowledge.

Conducted by the supervisor of training or introductory training tutor (ITT), this component of the initial assessment of anaesthetic competence is a series of questions sampled from knowledge-based learning outcomes for the introductory training core study unit (section 2.1)
of the anaesthesia training program curriculum document – identified by the code ‘IAACQ’ in the assessment column.

Although these learning outcomes may be assessed again in the primary examination, final examination or workplace-based assessments, they have been selected as an essential part of very early training in anaesthesia practice. Repeat assessment provides the opportunity for demonstration of spiral learning.

Samples of initial assessment of anaesthetic competence questions and guidance on how to generate these questions from the available IAACQ learning outcomes are available in the anaesthesia training program curriculum. Introductory training tutors and supervisors of training are encouraged to devise further questions for use in their departments.

Only the supervisor of training may enter completion of the IAAC questions in the training portfolio system.

7.3.2 Clinical placement reviews (CPRs)

A clinical placement review (CPR) is conducted by the trainee’s current supervisor of training and must occur at the beginning and at the end of each clinical placement.

If the duration of a clinical placement is longer than 26 weeks, a clinical placement review must be performed at no longer than 26-week intervals. This provides opportunities for a trainee to receive regular formal feedback and revise their goals for the placement as needed.

Additional clinical placement reviews may occur part way through the placement at the instigation of either the trainee or the supervisor of training.

There are three types of clinical placement review:

1. Planning clinical placement review.
2. Interim clinical placement review (optional for placements shorter than 26 weeks).
3. Feedback clinical placement review.

A planning clinical placement review will occur:

- At the beginning of a placement and follows a feedback clinical placement review for the previous placement.
- Alongside a feedback clinical placement review undertaken part way through a placement of greater than 26 weeks duration.

This clinical placement review must include discussion of a trainee’s clinical placement plan (CPP), which the trainee must prepare prior to meeting with their supervisor of training (See below).

The planning clinical placement review provides a trainee with both a review of their progress through training to date, and outlines the opportunities for learning that the clinical placement presents.

ANZCA encourages an interim clinical placement review as part of the in-training assessment process. If a trainee is on a placement longer than 26 weeks, an interim clinical placement review must occur mid-way through the placement or at least every 26 weeks. A clinical placement review may be particularly required for those trainees who are experiencing difficulties during their clinical placement. This may be instigated by either the trainee or
supervisor of training and need not just relate to performance issues (for example, an interim clinical placement review may be requested due to difficulties obtaining the required volume of practice or workplace-based assessments).

A trainee may require more than one interim clinical placement review.

The feedback clinical placement review occurs at regular intervals during training:

- At the end of a clinical placement or
- Part way through a placement of longer than 26 weeks duration if considered appropriate by the supervisor of training.

The timing of this clinical placement review can be at the discretion of the supervisor of training but is required to ensure that no trainee goes without formal guidance for longer than 26 weeks.

Trainees need to ensure that all compulsory clinical placement reviews are scheduled and completed, as the review of formative assessments contributes towards the core unit reviews. If a trainee cannot demonstrate that they have satisfactorily completed clinical placement reviews for each placement or if clinical placement reviews confirm unsatisfactory or borderline performance, then this may trigger the trainee experiencing difficulty process (TDP), section 13.

Supervisors of training should also monitor trainees’ completion of regular clinical placement reviews and assist in reminding trainees if these are overdue.

Review of progress against clinical placement plan

Trainees are advised to prepare for the feedback clinical placement review by reviewing their clinical placement plan and training portfolio system (TPS) logbook details prior to meeting with the supervisor of training. The feedback clinical placement review requires the supervisor of training to review the trainee’s progress against their clinical placement plan. It will be informed by the trainee’s workplace-based assessments, which will be reviewed with the trainee at this time.

Clinical placement review questions

It also is an opportunity for the supervisor of training to ask the trainee a selection of set questions, covering a broad spectrum of the learning outcomes in the ANZCA Roles in Practice. The supervisor of training must ask the trainee up to three clinical placement review questions. The supervisor of training should use questions that the trainee has not been asked before or has had difficulty in answering in the past. The clinical placement review questions are within the Clinical Placement Review Form on the training portfolio system, and in Appendix 6 of this handbook. The learning outcomes that the questions assess are identified in the ANZCA Roles in Practice section of the anaesthesia training program curriculum document, with the code ‘CPRQ’ in the assessments column.

Feedback summary

Based on all this information the supervisor of training will provide a feedback summary and global assessment indicating whether the trainee has met the expectations for his or her level of training during that clinical placement, and note any outstanding elements that will need to be addressed in the current or subsequent clinical placements. If, during the clinical placement review, the trainee is identified as underperforming, the trainee experiencing difficulty process will be commenced.
Clinical placement plan (CPP)

A clinical placement plan (CPP) is developed by the trainee prior to the planning clinical placement review at the start of each clinical placement and following feedback clinical placement review for placements longer than 26 weeks. The supervisor of training will review the plan with the trainee at the planning clinical placement review and make suggestions and changes as appropriate.

The plan outlines the learning opportunities of each clinical placement and trainees are required to identify the areas of the curriculum (workplace-based assessments, volume of practice cases and/or procedures, and scholar role activities) that they will focus on during the placement including:

- Specific aims for the trainee.
- Learning outcomes (that is, what is to be learned).
- Assessment requirements (how it will be demonstrated that outcomes have been achieved successfully).
- Required timeframe.

The plan should be based upon the trainee’s current practice and learning style and the training program aims. Trainees should refer to their plans and revise them as necessary.

Time management is an essential component of training. This includes allocating appropriate time to learn the knowledge, skills and attitudes associated with the training program. Trainees are to specify in their clinical placement plans the time they will devote to achieving their learning aims. Trainees should take into account their abilities and the opportunities available to them in relation to their specific learning aims.

Self-assessment is an essential skill for effective medical specialists. It is extremely valuable for trainees and must be developed during training. Essentially, self-assessment is periodic self-review by the trainee in order to improve his or her ability as an anaesthetist.

In its simplest form, self-assessment requires the trainee to ask:

- What were my goals for the last 26 weeks?
- Which goals did I achieve?
- What are my strengths?
- What are my weaknesses?
- How can I improve my areas of weakness?
- What are my goals for the next 26 weeks?

With practice, self-assessment becomes intuitive and can be performed more effectively.

Specialised study unit review

The accrual of assessments towards the specialised study units as a whole will occur throughout introductory, basic and advanced training. The timing of completion will vary across different training locations. For some specialised study units these assessments will be spread over a number of years while those for other specialised study units may be completed in a short time frame associated with a single clinical placement in a specific area of practice.
Trainees starting a new clinical placement are encouraged to make early contact with the specialised study unit supervisor or supervisors (SSUSs) at that training site in order to establish both the opportunities for specialised study unit accrual, and the requirements and expectations for completion of any specialised study unit that may be achievable during the placement.

Prior to the sign off of a specialised study unit the trainee must review their progress against the required workplace-based assessment and volume of practice (cases and/or procedures) with the specialised study unit supervisor. The specialised study unit supervisor will have access to the training portfolio system to complete the specialised study unit review form but does not have independent access to the trainee’s training record.

During this process, the specialised study unit supervisor will also ask the trainee three questions, based on the learning outcomes from the specialised study unit relevant to the review. The questions are determined by the specialised study unit supervisor on an independent basis and they must indicate in the training portfolio system that the questions have been satisfactorily answered by the trainee.

The aim is not to produce the most difficult questions, it is rather to attempt to assess the trainee’s ability in that specialised study unit and their understanding of management for patients in that specialised study unit. If the trainee is not satisfactory then he or she should not be passed and they may need some remediation.

If the trainee has met all the requirements of the specialised study unit then the specialised study unit supervisor will provide a feedback summary, complete and submit the specialised study unit review, via the training portfolio system.

Completion of the specialised study unit requires a supervisor of training to verify the specialised study unit review. They will confirm that the Fellow the trainee has asked to complete the specialised study unit review is the training site’s appointed specialised study unit supervisor. The supervisor of training will also review the specialised study unit workplace-based assessments to confirm satisfactory performance. This can occur at any stage following specialised study unit review, and may occur at the time of the next core unit review or clinical placement review.

In the situation where a trainee is unlikely to complete a specialised study unit, the specialised study unit supervisor is advised to contact the trainee’s current supervisor of training as early as possible, and a plan for addressing any outstanding training issues should be made with the trainee.

The intensive care medicine specialised study unit has requirements for completion that are different from the other specialised study units.

The assessment components for this specialised study unit are:

- Time requirements.

More information on the process for completing the specialised study unit review for intensive care is available here.

7.3.4 Core unit reviews (CURs)

Timing

Each core unit review (CUR) is a summative assessment (regulation 37.7.1.2), which occurs at the end of each core study unit, and marks progression between training periods. It may be incorporated into any clinical placement review (CPR) but may also occur independently of
clinical placement reviews, according to timing of the completion of the introductory, basic and advanced training periods. Each core unit review and clinical placement review will need to be entered separately into the training portfolio system.

In the final weeks of a training period the training portfolio system will generate an alert to the trainee that the core unit review is due.

If the core unit review meeting does not occur at the time it is due but all other requirements have been met then any workplace-based assessments, volume of practice and time accrued in this intervening period will be credited towards the new training period once the core unit review takes place. This is managed automatically by the training portfolio system.

Format

An interview is held between the trainee and their current supervisor of training, during which the supervisor of training confirms that all components of the relevant core study unit have been completed, and feedback from the core study unit multi-source feedback assessment is provided. The trainee must meet the expected level of training for the relevant training period to progress to the next period of training. At the time of the core unit review, the supervisor of training can verify any specialised study unit reviews and courses completed during that period of training.

If, during the core unit review, the trainee is identified as underperforming, the trainees experiencing difficulty process (TDP) will be commenced.

Outstanding requirements

If any of the core study unit requirements are outstanding, the supervisor of training should discuss the outstanding requirements with the trainee and save the core unit review for future completion.

A further core unit review interview will be required once all components of that core study unit are completed. The core unit review is then concluded and a progression date is entered into the training portfolio system. This date will be the first Monday after the date of completion of the last outstanding requirement, be it an examination, workplace-based assessment, volume of practice, specialised study unit or course.

If the trainee is not satisfied with the outcome

There is a formal process for a trainee to request reconsideration, review or appeal of a core unit review. This is found in section 16 of this handbook.
7.3.5 Provisional fellowship review

The in-training assessment process for the provisional fellowship training period requires:

1. Planning clinical placement review (regulation 37.7.1.1.1).
2. Feedback clinical placement review (regulation 37.7.1.1.3) at 26 weeks.
3. A further feedback clinical placement review at the end of the provisional fellowship training year, which also forms the final in-training assessment of the training program.

The latter, termed a provisional fellowship review, is a meeting between the supervisor of training and the trainee for the purpose of reviewing the outcomes of the provisional fellowship training period as outlined in the trainee’s provisional fellowship training learning plan. This provisional fellowship review is activated on the training portfolio system by ticking the box on the Clinical Placement Review (CPR) Form, which asks “Is this the last CPR of training?”

The learning plan, a clinical placement plan specific to the provisional fellowship training year, is completed by the trainee prior to their planning clinical placement review.

The feedback clinical placement reviews during the provisional fellowship training will be informed by the compulsory provisional fellowship training workplace-based assessments.

Once the provisional fellowship review is complete the trainee is eligible to apply for fellowship (section 15). The review must be completed within four weeks of finishing the placement. Completion of a provisional fellowship review does not automatically confer fellowship (section 15: exiting from the program). The ANZCA Executive ultimately determines progression to fellowship on recommendation from the director of professional affairs (assessor).
7.4 Workplace-based assessment (WBA)

The purpose of workplace-based assessment

The purpose and value of workplace-based assessment is to provide regular structured formative feedback to trainees, to facilitate teaching and learning, and to inform the in-training assessment process. These formative assessments foster a culture of feedback and support as well as providing transparency for trainees, workplace-based assessment assessors and other supervisors.

The curriculum requires a minimum number of workplace-based assessments for each training period and study unit. Assessment tools have been matched specifically to the types of learning outcomes (knowledge, skills and attitudes/behaviours). The learning outcomes are blueprinted to the curriculum to ensure that each trainee’s progress in all parts of the curriculum is adequately monitored and assessed to promote learning and ensure that graduates of the program have all the necessary attributes for specialist practice.

The following four workplace-based assessment tools each have a different function. Collectively, they contribute to providing a bigger picture for supervisors to monitor trainee performance, especially to inform the clinical placement review.

1. Multi-source feedback (MSF).
2. Direct observation of procedural skills (DOPS).
4. Case-based discussion (CbD).

The tools can be used from the start of each training period by choosing procedures and cases that the trainee can manage reasonably independently.

Monitoring of workplace-based assessment

Supervisors of training monitor performance by reviewing workplace-based assessments, with the trainee, at each clinical placement review. The supervisor of training provides appropriate assistance with the aim of assisting the trainee to satisfy the requirements for the core unit review.

If trainee performance is not at the level expected for the stage of training and/or a workplace-based assessment (WBA) assessor has indicated that the trainee would benefit from additional assessments for a similar type of case, additional workplace-based assessments above the minimum requirement should be undertaken. This process should be seen as a mechanism for constructive advice to the trainee that they would benefit from further formative feedback. The supervisor of training can also mandate extra workplace-based assessments using the training portfolio system. For further information on how to adjust workplace-based assessment targets in the TPS, refer to the user guide for supervisors of training, available here.

A trainee may also approach the supervisor of training to say that the judgment of a WBA assessor on a particular occasion or on several occasions does not satisfy them. This may be based on the assessment outcome or because a judgment was made but insufficient constructive feedback was given to the trainee. The supervisor of training should consider the trainee’s concerns including the trainee’s written comments on the individual Workplace-based Assessment Form. The supervisor of training should assist the trainee in this situation by considering the trainee’s comments, the WBA assessor’s comments and also other assessments undertaken during training.
It is advised that the supervisor of training maintains communication with WBA assessors in order to ensure the overall process is fair and constructive. The College provides training for WBA assessors.

7.4.1 Initiation of workplace-based assessments (WBAs)

The purpose and timing of the multi-source feedback (MSF), direct observation of procedural skills (DOPS), mini-clinical evaluation exercise (mini-CEX) and case-based discussion (CbD) are outlined in the anaesthesia training program curriculum and practical advice about the use of the tools is outlined below. The trainee, workplace-based assessment assessor or supervisor of training initiated DOPS, mini-CEX and CbD regularly throughout clinical placements. The trainee should initiate MSF at a time agreed with the supervisor of training.

7.4.2 Numbers of workplace-based assessments

Mandatory workplace-based assessment numbers

Each mandated workplace-based assessment has been designed to assess specific skill-based learning outcomes in the new curriculum. These specific learning outcomes are written describing the level of achievement expected for the trainee according to their training period (for those in the core study units) or by the end of a specialised study unit. Many will also describe the level of complexity and supervision required.

The ANZCA curriculum specifies the compulsory numbers of workplace-based assessments required for the various training periods, but it is important to emphasise that these numbers are minimum requirements. Trainees should be encouraged to do more than the minimum to assist them towards achieving relevant knowledge, skills and behaviours.

There are circumstances, initiated by the trainee or the supervisor, where additional assessments are encouraged and may be required. Each of the learning outcomes that link to one of the mandated workplace-based assessments is identified in the assessment column of the curriculum document by either M-DOPS, MS-DOPS (for DOPS to be completed in a simulated setting), M-CEX or M-CbD and can be used as a reference if the workplace-based assessment assessor is unsure whether to recommend that a trainee should repeat the assessment or not.

Counting workplace-based assessments towards the required volume of practice

All workplace-based assessments performed will be counted by the training portfolio system (TPS) towards the volume of practice minimum requirement. However this minimum volume of practice represents the number that must be performed at the level expected for training. The count done by the TPS is referred to as the “run rate” and trainees should continue to meet the run rate, even if they have completed the minimum required assessments for the current training period.

Some trainees may demonstrate the level expected following a single workplace-based assessment. However, many trainees will require repetitions of specific workplace-based assessments to achieve the level expected. The number required will vary for each trainee. Each workplace-based assessment will help the trainee, through directed feedback, to identify exactly what it is that they need to do next time to bring them closer to achieving the required level. The number required will be different for each trainee depending on their strengths and weaknesses; hence only a minimum number is specified and more may be required.
Requirement to repeat workplace-based assessments

For the mini-CEX, CbD and DOPS workplace-based assessments, they are a formative “assessment for learning” rather than “an assessment of learning”. Each assessment provides structured feedback and the “run rate” (that is, the number of WBAs required per each three-month period) ensures trainees receive regular feedback.

As well as being formative in nature, the workplace-based assessment also shows progression towards independent practice. The time will come when an assessor judges that a trainee does not need to repeat a WBA, because on this occasion they demonstrated the required competency.

For each WBA, the assessor is asked either if the trainee should be reassessed (for a DOPS) or if the assessment should be repeated on a similar type of clinical case (for a mini-CEX and CbD). Trainees, supervisors, tutors and assessors should be aware of the two categories of WBA requirements within the curriculum: mandatory WBAs (with the prefix “M”) and optional WBAs (without the prefix “M”). They should be aware of the different priority that should be directed towards each category.

Where an assessor indicates that an assessment should be repeated for a similar type of case:

1. The priority for the trainee must be to repeat a mandatory WBA until an assessor states that the trainee does not need to repeat it again.
2. For optional WBAs (without the prefix “M”), trainees do not necessarily have to repeat each WBA. However, if they opt to complete a WBA on a different topic, they should be aware that where there is a requirement for a certain number of optional WBAs to be completed during a training period or SSU, they must still complete the required number of optional WBAs with the outcome that they do not need to repeat that type of WBA for a similar type of case.

Trainee responsibilities

Trainees must ensure that they have achieved the prescribed minimum volume of workplace-based assessments (at the level expected) and repeat any workplace-based assessment on the same or a similar case or procedure where this recommendation has been made. This is important as failure to meet the minimum workplace-based assessment requirements at each core unit review will result in failure to progress to the next core unit and hence the trainee will enter into a period of extended training.

The TPS also displays the ‘WBA run rate’ which relates to the minimum number of workplace-based assessments that must be completed during each three month period. The ‘WBA run rate’ ensures the trainee receives regular performance feedback and that they provide evidence to inform their clinical placement reviews. Trainees should familiarise themselves with the required run rate as set out in the curriculum document and ensure that they maintain this as it pertains to the basic and advanced training periods. The TPS display of the run rate is counted on a rolling basis, meaning it is recalculated each day, based on the previous three months, rather than providing an overall record of WBAs completed every three months during a core unit.

Role of supervisors of training (SOTs)
Supervisors of training should review all workplace-based assessments done during each clinical placement review period and provide advice to the trainee as to whether they have reached the required minimum (see Appendix 3 of the curriculum document).

The supervisor of training should ensure, through regular review of workplace-based assessments at clinical placement reviews, that both they and the trainee know what has been achieved and what workplace-based assessment requirements are outstanding. This will allow the trainee time to address these prior to the next core unit review, inform the next clinical placement plan and streamline the process of checking requirements during the core unit review.

The training portfolio system dashboard on each trainee’s profile guides the supervisor of training review of volume of practice requirements for workplace-based assessments. The training portfolio system does not distinguish between workplace-based assessments that are at the level expected and those that are not.

1. If the dashboard indicates that the volume of practice has not been met this will be reliable and should inform the clinical placement review and core unit review.

2. Should the dashboard indicate that the minimum workplace-based assessment volume of practice has been met, the supervisor of training will need to review the detail to ensure the minimum requirement of workplace-based assessments completed at the expected level has been reached. Regular review of workplace-based assessments at each clinical placement review will expedite this process.

The TPS also displays the ‘WBA run rate’ which relates to the minimum number of workplace-based assessments that must be completed during each three month period. Trainees are responsible for maintaining the prescribed rate in both the basic and advanced training periods. The TPS display of the run rate is counted on a rolling basis, meaning it is recalculated each day, based on the previous three months, rather than providing an overall record of WBAs completed every three months during a core unit. In circumstances where a trainee has not met the run rate during one or more clinical placements, the supervisor of training will need to review the timing of the completion of assessments during the placement and consider whether any assessment should be repeated or if the trainee may be able to meet the run rate during their next placement.

There may be circumstances in which a trainee is in advance of the run rate, in anticipation of a clinical placement where they may be presented with less opportunities to complete the minimum mandatory assessment requirements, due to the nature of the clinical setting (e.g., intensive care etc.). The supervisor of training must decide if the trainee's next clinical placement review will be deemed satisfactory taking into account the overall situation and this decision is at the discretion of the SOT.

One of the objectives of the run rate is to ensure there is evidence to inform the clinical placement review and core unit review. If the trainee has not maintained the ‘run rate’, the SOT must decide if there is enough evidence to attest that the trainee’s performance has met the expected level, when they complete the CPR Feedback interview. While there is some flexibility for the SOT in what they are prepared to accept as satisfactory information to inform the clinical placement review, a trainee will not be permitted to progress to the next training period at the time of their core unit review if they have not completed the minimum number of assessments required to have met the ‘run rate’ for the training period as a whole.

Trainees in basic and advanced training are required to maintain the WBA run rate during any type of clinical placement with the exception of intensive care medicine. However, it is advisable where possible to continue to complete workplace-based assessments while in intensive care, particularly on cases or procedures that are relevant to the intensive care setting.
7.4.3 Guidelines for the selection of cases and procedures for workplace-based assessments

*Mandated (M-)* workplace-based assessments

Mandated workplace-based assessments (WBA) with a specific focus have been selected and positioned in the core study unit where independent practice (under supervision) is expected by the completion of that level of training. These link directly to the learning outcomes identified in the skills section of the relevant ANZCA Clinical Fundamentals. These learning outcomes are identified by M-DOPS, MS-DOPS, M-CEX or M-CbD in the assessment column of the curriculum document.

Where workplace-based assessments are assigned a volume of practice the trainee should be encouraged to not only have a workplace-based assessment when they are ready to be assessed at an independent level, but also to use workplace-based assessments to provide targeted feedback as they work towards this goal. The greatest benefit arises if the workplace-based assessments selected are just beyond the level at which the trainee can perform independently. Cases that are too easy or that have previously been mastered will not provide the WBA assessor with the opportunity to provide input to assist the trainee with developing new, more advanced skills. If the cases or procedures are too advanced this will be an opportunity to get feedback but there may be too many areas requiring development, which may dilute the effectiveness of the feedback.

*Optional workplace-based assessments*

Workplace-based assessments where the trainee or assessor selects the focus should be for cases and procedures in areas, which the trainee is working towards independent practice. The learning outcomes of the core unit they are undertaking (particularly those in the skills sections and identified by DOPS, S-DOPS, CEX or CbD in the assessment column) guide what they should be aiming to achieve by the end of that training period.

*Repeated problems with workplace-based assessments*

Supervisors of training should encourage trainees who have identified problem areas and weaknesses to do additional workplace-based assessments in those areas to assist them. If the trainee is repeatedly receiving the same feedback in the same area(s) and is unable to demonstrate improvement despite this feedback, it may indicate that they are experiencing difficulty and intervention may be required (see section 13 on trainees experiencing difficulty).
7.4.4 Multi-source feedback (MSF)

This is a formative assessment, which is undertaken once in each training period to contribute towards each core unit review, at which time the results are considered with those of other workplace-based assessments.

The multi-source feedback should be completed by both specialist anaesthetists and other team members (for example, provisional fellows, surgical registrars and specialists, senior recovery, pain and intensive care unit nursing staff and anaesthesia assistants) with whom the trainee has worked.

Each trainee co-ordinates the distribution of the Multisource Feedback Forms to assessors, allowing sufficient time for them to be returned to the supervisor of training. A minimum of seven forms will be required for the supervisor of training to compile the overall multi-source feedback response. In order to ensure this number of forms is returned, the trainee should use their judgement to decide how many forms to circulate, perhaps assuming a response rate of 50 per cent.

The responses are returned to the supervisor of training who will review and collate a summary response for subsequent discussion with the trainee. This ensures confidentiality and allows the supervisor of training to give the trainee a global assessment rather than focusing on individual comments.

It is recommended that the multi-source feedback is undertaken as late as possible during each training period and during the intensive care medicine placement. This is to allow enough time for the assessors nominated by the trainee, to observe them in training and to be able to comment on various aspects of their performance. The following are recommended timeframes for completion of the multi-source feedback, however trainees will need to allow sufficient time for their supervisor of training to collate and review the forms before adding the multi-source feedback summary to the training portfolio system:

- Introductory training (IT) - within the four weeks preceding the introductory training core unit review.
- Basic training (BT) - within the eight weeks preceding the basic training core unit review.
- Advanced training (AT) - within the 12 weeks preceding the advanced training core unit review.
- Provisional fellowship training (PFT) - within the six weeks preceding the provisional fellowship review.
- Intensive care medicine - within the last three to four weeks of the placement.

7.4.5 Direct observation of procedural skills (DOPS)

Direct observation of procedural skills (DOPS) assesses and provides structured feedback about both knowledge and technical proficiency regarding a discrete procedural skill. The procedure may be done as either part of usual clinical work or by simulation (for example, on a part task trainer). Simulated settings in this context do not include the EMAC course and trainees will not be provided with opportunities to complete workplace-based assessments during this course.

Direct observation of procedural skills has three components:
1. **Discussion** regarding relevant anatomy, indications, contraindications, complications and side-effects, equipment required, patient positioning and monitoring, and consent. It is useful to ask the trainee to outline how they will perform the procedure and what precautions they will take, before they start the procedure. Consideration should be given as to whether this discussion should occur in the presence of the patient.

2. **Observation** of the consent process and the procedure.

3. **Feedback.** This is the most important aspect of the process. Feedback should be given verbally as soon after the observation as possible. The setting should be private and free from interruption if possible. It should be reiterated that the feedback is for the purpose of training only and will only be shared with ANZCA representatives for that purpose.

Towards the end of the DOPS Form, there is a global assessment on the level of supervision the assessor believes the trainee requires when performing the procedure. This decision should be based on questioning and direct observation of the trainee's performance. It does not depend on how many times the trainee has performed the procedure or the level of training of the trainee.

If the assessor assesses that the trainee still requires direct supervision for this procedure, he or she needs to provide feedback and document in the assessment what the trainee needs to demonstrate in order to be able to do the procedure without direct supervision.

### 7.4.6 Mini-clinical evaluation exercise (mini-CEX)

The mini-clinical evaluation exercise provides supervisors and trainees with a structured assessment and feedback format for clinical knowledge (including reasoning and understanding), skills (technical and non-technical) and behaviours related to the trainee's management of a single clinical case.

The trainee and the supervisor agree on an appropriate case before the assessment starts. The case should be one that the trainee is able to comprehend and manage reasonably without direct intervention by the supervisor (this is referred to as being at the trainee’s ‘learning edge’). Trainees should be mindful of the need to ask for help as required, and that appropriate guidance seeking will be viewed positively in the assessment.

The mini-clinical evaluation exercise has three components:

1. **Discussion** regarding relevant clinical knowledge, understanding and reasoning related to the case. The trainee should be able articulate and justify a plan (as expected for his or her level of training). Consideration should be given as to whether this discussion should occur in the presence of the patient.

2. **Observation** of the trainee managing the case. It is important that the trainee is in the ‘driver's seat’. The supervisor may need to intervene from time to time for reasons of safety and work efficiency. The supervisor should record what supervisory interventions were required and why. This forms the basis of the constructive feedback to assist the trainee attain greater autonomy. The supervisor should also note when no intervention was required and discuss this in the feedback (see Mini-CEX Form).

3. **Feedback.** This is the most important aspect of the process. Feedback should be given verbally as soon after the observation as possible. The setting should be private and free from interruption if possible. It should be reiterated that the feedback is for the purpose of training only and will only be shared with ANZCA representatives for that purpose.

### 7.4.7 Case-based discussion
Purpose

Case-based discussion is a formative assessment designed to assess and coach trainees primarily in the skill of reasoning through discussion of decision-making, interpretation and application of evidence to real clinical cases. Additionally, it assesses self-reflection and ability to verbally present a case. It is also an opportunity to assess and give guidance on relevant clinical knowledge, understanding and documentation. Case-based discussion is similar in some ways to conducting a trial viva however it uses a real case that the trainee has managed fairly independently as the stem.

Case-based discussion is particularly useful for cases that the trainee has managed under level 3 or 4 supervision and is a powerful tool for assessing decision-making, particularly during the later stages of training. However, it is not mandatory for the case to have been managed at level 3 or level 4 supervision as this may not always be possible and there is still value in assessing the trainee’s understanding of why the patient was managed in a particular fashion.

Process

Case selection and de-identification

The trainee brings copies of the anaesthetic records of at least three cases they have dealt with reasonably independently (ideally at level 3 or 4 supervision) and the assessor chooses the most appropriate one for discussion.

Occasionally the supervisor of training may direct a trainee to have a particular case assessed and in this case the trainee needs to take a copy of that specific anaesthetic record along to the assessment.

Anaesthetic records should be de-identified for privacy and confidentiality reasons.

Presentation, discussion, assessment, feedback

1. **Presentation:** The trainee presents the case to the assessor. The assessor puts a brief summary in the field ‘Case details’ in the training portfolio system.

2. **Discussion:** Suggested foci for discussion are provided on the form. The assessor should include the headings of the foci discussed in the field ‘Discussion foci’. An estimate of the complexity of the discussion should be documented.

3. **Rating:** The assessor rates the trainee according to how much prompting he or she requires to demonstrate adequate reasoning and other skills for safe care.

4. **Feedback:** This should be given at the time of the assessment. It should be specific and constructive, with the trainee given advice about areas that he or she needs to focus on in future study and structures that he or she may find helpful for approaching tasks such as formulating plans. It should be reiterated that the feedback is for the purpose of training only and will only be shared with ANZCA representatives for that purpose.

Case-based discussion should only require 10 to 20 minutes of discussion, and the whole process should take 30 to 45 minutes.
7.5 Scholar role activities and assessments

The scholar role activities facilitate the development of trainees as teachers and learners, as expressed in the Scholar Role learning outcomes.

During the training program, trainees need to learn how to critically evaluate information and its sources and apply this appropriately to practice decision. Scholar role activities engage trainees to formulate clinical questions from cases or scenarios, conduct a literature search and critically appraise retrieved evidence in order to address their questions. By completing an audit, trainees are participating in quality improvement efforts, acknowledging relevant standards, comparing departmental or personal practice to those standards, and devising interventions that improve patient care where necessary. This activity sets the foundation for trainees to participate in regular practice review when they become specialists.

All doctors have a role in the teaching and supervision of medical students, junior colleagues and other health professionals, so trainees are expected to develop proficiency as teachers. As specialists, they will need to understand how evidence is generated and how to evaluate it and apply it in their practice. This requires a basic knowledge of audit, quality improvement, research methods and critical appraisal.

The details of the scholar role activities and how they are assessed are provided below.

To fulfil the requirements of the scholar role, all trainees must complete the following activities*:

1. Teaching a skill (with evaluation, feedback and reflection).
2. Facilitating a group discussion/running a tutorial (with evaluation, feedback and reflection).
3. Critical appraisal of a paper published in a peer-reviewed indexed journal.
5. Completion of an audit, including a written report.

To progress from basic to advanced training, trainees must complete two activities. To progress from advanced to provisional fellowship training, all activities must be completed (including courses that the trainee has undertaken to achieve an exemption from any of the Scholar role activities).

By the end of PFT, trainees must also:

- Attend 2 regional or greater conferences/meetings.
- Participate in 20 existing quality assurance programs, which may include audit, critical incident monitoring, morbidity and mortality meetings.

Trainees who were in the ANZCA training program prior to the 2017 HEY should refer to appendix seven of the handbook for information on transition arrangements for the scholar role activities.
Details of scholar role activities and evaluations

Fellows can be nominated by the departmental scholar role tutor (DSRT) to undertake evaluation of any of the scholar role activities except for the audit. The scholar role tutor must be confident that the nominee has appropriate skills and experience to undertake the evaluation.

Teaching a skill and facilitating a group discussion/running a tutorial

It is recommended that the trainee and DSRT meet prior to the activity to discuss the trainee’s session plan prior to commencing the activity.

The DSRT observes the trainee teaching a skill to a colleague or facilitating a group discussion and evaluates the trainee’s performance using the relevant form; either Evaluation Form – Teaching a Skill or Evaluation Form – Facilitating a Group Discussion/Running a Tutorial. The DSRT considers each of the items on the form and determines: whether significant improvement is required; whether the item has been addressed, though some improvement is required; or, whether the item has been satisfactorily addressed. If multiple items require significant improvement it may be helpful for the trainee to be observed and evaluated again. If there are one or two items that the trainee requires some improvement on, it is recommended that the assessor discuss these with the trainee, including how the trainee might improve when teaching a skill/facilitating a group discussion in the future.

While trainees are only required to complete each activity once to complete the scholar role activity requirement, it is recommended that trainees continue to approach teaching in a similar manner during the course of their training and request feedback from the learner/s, peer/s, or a supervisor to continually refine their skills.

DSRT and trainees should also refer to the following guidelines for more information on the expectations of each item on the evaluations forms:

Guidelines for DSRTs and trainees – Teaching a Skill

Guidelines for DSRTs and trainees – Facilitating a Group Discussion/Running a Tutorial

<table>
<thead>
<tr>
<th>Activity</th>
<th>Confirmation of completion and recording in the TPS</th>
<th>Assessment of activity</th>
</tr>
</thead>
</table>
| Teach a skill (with evaluation, feedback and reflection). | • The departmental scholar role tutor confirms satisfactory completion with the supervisor of training (SOT).  
• Trainee records the activities in the courses events section | Evaluation of sessions against set criteria to be undertaken by the departmental scholar role tutor (or their nominee), using the evaluation form available from the ANZCA website. |
| Facilitate a small group discussion or run a tutorial (with evaluation, feedback and reflection). | • SOT confirms the entry. | Evaluation of session against set criteria to be undertaken by the departmental scholar role tutor or nominee using the evaluation form available from the ANZCA website. |
Critical appraisal of a paper

Critical appraisal is the process of carefully and systematically analysing research to determine its quality, value and relevance in a particular context. Critical appraisal is a necessary skill to keep medical knowledge up-to-date and to ensure optimal patient care. For this activity, a paper is defined as a paper published in a peer-reviewed indexed journal.

Research studies and papers need to be appraised for strength of evidence. Checklists should be used as appropriate to assess both the internal validity (how likely the study result is believable) and external validity (how applicable the results are to my practice) of the study, and strength of recommendation or guidelines coming from the paper.

The trainee must select the paper in consultation with the DSRT prior to commencing work on the appraisal. Trainees may complete this activity by providing a verbal or written report to the DSRT, or present their work to colleagues during a journal club meeting. The trainee must appraise: introduction; research methods; results; discussion; and, conclusion of the paper selected. The trainee must also provide an overall conclusion regarding the study. The DSRT evaluates the trainee’s performance using the Evaluation Form – Critical Appraisal of a Paper.

DSRT and trainees should also refer to the following guidelines for more information on the expectations of each item on the evaluations forms:

Guidelines for DSRTs and trainees – Critical Appraisal of a Paper.

<table>
<thead>
<tr>
<th>Confirmation of completion and recording in the TPS</th>
<th>Assessment of activity</th>
</tr>
</thead>
</table>
| • The departmental scholar role tutor confirms satisfactory completion with the supervisor of training (SOT).  
• Trainee records the activity in the courses and events section  
• SOT confirms the entry | Evaluation against set criteria to be undertaken by the departmental scholar role tutor (or their nominee) using the form available from the ANZCA website. |

Critical appraisal of a topic

Critically appraising a topic is the process of finding the best evidence available and assessing the strength of this evidence, especially in relation to its findings or conclusions.

The trainee must select the topic in consultation with the DSRT prior to commencing work on the appraisal. The topic selected must be of relevance to patients and/or clinicians working in the department. This activity should represent approximately 20 hours of work by the trainee.

To complete this activity the trainee must present their appraisal to the relevant department. Four main aspects are evaluated: rationale for topic selection; literature search; analysis of evidence; and, applying results to clinical practice.

The DSRT observes the presentation and evaluates the trainee’s performance using the Evaluation Form – Critical Appraisal of a Topic.

DSRT and trainees should also refer to the following guidelines for more information on the expectations of each item on the evaluations forms:

Guidelines for DSRTs and trainees – Critical Appraisal of a Topic.

<table>
<thead>
<tr>
<th>Confirmation of completion and recording in the TPS</th>
<th>Assessment of activity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Evaluation against set criteria to be undertaken by the departmental scholar role tutor (or their nominee) using the form available from the ANZCA website.</td>
</tr>
<tr>
<td>Completion of an audit, including written report</td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>A clinical audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria. Its objectives are to measure the outcomes of patients against accepted standards. Where indicated, the trainee should recommend changes and plan an intervention if the standards are not met. Trainees may re-sample after an intervention in Provisional Fellowship Training, at which time this activity would contribute to pro-rata CPD requirements. Trainees who contribute significantly to multi-centred collaborative trials may submit a written report (detailed below) to the department scholar role tutor for assessment towards completion of the audit requirement.</td>
<td></td>
</tr>
</tbody>
</table>

The trainee must select the audit topic in consultation DSRT prior to commencing work on the audit to ensure the topic is clinically relevant to the department and/or trainee.

The expected time for completion of the audit is between 25-50 hours of work which equates to 1-2 hours activity per week for a period of 6 months for each trainee.

Trainees may complete an audit of personal practice, however, for those trainees who are contributing to a department or group audit, each trainee is expected to:

- Make a significant contribution across multiple components of the audit in terms of planning, design, implementation, and/or final write-up as assessed by the Department Scholar Role Tutor (DSRT) (this does not require a significant contribution to every component of the audit).

- Demonstrate a familiarity with the audit process and its relevance to Quality Improvement in the health care setting.

Ethics approval is not a mandatory requirement for satisfactory completion of this scholar role activity. However, trainees are strongly recommended to be aware of local regulations regarding conducting audits and ethics committee requirements within that jurisdiction. This applies even if the trainee does not intend to publish the results of the audit outside their department. In case of uncertainty, advice should be sought from the relevant ethics committee.

To complete this activity the trainee is required to provide a written report in the form outlined by the Standards for Quality Improvement Reporting Excellence (SQUIRE) 2.0 guidelines. The trainee should consider each item listed on the evaluation form, but it may be inappropriate or unnecessary to include every SQUIRE element in the report. This activity should represent no less than 1-2 hours activity each week for a period of about 6 months for each trainee. A word limit of approximately 1500 words should be used as a guideline for the written report.

The DSRT evaluates the trainee’s report using the Evaluation Form – Audit.

DSRTs and trainees should also refer to the following guidelines for more information on the expectations of each item on the evaluations forms:

Guidelines for DSRTs and trainees – Audit.
**Additional audit resources**

- Clinical audit samples.
- ANZCA CPD guidelines for clinical audit.
- Specific audit “recipes”: Raising the standard: A compendium of audit recipes for continuous quality improvement in anaesthesia.

<table>
<thead>
<tr>
<th>Confirmation of completion and recording in the TPS</th>
<th>Assessment of activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Review of audit report completed by DSRT member of the SRSC.</td>
<td>Approval of topic and audit design by departmental scholar role tutor. The audit report must be submitted to the SRSC for evaluation, using the application form available from the ANZCA website. Audit report should follow the SQUIRE format as outlined in the application form.</td>
</tr>
<tr>
<td>• If report approved, activity confirmed in the TPS by College staff.</td>
<td></td>
</tr>
</tbody>
</table>

**Scholar role meeting requirements**

Regional meetings are defined as any meeting of relevance to the practice of anaesthesia, pain medicine or related fields held at the local health region or (in Australia) state level and which the trainee attends for a minimum of at least seven hours (one day). Two half days may be considered the equivalent of one day and therefore one meeting. Trainees must record these meetings in the TPS for the approval of their supervisor of training and are encouraged to record the amount of time they spent at the meeting.

Meetings/conferences attended at a level greater than the region are defined as national or international meetings relevant to the practice of anaesthesia, pain medicine or related fields and which the trainee attends for a minimum of at least seven hours (one day). Again two half days may be considered the equivalent of one day and therefore one meeting. Examples include the ANZCA annual scientific meeting, New Zealand ASM, and special interest group meetings.

Meetings covering non-clinical topics such as career guidance or employment issues and opportunities are not considered appropriate for meeting this volume of practice activity.

<table>
<thead>
<tr>
<th>Activity</th>
<th>No.</th>
<th>Confirmation of completion and recording in the TPS</th>
<th>Assessment of activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attend regional or greater conferences/meetings</td>
<td>2</td>
<td>• Trainee records each meeting as a separate entry in the courses and events section</td>
<td>N/A</td>
</tr>
<tr>
<td>Participate in existing quality assurance programs</td>
<td>20</td>
<td>• Supervisor of training confirms the entries</td>
<td></td>
</tr>
<tr>
<td>May include clinical audit, critical incident monitoring, morbidity and mortality meetings</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Exemptions from scholar role activities

Exemption from scholar role activities is granted at the discretion of the SRSC. Any trainee who is dissatisfied with the outcome of an application may apply for reconsideration under regulation 30.

Teaching a skill and facilitating a group discussion/running a tutorial

Trainees who complete a postgraduate certificate or equivalent in teaching during training or up to five years prior to commencement of the training program may apply to the SRSC for exemption from both the teaching a skill and facilitating a group discussion/running a tutorial activities.

Trainees considering the completion of a postgraduate certificate or equivalent in teaching during training may apply to the SRSC for prospective approval of the course to achieve an exemption from these activities. Prospective approval is not mandatory, but is suggested so trainees know whether an exemption will be granted prior to spending time completing a course. Refer to the list of pre-approved courses.

Please note, recognition of prior learning or exemption will only be granted for courses completed at a recognised university that include:

- A minimum time commitment of 200 hours or six months full-time/12 months part-time.
- A minimum of 24 credit points.
- An observation of the trainee’s competency to teach a skill.

All courses should be at Australian or New Zealand Qualifications Framework level 8 or above.

Teaching a Skill

Trainees who are trained instructors for EMAC, EMST, APLS, or ALS2 and are instructors on a course during the training program are eligible for exemption from the Teaching a Skill activity. Eligible trainees should add a “teach a skill” scholar role activity in the TPS, enter the course details in the information section, and provide the evidence to their SOT who is responsible for confirming the activity.

Trainees who facilitate a small group discussion while instructing on a course and are observed by the DSRT or nominee can be evaluated using the evaluation form for facilitating a group discussion/running a tutorial.

Critical appraisal of a paper and topic

Trainees who complete a postgraduate certificate or equivalent in research up to five years prior to commencement of the training program may apply to the SRSC for exemption from the critical appraisal of a paper and/or critical appraisal of a topic activities. Trainees considering the completion of a postgraduate certificate or equivalent in research during training may apply to the SRSC for prospective approval of the course to be considered for an exemption from either or both activities. Prospective approval is not required, but is suggested so trainees know whether an exemption will be granted prior to spending time completing a course. Refer to the list of pre-approved courses. Recognition of prior learning or exemption will only be granted for courses completed at a recognised university that include:

- A minimum time commitment of 200 hours or six months full-time/12 months part-time.
- A minimum of 24 credit points.
At least one unit (notionally 100 hours) in research methods.

All courses should be at Australian or New Zealand Qualifications Framework level 8 or above.

Trainees who have made a significant contribution to a research project during training or who have completed a research project (either the date forwarded for publication or if not published, the date the manuscript was complete) up to five years prior to commencement of the training program may apply to the SRSC for exemption from the critical appraisal of a paper and/or critical appraisal of a topic activities. In order to be eligible for exemption or RPL:

- The trainee must have been involved in most phases of the research project.
- The trainee must be named as a co-investigator on any ethics application or named on a subsequent ethics committee amendment form.
- The trainee must have made a significant contribution to the majority of the literature review.
- The project must have had some form of supervision (usually from the DSRT).
- A minimum time commitment of 200 hours as approved by the supervisor

Trainees should include evidence of acceptance by a peer-reviewed journal of a paper reporting the research with the trainee listed as a co-investigator, a copy of the published paper with the trainee’s name on it, or confirmation from the DSRT that the work is of a publishable standard.

Trainees who have completed a systematic review to a publishable standard during training or up to five years prior to commencement of the training program may apply to the SRSC for exemption from the critical appraisal of a paper and/or critical appraisal of a topic activities. In order to be eligible for exemption or RPL, the trainee:

- Must have been the major contributor.
- Must have had some form of supervision (usually from the DSRT).

Trainees must include evidence of completion, either:

- Acceptance by a peer-reviewed journal of the review with the trainee listed as the first author or a copy of the published paper with the trainee as first author.
- Assessment by the DSRT against the critical appraisal activities criteria.

* Activities completed during the primary medical degree are not eligible for recognition of prior learning for scholar role activities.

Audit

There is no exemption from completion of the audit.

**Recognition of prior learning for scholar role activities**

Trainees may apply for recognition of prior learning for scholar role activities that have been completed within five years of commencing the training program. Activities completed during the primary medical degree are not eligible for recognition of prior learning for scholar role activities.
RPL is available for activities that meet the requirements of scholar role activity requirements (regulation 37.5.10.1) or the exemption requirements (regulation 37.5.10.3).

Recognition of prior learning credit for scholar role activities is granted at the discretion of the SRSC. Any trainee who is dissatisfied with the outcome of an application may apply for reconsideration and review under regulation 30.

There is no recognition of prior learning credit for the audit requirement. All trainees must participate in an audit during training.

There is no exemption for activities performed during the primary medical degree.

**Further guidance and resources**

Trainees are encouraged to seek further guidance and advice from their local departmental scholar role tutor. The ‘scholar role training’ section of the ANZCA website also contains further information and a frequently asked questions section regarding the scholar role activities, to assist trainees in becoming familiar with and fulfilling the requirements of the scholar role.
7.6 Examinations

7.6.1 Overview

Trainees are required to successfully complete the primary examination (to complete basic training) and the final examination (to complete advanced training). Examinations can be undertaken while in interrupted training. These examinations are conducted by the Primary Examination Sub-Committee and the Final Examination Sub-Committee, respectively. Further information on examiners is available in section 31.

Dates and venues for both examinations are available on the ANZCA website.

The revised curriculum establishes limits in respect of the number of examination attempts permitted. In summary, trainees are permitted five (5) attempts at the primary examination. As of the 2018 HEY trainees are permitted five (5) attempts at the final examination before they become ineligible to re-sit these examinations and remain in the ANZCA vocational training program. For trainees who have commenced AT prior to the 2018 HEY refer to section 7.6.3.

For transitional purposes, the accumulated number of attempts at both the primary and final examinations prior to the start of the 2013 hospital employment year does not count towards the application of these limits under the revised curriculum. For further information contact the director professional affairs (assessor) assessor-requests@anzca.edu.au.

The examinations are conducted to ensure fairness to all candidates and with rigorous standards of intellectual and process integrity. See also section 44, academic honesty and plagiarism.

7.6.2 Primary examination

Successful primary examination completion is necessary to meet the requirements of the core unit review at the end of basic training, thus for the completion of the basic training core study unit and progression to advanced training.

The purpose of the primary examination is to assess the scientific foundations of clinical anaesthesia. Broadly, the curriculum is applied physiology, pharmacology, anatomy, measurement, equipment, and quality and safety. Learning outcomes that are assessed by the primary examination are located within the introductory training and basic training core study units of the curriculum document and are indicated by a 'PEx' in the assessment column. Learning outcomes relating to maternal and paediatric physiology and pharmacology are also assessed in the primary examination as indicated by a 'PEx' for the associated learning outcomes in their respective specialised study units.

The primary examination subject areas are integrated into one examination. As the examination is an integrated one, it is not possible for trainees to carry component ('part') passes. The primary examination assesses knowledge outcomes via written and oral components.

Candidates are allowed five attempts at the primary examination. High-level targeted feedback will be offered to unsuccessful candidates on request or after two unsuccessful attempts, to facilitate candidate understanding of weaknesses and preparation for future attempts.

Eligibility to sit the primary examination

Trainees are eligible to sit the primary examination once they have commenced basic training (i.e. following successful completion of introductory training) and are in approved vocational training. Trainees in interrupted training who have been in approved vocational training within
52 weeks of the date of the written examination are also eligible to sit. A trainee who has been in interrupted training for over 52 weeks is not eligible to sit the examination.

While all components of introductory training must be completed prior to sitting the primary examination, a trainee can register to sit the primary examination during introductory training. This may occur earlier in introductory training for those with recent anaesthesia experience (RAE). Trainees who have completed the initial assessment of anaesthetic competence can then focus their attention on examination preparation and sit the primary examination within basic training.

**Preparation for the primary examination**

Trainees are strongly advised to structure their approach and to pay particular attention to time management, study skills and study environment.

It is recommended that candidates peruse the primary examination section of the website prior to sitting for the examination. Examination reports are published on the website after each examination and discuss each examination in detail.

Most trainees benefit from participation in formal or informal study groups with other primary examination candidates. The formation of these groups can be facilitated by supervisors of training and may include trainees from different hospitals to ensure sufficient numbers to form an effective study group. It is suggested that these groups be formed early in the examination preparation process.

**Description of the primary examination**

The primary examination is held twice each year. The written components may be undertaken in Australia and New Zealand. The vivas are held in Melbourne on dates and times as determined by ANZCA Council and publicised well ahead of time.

The primary examination consists of:

1. **A multiple-choice question paper**: 150 minutes, 150 questions. It is a Pass/Fail component. It is essential to pass the MCQ, in order to get an invitation to the viva.

2. **A short-answer question paper (50 per cent)**: 150 minutes, 15 questions.

3. **Three viva voce stations (‘vivas’) (50 per cent).**

To be invited to the vivas a candidate must obtain a mark of at least 40 per cent in the short answer question and a pass in the multiple-choice question sections of the exam.

Each viva has mixed curriculum content, is undertaken by two examiners and runs for 20 minutes.

**Requirements to pass the primary examination**

Total marks are 100. A pass mark is 50.0.

**7.6.3 Final examination**

Trainees must successfully complete the final examination as part of the requirements for the core unit review at the end of advanced training to progress to provisional fellowship training.

The focus of the final examination is on the practical integration and application of knowledge in clinical practice. Learning outcomes that will be assessed by the final examination are located within the ANZCA Roles in Practice, the ANZCA Clinical Fundamentals in all core
study units and in all specialised study units in the curriculum document. They are indicated by a ‘FEx’ in the assessment column.

As of the 2018 HEY candidates are allowed five attempts at the final examination. For trainees who have commenced AT prior to the 2018 HEY seven attempts will be permitted. High-level targeted feedback will be offered to unsuccessful candidates on request or after two unsuccessful attempts, to facilitate candidate understanding of weaknesses and preparation for future attempts.

The international medical graduate specialist (IMGS) examination comprises parts or all of the final examination. Depending on the individualised international medical graduate specialist assessment outcome there are three options: the whole examination, the short-answer written plus medical and anaesthetic vivas or just the medical and anaesthetic vivas (no written). The IMGS Committee will determine which assessment is required as per regulation 23. Candidates may choose to sit the whole examination.

Eligibility to sit the final examination

Trainees are eligible to sit the final examination once they have completed:

1. 26 weeks full-time equivalent of approved vocational training in advanced training.

2. At least 88 weeks full-time equivalent clinical anaesthesia time as part of approved vocational training.

Trainees should be in approved vocational training at the time of the examination, however trainees in interrupted training who have been in approved vocational training within 52 weeks of the start of the written examination are also eligible to sit. A trainee who has been in interrupted training for over 52 weeks is not eligible to sit the examination.

Preparation for the final examination

Trainees are advised to begin their preparation for this examination at least 12 months prior to their intended sitting date. Trainees are strongly advised to structure their approach to study and to pay particular attention to time management, study skills and study environment.

It is recommended that candidates peruse the final examination section of the website prior to sitting for the final examination. Examination reports are published on the website after each examination and discuss each examination in detail.

Many trainees benefit from participation in formal or informal study groups with other final examination candidates. The formation of these groups can be facilitated by local supervisors of training and may include trainees from different hospitals to ensure sufficient numbers to form an effective study group.

Description of the final examination

The final examination is held twice a year, with the written components and the medical vivas undertaken on consecutive days at venues in Australia and New Zealand as determined by ANZCA Council, and the anaesthesia vivas usually held at a later time and alternately in Melbourne and Sydney, as determined by ANZCA Council.

The final examination assesses knowledge outcomes via written and oral components and consists of:

1. A multiple-choice question paper (weighting 20 per cent): 150 minutes, 150 questions.
2. **A short answer question paper (20 per cent):** 150 minutes, 15 questions.

3. **Two medical viva voce examinations ('medical vivas') (12 per cent):** each of 18 minutes, assessing skills in history taking and physical examination.

4. **Eight anaesthesia vivas (48 per cent):** each of 15 minutes.

The medical vivas test a candidate’s ability to assess a specified medical condition of a patient to a standard appropriate for a pre-anaesthesia consultation, take a relevant history, elicit physical signs and, from these, determine the functional status of the system involved. It does not address other issues that may be routine during a pre-anaesthetic consultation such as history of difficult intubation, when unrelated to the patient’s condition.

For these vivas the candidate will spend approximately half the available time with the patient taking a history and performing an examination observed by the examiner. The examiner may warn the candidate near the end of the time with the patient. The remaining time will be spent with the examiner presenting the findings and discussing findings and other matters of relevance.

The ability to evaluate the risk of anaesthesia and discuss the significance of pathophysiology in relation to anaesthesia is also considered.

Questions may also be asked regarding the interpretation of ECGs, chest x-rays, biochemical profiles, respiratory function tests, medical imaging and other investigations that are relevant to the assessment of patients coming to surgery or developing complications in the perioperative period. An understanding of the management of acute medical emergencies is expected.
The anaesthesia vivas cover a broad range of topics. An introductory case scenario is often used to start a viva. This enables the candidate to gather his or her thoughts. In designing structured vivas, the examiners aim to assess candidates’ ability to synthesise their factual knowledge.

The following qualities are assessed:

- Clinical judgment.
- The application of the principles of acceptable and safe anaesthetic practice.
- Prioritisation.
- Interpretation of complex clinical situations.
- An ability to make decisions based on a changing clinical situation.
- Anticipation of clinical actions and their sequelae.
- Effective communication.

Requirements to pass the final examination

To achieve a pass the candidate must achieve a mark of at least 50 per cent; pass the anaesthetic viva section and at least one other section of the examination.

Those sitting the whole examination who have failed the multiple choice, short answer and medical viva exam will have failed the exam. Criteria for progression to the anaesthetic vivas in the final examination are a mark of at least 40 per cent in the multiple choice exam and a mark of at least 40 per cent in the short answer exam and a pass in at least one section of the multiple choice, short answer and medical exam. All candidates will be notified as soon as possible after the written and medicals (approximately three weeks prior to the anaesthesia vivas) of their eligibility to attend the anaesthesia viva exams.

7.6.4 Examination application

Information regarding examination dates and venues is available on the ANZCA website.

- Trainees seeking to present for an examination are required to submit an application form, along with all associated documents, and pay all relevant fees (regulation 37.7.3.3.4) by the closing date.

- Applications will not be accepted after the closing date, if relevant fees have not been paid at this time (regulation 37.7.3.3.5) and if any outstanding training-related fees have not been paid at this time.

- Applicants must have fulfilled all eligibility requirements at the date of application or by the date of the written section. 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 the date of the written section of the examination (regulation 37.7.3.3.2).

- Any trainee seeking exceptions relating to the above examination rules should contact the director of professional affairs (assessor) via email assessor-requests@anzca.edu.au.
7.6.5 Examination withdrawal

Any candidate may withdraw his or her application in writing, before the closing date of the examination (regulation 37.7.3.4.1). After this date, a fee will be charged for withdrawal from the examination.

In circumstance of illness, ANZCA’s provisions for illness and disability apply.

7.6.6 Examination results

Primary examination

Candidates are advised of their examination results through a variety of mechanisms for each section of the examination as follows:

- **Written results:** Candidates are advised via email and the College website. Only successful candidate examination numbers are posted on the website.

- **Viva results:** An envelope containing the overall examination result is available for collection by each candidate at the results venue. Successful candidate numbers are displayed on a board at the presentation following the examination and on the ANZCA website. Website results will be posted up to two hours following availability at the results venue.

- Successful candidates will receive a certificate of completion and unsuccessful candidates will receive feedback letters. These will be sent via post, within four weeks of the conclusion of the examination.

- If a candidate discovers a discrepancy in the result, they are advised to seek clarification from the College (primaryexam@anzca.edu.au).

Final examination

Candidates are advised of their examination results through a variety of mechanisms for each section of the examination as follows:

- **Written and medical viva results:** Candidates are advised via email and the College website. Only successful candidate examination numbers are posted on the website.

- **Anaesthesia viva results:** An envelope containing the overall examination result is available for collection by each candidate at the results venue. Successful candidate numbers are displayed on a board at the presentation following the examination and also on the College website. Website results will be posted up to two hours following availability at the results venue.

- Letters confirming outcome are sent to unsuccessful candidates within four weeks of the examination.

- If a candidate discovers a discrepancy in the result, they are advised to seek clarification from the College (finalexam@anzca.edu.au).
7.6.6.1 Examination failure and feedback process

Candidates who fail an exam may request a feedback interview. To request a feedback interview, candidates should contact the relevant examinations team within the Training and Assessments Unit via email to primaryexam@anzca.edu.au or finalexam@anzca.edu.au. The interviews are conducted by senior members of each exam panel and are based on a review of the individual candidate’s results.

ANZCA strongly recommends that trainees who are close to completing other requirements of the basic or advanced core study units but have not yet passed the relevant examination, discuss their situation with their supervisor of training. Availability of extended training or options for moving into interrupted training should be considered, to maximise opportunities for examination success. All periods of interrupted training must normally be applied for prospectively and advice obtained from the director of professional affairs (assessor) as to the consequences for subsequent training. The application form is available via the ANZCA website.

Refer to section 11.5 for further information on interrupted training.

Remediation interviews

Mandatory remediation interviews (RIs) apply to trainees undertaking the 2013 curriculum, however, trainees in the 2004 curriculum may still be required to undertake a remediation interview at the discretion of either the DPA assessor or education officer, if deemed necessary.

Trainees will be required to attend a remediation interview for the primary examination if any or all of the following are met:

1. They have been unsuccessful in three attempts at the primary examination.
2. They have been unsuccessful in four attempts at the primary examination.

Trainees will be required to attend a remediation interview for the final examination if any or all of the following are met:

1. They have been unsuccessful in three attempts at the final examination.
2. They have been unsuccessful in four attempts at the final examination.

Any trainee who commenced AT prior to the 2018 HEY will be required to attend a remediation interview for the final examination if any or all of the following are met:

1. They have been unsuccessful in three attempts at the final examination.
2. They have been unsuccessful in six attempts at the final examination.

Objectives of remediation interviews

1. To provide feedback to trainee on their examination performance to specifically identify areas for improvement.
   
   It is not the purpose of the RI to go through the content of the relevant examination and how marks are being awarded for each question or section of the examination. This information can be found in the examination reports which are accessible on the ANZCA website.

2. To identify factors relating to examination difficulty.
3. To review the trainee’s preparations for the examination and facilitate positive study habits. An examination resource list can be accessed in Networks.

4. To formulate an action plan to improve capacity to pass the examination at a subsequent sitting.

Any issues relating to employment, misconduct and where patients and/or the trainee are at risk of harm are beyond the scope of the RI. However, should these be identified during the course of the interview, referral to the appropriate channels will be made.

Study habits of the candidate will form the focus of the interview, and trainees are strongly advised to reflect on their examination preparation with the SOT prior to attending the RI. A checklist has been developed to aid reflection and analysis of past exam effort.

Unsuccessful candidates will have received written feedback on their performance on each section of the examination. The SOT may also guide the trainee through identifying other factors impacting on their study. Consideration as to whether anaesthesia is the appropriate career path could also be discussed. The trainee should be coming to the RI prepared, and actively participate in driving the process. For trainees who do have contact with a current SOT, they may consider enlisting the help of a previous supervisor or mentor.

The remediation interview will take place with the examiner, EO, trainee and SOT. It is anticipated the process will last about 60 minutes, and it will conclude at 90 minutes should it extend beyond this expected duration.

The EO, with a good understanding of the curriculum and experience in assisting trainees with meeting training requirements, will lead the RI. When the EO cannot conduct the RI in a timely manner, a nominee can be appointed by the EO to do so. The examination representative is a senior examiner, often a member of the relevant examination subcommittee. The examiner’s role is to help identify recurring themes in performance (e.g., aspects of the curriculum requiring attention, insufficient level of knowledge, irrelevant material included in answers) so that potential changes in future examination preparation may be considered. The examiner also clears misconceptions on how the examination is conducted. The trainee is encouraged to bring along a support person. This most commonly the SOT, but can be another medical or non-medical person such as a mentor or partner.

This interview is an interactive supportive session aimed to improve the trainee’s chance of success in their next attempt at the examination. An action plan is to be formulated having evaluated training, work and social situations of the trainee. Timing of future examination attempts should be addressed and will form part of the recommendations of the RI. Optimal timing of the next attempt balances the readiness to sit versus time limits on training and employment opportunities.

Please note governance on extended training (regulation 37.5.5.8.4) and interrupted training (regulations 37.5.6.3 and 37.5.6.9).

In summary, the RI can be seen as a three-stage process:

- Stage 1 – Guided reflection by trainee.
- Stage 2 – Trainee discussion with SOT.
- Stage 3 – Remediation interview.
The remediation interview process

1. The College will contact the EO with a list of trainees requiring remediation interviews within two weeks of the conclusion of the examination (after the viva section is concluded).

2. The College will contact the trainee and SOT where appropriate to advise of the requirement to attend the remediation interview.

3. The College will provide trainee exam information and the name of the examiner representative to the EO by the third week. Documentation provided will include:
   - Examination history and feedback letters to trainee
   - Trainee record if the EO is unable to access via the TPS.

4. The College will assist with co-ordinating a time and location for the interview. This is a challenging task and may require some flexibility by all parties. The EO and examiner will be asked to communicate with each other and nominate two or three suitable date and time slots. The trainee and SOT will then be asked to confirm their availabilities for the proposed interview times.

5. The expectation is that the RI will take place within six weeks of the conclusion of the examination. The interview is undertaken in a time interval that serves its purpose if the trainee wishes to attempt the next sitting of the relevant examination. Remote attendance using Skype or teleconferencing may be appropriate to facilitate meeting this six week timeframe.

6. The trainee should reflect on their examination preparation and performance with the SOT prior to attending the interview.

7. The RI record needs to be signed by the trainee, SOT and EO prior to submission to the College. The RI record is to be submitted by the EO within two weeks of the interview.

8. The trainee with assistance from the SOT where appropriate can follow the action plan and strategies developed from the RI, and work towards success in the next exam attempt.
7.6.7 Examination awards

**Primary examination**

The Renton Prize is open to candidates admitted to each primary examination sitting. The prize takes the form of a medal and was established by the Faculty of Anaesthetists, Royal Australasian College of Surgeons, in 1956.

Eligible candidates are those who have reached a standard considered by the examiners to be sufficiently high to justify the award. This prize is awarded to the eligible candidate, if any, who obtains the total highest marks at each sitting of the primary examination.

Merit awards, given at the discretion of the court of examiners, recognise candidates who have shown excellence in their examination results but have not achieved sufficient marks to be awarded the relevant prize. A certificate recognising a pass with merit in the appropriate examinations is presented to the meritorious candidates. A merit list for each examination will be published in the ANZCA Bulletin.

**Final examination**

The Cecil Gray Prize is open to candidates admitted to each final examination sitting. The prize takes the form of a medal and was established by the Faculty of Anaesthetists, Royal Australasian College of Surgeons, in 1978.

The prize is awarded to the eligible candidate obtaining the highest marks at each sitting of the examination, who has reached a standard considered by the examiners to be sufficiently high to justify the award of the prize. To be eligible, candidates must have passed all sections of the examination.

Merit awards, given at the discretion of the court of examiners, recognise candidates who have shown excellence in their examination results but have not achieved sufficient marks to be awarded the relevant prize. A certificate recognising a pass with merit in the appropriate examinations is presented to the meritorious candidates. A merit list for each examination will be published in the ANZCA Bulletin.
8. Information on courses

8.1 Overview

Courses available for trainees include:

- Regional and national courses
  - Orientation.
  - Examination courses.
- External courses
  - Effective Management of Anaesthetic Crises (EMAC).
  - Early Management of Severe Trauma (EMST).
  - Advanced life support.
- ANZCA Educators Program
  - Online courses.
  - Face-to-face courses.

*Note that trainees in provisional fellowship training may apply to attend the ANZCA Educators Program courses. Details of these courses are in section 32.*

---

### Table 8.1 Course overview

<table>
<thead>
<tr>
<th>Course</th>
<th>Details</th>
<th>Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orientation ('Part 0')</td>
<td>An orientation to training including an outline of the curriculum, supervisory roles, resources available and training expectations. It provides trainees with the opportunity to meet key figures such as the education officer, the regional/national committee chair and rotational supervisors.</td>
<td>ANZCA regional/national committees and offices</td>
</tr>
<tr>
<td>Primary examination ('Part 1')</td>
<td>Optional examination preparation course run either once per week over a number of weeks or intensive full-time for up to two weeks.</td>
<td>ANZCA regional/national committees and offices</td>
</tr>
<tr>
<td>Final examination ('Part 2')</td>
<td>Optional examination preparation course run either once per week over a number of weeks or intensive full-time for up to two weeks.</td>
<td>ANZCA regional/national committees and offices</td>
</tr>
<tr>
<td>EMAC – Effective Management of Anaesthetic Crises (Compulsory)</td>
<td>The EMAC course provides training in the assessment and management of anaesthetic emergencies.</td>
<td>ANZCA Accredited simulation centres</td>
</tr>
<tr>
<td>Course</td>
<td>Details</td>
<td>Provider</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>EMST – Early Management of Severe Trauma</td>
<td>The EMST course is an intensive course in the management of injury</td>
<td>Royal Australasian College of Surgeons (RACS)</td>
</tr>
<tr>
<td>(Compulsory if insufficient trauma volume</td>
<td>victims in the first two hours following trauma.</td>
<td></td>
</tr>
<tr>
<td>of practice)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALS – Advanced life support</td>
<td>A course that develops advanced skills in managing cardiac arrest and</td>
<td>Organisations approved by the Australian Resuscitation Council or</td>
</tr>
<tr>
<td>(Compulsory)</td>
<td>other medical emergencies.</td>
<td>New Zealand Resuscitation Council or similar course or study approved</td>
</tr>
<tr>
<td></td>
<td></td>
<td>by the supervisor of training.</td>
</tr>
</tbody>
</table>

8.2 ANZCA regional and national courses

The ANZCA regional and national committees, supported by staff in their respective offices, provide a range of courses to assist trainees with various aspects of the training program, including orientation, examination preparation, and transitioning to fellowship. Further information is on the ANZCA website, as follows:

- New South Wales.
- New Zealand.
- Queensland.
- South Australia and Northern Territory.
- Victoria.
- Western Australia.

8.3 Externally run courses

There are three externally run courses that are required as part of the ANZCA training program:

1. Effective Management of Anaesthetic Crises (EMAC).
2. Early Management of Severe Trauma (EMST).
3. Advanced life support (ALS) courses.

Trainees are encouraged to register early for these courses as some externally run courses have long waiting lists over which ANZCA does not have control. The EMST course for example typically has an 18-month waiting list (current as of late 2012).
8.3.1 The Effective Management of Anaesthetic Crises (EMAC) course

This compulsory course for ANZCA trainees may be undertaken at any time after completion of introductory training (regulation 37.5.8.1). It is strongly recommended that trainees undertake EMAC prior to commencing provisional fellowship training.

It provides training in the assessment and management of anaesthetic emergencies. It consists of five modules run over two and a half consecutive days at a simulation centre accredited by ANZCA for providing the course. Topics covered include airway management, cardiovascular emergencies, anaesthetic emergencies, trauma management and human performance. The course is a valuable educational opportunity and a requirement of the curriculum, however trainees will not be provided with opportunities to complete workplace-based assessments during the course. The College owns the intellectual property and licenses centres to run the course.

Upon completion of the EMAC course, trainees can seek an exemption from their supervisor of training for completing an advanced life support course within the same training period. This exemption is to be recorded in the training portfolio system by the supervisor of training.

8.3.2 The Early Management of Severe Trauma (EMST) course

ANZCA recommends that all trainees undertake the EMST course. It is compulsory for trainees who do not meet the trauma volume of practice in the resuscitation, trauma and crisis management clinical fundamental. Trainees should endeavour to complete as many volume of practice and workplace-based assessment requirements as possible for the resuscitation, trauma and crisis management clinical fundamental, even if they have completed the EMST course.

EMST is a two-and-half-day intensive course adapted from the Advanced Trauma Life Support (ATLS®) course of the American College of Surgeons, which emphasises life-saving skills and a systematic clinical approach to the early management of severe trauma.

8.3.3 Advanced life support (ALS) courses

These courses develop advanced skills in managing cardiac arrest and other medical emergencies. While the courses cover advanced resuscitation skills they are also designed to develop leadership and team skills in managing such emergencies. Advanced life support courses teach skills that are required during training and by specialist anaesthetists, as indicated in the learning outcomes for the Resuscitation, trauma and crisis management clinical fundamental (IT_RT 2.1; BT_RT 2.4; AT_RT 2.5).

An advanced life support course or equivalent (where competency in resuscitation and defibrillation is assessed) must be completed, on three occasions, during the following training periods:

1. Within the 52 weeks prior to the completion of introductory training for example, as part of introductory training or just prior to it (regulation 37.5.5.4.5).
2. During basic training (regulation 37.5.5.5.6).
3. During advanced training (regulation 37.5.5.6.7).

If trainees do not attend a specific advanced life support course their hospital department may organise a similar course as approved by the supervisor of training. The supervisor of training
is not responsible for organising the course but should assist trainees in obtaining required experience.

Such courses may be run within departments, hospitals, rotations or externally and can take any format including self-directed learning and practice but trainees must be able to demonstrate, through performance, the following **minimum skills:**

Recognise the cardiopulmonary arrest & summon help

- Describe or identify features of cardiopulmonary arrest
- Describe when and how to get assistance and equipment
- Describe the indications for and demonstrate the correct use of the precordial thump

Commence effective CPR

- Demonstrate the correct position, technique and depth of compressions
- Demonstrate the recommended rate of compressions
- Demonstrate the recommended ratio and timing of ventilations
- Demonstrate minimal interruptions to compressions

Distinguish shockable vs. non shockable rhythms

- Identify key arrest rhythms
- Identify when defibrillation is required

Correctly apply the resuscitation guidelines

- Demonstrate the correct timing of CPR and defibrillation (if required)
- Discuss the timing of airway and vascular access interventions
- Demonstrate the use of the correct dose and timing of Adrenaline
- Demonstrate the use of the correct dose and timing of Amiodarone
- Demonstrate the correct timing and method of assessment for return of spontaneous circulation

Identify possible reversible causes

- Discuss the identification and management of the four H’s (hypoxia, hypovolaemia, hypo/hyperkalaemia and hypothermia) and four T’s (thrombosis (coronary or pulmonary), tamponade (cardiac), toxins and tension pneumothorax)
- Discuss the role of other drugs in the management of cardiopulmonary arrest

Safe and effective use of the defibrillator

- Demonstrate the correct positioning of pads
- Demonstrate how to set and use the defibrillator
- Discuss and demonstrate the measures to ensure the safety of all team members and the patient during defibrillation
Identify peri-arrest situations

- Describe or identify features of critically unstable patients
- Identify peri-arrest rhythms
- Describe or demonstrate how to perform cardioversion on a patient who is anaesthetised (not in IT)
- Describe or demonstrate how to perform external pacing (not in IT)

Discuss the variations required in special circumstances such as pregnancy, paediatrics, newborn and trauma (where relevant)

Discuss immediate goals and management of the post resuscitation care of patients (not in IT)

Performance of ALS proficiency may be done by a process of sampling from peri-arrest or arrest scenarios. It is not a requirement that each trainee demonstrates their ability to manage all possible arrest or peri-arrest situations.

Airway management including bag mask ventilation and securing of the airway need not be specifically assessed as part of the ALS proficiency as these competencies are embedded within the curriculum and addressed by several workplace-based assessments to ensure the trainees have acquired these particular skills.

Many hospitals require clinical staff members to undertake and demonstrate their ability to deliver effective basic life support (BLS) and cardio-pulmonary resuscitation (CPR) as part of their annual mandatory training requirements. While this may be used to demonstrate these basic skills it would be considered insufficient for credit of the ALS course requirement as many of the minimum skills required would not be taught or demonstrated.

Trainees who complete an ALS1 or ALS2 course accredited by the Australian Resuscitation Council with a certificate valid for 4 years, may apply to their supervisor of training for dispensation from the requirement to complete this course during a subsequent core study unit provided the certificate remains valid.

Upon completion of the EMAC course, trainees can seek an exemption from their supervisor of training for completing the advanced life support course requirement within the same training period. This exemption is to be recorded in the training portfolio system by the supervisor of training.
8.3.4 Can’t Intubate Can’t Oxygenate (CICO) education sessions

A Can’t Intubate, Can’t Oxygenate (CICO) education session or equivalent must be completed once during each training period and will replace the CICO related MS-DOPS required within introductory training (IT), basic training (BT) and advanced training (AT). Completion of the education session will form part of the Initial Assessment of Anaesthetic Competence (IAAC) during IT.

The Airway Management Clinical Fundamental Tutor or Supervisor of Training should oversee the development of the CICO education session content and conduct of sessions. The Tutor does not necessarily need to facilitate or attend the sessions in person, unless they also take on the role of lead facilitator.

This education session is designed to meet the learning outcomes of the Anaesthe'sia training program curriculum in relation to CICO situations.

Definitions and terms

No universally agreed definitions exist for much of the nomenclature around CICO. For the purposes of clarifying terms that are used within this document, the following definitions are provided. Alternative definitions may be used in CICO sessions, however providers should demonstrate that these have equivalent meaning.

**Can’t Intubate Can’t Oxygenate (CICO):** Where airway obstruction exists in the upper airway (including the larynx) that cannot be relieved by airway management interventions delivered above the point of obstruction (i.e.: supraglottic), and which results in an inability to oxygenate the patient with low or falling oxygen saturations.

**Infraglottic airway access / Front-of-neck access:** Airway management techniques performed below the larynx via the anterior surface of the neck aimed to maintain or restore airway patency. This includes techniques such as needle or surgical cricothyroidotomy or tracheostomy.

**Lead Facilitator:** The doctor who conducts the CICO education session. Needs to be at a level of Provisional Fellowship or higher, and be appropriately skilled and experienced to deliver the content of the session. Ideally the lead facilitator will have medical education experience and/or credentials. A lead facilitator should be present for the full duration of an education session.

**Instructor:** A doctor with relevant anaesthesia skills and experience who conducts the individual “hands-on” skills stations/scenario rehearsals with guidance from the lead facilitator. Ideally the instructors will have medical education experience and/or credentials.

Recognised emergency algorithms

At this stage, ANZCA does not exclusively endorse any one emergency algorithm for CICO situations but recognises the need for clinicians to be familiar with at least one. The following algorithms are recommended as being suitable for use in infraglottic airway access / front-of-neck access and should be read in conjunction with the accompanying background articles:


*Highly recommended pre-reading for participants:*


Heard A. *Percutaneous Emergency Oxygenation Strategies in the “Can’t Intubate, Can’t Oxygenate” Scenario.*


Chrimes N, Fritz P. The vortex approach: management of the unanticipated difficult airway http://vortexapproach.com


**Learning objectives**

The *primary purpose of this education session is to teach the technical skill of infraglottic airway access/front-of-neck access*. As a minimum, education sessions must provide the opportunity for participants to meet the learning objectives listed below.

By the end of the education session, participants will be able to:

1. Describe the location and type of available equipment required for a CICO situation specific to the area in which they are working.

2. Explain the steps and decision-making points in one of the recognised difficult airway algorithm that addresses CICO (refer to list of recognised algorithms above).

3. Be fluent with equipment and procedures relevant to the preferred algorithm.

4. Implement the chosen emergency CICO algorithm including demonstration of infraglottic airway access / front-of-neck access.

5. Discuss the 'human factors' that have a negative impact in evolving CICO crises, and strategies to overcome them.
Optional

Education session providers may elect to expand the focus of teaching to include additional objectives if it is deemed that this would facilitate more effective teaching for the particular target audience. Suggestions for consideration include:

- Recognise the relationship of CICO to anaesthesia related mortality, and the major risk factors for CICO.
- Recognise the arguments for and against scalpel or needle cricothyroidotomy techniques.
- Recognise when awake intubation or tracheostomy is indicated.
- Consider how management of acute airway obstruction would differ in patients with a tracheostomy.
- Team lead or actively participate in an emergency response for CICO simulation, including transition to CICO.
- Recognise the dangers of transport and extubation of the difficult airway and discuss strategies that may mitigate this.

Structure of the education session

The education session is required to:

Provide pre-course reading that refers to the selected CICO algorithm used in the session and provides relevant foundation knowledge of the session content.

Be deliverable as a continuous session.

1. Provide small group teaching strategy to ensure key non-technical learning objectives are met. i.e.:
   2. Knowledge of local equipment
   3. Familiarity with the chosen CICO algorithm
   4. Provide stations to familiarise with technical skills relevant to the chosen algorithm.
   5. Be conducted by a lead facilitator and provide at least one instructor per four participants. Facilitators need to observe each participant and provide verbal feedback to ensure they are achieving the objectives of the session.

Note – although a simulation centre may facilitate the running of such an education session, the session can be run with minimal equipment (refer to the accompanying resource list for tips/advice on running a CICO course).

Recognition of equivalent learning

Trainees who have completed an external CICO courses during training period, that meets the learning objectives documented in this standard, may be granted an exemption from participating in the CICO education session for that period.

The trainee must provide a detailed outline, which shows the learning objectives of the program, and certificate of completion of the course. The Supervisor of Training must be provided with sufficient evidence to confirm that the trainee met the learning objectives, and that the trainee had the opportunity to demonstrate and obtain feedback on the minimum skills as marked with an asterisk (*), within this standard.
8.3.5 Paediatric Life Support education sessions

A paediatric life support (PLS) education session or equivalent must be completed once during training, where possible while the trainee is completing the Paediatric Anaesthesia or Obstetric Anaesthesia and Analgesia Specialised Study Unit (SSU).

The Paediatric Anaesthesia SSU Supervisor should oversee the development of the PLS education session content, and conduct of sessions, at the accredited training site. The SSU Supervisor does not necessarily need to facilitate or attend the sessions in person.

This education session is designed to meet the following learning outcomes of the Anaesthesia training program curriculum:

SS_PA 2.8 Demonstrate advanced life support in neonates and children consistent with Australian Resuscitation Council/New Zealand Resuscitation Council guidelines.

Definitions and terms

As per the Australian and New Zealand Committee on Resuscitation (ANZCOR) guidelines, the term ‘infant’ is used to refer to 0-1 year of age, and ‘child’ to refer to 1-8 years of age.

Recognised emergency algorithms


Guideline 4 – Airway, including foreign body airway obstruction (choking) algorithm.

Guidelines 12.1-12.6 – Paediatric Advanced Life Support.

Participants should be familiar with these guidelines prior to attending the education session.

Highly recommended pre-reading for participants:


Learning objectives

As a minimum, education sessions must provide the opportunity for participants to meet the learning objectives listed below and to actively engage in hands-on activities to practice skills during the session.

By the end of the education session, participants will be able to:

1. Recognise clinical features of cardiac arrest in a (simulated) child.
2. Institute Basic Life Support (BLS) according to ANZCOR guidelines and apply foreign body airway obstruction (choking) algorithm.
3. Institute Advanced Life Support (ALS) according to ANZCOR guidelines.*
4. Demonstrate and practice paediatric cardiac massage (compression) with correct technique(s) as per the size of the particular paediatric patient.

5. Demonstrate simultaneous non-intubated bag mask ventilation and cardiac compression according to the recommended ratio.

6. Recognise ventricular fibrillation (VF), pulseless electrical activity (PEA) and asystole in different paediatric scenarios.

7. Recognise the need for early defibrillation in a shockable rhythm.

8. Demonstrate the safe use and correct voltage of a defibrillator on a (simulated) child.

9. Demonstrate the appropriate selection, timing and administration of drugs in paediatric cardiac arrest. Where possible, emphasise dosing and dilution of drugs commonly used in paediatric emergency.

10. State the appropriate timing and role of endotracheal intubation in APLS (successful intubation need not necessarily be demonstrated).

11. Demonstrate ventilation and cardiac compression according to the recommended ratio in an intubated (simulated) child.

12. Describe reversible causes of cardiac arrest in any setting: 4H’s and 4T’s.

13. Recognise causes of cardiac arrest that are relatively more specific to the perioperative and paediatric setting, including but not limited to: massive haemorrhage, anaphylaxis, local anaesthetic toxicity, gas embolism and high-spinal (reference may be made to peri-operative cardiac arrest data).

14. Recognise the return of spontaneous circulation in a child.

15. Describe the fundamentals of post-resuscitation care in a child.

Optional

Education session providers may elect to expand the focus of teaching to include additional objectives if it is deemed that this would facilitate more effective teaching for trainees. Suggestions for consideration include:

- Demonstrate intraosseous cannulation.
- Demonstrate leadership, including clear instruction of resuscitation priorities to a team.
- Explain ventilation strategies, including need to recognise life-threatening auto-PEEP.
- Recognise and manage peri-arrest rhythms. This may include recognition of critically unstable child, management of SVT, prolonged QT and VT, and external pacing.
- Discuss the appropriate time and manner in which to cease resuscitation efforts.
- Discuss non-technical factors that contribute to poor outcome during management of arrests and strategies to manage.
Structure of the education session

1. It is recommended that a suitable number of facilitators are available to conduct the session so that all trainees participating can be observed while they are working through scenarios. Verbal feedback should be provided to ensure all participants will achieve the learning objectives of the session. A guideline is a minimum of one facilitator for every five trainees.

2. A facilitator must observe each trainee demonstrating activities and provide confirmation of their ability to demonstrate the required skill, or corrective instruction to improve performance.

3. Various age and weight ranges should be practiced.

4. Where numbers permit, a variety of team-based scenarios, including shockable and non-shockable rhythms, should be included to allow demonstration of 2-4 person resuscitation.

5. It is expected that the session will provide trainees with the opportunity to utilise the following equipment:
   - Mannequin that can:
     - Be ventilated via bag-mask.
     - Be intubated.
     - Have CPR performed on it.
     - Be defibrillated.
   - Self-inflating bag plus face mask.
   - Endotracheal tube plus laryngoscope.
   - Defibrillator.
   - Ability to display relevant arrhythmias, either on a monitor or in hard copy.

Recognition of equivalent learning

Trainees who complete an Advanced Paediatric Life Support (APLS) or equivalent course accredited by the Australian or New Zealand Resuscitation Council during the training program may apply to the Supervisor of Training for an exemption from participating in a PLS education session.

Please note EMAC and ALS courses will not be accepted as satisfying this minimum standard.
8.3.6 Neonatal Resuscitation education sessions

A neonatal resuscitation education session or equivalent must be completed once during training, where possible while the trainee is completing the Obstetric Anaesthesia and Analgesia Specialised Study Unit (SSU).

The Obstetric Anaesthesia and Analgesia SSU Supervisor should oversee the development of the neonatal resuscitation education session content and conduct of sessions at the accredited training site. The SSU Supervisor does not necessarily need to facilitate or attend the sessions in person.

This education session is designed to meet the following learning outcome of the anaesthesia training program curriculum:

SS_OB 2.7 Demonstrate basic and advanced life support of the newborn

Definitions and terms

As per the Australian and New Zealand Committee on Resuscitation (ANZCOR) guidelines, the term 'newborn' refers to the infant in the first minutes to hours following birth. In contrast, the neonatal period is defined as the first 28 days of life. Infancy includes the neonatal period and extends through the first 12 months of life.

Recognised emergency algorithms


Guidelines 13.1-13.10 and the Newborn Life Support algorithm are specifically for the care of infants during the neonatal period, and particularly for newborn infants.

It is expected that all trainees have read and are familiar with the ANZCOR guidelines prior to attending the education session.

Learning objectives

As a minimum, education sessions must provide the opportunity for participants to meet the learning objectives listed below and to actively engage in hands-on activities to practice skills during the session.

By the end of the education session, participants will be able to:

1. Describe the circumstances (maternal, foetal and intrapartum) that place a newborn infant at risk of needing resuscitation.
2. Demonstrate initial assessment of the newborn and recognise the compromised newborn.
3. Correctly apply the ANZCOR newborn life support algorithm.
4. Demonstrate the positioning of the newborn for effective ventilation.
5. Discuss the indications for tracheal intubation and ventilation.
6. Demonstrate effective airway management and ventilation of the newborn.
   a. Demonstrate use of recommended ratio and timing of ventilations.
   b. Demonstrate bag-mask ventilation.
   c. Demonstrate correct use of the t-piece (neo-puff) and other ventilation devices.

7. Discuss the indications for starting chest compressions.

8. Demonstrate the correct position, rate, and technique of chest compressions.

9. Describe the correct use of medication and fluids in resuscitation of the newborn.
   a. Discuss vascular access in the newborn.
   b. Demonstrate the correct dose and timing of adrenaline.
   c. Discuss the role of blood and fluids in the resuscitation of the newborn.
   d. Discuss the role of other drugs in the resuscitation of the newborn.

Optional

Education session providers may elect to expand the focus of the session to include additional objectives if it is deemed that this would facilitate more effective teaching for trainees. Suggestions for consideration include:

- Describe the continuing care and monitoring of the infant once adequate ventilation and circulation have been established.
- Discuss the guidelines for resuscitation of the newborn in special circumstances, for example, prematurity.
- Discuss ethical issues that may be encountered when initiating or discontinuing resuscitation of the newborn infant.

Structure of the education session

1. It is strongly recommended that a suitable number of facilitators are available to conduct the session so that all trainees participating can be observed while they are working through scenarios. Verbal feedback should be provided to ensure all participants achieve the learning objectives of the session. A guideline is a minimum of one facilitator for every five trainees.

2. A facilitator must observe each trainee demonstrating the activities and provide confirmation of their ability to demonstrate the required skill, or corrective instruction to improve performance.

3. It is expected that the session will provide trainees with the opportunity to utilise the following equipment:

   - Effective airway management and ventilation:
     - T-piece infant resuscitator (Neopuff) and self-inflating bag.
     - Neonatal facemasks (range of sizes from premature to term infants).
o Airway adjuncts (Oropharyngeal airway 00, 0, 1).
o Suctioning equipment (Yankauer suction catheter and tubing).
o Laryngoscope with infant blades (Straight blade 00, 0, 1).
o Endotracheal tubes (sizes 2.5, 3, 3.5, and 4mm ID).
o Endotracheal stylet or introducer.
o Supplies for securing endotracheal tubes (e.g. scissors and tapes).
o Exhaled CO2 detector (colorimetric end-tidal detector).
o Infant oximeter.

- Vascular access:
o Adrenaline solutions.
o Fluids for dilutions and flush.
o Syringes.
o Intraocceous Access Kit^.
o Umblical vein catheter^.

- Simulation Environment^.
o Newborn mannequin (Sim Baby or ALS Baby)^.
o Pregnant mannequin^ (SimMom).
o Mannequin control module and connected software^.

^ optional

Recognition of equivalent learning

Trainees who have completed an external neonatal resuscitation course during the training program, that meets the learning objectives documented in this standard, may be granted an exemption from participating in a neonatal resuscitation education session.

The trainee must provide a detailed outline, which shows the learning objectives of the program, and certificate of completion of the course. The Supervisor of Training must be provided with sufficient evidence to confirm that the trainee met the learning objectives, and that the trainee had the opportunity to demonstrate and obtain feedback on the minimum skills as marked with an asterisk (*), within this standard.
9. Guidelines on educational resources for training

9.1 Overview

A range of resources are available to support trainees and supervisors. These include:

- The ANZCA professional documents.
- Courses.
- Teaching and learning cases available in Networks, the College’s online learning and collaboration system, in the Curriculum teaching and learning support network.
- Podcasts and webinars.
- Other web-based resources for trainees.
- Welfare of anaesthetists special interest group resources
- ANZCA Educators Program, available in face-to-face and online format to trainees during provisional fellowship training, as well as to supervisors.
  - Face-to-face courses.
  - Online courses.
- ANZCA Library, password protected.

9.2 Teaching and learning cases

A series of teaching and learning cases can be accessed via Networks, the College’s online learning and collaboration system. Networks can be accessed here or via a quick link from the ANZCA home page. The cases illustrate the ANZCA Roles in Practice and how they can be integrated into teaching and learning.

The cases are not assessments (unlike case-based discussions).

The cases can be used in a variety of settings:

- In a discussion between a supervisor and an individual trainee.
- In a tutorial with a supervisor and a group of trainees.
- In a trainee study group.
- By trainees for individual study.

The cases serve as a structured resource for all trainees and supervisors, no matter where they are situated, as well as saving time for those running tutorials who don’t need to keep ‘reinventing the wheel’. Some trainees may not be exposed to specific clinical situations and the teaching and learning cases are useful resources in these instances.

The cases have been developed specifically for introductory, basic and advanced trainees, guiding trainees and their supervisors as to what knowledge is required at each level of training.

There is no model answer for each case.
9.3 Podcasts and webinars

The College has developed a range of teaching and learning resources, available to any trainee at any training site (password required). Video podcasts and webinars offer trainees a model of learning delivered entirely over the internet. Most video podcasts are around 20 to 30 minutes in duration.

Trainees can register to attend a webinar covering tips of preparing for the primary and final examinations. Webinars are scheduled throughout the year and advertised in the learning section of the ANZCA website.

9.4 Welfare of Anaesthetists Special Interest Group resources

The Welfare of Anaesthetists Group Special Interest Group, a tripartite body of the ANZCA, the Australian Society of Anaesthetists and the New Zealand Society of Anaesthetists, was formed to raise awareness of the many personal and professional issues that can adversely affect the physical and emotional wellbeing of anaesthetists at all stages of their careers. The group has a primary awareness raising and educational focus; it specifically has no therapeutic role. The group has developed a number of resources that identify strategies to identify and deal with common professional and personal stresses. Resources are available here.

9.5 ANZCA Library

The ANZCA Library is a service available to all trainees (a key benefit of application and training fees), Fellows, non-Fellow CPD program participants and international medical graduate specialist members of the College and the Faculty of Pain Medicine. The library staff are experts in providing the best information services to busy and remote users. The library provides access to:

- Over 200 specialised online journals.
- Fully searchable online textbooks specific to anaesthesia and pain medicine.
- Print books sent door-to-door within Australia. A core collection of anaesthetic and pain medicine textbooks is also available for loan from the New Zealand office of the College.
- Medical databases for literature searching.
- Resources and advice for keeping up to date.
- Requests for articles that are not held online.
- Research support.

The library resources can be accessed by logging in to the ANZCA website using a College ID and password.
10. Recording training experiences: the training portfolio system (TPS)

10.1 Overview

The ANZCA training portfolio system (TPS) is a web-based system specifically built for ANZCA training. Trainees can access the system once they have completed registration with the college. The TPS is the hub for training program data and is where trainees:

- Record their clinical experiences including cases, procedures, time, clinical placement plans and other achievements.
- View workplace-based assessment results.
- View clinical placement reviews.
- Provide details about courses attended.
- View details of examination attempts and passes.

Trainees are responsible for ensuring information within the training portfolio system is kept up-to-date and accurate. Trainees must record all time within four weeks, cases and procedures within thirteen weeks and other training requirements into the training portfolio system within four weeks of completing each placement. Any weeks of time not recorded will be marked as leave or interrupted training.

In relation to the recording of reflective comments for cases and procedures, trainees are reminded that collecting information about patients has important privacy implications. In collecting and using any patient information it is the responsibility of the relevant individual to ensure that all privacy obligations are met, and any necessary consent obtained. Only de-identified information should be routinely stored.

Any identifying information recorded in the log book, or other material submitted to the College must comply with the individual’s or hospital’s privacy statement addressing this issue, or that the patient has consented.

It is also important to note that any reflective comments in the training portfolio system may have potential medico-legal implications.

The training portfolio system also provides trainees with a dashboard summary of their progress against training program requirements for each training period and specialised study unit (SSU).

In supporting trainees as they undertake the training program, supervisors of training also have access to trainee information in the training portfolio system and can enter reviews. For WBA assessors, the training portfolio system is where they submit assessment outcomes, while for specialised study unit supervisors (SSUSs), the training portfolio system enables them to view with the trainee the evidence that the trainee has fulfilled specialised study unit requirements.
10.2 Training portfolio system sections

The training portfolio system comprises several sections, as detailed below:

Diagram 10.1 Training portfolio

<table>
<thead>
<tr>
<th>Time</th>
<th>Cases &amp; procedures</th>
<th>Workplace based assessments</th>
<th>Clinical placement reviews</th>
<th>Core Unit Reviews</th>
<th>Specialised study units reviews</th>
<th>Exam results</th>
<th>Courses and events</th>
</tr>
</thead>
</table>
10.3 Using the training portfolio system

Each section of the training portfolio system is used by the different participants in the training program for different reasons and with varying frequency, as shown in the table below:

**Table 10.1 Summary of training portfolio system (TPS) responsibilities by role**

<table>
<thead>
<tr>
<th>Trainee</th>
<th>WBA assessor</th>
<th>SSU supervisor</th>
<th>Supervisor of training</th>
<th>ROTS</th>
<th>EO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trainee records clinical anaesthesia time (CAT), other clinical time (OCT) and leave.</td>
<td>No access.</td>
<td>No access.</td>
<td>Confirm time entered by the trainee.</td>
<td>View only access.</td>
<td>View only access.</td>
</tr>
<tr>
<td>Monitor own progression by referring to accrual totals for approved vocational training time against training period targets.</td>
<td></td>
<td></td>
<td>Regularly monitor the trainee’s recorded time against the required targets and provide guidance regarding the accrual of training time in accordance with regulations.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Determine if the trainee is eligible to progress to the next training period, at the time of their core unit review, or to progress to fellowship at the time of their provisional fellowship review.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cases and procedures</th>
<th>WBA assessor</th>
<th>SSU supervisor</th>
<th>Supervisor of training</th>
<th>ROTS</th>
<th>EO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trainee</td>
<td>No access.</td>
<td>At the specialised study unit review (SSUR), the trainee is required to log in to the TPS to demonstrate (on screen) to the specialised study unit supervisor, that they have fulfilled the volume of practice requirements.</td>
<td>Monitor the trainee’s progress against volume of practice targets for the clinical fundamentals and specialised study units.</td>
<td>When preparing clinical placement schedule refer to trainee’s completed volume of practice, to determine where the trainee would be best placed to gain the required experience.</td>
<td>View only access.</td>
</tr>
<tr>
<td>Record cases and procedures. Monitor progression against volume of practice targets for the clinical fundamentals and specialised study units. It is important that all cases and procedures are recorded, as a trainee’s total experience will be considered when clinical practice and core unit reviews occur throughout the training periods.</td>
<td></td>
<td>Regularly review trainee’s progress at their clinical placement reviews.</td>
<td>Ensure the trainee has fulfilled volume of practice requirements for the relevant training period.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ANZCA Handbook for Training and Accreditation 20171018 v1.6   Page 108
## Workplace-based assessment (WBA)

<table>
<thead>
<tr>
<th><strong>Trainee</strong></th>
<th><strong>WBA assessor</strong></th>
<th><strong>SSU supervisor</strong></th>
<th><strong>Supervisor of training</strong></th>
<th><strong>ROTS</strong></th>
<th><strong>EO</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-fill WBA forms (DOPS, mini-CEX and CbD) and distribute hard copy/electronic copies of MsF form to nominated providers of feedback.</td>
<td>Perform workplace-based assessment (DOPS, mini-CEX and CbD) and record results in the assessment form in the TPS.</td>
<td>At the specialised study unit review (SSUR) the trainee is required to log in to the TPS to demonstrate (on screen) to the specialised study unit supervisor, that they have fulfilled the WBA requirements for specialised study unit completion.</td>
<td>Monitor trainee’s progress against WBA targets for the core study units and specialised study units. Enter confirmation of the date of completion of the initial assessment of anaesthetic competence (IAAC) workplace-based assessment and IAAC questions in the courses and events section of the training portfolio system.</td>
<td>When preparing clinical placement schedule refer to the trainee’s completed WBA to assist in determining where the trainee would be best placed to gain the required experience.</td>
<td>View only access.</td>
</tr>
<tr>
<td>Monitor progress against WBA targets for both the core study units and specialised study units. Reflect on completed assessments.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Monitor trainee’s progress against WBA targets for the core study units and specialised study units. Enter confirmation of the date of completion of the initial assessment of anaesthetic competence (IAAC) workplace-based assessment and IAAC questions in the courses and events section of the training portfolio system.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>At the clinical placement review, confirm trainee’s adherence to the WBA run rate (for basic and advanced training) and review assessor feedback. At the core unit and provisional fellowship reviews, assess if the trainee has satisfactorily completed the required number and type of workplace-based assessments.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Clinical placement review (CPR)

<table>
<thead>
<tr>
<th>Trainee</th>
<th>WBA assessor</th>
<th>SSU supervisor</th>
<th>Supervisor of training</th>
<th>ROTS</th>
<th>EO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Record a clinical placement plan prior to initial meeting with supervisor of training at the beginning of a placement.</td>
<td>No access.</td>
<td>No access.</td>
<td>Complete planning, interim and feedback clinical placement reviews with trainee.</td>
<td>View only access.</td>
<td>View only access.</td>
</tr>
<tr>
<td>Ensure completion of required number of planning, interim and feedback CPRs (one planning and one feedback per placement and minimum one interim every 26 weeks for placements longer than 26 weeks duration, or at other times as needed).</td>
<td>No access.</td>
<td>Complete planning, interim and feedback clinical placement reviews with trainee.</td>
<td>Refer to planning CPR when completing interim and feedback CPRs.</td>
<td>View only access.</td>
<td>View only access.</td>
</tr>
</tbody>
</table>

### Core unit review

<table>
<thead>
<tr>
<th>Trainee</th>
<th>WBA assessor</th>
<th>SSU supervisor</th>
<th>Supervisor of training</th>
<th>ROTS</th>
<th>EO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attend core unit review meeting with supervisor of training.</td>
<td>No access.</td>
<td>No access.</td>
<td>Record and submit core unit review.</td>
<td>No access to view</td>
<td>View only access.</td>
</tr>
<tr>
<td>Respond to the outcome and comments from supervisor of training before the review is submitted.</td>
<td></td>
<td></td>
<td>When performing core unit review, refer to all sections within the trainee’s training portfolio system (that is, time, cases and procedures, workplace-based assessment, clinical placement reviews, examination results, courses and events, scholar role activities etc.) to determine if all requirements have been met.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Specialised study unit review

<table>
<thead>
<tr>
<th>Trainee</th>
<th>WBA assessor</th>
<th>SSU supervisor</th>
<th>Supervisor of training</th>
<th>ROTS</th>
<th>EO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trainee required to log in to the TPS and demonstrate (on screen) to the specialised study unit supervisor, that the SSU requirements have been fulfilled (volume of practice and workplace-based assessments).</td>
<td>No access to view</td>
<td>Review trainee’s recorded cases and procedures and WBA before completing and submiting the specialised study unit review.</td>
<td>Confirm SSU review completion by specialised study unit supervisor.</td>
<td>When preparing clinical placement schedule refer to the trainee’s dashboard to determine which specialised study units they have completed and where they would be best placed to gain the experience required to complete outstanding specialised study unit requirements.</td>
<td>View only access.</td>
</tr>
</tbody>
</table>

### Examinations

<table>
<thead>
<tr>
<th>Trainee</th>
<th>WBA assessor</th>
<th>SSU supervisor</th>
<th>Supervisor of training</th>
<th>ROTS</th>
<th>EO</th>
</tr>
</thead>
<tbody>
<tr>
<td>View examination information in the courses and events section, including all attempts and results.</td>
<td>No access to view</td>
<td>No access to view</td>
<td>Refer to trainee’s examination results in the courses and events section. Plan training activities to support trainees to successfully pass the examination.</td>
<td>View examination information in the courses and events section, including all attempts and results.</td>
<td>View only access.</td>
</tr>
</tbody>
</table>

### Courses and events

<table>
<thead>
<tr>
<th>Trainee</th>
<th>WBA assessor</th>
<th>SSU supervisor</th>
<th>Supervisor of training</th>
<th>ROTS</th>
<th>EO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Record mandatory courses (EMAC, ALS and EMST, if applicable). Record other scholar role activities.</td>
<td>No access to view</td>
<td>No access to view</td>
<td>Confirm entries made by trainee (sighting evidence of completion). At the core unit review ensure the trainee has completed the required courses and scholar role activities before progressing to the next training period.</td>
<td></td>
<td>View only access.</td>
</tr>
</tbody>
</table>
If a trainee is going on annual leave they can either record the leave in the training portfolio system while on leave or when they return to work.

Trainees can add overseas training into the training portfolio system following prospective approval by the director of professional affairs (assessor) (assessor-requests@anzca.edu.au).

10.4 Who gets access to the training portfolio system (TPS)?

Table 10.2 Access to TPS

<table>
<thead>
<tr>
<th>Who</th>
<th>On registration with the College as a trainee</th>
<th>On appointment to the ANZCA role</th>
<th>Via trainee invitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trainee</td>
<td>√</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervisor of training</td>
<td></td>
<td>√</td>
<td></td>
</tr>
<tr>
<td>Rotational supervisor</td>
<td></td>
<td>√</td>
<td></td>
</tr>
<tr>
<td>Education officer</td>
<td></td>
<td>√</td>
<td></td>
</tr>
<tr>
<td>Specialised study unit supervisor</td>
<td></td>
<td>√</td>
<td></td>
</tr>
<tr>
<td>WBA assessor</td>
<td></td>
<td></td>
<td>√</td>
</tr>
</tbody>
</table>

The following role holders do not require access to the training portfolio system:

- Introductory training tutor.
- Clinical fundamental tutor.
- Departmental scholar role tutor.
- Provisional fellowship supervisor.

10.5 Learning about how to use the training portfolio system

TPS user guides are available from the ANZCA website and assistance can be sought from the College by contacting training@anzca.edu.au
11. Flexible training options

11.1 Overview

ANZCA recognises that not all trainees will complete their training over five consecutive full-time years (208 weeks), and that trainees may wish to undertake some training outside ANZCA recognised training regions. It thus offers the following flexible training options:

- Part-time training.
- Overseas training.
- Interrupted training.
- Extended training.

Under most circumstances use of flexible training options requires prospective approval from the director of professional affairs (assessor) via assessor-requests@anzca.edu.au, see details below.

11.2 Allowable durations of each training period, leave, extended training and interrupted training

The following diagram illustrates, for each training period, the required duration, maximum allowable leave, maximum duration of extended training and maximum duration of interrupted training. For more detail see section 2.8.2.

### Diagram 11.1 Training and leave durations

<table>
<thead>
<tr>
<th>Training period Required duration (FTE)</th>
<th>Introductory training 26 weeks</th>
<th>Basic training 78 weeks</th>
<th>Advanced training 104 weeks</th>
<th>Provisional fellowship training 52 weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>May include leave of up to:</td>
<td>16 weeks leave (Maximum of three during IT)</td>
<td>16 weeks leave</td>
<td>Eight weeks leave</td>
<td></td>
</tr>
<tr>
<td>Extended training and maximum duration (FTE)</td>
<td>Extended introductory training (IT-E) 26 weeks maximum</td>
<td>Extended basic training (BT-E) 104 weeks maximum</td>
<td>Extended advanced training (AT-E) 156 weeks maximum</td>
<td>Extended provisional fellowship training (PFT-E) 52 weeks maximum</td>
</tr>
<tr>
<td>May include leave of up to:</td>
<td>Three weeks leave per 26 weeks, pro rata</td>
<td>Four weeks leave per 26 weeks, pro rata</td>
<td>Four weeks leave per 26 weeks, pro rata</td>
<td>Four weeks leave per 26 weeks, pro rata</td>
</tr>
</tbody>
</table>

Interrupted training
Maximum 104 weeks for each continuous interruption
11.3 Part-time training (regulation 37.5.5.9)

Part-time training allows trainees to work for fewer hours per week than is required of a trainee working full time. ANZCA supports part-time training, however negotiations for part-time employment are between the trainee and the employer.

Applications for part-time training must be made prospectively to the director of professional affairs (assessor) (via assessor-requests@anzca.edu.au) and must meet the requirements of ANZCA regulations on part-time training (regulation 37.5.5.9). Applications must be made prospectively to ensure the position is suitable for training. Late applications may result in interrupted training; no more than four weeks prior to receipt of application and supporting documentation will count as AVT and this time will not be eligible for reduced annual training fees.

All durations of training and leave in ANZCA documents are expressed as full-time equivalents (FTE) therefore they must be increased pro rata if undertaken part-time.

11.4 Overseas training

Overseas training allows training to be undertaken outside Australia and New Zealand.

Overseas training is not permitted during introductory training, and is limited to a maximum of 52 weeks in any other training period and 104 weeks overall. At the time of admission to fellowship, trainees must have completed at least 156 weeks full time equivalent approved vocational training in Australia and New Zealand.

Applications for overseas training must be made prospectively to the director of professional affairs (assessor) (via assessor-requests@anzca.edu.au) (overseas training form) and must meet the requirements of ANZCA regulations on overseas training, including arrangements for performing workplace-based assessments and recording volume of practice. Applications must be made prospectively to ensure the position is suitable for training. Late applications may result in interrupted training; no more than four weeks prior to receipt of application and supporting documentation will count as AVT.

11.5 Interrupted training

Interrupted training allows a trainee to suspend their progression through the training program but remain a registered trainee. Training may also be interrupted if the trainee fails to fulfil assessment, fee or documentation requirements in the required time (conditions apply, see below).

Training requirements (time, volume of practice and assessments) cannot be completed during interrupted training, except for completion of exams or scholar role activities under the circumstances described below.

All periods of interrupted training must normally be applied for prospectively and advice obtained from the director of professional affairs (assessor) as to the consequences for subsequent training. Trainees should be aware of the impact of interrupted training on the remainder of their approved vocational training. For example, choosing to take leave in excess of the maximum permitted for one or more training periods will result in an extension to their training, as the period beyond the maximum permitted, will automatically be categorised as interrupted training. If training is interrupted for a continuous period of more than 52 weeks, subsequent training must include at least 52 weeks continuous training time. Such a
requirement will not result in any penalty to a candidate for continuing in training past the allowed maximum training time.

Direct your queries about the impact of interrupted training on training requirements to training@anzca.edu.au

If unforeseeable circumstances make it impossible to submit an application prospectively, an application for interrupted training should be made at the earliest opportunity. Trainees submitting late applications should include a justification for why the application was not submitted prospectively. Without sufficient justification, late applications may not be eligible for reduced annual training fees. If a trainee does not make an application to the director of professional affairs (assessor) within 13 weeks of the commencement date of the period of interrupted training, they will be deemed to have abandoned their training. Should they subsequently wish to recommence training they will be required to submit an application for resumption to the director of professional affairs (assessor) justifying their renewed registration, and a new application fee and a new registration fee will apply.

11.5.1 Approved interrupted training: interrupted training approved by the director of professional affairs (assessor) in response to an application by the trainee

All interrupted training should normally be anticipated and applied for. A trainee may apply for a period of interrupted training for reasons such as:

- Completing a higher degree or other studies.
- Working in an anaesthetic department not accredited by ANZCA.
- Working in an ANZCA-accredited department beyond the duration of training for which it is accredited.
- Working in a department during a period of other clinical time, where that department is not accredited by the relevant specialty College.
- Choosing to take periods of leave for 13 or more weeks, including for reasons of a personal nature or due to illness or injury.
- Failure to obtain a position suitable for training.
- Failing to complete the primary examination during basic training.
- Failing to complete the final examination during advanced training. While trainees may be permitted to sit the primary and final examinations during periods of interrupted training, it is in their interest to attempt the examinations while in approved vocational training, so that their overall training is not lengthened unnecessarily and they prepare for the examination in a clinically relevant and supportive training environment.

Trainees are permitted to interrupt their training for up to 104 consecutive weeks by seeking prospective approval from the director of professional affairs (assessor), or in the case of unforeseeable circumstances, seeking approval at the earliest opportunity.

Interrupted training taken for any of the reasons listed above is deemed to have concluded when the trainee re-enters training or seeks prospective approval from the director of professional affairs (assessor) for a further period of interrupted training. If neither of these occur by the time the initial period of interrupted training elapses, the trainee will be deemed to have withdrawn from training.
11.5.2 Deemed interrupted training: interrupted training resulting from the automatic temporary suspension, under the regulations, of approved vocational training in circumstances where no application for interrupted training has been received from the trainee by the College.

Interrupted training is automatically deemed to have commenced when, for example, a trainee:

- Fails to complete the required training agreement.
- Fails to pay outstanding College fees.
- Fails to record time in the TPS within four weeks.
- Has conditions placed upon their practice by a medical registration authority.

Such periods of interrupted training should be applied for prospectively where possible. The above occurrences of interrupted training are deemed to have concluded when the precipitating problem is rectified. If the problem is not rectified in the appropriate timeframe, this results in the withdrawal, deemed withdrawal or removal of the trainee from the training program.

Again, if a trainee does not make an application to the director of professional affairs (assessor) within 13 weeks of the commencement date of the period of interrupted training, they will be deemed to have abandoned their training. Should they subsequently wish to recommence training they will be required to submit an application for resumption to the director of professional affairs (assessor) justifying their renewed registration, and a new application fee and a new registration fee will apply.

### Assessments permitted during interrupted training:

- Trainees who are in interrupted training but have been in approved vocational training within 52 weeks of the date of the written section of the relevant examination are permitted to sit the examination.
- Trainees are permitted to undertake all scholar role activities during interrupted training.

Note that workplace-based assessment and volume of practice requirements cannot be fulfilled during interrupted training.

11.6 Extended training

Extended training allows trainees who do not complete the requirements of a core study unit or provisional fellowship within the timeframe of the corresponding training period to remain in the training program and continue working toward fulfilling those requirements. A trainee who has not met the requirements of a core study unit or provisional fellowship training in the required time, will automatically progress into extended training. The local education officer notifies the director of professional affairs (assessor) when a trainee enters extended training, however approval is not required.

It is the responsibility of the trainee to liaise with his or her supervisor of training and/or education officer to ensure that his or her clinical placement plans address all outstanding requirements (assessments, volume of practice and scholar role activities) to ensure the
completion of the core study unit or provisional fellowship before the limit of extended training is reached.

If the trainee believes the local support provided to help complete outstanding requirements and progress to the next training period in a timely manner is insufficient, they should contact the director of professional affairs (assessor) directly (via assessor-requests@anzca.edu.au).

A trainee who has not met the requirements of introductory training by the end of extended introductory training will be deemed to have withdrawn from the ANZCA training program.

A trainee who has not met the requirements of basic training, advanced training, or provisional fellowship training by the end of extended basic training, extended advanced training or extended provisional fellowship training will be deemed to have withdrawn from the ANZCA training program, except in the following circumstances:

- Trainees who have completed all requirements of basic training or advanced training aside from the primary exam or final exam, respectively, may apply prospectively to the director of professional affairs (assessor) (via assessor-requests@anzca.edu.au) to enter interrupted training and must successfully complete the relevant exam during the first 52 weeks of interrupted training, or else be deemed to have withdrawn from the ANZCA training program.

- Trainees who have completed all requirements of basic training, advanced training or provisional fellowship training aside from their scholar role activities may apply prospectively to the director of professional affairs (assessor) (via assessor-requests@anzca.edu.au) to enter interrupted training in order to complete scholar role activities.

If there are extenuating circumstances that justify remaining a trainee for longer than these maximum durations of extension, a prospective application needs to be made (for example, before the time runs out – at least four weeks prior to give sufficient time for the application to be considered) requesting an extension and providing full supporting information to the director of professional affairs (assessor) (via assessor-requests@anzca.edu.au).

### Table 11.2 Extended training periods

<table>
<thead>
<tr>
<th>Extended training period</th>
<th>Maximum duration of extension period (FTE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introductory training (IT-E)</td>
<td>26 weeks</td>
</tr>
<tr>
<td>Basic training (BT-E)</td>
<td>104 weeks</td>
</tr>
<tr>
<td>Advanced training (AT-E)</td>
<td>156 weeks</td>
</tr>
<tr>
<td>Provisional fellowship training (PFT-E)</td>
<td>52 weeks</td>
</tr>
</tbody>
</table>

Trainees who are close to the limit of extended training time while completing an examination need to apply for interrupted training so as not to run out of time and automatically be withdrawn from the training program.
12. Trainee illness or disability

12.1 Overview

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.

12.2 Selection of trainees

As outlined in handbook section 3, the process of selection of medical graduates into anaesthesia training and their reselection during training (regulation 37.5.3) 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 (for example, the ability to meet the reasonable and genuine requirements of the position and the training program). If in doubt, appropriate advice and guidance should be obtained from an occupational health specialist or other appropriate health professional (regulation 37.12.1.1).

12.3 Fitness to practise

Annually, and as part of the application to present for any College examination, trainees are required to make a declaration regarding fitness to practise (regulation 37.12.7). An expanded declaration is required upon application for admission to fellowship (regulation 37.12.8).

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. Those dealing with trainees who are ill or disabled must ensure that patients are not put at risk and the trainees are not disadvantaged (regulation 37.12.1.2, 37.12.1.3).

The College does not determine fitness to practise. This is a matter for the trainee's treating medical practitioner, their employer, and the relevant regulatory authority granting registration to practise (regulation 37.12.2).

Notification to 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 should be made in writing and addressed to the chief executive officer (ceo@anzca.edu.au). The College will handle each notification, taking into account all the particular circumstances and the principles set out in regulation 37 (regulation 37.12.4).
12.4 Confidentiality and privacy

Maintenance of confidentiality and protection of privacy of the trainee with illness and/or disability are obligations that 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 (regulation 37.12.1.4). In cases where patient safety may be affected, the College reserves the right to notify medical boards/councils or other appropriate authorities (regulation 37.12.1.5).

The reporting requirements of the jurisdiction within which the trainee is working with regard to illness and/or disability must be met (regulation 37.12.3).

12.5 Training options

It may be appropriate for trainees to make use of the flexible training options available including: interrupted training, part-time training and leave (regulation 37.5.5.9).

12.6 Examinations and special consideration

Any candidate may withdraw his or her examination application in writing, before the date of the examination (regulation 37.7.3.4.1).

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 (regulation 37.7.3.4.2).

Candidates should not be disadvantaged as a result of events outside their control. Nevertheless, in seeking to redress any disadvantage, no action should be taken that might be held to be unfair to other candidates.

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 (regulation 37.7.3.4.3).

Prospective candidates with a chronic illness or disability may be considered for assistance appropriate to their disability, provided that this assistance does not compromise the fairness and/or reliability of the examination. A fully documented application should be submitted to the chair of examinations (primaryexam@anzca.edu.au or finalexam@anzca.edu.au) 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 (regulation 37.7.3.4.4).

Provisions for the refund of examination fees are outlined in regulation 37.7.3.4.5.2.

A candidate who has been prevented from completing an examination by illness, accident or disability will not be exempt from any part of a future examination.

A candidate who has been prevented from completing an examination by illness, accident or disability will remain eligible for awards and prizes at a future examination sitting.
Where a problem arises that is not covered in the regulations, instructions to examiners, or these guidelines, advice is to be immediately sought from the chief executive officer in discussion with the chair of examinations (primaryexam@anzca.edu.au or finalexam@anzca.edu.au).

12.7 Other resources

Some jurisdictions have specific programs to assist doctors with impairment. Where appropriate, these or other doctors’ health programs should be accessed to deal with trainee illness or disability.

ANZCA Fellows may provide advice, but should not act in a therapeutic relationship with respect to a trainee, unless possessing relevant specialist skills and in a standard clinical setting (that is, with a formal consultation process).

See also ANZCA professional document *PS49 Guidelines on the Health of Specialists and Trainees*. 
13. Trainee experiencing difficulty (TDP) process

13. 1 Overview and when to invoke processes

Trainees can experience difficulty during training for many reasons. The trainees experiencing difficulty process (TDP) seeks to assist supervisors of training (section 21), heads of department and education officers when supporting trainees at these times, by helping in the identification, management and resolution of these difficulties.

The trainees experiencing difficulty process is intended to support trainees. The objective is to overcome difficulties in a supportive, holistic and collaborative manner, within a specified timeframe. The approach for managing training issues is one of a staged response with ongoing monitoring of progress and feedback to the trainee. Early identification of trainees experiencing difficulties with support and remediation at the local department level is an important and integral part of the process. More structured and formalised assessment and management may also be required.

It is not appropriate to use this process where issues relate to employment, misconduct and where patients and/or the trainee are at risk of harm. In these instances the head of department must be notified immediately and advice sought from the employer’s human resources department. (section 13.6)

Jurisdictional requirements must also be met. The trainees experiencing difficulty process is not to be used as a disciplinary measure, which is for medical boards and councils. The processes for dealing with trainees under medical board/council conditions, suspension or removal from a medical register are outlined in regulation 37.16.

Trainees should be aware of the ANZCA reconsideration, review and appeals processes, particularly where issues cannot be resolved at a local level (regulations 30 and 31).

The following flowchart outlines the essential elements of the trainees experiencing difficulty process.
Diagram 13.1 Trainees experiencing difficulty process

Supervisor of training asks for written documentation of specific facts

| Relevant WBA and feedback given. | Direct observations in areas including performance, knowledge and behaviour of trainee. | Summary of any feedback or remediation provided. |

Supervisor of training gathers information confidentially from multiple sources

| What is the underlying issue? Does it need to be fixed? | Is it an employment issue? If so, notify head of department or HR. | Is there a danger to trainee or patients? If so, refer to head of department/HR/medical board/council. | Speak to trainee - ensure principles of natural justice are followed. | What is the context? Are there underlying factors affecting trainee performance? |

Departmental support and remediation - may be all that is required

| Advice and support and feedback offered to trainee. | Use available resources. | Document discussions and management. |

TDP interview if issues unresolved OR double flag on in-training assessment, OR two single flags in 12-month period.

This is planned and conducted by supervisor of training.

Assistance and more information about the trainees experiencing difficulty process may be sought from:

1. The relevant education officer.
2. The director of professional affairs (assessor) (tdp@anzca.edu.au).
3. The operations manager, Training and Assessments (tdp@anzca.edu.au or +61 3 9510 6299).
Other important contacts for trainees experiencing difficulty are:

1. The Medical Board of Australia.
2. The Medical Council of New Zealand.
3. The Doctors Health Advisory Service in each state in Australia and New Zealand.

13.1.1 Expectations of trainees during training

Professional and personal development during training requires that trainees:

- Contribute to the work of their training department.
- Set their learning goals for each clinical placement.
- Actively seek required clinical experience to meet volume of practice requirements.
- Reach performance standards appropriate to their stage of training.
- Progress towards necessary levels of responsibility and autonomy.
- Meet other training requirements, including successful achievement of all learning outcomes, recording of experiences in the training portfolio system, attendance at courses, participation in training-related activities such as supervisory feedback and reviews, as well as satisfactory completion of assessments (workplace-based assessments, examinations and scholar role activities).
- Actively participate in self-assessment and reflect on feedback received and strive to improve their performance in line with training requirements.
- Seek appropriate assistance and support in situations where difficulty is experienced.

Upon registration and on an annual basis during training, all trainees sign the ANZCA Training Agreement, which outlines both the responsibilities of the trainee and the undertakings of the College.

13.1.2 Types of difficulties experienced by trainees

Trainees experiencing difficulty are those who are not making sufficient progress in training or who are experiencing difficulties with certain training elements. Typically there is a repeated pattern of behaviour rather than a single incident. Workplace-based assessment processes may bring these issues to the attention of a department at an early stage of training. They also provide specific examples of underperformance, promote opportunities for giving feedback to the trainee and a means of ongoing monitoring of performance to promote improvement.

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

- Clinical performance in any of the ANZCA Roles in Practice below that expected for the stage of training as reflected in assessments, for example, the initial assessment of anaesthesia competence (IAAC).
- Failure to pass College examinations.
• Personal problems, illness and/or disability that interferes (temporarily or permanently) with training and/or performance of duties.

• Mental health issues (for example, depression, anxiety, personality issues) that impair professional communication, teamwork or other aspects of performance.

• Substance abuse or dependence (for example, involving opioids, other anaesthetic agents, alcohol or recreational drugs) requires a specific investigation and management process outside the scope of the trainees experiencing difficulty process. See Welfare of Anaesthetists SIG resource document 20, Suspected or Proven Substance Abuse (Misuse). It is essential to seek professional advice and comply with regulatory requirements, especially mandatory reporting requirements, of the Medical Board of Australia and the Medical Council of New Zealand.

13.2 Identifying trainees experiencing difficulty

This is an important role for everyone involved with the training program. In all situations, the safety of patients as well as the welfare of the trainee must be carefully considered.

Staff members with concerns about any aspect of a trainee’s performance must discuss their concerns promptly with the supervisor of training and/or head of department. Concerns about trainee performance may also be identified during workplace-based assessment or at the time of clinical placement or core unit review. The supervisor of training should investigate further any trainee who receives a borderline assessment at a clinical placement review. Trainees may also self-report that they are experiencing difficulty, which provides an opportunity for assessing and addressing the issue(s).

The supervisor of training and/or head of department should take steps to address such concerns by making specific, confidential inquiries about the perceived issues and gathering information from relevant staff members as well as the trainee about the concerns expressed. Discussion with the trainee’s previous supervisor(s) of training and review of past records in the training portfolio system may also provide important supporting information, particularly to identify whether this is a change or is part of an established pattern of performance.

Assistance may be sought from the relevant education officer (section 29) and the operations manager, Training and Assessments (tdp@anzca.edu.au).

Consequences of failure to act

If concerns are expressed to a supervisor of training about a trainee’s behaviour or underperformance, the supervisor has a duty of care to act on these concerns. If left unchecked, underperformance may result in patient harm. Additionally, the trainee experiencing difficulties may develop into a specialist experiencing difficulty. Early detection increases the likelihood that the issue will be resolved.

Dealing effectively with such concerns can be difficult and requires patience, skill and appropriate guidance seeking. It may also require specialist referral and other resources.

13.2.1 Framework for diagnosing common problems in trainees experiencing difficulty

Early signs of a trainee experiencing difficulty include:
- ‘Disappearing act’: not answering pagers, disappearing between lists or tasks, repeated lateness, not attending teaching sessions, frequent sick leave.

- Reduced work rate: slow at performing procedures; despite arriving early and leaving late, still does not achieve a reasonable workload compared to others at the same stage.

- ‘Ward rage’: bursts of temper when decisions are questioned, shouting at patients or colleagues, real or imagined slights, dismissive or disrespectful behaviour towards other health professionals.

- ‘Bypass syndrome’: more junior colleagues and nursing staff find ways of avoiding seeking the opinion or assistance of the trainee.

- Career problems: difficulty passing exams, uncertainty about career choice, disillusionment with medicine.

- Insight failure: rejection of constructive criticism or defensiveness.

A framework for making a diagnosis

Poor performance is a symptom, not a diagnosis. Consider the following approach and the questions that follow to diagnose the nature of the problem (if indeed there is one):

<table>
<thead>
<tr>
<th></th>
<th>Presenting complaint</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Presenting complaint</td>
</tr>
<tr>
<td>2</td>
<td>Risk assessment</td>
</tr>
<tr>
<td>3</td>
<td>History</td>
</tr>
<tr>
<td>4</td>
<td>Context</td>
</tr>
<tr>
<td>5</td>
<td>Further assessment</td>
</tr>
</tbody>
</table>

1. Presenting complaint

What exactly is the problem?

Are the trainee’s knowledge and skills (including clinical reasoning, technical and non-technical skills) appropriate for his or her stage of training?

How does the trainee compare with his or her peers in terms of ability to manage workload tasks effectively and efficiently? What is the standard of his or her documentation? How does he or she behave in a crisis?

Is there any problem with patient communication skills and relationships with professional colleagues? Are there conflicts in the workplace? Is he or she emotionally labile?

Does the problem need to be fixed? (For example, has there been miscommunication or a clash of two personalities, rather than a repeated pattern of behaviour?)
2. Risk assessment:

How serious is the problem?

- Is there a danger to patients, colleagues or the trainee?
- Is there evidence of professional or criminal misconduct? (For example, working while intoxicated or under the influence of drugs, sexual harassment?)

If yes, then immediate action must be taken. Urgently involve the head of department, medical administration, human resources, the relevant medical board or council and/or a psychiatrist, as indicated by the specific situation.

3. History:

Gather information from a number of sources to establish and clarify the facts:

- Is it misconduct, an employment issue or a training issue?
- Is the problem new or has it been present for some time?
- Is it increasing in severity or static?

When gathering information, pay due regard to confidentiality, fairness and the principles of natural justice (regulation 37.13.5).

The in-training assessment process, which assesses trainee performance across the ANZCA Roles in Practice, is informed by a number of sources, including workplace-based assessments. This is a useful framework to assist in determining the nature of the problem and will provide specific supporting evidence. Supervisors of training should form an opinion of the trainee and be guided by the in-training assessment in consultation with colleagues, informally, or more specifically, using the multi-source feedback tool. Information gained should be firsthand and specific.

4. Context

Speak to the trainee. The trainee has a right to know that inquiries about some aspect of his or her performance are being made.

What is the context – is the problem with the trainee, the supervisor(s) or is it a systems problem? (See common underlying causes below.)

What is the trainee’s attitude to learning? Does he or she demonstrate appropriate flexibility?

From your initial conversation with the trainee, try and gauge his or her level of insight, self-confidence and motivation.

5. Further investigation and analysis of all the findings.

Consider if referral to any expert practitioners is warranted.
13.2.2 Common underlying causes

There may be multiple contributing factors and initial discussions with the trainee should explore these.

13.2.2.1 Trainee factors:

Consider the eight Bs:

- **Bugs**  
  Illness, acute or chronic.
- **Booze**  
  Substance abuse.
- **Boys/girls**  
  Relationships; family issues including illness, childcare.
- **Blues**  
  Depression, anxiety, and insomnia.
- **Banks**  
  Financial problems.
- **Babies**  
  Pregnancy, young baby at home.
- **BPD**  
  Psychiatric illness including borderline personality disorder.
- **Bilingual**  
  Culturally diverse background, known to be a risk factor for depression, cultural isolation, visa problems.\(^1\)

It is important to ascertain whether the trainee has a GP and his or her attitude to self-prescribing and self-care. Also consider social factors that may impact upon the trainee – sleep, nutrition, time with family and friends, exercise, and leisure activities and whether there are other factors (for example, insomnia, recent birth of a baby) contributing to fatigue.

If preparing for examinations, has he or she had problems with exams in the past? Does he or she have a study plan and what is his or her strategy for preparing for and passing the examination? Is he or she getting adequate study time, are there adequate educational resources and is he or she getting assistance with examination preparation such as marking of practice essays and viva practice? Could language skills be an issue?

13.2.2.2 Supervisor and system factors

Apart from the personal and social factors above, it is important to investigate the trainee’s attitude to the learning environment – is he or she getting adequate learning experiences? Does he or she feel challenged and stimulated? Are senior staff interested in teaching and are they supportive? Or are they overly critical, with unrealistic expectations, didactic, or generally unavailable? Are levels of supervision perceived by the trainee to be appropriate?

The trainee should be asked specifically whether he or she is experiencing bullying and/or harassment. If yes, this should be handled in accordance with institutional policies and by the head of department.

\(^1\) South Australian Institute of Medical Education and Training. Trainee in difficulty: a handbook for directors of clinical training. 2010. From:  
Other things to consider are the trainee’s hours of work, difficulty of cases and supervision levels, whether there is adequate rest between shifts, and whether the trainee is working another job in addition to the training job. Consider the following:

- Has there recently been a transition in terms of place of work, type of clinical work, level of responsibility (for example, from resident to registrar)?
- Has the trainee received adequate orientation to the department and the hospital?
- Has the trainee been involved in an adverse event and was he or she adequately debriefed and supported?
- Does he or she require ongoing support and counselling?

13.3 Processes to be followed when it is confirmed that a trainee is experiencing difficulty

a) The supervisor of training must document any discussions with the trainee and others, remediation strategies including referrals, monitoring of progress and outcomes (section 13.7).

b) The principles of natural justice and procedural fairness (regulation 37.13.5) must be observed. These include that the trainee must be formally notified of all steps being taken. The trainee must be aware of the ANZCA reconsideration, review and appeals processes (regulation 30 and 31).

c) Unless the issue threatens patient safety or represents professional misconduct, the approach should be a staged response.

d) Early identification of trainees experiencing difficulty may allow simple remediation at the local level to support the trainee to overcome the issue(s). In the following sections, strategies are illustrated with examples.

e) Where simple remediation strategies fail to resolve the issue(s), if the trainee is performing at an unsatisfactory level at a clinical performance review, or if he or she receives two borderline assessments in 12 months, then the supervisor of training will plan and conduct a formal initial interview (section 13.3.1) and flagging system. The relevant education officer should be informed at this stage and can offer advice and support to the supervisor of training.

f) During this interview, the supervisor of training will offer support and develop more structured remedial strategies, with a further review of the trainee’s performance after an agreed period.

g) It is important that the trainees experiencing difficulty process is monitored and that some time limits are set for defined outcomes to be achieved before additional remedial processes are triggered. At the time of the formal initial trainees experiencing difficulty process (TDP) interview, some time limits from this point forward should be considered by the supervisor of training and discussed with the trainee. The trainee must be given a minimum of 13 weeks from the date of the initial TDP interview to achieve the defined goals within the defined timeframe for improvement. If after 26 weeks from the initial TDP interview, the issue has not been resolved then further action is required. Refer to section 13.6.
13.3.1 Trainees experiencing difficulty process initial interview

The head of department should be informed that an interview has been scheduled and may be in attendance. The head of department should follow the requirements and processes prescribed by the relevant regulatory board/council. The Welfare of Anaesthetists SIG resource documents may be a useful adjunct to the process.

The initial interview with the trainee, led by the supervisor of training, should include the following:

- A formal time should be set aside for the discussion with sufficient advance warning for the trainee. The meeting should occur with adequate time for consideration and in a private place.

- The trainee is entitled to and should be encouraged to contribute to the discussion. The trainee should be offered the opportunity to bring a support person.

- The supervisor should consider possible solutions and plans of action before the meeting and should be prepared with all relevant documentation to hand.

- The supervisor should use active listening techniques and pay attention to his or her own and the trainee’s body language and non-verbal cues. Six principles form the core of active listening:
  
  a) Encourage the trainee to express opinions.
  
  b) Clarify the trainee’s perceptions of what is said.
  
  c) Restate essential points and ideas.
  
  d) Reflect the trainee’s feelings and opinions.
  
  e) Summarise the content of the message to check validity.
  
  f) Acknowledge the opinion and contribution of the trainee.

- Shortcomings in trainee performance and training progress should be clearly identified.

- The trainee should provide a self-assessment, including an explanation about his or her performance and the difficulty (or difficulties) he or she is experiencing.

- Clear expectations about required performance and training progress should be outlined.

- The supervisor of training and trainee will devise and implement a management plan.

  o Agreed, achievable goals should be set, together with practical suggestions for their attainment. Suitable resources to support the trainee’s progress should be identified. A time frame for the trainee to access relevant resources should be agreed.

  o A framework for goal setting is SMART goals:

    
    b) Measurable: How will progress be measured?
    
    c) Attainable: Goals must be within the trainee’s capability
d) Realistic: The trainee has the support, resources and ability to achieve the goals

e) Timely: There should be a specific target date for completion (noting there may be a series of dates by which time particular steps may need to be achieved).

- An action plan should be documented (see section 13.7) including:
  - Who was present at the meeting, the date, time and duration?
  - The nature of the problem and the issues discussed.
  - The SMART goals agreed.
  - Follow-up meeting dates.
  - Consequences of failure to meet agreed targets.

The supervisor of training should inform the head of department of the outcome of the meeting and document the discussion on the remedial interview record (see Appendix 2 to this handbook).

13.3.2 Remedial learning: suggested strategies for management

The following is a guide only and may not be practical, necessary or effective in all cases.

- The supervisor of training and/or the head of department should work with the trainee to organise achievable, individualised learning experiences to assist with remediation of identified difficulties. The trainee should be involved in planning the remediation strategies and agree to comply in order to achieve the desired outcomes.

- Any contributing factors should be identified and addressed (see section 13.2.2).

- Additional resources and professional assistance may be required.

- More frequent workplace-based assessments may also be required to promote feedback to the trainee, to facilitate improvement and to document progress.

Clinical performance difficulties:

- Define the expected behaviour (curriculum learning outcomes define what is expected).

- Ensure adequate training and departmental orientation (section 20.6).

- Arrange additional sessions with supervisors for targeted training.

- Ensure more frequent and timely feedback on performance using workplace-based assessments (section 7.4).

- Identify learning resources (for example, guidelines, protocols, review articles, e-learning resources). Monitor the trainee’s use of these and the learning achieved.

- Encourage effective organisational strategies (time management, prioritisation, use of checklists). Teach the trainee how to break down activities into lists of tasks and to prioritise issues. Promote observation and discussion with supervisors about how he or she prioritises, streamlines and delegates. Encourage use of checklists.
Behaviour and attitude difficulties:

- Define expected behaviours and attitudes appropriate in the workplace, including the importance of effective teamwork for patient safety. The learning objectives describe expected behaviours.

- Make the trainee aware of the codes of conduct of the hospital as well as of ANZCA, the Medical Board of Australia and the Medical Council of New Zealand.

- Suggest simulator training, especially to foster teamwork and communication.

- Arrange referral to a psychologist or psychiatrist if appropriate to exclude and manage mental health problems.

- If there seems to be doubt about career choice, provide advice or suggest referral to a medical careers advisor.

Communication difficulties:

- Ensure the trainee is made aware of the expected level of skill required. The curriculum learning outcomes define what is expected.

- Offer communication skills training, as appropriate.

- Those with English as a second language may benefit from training in linguistics.

- Offer targeted training and supervision in the areas of deficiency with ongoing assessment and feedback using workplace-based assessments (section 7.4).

Difficulties with examinations

- Education in study techniques, examination techniques and increased written and viva practice may be beneficial.

- Trainees struggling to pass exams may benefit from referral to an expert such as a performance or educational psychologist, or a health practitioner for training in relaxation techniques such as hypnosis.

Health issues impairing trainee performance

Refer to section 12 on trainee illness or disability.

It is not appropriate to use the process where issues relate to employment, misconduct and where patients and/or the trainee are at risk of harm. In these instances the head of department must be notified immediately and advice sought from the employer’s human resources department (section 13.6). Jurisdictional requirements must also be met.

A spectrum of health professionals from GP, psychologist, physiotherapist, dietician, performance psychologist or life coach, to psychiatrist may be considered for assistance. An occupational health physician may be useful particularly for chronic health problems. The trainee’s GP should co-ordinate the management of the trainee’s health including referral as appropriate.

For more information about professional assessment and management see section 13.3.4.
13.3.3 Advice and support

The supervisor of training and/or head of department must ensure that appropriate advice and support for the trainee is available. Early constructive advice may be pivotal to a trainee’s professional and personal development. Advice may come from the trainee’s mentor, a senior member of the department, the education officer or a member of the Welfare of Anaesthetists Special Interest Group.

As the trainees experiencing difficulty process can be stressful, consideration should be given to appropriate personal and professional support for the trainee. Support may come from many sources including family, friends, the GP, a pastoral carer or a mentor (of the trainee’s choosing). A ‘buddy system’ with a slightly more senior trainee can also be supportive, although this person must act in a supportive capacity rather than as part of the remediation process.

If they do not already have one, trainees should be strongly encouraged to select a mentor. The supervisor of training or the head of department should discuss mentorship and the choice of mentor with the trainee. The trainee should be free to select his or her own mentor, although some assistance may be appropriate if the trainee is having difficulty in identifying a suitable person. A mentor should have no formal involvement with the trainee’s appointment, reappointment and with formal assessment.

Assistance from mentors should be limited to advice and support. Treatment, if required, should be from relevant qualified practitioners in a therapeutic (not a supervisory or mentor) relationship with the trainee.

The supervisor of training and trainee should discuss flexible training options including part-time (regulation 37.5.5.9) and interrupted training (regulation 37.5.6).

13.3.4 Professional assessment and management

In some situations, the trainee must be advised to seek professional assessment and management. The trainee should be assisted to find an appropriate person when he or she requests it. On occasion, prompt medical or psychological intervention may be essential. Relevant professional assistance may be sought from:

---

**Case example: difficulty with examinations**

Dr A completed introductory training without any difficulty and continued to have satisfactory clinical performance. However, she had two attempts at the primary examination without success. Her knowledge appeared satisfactory, but she reported experiencing “severe anxiety” with each attempt leading to difficulties with the viva voce examinations. This was reflected in the feedback she had received from the College.

She was commenced in the trainees experiencing difficulty process. Her supervisor of training arranged graded remedial viva practice well prior to the next sitting of the examination. It was recommended to Dr A that she see a sports psychologist for assistance with overcoming her performance anxiety and she undertook a series of six sessions at the local university. The supervisor of training arranged monthly clinical placement reviews to monitor her progress. Dr A was successful at her next examination attempt.
• The trainee’s general practitioner.
• A medical specialist appropriately qualified for the trainee’s medical condition, for example, a psychiatrist or an occupational health physician. The trainee’s general practitioner will often co-ordinate referral and play a role in ongoing management.
• A psychologist.

Notwithstanding the above, additional professional support may be obtained from:
• Pastoral care services.
• Relationship counselling services.
• The Doctor’s Health Advisory Service.
• New Zealand Doctors’ Health Advisory Service (New Zealand helpline: 0800 471 2654. 24-hour service, New Zealand only).
• A drug and alcohol service.

**Case example: major depression**

Dr B was a previously high performing trainee who did well at medical school and completed introductory training and basic training with satisfactory assessments. During the first year of advanced training, it was noted that he had become progressively more withdrawn and was frequently late to work. Drug misuse and suicide risk were considered by the supervisor of training and guidance sought from the Welfare of Anaesthetists Special Interest Group documents and the HOD, and local policies for assessment and investigation were followed with no indication that substance abuse was the issue. After discussion with the trainee, an appointment with a general practitioner was organised by the trainee.

The GP diagnosed major depression and commenced antidepressants. Dr B was given two weeks leave from work and, upon return, commenced part-time training (prospectively approved by the ANZCA director of professional affairs (assessor)). The supervisor of training discussed this with the education officer and arranged monthly clinical placement reviews to monitor Dr B’s progress. He was also off the night-call roster for several months. Within three months, Dr B responded to the treatment. His GP confirmed fitness for work and he was able to continue his training according to a normal schedule. He continued to achieve satisfactory progress through the remainder of his training with appropriate monitoring and follow up by his GP.

13.3.5 Monitoring progress

The progress of the trainee following the institution of any procedure referred to in this handbook must be monitored at regular, prospectively determined times. Review dates need to be set to assess the success of the remediation program. The supervisor of training should look for signs of improvement, give feedback and encouragement. Progress monitoring may supplement the usual workplace-based assessments and formal in-training assessment process.
It is expected that most trainees will respond positively to the above measures. If progress is occurring satisfactorily, continue monitoring until performance is at the level expected for the stage of training and progress is sustained.

If the trainee does not engage with the trainees experiencing difficulty process or reasonable improvement does not occur within the expected timeframe, the supervisor of training should discuss the situation with the education officer and/or operations manager, Training and Assessments for further action, which may include a trainee performance review (TPR) process.

Trainees who are undertaking a trainee experiencing difficulty process would normally be required to successfully complete this process prior to being admitted to fellowship.

**Case example: borderline ITA assessment**

Dr C was in his last six months of basic training. He had recently successfully completed the primary examination on his second attempt. His previous in-training assessment had a global assessment of ‘borderline’.

Before the trainee interview, the supervisor of training reviewed the trainee’s profile by checking previously submitted workplace-based assessments focusing on the identified areas of underperformance. These were identified as a lack of confidence and lack of engagement with surgical, nursing and other clinical colleagues. The previous supervisor of training was contacted for more information. The training portfolio system dashboard was checked to see whether Dr C was on track with his volume of practice and other mandatory training requirements.

At the interview at the beginning of the clinical placement, the trainee was asked about his goals for the clinical placement. The previous in-training assessment and workplace-based assessments were discussed and the trainee was asked about his perception of what had led to the borderline assessment. He attributed this assessment to his focus on his primary examination. He acknowledged that the examination was a major hurdle and, now behind him, he planned to focus his attention on his clinical training.

The trainee was informed that this term was an opportunity to improve on those areas that required improvement. Working with his supervisor of training, a plan was developed. Dr C understood that improvement needed to occur or he would not be able to progress to advanced training by the end of the year. General inquiries were made about his health and family life.

The trainee was made aware of the competencies required (in the curriculum) for the collaborator role, as well as those for the basic core unit. The use of workplace-based assessments to help trainees improve their performance with a view to developing autonomy was discussed.

A mentor was suggested, along with a review by his GP to be sure he was in good health. He was also referred to a performance psychologist to assist him developing strategies to increase confidence, ensure work-life balance and set and achieve goals.

The section in the handbook on receiving feedback was drawn to the trainee’s attention to assist his understanding of the need to seek feedback, request strategies on how to improve, listen to advice and respond appropriately by attempting to improve his performance.
13.4 Satisfactory progress

Once it is clear that satisfactory progress is being sustained, the trainee should be advised of this and that he or she can resume assessments and feedback at the usual frequency for his or her stage of training. The education officer and the operations manager, Training and Assessments, if the latter has been involved, should be advised that satisfactory progress has been achieved and sustained.

13.5 Unsatisfactory progress

If the trainee fails to progress at a satisfactory rate, the supervisor of training should seek advice from the relevant education officer and/or the operations manager, Training and Assessments at the College.

If a satisfactory resolution cannot be achieved using the provisions of this document, further assessment may need to be undertaken using the trainee performance review (TPR) process (section 14).

The supervisor of training must document the processes followed and advice sought (section 13.7).
13.6 Triggers for further action

In many cases, trainees will be supported through this process to overcome difficulties, will resume expected progress through the training program and ultimately will be admitted to fellowship. The outcome of the trainees experiencing difficulty process (TDP) must be monitored by the supervisor of training and the education officer and must be resolved within 26 weeks of the date of the formal trainees experiencing difficulty process interview or further action is required.

The supervisor of training may institute the requirement for up to 26 weeks additional training time. The duration of additional training time should be consistent with the remediation required. The additional training time will occur within the trainee’s current core study unit.

This applies only to trainees with two flags on their trainee profile (for example, an unsatisfactory global assessment or two borderline assessments within one year) who are in basic, advanced or provisional fellowship training. Not all ‘two-flagged’ trainees will necessarily require this action.

Additional training time can only be mandated if there is documentary evidence that all the following criteria have been met:

1. The trainee is not meeting the expectations for his or her level of training.

2. The trainee has completed a trainees experiencing difficulty process, reasons for the trainee not meeting expectations have been explored, the issues requiring remediation have been documented, the trainee has acknowledged having discussed these issues with the supervisor of training and of receiving a copy of the documentation (refer to section

---

**Case example: unsatisfactory progress**

During introductory training, Dr D was noted to have difficulty acquiring basic technical and other skills required for the administration of anaesthesia to healthy patients. This was detected during workplace-based assessments within the first two months of training. Following review of the workplace-based assessment results, his supervisor of training arranged for him to enter the trainees experiencing difficulty process.

The remediation program included additional sessions for basic skills practice on a part-task trainer, more frequent workplace-based assessments (weekly direct observation of procedural skills and mini-clinical evaluation exercise for the skills that he was having trouble acquiring) and more frequent clinical placement reviews.

Despite these measures, at the end of 26 weeks, Dr D had not acquired the basic skills and knowledge required for satisfactory completion of the initial assessment of anaesthesia competence (IAAC) and the introductory training core unit review. The situation was discussed at length with Dr D and his options to continue in extended introductory training (IT-E) were discussed.

He entered extended training, however he did not demonstrate progress despite intensive remediation, increased frequency of workplace-based assessments with feedback, and four-weekly reviews by his supervisor of training. He therefore was unable to satisfactorily pass the IAAC. He reached the end of extended introductory training time and was deemed to have withdrawn from training (regulation 37.5.5.8).
13.7) and the trainee has had a minimum of 13 weeks to demonstrate satisfactory progress.

3. The trainee has not engaged in the remediation process in good faith and/or the issues are still unresolved within the defined time frame.

4. The head of the department, the education officer and the director of professional affairs (assessor) have been consulted by the supervisor of training and all agree that additional training time is appropriate for addressing the unresolved issues of the trainees experiencing difficulty process.

5. The trainee has not already had training time requirements added from a prior trainees experiencing difficulty process. If this is the case, a trainee performance review (TPR) is required.

6. Failure by the trainee to accept and engage constructively with the additional volume of practice requirements and assessments imposed by the College constituting a serious breach of the ANZCA Training Agreement and necessitating escalation to a trainees experiencing difficulty process.

The supervisor of training must ensure that the College is informed (via operations manager, Training and Assessments) and appropriate changes of increased targets for training time and other requirements are made to the training portfolio system.

If the trainee does not agree to additional training time, then the supervisor of training must request that the education officer initiate a trainee performance review, or the trainee must voluntarily withdraw from training.

If the additional training time has not resulted in the trainee complying with the remediation process and meeting the expectations for his or her level of training, the supervisor of training must request that the education officer initiate a trainee performance review, or the trainee must voluntarily withdraw from training.

13.7 Documenting discussions with trainees

The supervisor of training and/or the head of department must maintain adequate permanent confidential records of discussions with the trainee (see Appendix 3). The record should be detailed, factual, contemporaneous, and should include:

1. Date of the discussion, time and duration.
2. Matters raised and the views expressed by the trainee.
3. Any information provided to the trainee indicating that there may be disciplinary action must be clearly stated. Such information must be understood and acknowledged in writing by the trainee. A failure to accept or acknowledge a warning would be grounds for initiating a disciplinary process, according to employer requirements.
4. Management plan and dates for review.
5. Acknowledgement by the trainee of the interview and its content as documented.

It is advisable to seek assistance from the relevant hospital human resources department to ensure compliance with employment legislation.
13.8 Serious issues: professional misconduct or a risk to patient safety

Disciplinary action in respect of employment or medical registration is a matter for the employer or the relevant medical board or council (http://www.medicalboard.gov.au/ and http://www.mcnz.org.nz/) if there is evidence of serious breaches of care. Mandatory reporting guidelines apply in most jurisdictions. In some situations (for example, evidence of opioid or other substance misuse), it may be appropriate (or required) for the head of department to report the matter to the relevant medical board or council. Additional assistance and support may be available through these bodies. Any disciplinary action (especially dismissal) requires due process to be followed. See ANZCA regulation 37.14 and section 14 of this handbook.
14. Trainee performance review

14.1 Overview and situations which may lead to a trainee performance review

If the trainees experiencing difficulty process (section 13) has failed to resolve the issues within the proposed time frame, a trainee performance review (TPR) should be triggered. The TPR process is outlined in regulation 37.14.

Concerns about trainee performance that may lead to a trainee performance review include (but are not limited to):

- The trainee consistently performs below a specified standard on any performance or criterion-based assessment.
- The trainee lacks an appropriate level of practical skills or competence.
- The trainee lacks an appropriate level of non-technical skills.
- The trainee exhibits behavioural or attitudinal problems that significantly impair his or her performance, or adversely affect the performance of the healthcare team.
- The trainee has an illness or other problem that precludes a satisfactory standard of performance, for which the trainee refuses to seek appropriate management.
- A situation has arisen in which interpersonal relationships are preventing a fair and valid assessment of the progress of the trainee.
- Any other situation that arises in the progress of a trainee, which the supervisor believes would best be resolved through an independent review.
- Any other problem that is unable to be resolved at a local level.

The trainee performance review process is not to be used for a trainee experiencing difficulty whose practice significantly jeopardises, or has the potential to significantly jeopardise, patient safety (for example, substance abuse or other serious illness). In these circumstances, a trainee must be reported to the relevant medical board, council or authority (http://www.medicalboard.gov.au/ and http://www.mcnz.org.nz/).

When implementing any form of summative review, it is important to preserve as far as possible the value and effectiveness of the current in-training assessment (ITA) process as a formative educational tool for improving trainee performance. If considered appropriate or necessary by the review team, the review team may consider one or more in-training assessment forms concerning the trainee. The trainee must do all things reasonably necessary to make the applicable in-training assessments available to the review team, together with any associated documentation required by the review team to consider or assess the in-training assessments. The trainee will be free to comment on in-training assessments and raise any material concerns about the in-training assessments.

Trainees subject to a trainee performance review process are not able to proceed to apply for admission to fellowship until the trainee performance review process is completed.
14.2 Selection and composition of the trainee performance review team

The TPR Sub-Committee of the College will select the members of the review team. The review team should comprise at least three members, who will be appropriately qualified as per the criteria below. No team member may have any conflict of interest with regard to the trainee under review, refer ANZCA Conflict of Interest Policy.

The membership shall be as follows:

1. Three members shall be senior fellows of ANZCA familiar with all aspects of the training program, and willing to be appointed for a period of time sufficient to enable continuation of the ‘corporate knowledge’ of the review process.

2. Two further members may be co-opted to the team according to the specific needs of each case. For example, additional members may be co-opted to the team to supplement the knowledge of the core team members, with regard to local knowledge about the hospital(s) where the problem was identified and/or expertise pertinent to the problem (including, educational, psychological, medical).

3. Two or three members of the review team may conduct the site visit and interviews, and provide a report. All members of the review team will review this report prior to finalisation.

14.3 The trainee performance review on-site review

Once the membership of the review team has been finalised, the trainee, the supervisor(s) of training and other interviewees will be given notice of:

- The initiation and purpose of the review.
- The reasons for the review, especially any information relating to the adverse performance or conduct of the trainee.
- The membership of the review team.
- The date of the interview(s).
- The venue of the interview(s) (which should be held at a site remote from the hospital in which the trainee is working to provide privacy and confidentiality).
- The date and location of any site visit(s), and disclosure of materials, if applicable.
- The purpose of the interviews.
- The process of the review.
- The process after completion of the interview.

When the trainee is informed of the composition of the review team, he or she may raise concerns about potential conflicts of interest with any member of the review team (see ANZCA Conflict of Interest Policy). If these concerns are substantiated, a substitute appointment will be made.

The trainee should also be informed that his or her failure to comply with the requirements of the trainee performance review may constitute a breach of training requirements, and may result in removal from the training program.
The review team may interview the trainee, past and present supervisor(s), other relevant past and present clinical supervisors, colleagues, other trainees, hospital staff, and anyone else deemed appropriate by the review team. The trainee may bring a support person to the interview(s), but is not entitled to have an advocate, nor be legally represented, unless the review team has given prior consent.

The purpose of these interviews is to allow the review team to gather information for the review process. In the case of an interview with the trainee, he or she must be given a reasonable opportunity to comment on any information that is or may be adverse to him or her.

If deemed necessary by the review team, the team may also undertake one or more site visits (that is to hospitals at which the trainee is working or has worked), to gather further information relevant to the review process.

Any documentation relating to the situation that gave rise to the review must be available to the review team and to the trainee. In addition, the review team should keep notes of the interview(s) and any site visits to assist them in writing a report for the TPR Sub-Committee, Education, Training and Assessment Executive Committee or ANZCA Council.

14.4 The trainee performance review report to the TPR Sub-Committee and hence the Education, Training and Assessments Executive Committee or ANZCA Council

On conclusion of the on-site review, the full review team must prepare a written report. A template for the report can be obtained from the operations manager, Training and Assessments (via tdp@anzca.edu.au).

The finalised report must include recommendation(s) for future action with regard to the trainee, and must remain confidential except for communication to the trainee, supervisor(s) of training and other individuals and bodies as appropriate (including, for example, hospitals and medical boards). The report should express recommendations about the future of the trainee in the ANZCA training program (regulation 37.14) with recommendations about actions, the required timeframes and desired outcomes.

Before finalising the written report, the review team will advise the trainee of any significant adverse information obtained during the course of the review, to allow the trainee to have a final opportunity to respond to any information and allegations, and the overall report. The report is submitted to the operations manager, Training and Assessments (via tdp@anzca.edu.au), then to the TPR Sub-Committee and hence the Education, Training and Assessment Executive Committee or ANZCA Council.

14.5 Consideration of the trainee performance review report by the TPR Sub-Committee, Education, Training and Assessment Executive Committee or ANZCA Council

The TPR Sub-Committee then considers the report from the trainee performance review team. It is the responsibility of the TPR Sub-Committee to make a decision on the actions to be taken as a result of the trainee performance review and to make recommendations to the Education, Training and Assessment Executive Committee or ANZCA Council.

If a member of TPR Sub-Committee, Education, Training and Assessment Executive Committee or ANZCA Council identifies a conflict of interest (refer ANZCA Conflict of Interest Policy) he or she will declare the conflict and will be absent for the discussion of the trainee performance review report and relate decision-making.
When considering the report from the review team, the TPR Sub-Committee may decide upon further remediation processes. It may be deemed appropriate that remediation includes additional training, even though this may lengthen training.

The Education, Training and Assessment Executive Committee or ANZCA Council then considers the decisions and recommendations of the TPR Sub-Committee, together with the report from the review team.

The Education, Training and Assessment Executive Committee or ANZCA Council’s final decisions are communicated to the trainee, supervisor(s) of training and other individuals and bodies as appropriate (including, for example, hospitals and the relevant medical board or council). The trainee must agree in writing to the recommendations of the final trainee performance review report and to striving to achieve the outcomes and timelines specified. Failure to agree with the recommendations and the process will result in removal from the training program.

The trainee has access to the review, reconsideration and appeal processes (section 16).

If, as an outcome of the review, the trainee remains in the training program, complying with the recommendations of the review report is the responsibility of the trainee, supervised by the supervisor(s) of training during current and subsequent clinical placements and overseen by the relevant education officer. The education officer, in consultation with the supervisor(s) of training, submits a progress report to the operations manager, Training and Assessments (via tdp@anzca.edu.au), at approximately three monthly intervals and upon request.

The operations manager, Training and Assessments, will submit the report on the trainee’s progress to the chair of the TPR Sub-Committee. The TPR Sub-Committee will consider these reports and make recommendations to the Education, Training and Assessment Executive Committee on acceptance of those reports and any changes to the trainee’s conditions or requirements.

When all TPR recommendations have been complied with, the education officer submits a final report to the operations manager, Training and Assessments. This final report should include a global assessment from the education officer and supervisor(s) of training, based on in-training assessments and other assessments, indicating whether the trainee has achieved the desired level of performance within the prescribed timeframe. The TPR Sub-Committee considers the final report before it is sent to the Education, Training and Assessment Executive Committee for approval.

If the desired level of performance has not been met, or the recommendations have not been satisfactorily complied with, the trainee may be removed from the training program. This will be considered by the TPR Sub-Committee and resultant recommendations must be approved by the ANZCA Council.

If the recommendations have been satisfactorily completed and the trainee has achieved the desired level of performance within the specified timeframe, once the TPR Sub-Committee and the Education, Training and Assessment Executive Committee have approved the final report from the education officer, the trainee may resume training in accordance with usual requirements.
15. Exiting the training program

15.1 Overview

Trainees may exit the training program by:

1. Progression to fellowship by training (section 15.2).
2. Early voluntary withdrawal from the program (section 15.3).
3. Removal from the program (section 15.4).

15.2 Progression to fellowship by training

Progressing to fellowship of the College is by far the most common method by which trainees will exit the training program and occurs on completion of all training requirements. Medical practitioners admitted to fellowship of the Australian and New Zealand College of Anaesthetists who maintain their college membership are entitled to use the post-nominals 'FANZCA'.

Once all training requirements have been completed, trainees may apply to the College for fellowship.

<table>
<thead>
<tr>
<th>Diagram 15.1 Fellowship by training application checklist</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Completed introductory training core unit review.</td>
</tr>
<tr>
<td>2. Completed an approved ALS course.</td>
</tr>
<tr>
<td>3. Completed basic training core unit review.</td>
</tr>
<tr>
<td>4. Completed an approved EMAC course.</td>
</tr>
<tr>
<td>5. Completed advanced training core unit review.</td>
</tr>
<tr>
<td>6. Completed an EMST/ATLS course (if required).</td>
</tr>
<tr>
<td>7. Completed the provisional fellowship review.</td>
</tr>
<tr>
<td>8. Completed all scholar role activities.</td>
</tr>
<tr>
<td>9. Submit a statement of continuing professional development completed during provisional fellowship training.</td>
</tr>
<tr>
<td>10. Paid all fees due.</td>
</tr>
<tr>
<td>11. Complete sign and submit the Application for Admission to Fellowship by Training form.</td>
</tr>
</tbody>
</table>
Tips for timely admission to fellowship:

1. All requirements for each training period are completed and on final application details within the training portfolio system are up to date and accurate. All documentation will be checked and verified by the College prior to the application proceeding to the ANZCA Executive for approval. Trainees who are undertaking a trainee experiencing difficulty process would normally be required to successfully complete this process prior to being admitted to fellowship.

2. Applications for admission to fellowship are considered at scheduled ANZCA Executive meetings (12 per year) or by regular electronic voting between meetings. All training requirements must have been completed by the date the application goes to the ANZCA Executive.

3. Submission of an application for fellowship and associated documentation will be accepted up to four weeks prior to the anticipated completion date for all training requirements, provided that there is a formal statement from the provisional fellowship supervisor or supervisor of training confirming that the trainee will remain in the post until the stated final date. An email should be sent with the subject name “fellowship” to training@anzca.edu.au.

Applications lodged more than four weeks in advance will be rejected.

Leave can be taken during those four weeks, provided such leave is notified to the College and must not exceed the maximum eight weeks allowable during the provisional training period to avoid extending training beyond 52 weeks.

The completed Application For Admission to Fellowship by Training and Examination Form should be sent to:

Training and Assessments
Australian and New Zealand College of Anaesthetists
PO Box 6095
St Kilda Road Central
Victoria 8008
AUSTRALIA

Once the ANZCA Executive has approved an application for fellowship, the medical practitioner will receive a letter from the president of ANZCA, together with a provisional certificate for fellowship, which can be used for specialist registration and other related processes. A certificate will be sent within three months of the approval date, once the prescribed fees have been remitted.

For Australian citizens and permanent residents of Australia, the College will notify Medicare Australia and the Australian Health Practitioner Regulation Agency of new fellowship and status as a specialist anaesthetist. Temporary residents, including New Zealand citizens wishing to practise in Australia, will need to make a written application to Medicare Australia. The appropriate form is available here.

In New Zealand, trainees need to advise the Medical Council of New Zealand that they have completed training and then apply for registration in a vocational scope.

Trainees should note that there are other processes that they must complete as part of becoming a specialist. These include:
- Registration as a specialist with the Australian Health Practitioner Regulation Agency or the Medical Council of New Zealand.
- Securing appropriate professional indemnity insurance.

Upon admission to fellowship, new Fellows will have an opportunity to be presented at the College Ceremony, which is held annually at the ANZCA annual scientific meeting. Information about this will be mailed to all new Fellows.

15.3 Voluntary withdrawal

Trainees may voluntarily withdraw from the training program at any time but are encouraged to speak to their education officer first to explore their options. Trainees should advise the College in writing, addressing the letter to the operations manager, Training and Assessments (via training@anzca.edu.au). It is helpful to the College if the letter includes the reasons for withdrawal, noting that such information is used in a de-identified manner to evaluate and improve the training program (regulation 37.15.1). Trainees will be offered an exit interview with their education officer.

The withdrawal letter will be placed on the trainee’s file for future reference should the trainee reapply to the training program. The director of professional affairs (assessor) will assess such applications on an individual basis.

15.4 Non-compliance with curriculum requirements

Trainees may be deemed by the College to have withdrawn from the training program for the following reasons:

15.4.1 Exceeded the maximum permitted duration of extended training

Trainees, who have not completed the relevant training requirements within the extended training periods shown in this table will be deemed to have withdrawn from the training program (regulation 37.15.2).

**Table 15.1 Extended training period durations**

<table>
<thead>
<tr>
<th>Extended training period</th>
<th>Maximum duration of extension period (FTE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introductory training (IT-E)</td>
<td>26 weeks</td>
</tr>
<tr>
<td>Basic training (BT-E)</td>
<td>104 weeks</td>
</tr>
<tr>
<td>Advanced training (AT-E)</td>
<td>156 weeks</td>
</tr>
<tr>
<td>Provisional fellowship training (PFT-E)</td>
<td>52 weeks</td>
</tr>
</tbody>
</table>

If there are extenuating circumstances that justify the trainee remaining a trainee for longer than these maximum extension durations, a prospective application should be made (for example, at least four weeks before extended training time expires) requesting an extension and providing full
supporting information to the director of professional affairs (assessor) (assessor-requests@anzca.edu.au).

15.4.2 Failure to sign the ANZCA Training Agreement

Trainees who do not sign the ANZCA Training Agreement within 13 weeks of commencing a personal vocational training year will be deemed to have withdrawn from the training program (regulation 37.15.3).

15.5 Removal from the training program

Trainees will be removed from the program if they:

- Fail to achieve relevant training requirements within the training time limits.
- Have five unsuccessful attempts at the primary examination.
- Have five unsuccessful attempts at the final examination. For trainees who have commenced AT prior to the 2018 HEY refer to section 7.6.3.
- Fail to pay relevant fees.
- Are withdrawn by the ANZCA Council as a result of the trainee performance review (TPR) process.
- Are subject to particular medical board or council interventions (regulation 37.16). Refer to section 15.5.2 below.

15.5.1 Trainee performance review

The trainee performance review process (regulation 37.14) may result in a trainee being removed from the training program. For further information on this process and why and how it may be initiated, refer to the trainee performance review process section.

The director of professional affairs (assessor) will consider all requests for re-registration as a trainee. Trainees who voluntarily withdraw during a trainee performance review process may re-apply on the condition that the trainee performance review process is completed.

15.5.2 Medical registration authority interventions

Medical practitioners may have conditions placed on their practice or may 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.

Trainees subject to the imposition of conditions, suspension or removal, by a relevant registration authority, have an obligation to inform the College that this is the case.

When ANZCA is advised by the trainee or otherwise becomes aware that a trainee is subject to such conditions, suspension or removal, the following will occur (regulation 37.16):

1. If **conditions** are placed on a trainee’s practice, the trainee will be placed in *interrupted training* from the date the conditions are imposed (regulation 37.16.3.1).

At the earliest opportunity a trainee performance review (TPR) (regulation 37.14) must be undertaken, the trainee being advised of any concerns the College may have arising out of the regulatory authority’s decision and being given an opportunity to respond to these concerns. The trainee performance review will determine whether the trainee may resume approved vocational training while the regulatory authority’s conditions are in place and, if so, whether any conditions should be imposed in addition to those determined by the regulatory authority, including a possible requirement for special supervision. The trainee performance review process must take account of concerns for patient safety, trainee welfare, the effect of conditions on the required clinical experience if training is to resume, and the trainee’s prior record with the College.

2. If **suspended** from the medical register, a trainee will be placed in *interrupted training* from the date of such suspension (regulation 37.16.3.2).

Should the trainee have the suspension lifted, and wish to return to practice and to resume approved vocational training, he or she must advise the College of this in writing within 26 weeks of the suspension being lifted. A trainee performance review (regulation 37.14) 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 vocational training program.

3. If **removed** from the medical register, a trainee will be removed from the ANZCA training program and not permitted to continue training (regulation 37.16.3.3).

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

- If the applicant does not hold current registration to practise at the time of application he or she will not be admitted to fellowship.
- If the applicant has conditions imposed on his or her practice, a trainee performance review (regulation 37.14) must be undertaken to determine whether admission to fellowship may proceed or must be deferred until the imposed conditions are lifted.

Further information on the processes for trainees in interrupted training due to conditions imposed or suspension from a registration authority can be found in section 14 (trainee performance review).

15.6 **Re-registration as a trainee**

Trainees who withdraw from the training program voluntarily or after non-compliance with curriculum requirements may subsequently apply for re-registration as an ANZCA trainee. All such applications are considered on an individual basis by the director of professional affairs (assessor) and will take into account previous performance in the training program.

Any individual who has been removed from the program as an outcome of a trainee performance review (TPR) is not permitted to re-register. Trainees who voluntarily withdraw during a trainee performance review process but before it has been concluded may re-apply on the condition that the trainee performance review process is completed prior to a decision about recommencing training being made.
16. Reconsideration, review and appeal

Any trainee who is dissatisfied with a decision made under Regulation 37 Training in Anaesthesia Leading to FANZCA, and Accreditation of Facilities to Deliver This Curriculum and this handbook may apply to have the decision reconsidered. This is typically a three-step process:

1. Reconsideration (regulation 30).
2. Review (regulation 30).
3. Appeal (regulation 31).

Trainees should note that:

- There are time limits on such processes as outlined in the relevant regulations.
- Trainees should outline the reasons they are seeking to have a decision reconsidered or reviewed or to appeal a decision, and in particular any additional information in support of their application, to ensure that the relevant committee or person has all the information required to assess the application.
- It is strongly suggested that, before submitting the documentation to the college, trainees discuss the situation with their supervisor of training or another senior colleague to make sure that they are aware of all the factors that may have been involved in the decision-making process.
- The processes in regulations 30 and 31 can take some time to be implemented.
- The supervisor of training should address concerns about a workplace-based assessment or in-training assessment. If necessary the education officer should be involved. Generally the workplace-based assessment would have to be repeated. On occasion it may be appropriate for local grievance measures or bullying, discrimination and harassment policies to be used.

The process for the trainee to submit an application for reconsideration, review or appeal should include the following steps:

1. Identify the issue to be challenged and relevant information, including any relevant information that may not have been considered in the decision-making process.
2. Review the relevant regulations (regulations 30 and 31) to understand the processes to be undertaken and the situations under which decisions may be reconsidered, reviewed and appealed.
3. Discuss with the supervisor of training the factors involved in the decision-making process, concerns about the outcome and relevant information (including new information that may not have been considered in making the original decision).
4. Prepare a formal written letter addressed to the CEO outlining the reasons for seeking reconsideration or review or for wanting to appeal a decision including any new information supporting the application. The letter should be accompanied by an application form.
5. Collate any other relevant documentation. Please remember that supporting documentation must not include patient identifying or confidential information.
6. Submit in a timely manner to the operations manager, Training and Assessments.

Note that time limits apply to reconsideration, review and appeals submissions as indicated above.

For more information contact the director of professional affairs (assessor) at assessor-requests@anzca.edu.au.

17. Training program evaluation

ANZCA recognises the importance of evaluation to ensure continuous improvement of the training program. The evaluation process, which is currently being developed, needs to allow for progressive evolution to accommodate changes in the standards of practice (for example, introduction of new techniques and drugs, and retirement of superseded practices). This must consider all components of the training program, including learning outcomes, the teaching and learning methods, assessment tools, processes and resources.

When focusing on the educational impact of the curriculum, ANZCA recognises that the assessment component must be evaluated in terms of its reliability, validity, cost-effectiveness, acceptability and educational impact (See ANZCA Guidelines on Assessment). Overall, the feasibility of delivering the program has to be considered and accounted for in order to ensure that in a time-pressured environment with restricted resources, the program is achieving the intended outcomes in the most cost-effective and efficient manner.

As part of the annually signed ANZCA Training Agreement trainees are informed that information in the training portfolio system may be used for audit and quality assurance for education and curriculum improvements, and College accreditation. All information will be handled with strict confidentiality and no trainee or patient will be identified.

This will be separate from potential use of data for research. Trainees will be asked at the time of signing the ANZCA Training Agreement whether they give consent to have their de-identified information used for research.
18. Supervisor and tutor roles

18.1 Departmental roles

18.1.1 Formal supervisor and tutor roles

ANZCA-accredited departments are required to provide trainees with supervisors and tutors to support training and to implement the ANZCA curriculum in their hospital or other training site.

These roles are as follows:

- **Supervisor of training (SOT).**
- **Introductory training tutor (ITT).**
- **Clinical fundamental tutor (CFT).**
- **Specialised study unit supervisor (SSUS).**
- **Departmental scholar role tutor (DSRT).**
- **Provisional fellowship supervisor (PFS).**

Supervisors of training are nominated by the head of department to the education officer (section 29), who undertakes the formal approval and appointment of the supervisor of training. The education officer will then notify the ANZCA Training and Assessments Unit of the appointment (email training@anzca.edu.au). The head of department and the supervisor of training appoint all other supervisor and tutor roles internally. For more detail about each of the roles including appointment and duties, click on the links above.

In any department an individual may fulfil more than one supervisory role, while larger departments may have more than one person in any of the roles. The head of department cannot be a supervisor of training or the education officer due to a potential conflict of interest. Heads of department need to consider supervisor workloads in the allocation of these roles.

All Fellows who act in good faith and within College policies while carrying out College duties will be indemnified for those actions. In any perceived contentious matter there must be a comprehensive written record of the action taken and the reasons for it. It is essential that there should be early discussion with the ANZCA chief executive officer whenever there are potential difficulties that may involve legal action.

18.1.2 Supervision of clinical experience and workplace-based assessment assessors

In addition to the formal ANZCA supervisory roles listed above and others as outlined in section 18.2, any specialist or ANZCA provisional fellow within a department can supervise trainees’ clinical work and should be encouraged to act as an assessor for workplace-based assessments (WBA assessor).
18.2 Extra-departmental roles

1. At least one education officer (EO) will be appointed to each region within Australia and New Zealand. The second and subsequent education officers will have the title deputy education officer. Each education officer and deputy education officer will have the region or country after the acronym ‘EO’ (for example, EO NZ, EO ACT, EO NSW, EO Qld, EO SA/NT, EO Tas, EO Vic, EO WA).

2. A rotational supervisor (ROTS) will be appointed to co-ordinate the allocation of trainees to departments within each accredited rotation (section 34.4). He or she should have an understanding of the training needs of each trainee in the accredited rotation and the capability of each department within the accredited rotation to meet these needs.

The supervisory roles section of the ANZCA website links to the list of ANZCA education officers, rotational supervisors and supervisors of training in each of the jurisdictions in which the College oversees training in ANZCA-accredited facilities.

Departments must notify ANZCA about any changes to these appointments via email to training@anzca.edu.au.

18.3 Secretarial and other support

All departments of anaesthesia require assistance from secretarial and other support services to allow the medical, nursing and technical officers within the department to perform their duties effectively. ANZCA-accredited departments will require the appointment of appropriate staff within the department. The number of such staff should be adequate to fulfil all required duties. Large departments may require more than one full-time secretarial staff member.

Duties of secretarial and support staff

The duties of secretarial and other support staff will fall into three main areas: individual support, departmental administrative support and departmental educational support.

Individual support duties include:

- Provision of general secretarial services to individual specialists, trainees and other members of the department, including the handling of correspondence, filing, appointments and telephone answering.
- Assistance with the operation of online and data processing services.

Administrative support duties include:

- Preparation, circulation and updating of departmental duty rosters, maintenance of departmental and medical records, and general administration.
- Preparation and distribution of operating lists and facilitation of the deployment of medical officers for service and other requirements.

Educational support duties include:

- Co-ordination of the administrative aspects of continuing professional development, clinical review, research and quality assurance activities.
- Preparation and distribution of material for departmental meetings, including tutorials, peer review, clinical audit and quality assurance meetings.
• Facilitation of correspondence between trainees and supervisors of training and the College.

• Maintenance of the departmental library including books, journals and other audio-visual material, and preparation of visual display material.

• Provision of secretarial and administrative assistance to the supervisors of training and other supervisory roles in the performance of their duties.

Depending on other facilities and support at the hospital, secretarial assistance also may be required for performance of literature searches, photocopying and circulation of documents.
19. Supervision of clinical experience during ANZCA training

19.1 Overview and general principles

Supervision of clinical experience allows trainees to provide an appropriate standard of safe patient care and to learn in safety as they progress towards independent specialist practice.

As part of ANZCA accreditation, supervision levels provided by each department to trainees are audited (in the trainee experience survey) and departmental rostering practices and processes reviewed. Departments must comply with supervision requirements in this section.

Principles

1. All clinical work undertaken as part of ANZCA vocational training must be supervised at a level appropriate to the trainee’s clinical experience, the patient’s condition and the clinical situation.

2. The same standards of supervision must apply at all times.

3. Direct clinical supervision of any trainee must be provided by a supervisor with appropriate experience in the particular area of anaesthesia or relevant discipline who meets the ANZCA guidelines for being a clinical supervisor (section 19.3).

4. Supervision of trainees must occur in all areas where trainees work. This includes the operating theatre as well as all other areas (for example, pre and post anaesthesia consultations, pain rounds, clinics and other remote locations).

5. Trainees must be encouraged to seek advice and/or assistance as early as possible whenever they are concerned about a patient’s condition or their own ability to manage a clinical situation.

6. Experience in emergency cases is an essential component of training. It is recognised that emergency experience can be obtained at any time of the day or night.

7. Part-time training is subject to the same supervision requirements as for full-time training (regulation 37.5.5.9).

19.2 Supervision levels

ANZCA recognises four levels of supervision:

**Level 1** Supervisor rostered to supervise one trainee and available solely to that trainee.

**Level 2** Supervisor rostered to supervise two trainees who are undertaking clinical activities in close proximity to one another. The supervisor must be fully conversant with the nature of the patients in both locations and able to provide one-to-one supervision of each trainee as appropriate.

**Level 3** The supervisor is available in the institution but is not exclusively available for a specific trainee.

**Level 4** The supervisor is not in the institution but is on call within reasonable travelling time and is exclusively rostered for the period in question. Consultation must be available at all times.
- All trainees must be supervised at level 1 in any area with which they are unfamiliar.
- Supervision at level 1 or 2 is appropriate at any stage of training. It provides the best opportunity for one-to-one teaching, feedback and learning new techniques.
- As trainees progress through the core units, it is important to encourage greater levels of independent practice. The supervisor of training must advise the head of department on appropriate levels of graduated supervision for individual trainees, especially in situations where there is concern about trainee performance.
- Supervision levels, consultation and attendance by consultants must also comply with local department guidelines.

19.3 Acceptable supervisors of ANZCA trainees’ clinical experience

The following may supervise ANZCA trainees’ clinical work:

a) Anaesthetists who hold FANZCA.

b) Anaesthetists employed as specialists in ANZCA-approved hospital departments or other training sites, who hold a specialist qualification in anaesthesia and are a specialist registered with APHRA, or a medical practitioner vocationally registered with the MCNZ in anaesthesia.

c) Any international medical graduate specialist (IMGS) who has been assessed under regulation 23 as holding a qualification that is:

   i) substantially comparable to FANZCA and who, while completing the IMGS process, is appointed to its senior staff or a provisional fellowship post by an ANZCA-accredited department, or

   ii) partially comparable to FANZCA, has been assessed as needing no CPA time in an ANZCA-accredited department and/or in an advanced trainee position, has been exempt from the writtens of the examination, and is appointed to its senior staff or a provisional fellowship post by an ANZCA-accredited department.

d) For pain medicine experience, pain specialists who hold the fellowship of the Faculty of Pain Medicine of ANZCA.

e) For intensive care medicine and other anaesthesia related specialty experience, those who are approved by the relevant training organisation (for example, for intensive care medicine, those approved by the College of Intensive Care Medicine to supervise College of Intensive Care Medicine trainees).

f) Provisional fellowship trainees may supervise more junior trainees.

g) Trainees in ATY3 who have completed modules 1-10 and passed the final examination (this applies only to the transitional requirements for 2013 – Appendix 4) may supervise more junior trainees.

Provisional Fellows/ATY3 trainees can only be supervised by those employed as specialists and should not supervise other trainees at the same level of training.
Anaesthetists who hold specialist qualifications other than FANZCA, but who are not appointed as specialists, and anaesthetists without any specialist qualification (for example, GP anaesthetists) should not act as supervisors of the clinical work of ANZCA trainees.

**N.B. In general wherever the statement:**

"FANZCA or a comparable qualification acceptable to ANZCA Council" appears, this refers to:

"Any FANZCA or a trainee in provisional fellowship training, or a specialist registered with APHRA, or a medical practitioner vocationally registered with the MCNZ, or any international medical graduate specialist (IMGS) who has been assessed under regulation 23 as holding a qualification that is:

i) Substantially comparable to FANZCA and who, while completing the IMGS process, is appointed to its senior staff by an ANZCA-accredited department, or

ii) Partially comparable to FANZCA, has been assessed as needing no CPA time in an ANZCA-accredited department and/or in an advanced trainee position, has been exempt from the writtens of the examination, and is appointed to its senior staff or a provisional fellowship post by an ANZCA-accredited department"

The exceptions to the above statement are regional or national roles including education officers and rotational supervisors.

19.4 Supervision levels and emergency/elective workload for different training periods

**Table 19.1 Supervision levels**

<table>
<thead>
<tr>
<th></th>
<th>Introductory training before IAAC</th>
<th>IT following completion of IAAC</th>
<th>Basic training</th>
<th>Advanced training</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level 1 and 2</strong></td>
<td>100% Level 1</td>
<td>Minimum 50%</td>
<td>Minimum 50%</td>
<td>Minimum 30%</td>
</tr>
<tr>
<td><strong>Level 4</strong></td>
<td>Maximum 10%</td>
<td>Maximum 20%</td>
<td>Minimum 30%</td>
<td>Maximum 40%</td>
</tr>
<tr>
<td><strong>Emergency workload</strong></td>
<td>15 – 30%</td>
<td>25 – 50%</td>
<td>25 – 50%</td>
<td>25 – 50%</td>
</tr>
</tbody>
</table>

*During specific clinical placements with a high emergency case mix, such as retrieval medicine and obstetrics, the proportion of emergency work may be greater than 50 per cent, although the overall requirement for the whole of training must still be met.

19.5 Supervision levels for amount of experience in clinical anaesthesia

Trainees must be encouraged to seek advice and/or assistance as early as possible whenever they are concerned about a patient’s condition or their ability to manage a particular clinical situation, and trainees must also adhere to local department guidelines regarding supervision and notification of consultants. During any stage of training, trainees must advise their supervisor of any seriously ill patients, any patients posing special problems for anaesthesia, and all unfamiliar clinical situations. A supervisor must attend in person whenever a trainee requests assistance.
The appropriate level of supervision of a trainee will depend on the trainee’s experience and skill level in the area of practice they are undertaking, bearing in mind that the same standards of supervision must apply at all times.

**First and second years of supervised clinical experience (usually introductory training post initial assessment of anaesthetic competence [IAAC] and basic training)**

Introductory training must be supervised at level 1 until the initial assessment of anaesthetic competence (IAAC) is satisfactorily completed.

After the initial period of level 1 supervision, the supervisor should in general be notified of all cases.

After 12 months of supervised clinical experience, it may be appropriate for trainees to undertake uncomplicated cases without discussing the case with their supervisor, although this must be in accordance with local departmental guidelines.

The supervisor should attend in the following situations:

- Patients requiring major resuscitation.
- Patients with serious medical illness.
- Non-obstetric procedures on pregnant patients.
- Surgery that poses special anaesthesia problems.
- Any patient who has a potential or known difficult airway.
- Any other high-risk patient.
- Any clinical situation with which the trainee is unfamiliar.

**Subsequent years of clinical experience: Advanced training and provisional fellowship training**

In the **third year of supervised experience in clinical anaesthesia**, supervision at level 3 may be appropriate for many cases except where new areas of practice are encountered. In some subspecialty areas, such as cardiothoracic anaesthesia, level 1 supervision is normally appropriate.

In the **fourth year of supervised experience in clinical anaesthesia**, consultation can be at the discretion of the trainee although consultation (and where necessary direct supervision) remains essential for unfamiliar clinical situations.

In the **fifth year of supervised experience in clinical anaesthesia** and during provisional fellowship training, consultation and appropriate supervision must be available at all times. It is expected that some level 1 and 2 supervision will be available for provisional Fellows to allow for regular teaching and feedback.

**Supervision in paediatric anaesthesia**
Supervision of trainees providing anaesthesia for children like all subspecialty areas will depend on trainees’ experience and skill level in that area of practice. Trainees across regions gain experience in paediatrics at different stages of their training. Individual workplaces should provide guidelines for trainees and supervisors about expected levels of supervision for paediatric anaesthesia in their workplace keeping in mind trainees’ experience and the overall minimal standard expected of FANZCA trainees reflected in the paediatric specialised study unit. Trainees are not expected to have the ability to provide anaesthesia for children less than two years of age or with significant co-morbidities or having complex procedures without further training in paediatric anaesthesia.

19.6 Supervision and the trainee experiencing difficulty

On occasion, trainees may need to be more closely supervised than the recommended minimum levels outlined in the preceding sections. For more information on assessment and management when a trainee is experiencing difficulty, see section 13.
20. Head of department

Overview

The head or director of an ANZCA-accredited department is responsible for:

- Ensuring that the department continues to comply with the ANZCA accreditation standards and criteria as outlined in section 33. This includes working with hospital management to secure adequate equipment, facilities, staffing and other resources to support high quality training.

- Nominating supervisors of training to the relevant education officer who formally appoints and reappoints supervisors of training on behalf of the College.

- Working with the supervisor of training to appoint other supervisors and tutors in the department and to develop a succession plan for all supervisory and tutor roles.

- Other roles in ANZCA training including ensuring that an orientation program is in place and assisting if required in clinical placement allocation within the hospital.

- Assisting in the management of trainees with difficulties as indicated and requested by the supervisor of training.

20.1 Succession planning for supervisory roles

Each department should have an up-to-date succession plan for the various supervisory and tutor roles.

The supervisor of training is pivotal to the success of training in the department. It is essential that they are allocated sufficient clinical support and other administration time to perform their duties.

The head of department in conjunction with the supervisor of training will allocate all the other supervisory and training roles in the department. The department should have a list of these people readily available for the information of trainees and the rest of the department.

- Supervisor of training.
- Introductory training tutor.
- Clinical fundamental tutors.
- Specialised study unit supervisor.
- Departmental scholar role tutor.
- Provisional fellowship supervisor.

Access to clinical support services including adequate clinical support time should be provided to those in supervisory roles.
20.2 Accreditation

The head of department should be familiar with the requirements for ANZCA accreditation of the department, as outlined in section 33.

20.3 Clinical placement organisation

Where the head of department has a role in the allocation of trainees within the hospital it is important for them to appreciate the importance of early clinical placements and rotations in allowing each trainee to progress appropriately through the training program.

Particularly relevant is the allocation of trainees to intensive care medicine, which preferably should not be done until the trainee has completed 26 weeks of clinical anaesthesia time to fulfil the requirements of introductory training. In the first 26 weeks of training, trainees should be allocated to positions that will facilitate completion of the introductory assessment of anaesthetic competence (IAAC). It is a requirement of training that introductory training is completed as a continuous period of anaesthesia training of 26 weeks with a maximum of three weeks leave (regulation 37.5.5.4). For the 2013 training year, any hospital which is unable to comply with this requirement, should apply to the director of professional affairs (assessor) for special consideration (via assessor-requests@anzca.edu.au).

20.4 Provisional fellowship training

Trainees must meet all the requirements of advanced training before they start provisional fellowship training (PFT). Heads of department will be required to either have prior approval of fixed provisional fellowship training positions from the provisional fellowship program subcommittee or, where a trainee has developed an individualised training program for provisional fellowship training, there needs to be prospective approval from the provisional fellowship program subcommittee prior to commencement of this provisional fellowship training. The head of department will be required to complete documentation on either proposed recurrent positions with fixed characteristics or on individualised provisional fellowship training for specific trainees.

20.5 The trainee experiencing difficulty

There is a well-defined pathway to follow if a trainee is experiencing difficulty section 13. This will be managed in the first instance by the supervisor of training. However, the head of department should be familiar with this process and may be required to assist the supervisor of training in this management role.

20.6 Orientation to the department

Each department should provide a structured trainee-orientation program. Such formal orientation will ensure smooth, efficient and safe running of the department and maximise the safety and efficiency of trainees in the workplace. It will also help trainees to develop sound orientation routines when they encounter new working situations throughout their professional life.

The following checklist provides a guide to some of the areas that may be part of the orientation. Each department should ensure that the orientation process is relevant to the local setting.
Table 20.1  Orientation checklist

<table>
<thead>
<tr>
<th>Personnel</th>
<th>Supervisor of training. Director/head of department. Specialist staff. Operating theatre and department office staff. Senior anaesthetic assistant(s). Senior recovery room and preadmission clinic staff. Pain service nurses. Hospital administration. Human resources personnel.</th>
<th>Emergency contact numbers (for example, duty anaesthetist). Email or telephone contacts where appropriate.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environment</td>
<td>Physical layout of the department and the hospital.</td>
<td>Theatres. Wards, intensive care unit, labour ward. Meeting rooms. Office space for trainees and specialists. Library. Cafeteria. Car parks. Information on the services available around the clock or on a limited basis e.g. within business hours</td>
</tr>
</tbody>
</table>
| Administrative | Identity/access cards.  
Computer and internet access  
including pathology, radiology  
and blood bank. | Office procedures. | Rosters, leave requests,  
timesheets, paging and  
switchboard, mail,  
photocopying. |
|----------------|------------------------------------------------|------------------|------------------------------------------------|
| Anaesthesia training | Expectations during the clinical  
placement.  
Meetings with supervisor of  
training and other  
supervisors/tutors. | |


21. Supervisor of training

21.1 Overview

Supervisors of training (SOTs) are broadly responsible for anaesthesia training at each ANZCA-accredited department or other training site. They have a strong understanding of and experience in College activities and liaise with registered trainees and hospital authorities on matters related to training, as well as with education officers, rotational supervisors and the central administration of the College. They oversee each trainee's clinical performance and workplace-based assessments, perform regular clinical placement reviews and confirm progression of trainees through the various stages of the training program.

Supervisors of training are responsible for all ANZCA trainees working in their department including those who are not attached to an accredited rotation. Depending upon the demands of their workload, they may also provide oversight to trainees from other colleges who are working in their department, although their primary responsibility is to ANZCA trainees.

It is expected that supervisor of training will be provided with appropriate departmental resources including clinical support time to undertake their roles (see section 32). ANZCA also provides resources and training to support these roles.

For ANZCA trainees working in intensive care units, a training supervisor appointed by the College of Intensive Care Medicine (CICM) should undertake the relevant supervisory duties.

21.2 Duties of supervisors of training

The duties of supervisor of training are summarised in the following table (with links to relevant information) and in the sections that follow.

The column labelled 'specific duties' indicates those duties that are directly undertaken by the supervisor(s) of training. The column headed ‘areas requiring supervisor of training oversight’ indicates those duties that may be performed by Fellows in other roles who will assist trainees in specific areas of training (for example, introductory training tutors, departmental scholar role tutors), and therefore reduce the direct input required of supervisors of training.
Table 21.1 Overview of supervisor of training (SOT) duties

<table>
<thead>
<tr>
<th>Role</th>
<th>Specific duties</th>
<th>Areas requiring SOT oversight</th>
<th>Links</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative</td>
<td>Appoint supervisors and tutors with the head of department. Confirm accuracy of hospital lists from ANZCA. Timely submission of data into training portfolio system.</td>
<td>Orientation of trainees. Monitoring of senior staffing levels and workload changes, which may impact on training. Monitor availability of cases and procedures in their hospital, and provide advice to trainees and the rotational supervisors about specialised study units, which may be completed in that hospital or training site. Advise current and potential trainees on training, registration, fees, exam dates and courses.</td>
<td>Section 18 Departmental roles including appointment. Section 20.6 Orientation of trainees. Hospital training sites.</td>
</tr>
<tr>
<td>Trainee supervision and management</td>
<td>Undertake the in-training assessment process for all ANZCA trainees in the department: Clinical placement reviews. Core unit reviews. Provisional fellowship review. Involves liaison with: Introductory training tutor, clinical fundamental tutor, specialised study unit supervisors, departmental scholar role tutors, provisional fellowship supervisors. Verify initial assessment of anaesthetic competence (IAAC) completion – this includes assessment for recent anaesthesia experience (RAE). Verify specialised study unit completion and authenticate the specialised study unit supervisors who performed the signoff Assess and manage trainees experiencing difficulty. Assess and manage trainees experiencing difficulty.</td>
<td>Development of a clinical placement plan by a trainee. Oversee the training experience and achievements of each trainee within the department and work with other supervisors and tutors to ensure requirements are met. Provide oversight and support to trainees on an overseas or other clinical experience placement for whom they are acting as nominated ANZCA supervisor of training.</td>
<td>Section 7.3.2 Clinical placement plans. Additional reviews are required for trainees experiencing difficulty (section 13). Section 10 Trainee portfolio system. Section 18 Departmental roles. Initial assessment of anaesthetic competence. Section 13 Process for ANZCA trainees experiencing difficulty.</td>
</tr>
<tr>
<td>Role</td>
<td>Specific duties</td>
<td>Areas requiring SOT oversight</td>
<td>Links</td>
</tr>
<tr>
<td>--------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Education</td>
<td>Approval of advanced life support courses as being appropriate for ANZCA training and verification of advanced life support completion. Ensure trainee access to examination courses and leave. Participate in education courses and supervisor of training meetings with the education officer (as part of the regional/national education subcommittee) in the training region and access ANZCA training resources for supervisors of training.</td>
<td>Provision of tutorial programs in a department. Education of WBA assessors, including ongoing training of new provisional Fellows and specialists within their department.</td>
<td>Workplace-based assessment</td>
</tr>
<tr>
<td>Relationship with other supervisory roles</td>
<td><strong>Head of department</strong></td>
<td>Advise head of department regarding trainee duties, required supervision levels, rest and study time.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Education officer</strong></td>
<td>Notify the education officer of any trainee experiencing difficulty. Liaise with the education officer regarding staffing or workload changes likely to impact on training.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Rotational supervisor</strong></td>
<td>Advise the rotational supervisor if any trainee will benefit from changes within the rotation to facilitate timely completion of training. Discuss any potential changes in specialised study unit availability due to workload changes.</td>
<td></td>
</tr>
</tbody>
</table>
Further information

21.2.1 Administrative duties

- Appoint supervisors and tutors
  - The supervisor of training must understand each of these roles and be able to perform them in the absence of the supervisor or tutor (for example, when they are on leave).

- Confirm the list of trainees at their hospital or other training site and provide advice to ANZCA of any errors or omissions, at the beginning of each clinical placement.

- Provide information when requested for ANZCA accreditation processes (for example, hospital data sheet, trainee experience survey).

- Notify the education officer of significant senior staffing and workload changes within the department that are likely to impact on accreditation.

21.2.2 Trainee supervision and oversight

- Perform planning clinical placement review interviews:
  - Review and update relevant information on the training portfolio system (TPS).
  - Review the training portfolio system to identify issues raised by previous supervisors, including areas of practice and performance requiring particular attention. It may be appropriate at this time to contact previous supervisors of training to seek additional information.
  - Review trainee progress in each of the specialised study units, examinations, courses, clinical fundamentals and scholar role activities. Provide advice and assistance if a trainee is having difficulty completing any requirements in a timely manner.
  - Assist trainees to develop a clinical placement plan. The supervisor of training should review this plan and make suggestions or changes as appropriate to ensure that the goals are realistic for that clinical placement.
  - Discuss any welfare issues and provide advice and support to the trainee if necessary.

- During each clinical placement, oversee trainee progression and performance:
  - Oversee the progression of the required volume of practice for the clinical fundamentals and scholar role activities for each core study unit, and work with other relevant supervisors and tutors to assist trainees who are having difficulties achieving these in a timely manner.
  - Oversee the progression of trainees towards the minimum and mandatory workplace-based assessments for the clinical fundamentals and core study units.
  - Review all workplace-based assessments to ensure that trainees are meeting training requirements and work with other supervisors to identify trainees who are showing any areas of consistent underperformance for their level of training.
Initiate and implement the trainees experiencing difficulty process as indicated, which may include the need to:

- Perform additional interim interviews. These are encouraged for those trainees who are experiencing difficulties during their clinical placement and may be instigated by either the trainee or supervisor of training. They should be arranged in a timely manner to allow for issues to be explored and if possible resolved during the clinical placement.
- Assign additional workplace-based assessments for a trainee to further investigate any perceived issues and provide structured feedback and guidance.
- Revise required targets for volume of practice and/or workplace-based assessment for trainee with confirmed difficulties, as the first step in a remediation process.

While it is the responsibility of the trainee to complete the requirements of the training program in a timely manner, each supervisor of training can monitor and facilitate acquisition of volume of practice and workplace-based assessments for trainees as they progress through both core study units and specialised study units.

- Complete feedback and interim clinical placement reviews:
  - These are opportunities for the supervisor of training to review trainee progress against clinical placement plans and note any outstanding elements that will need to be addressed in subsequent clinical placements.
  - Review the trainee’s submitted workplace-based assessments and ask the trainee set questions, which cover learning outcomes in the ANZCA Roles in Practice (refer Appendix 6, Clinical Placement Review Questions).
  - Based on all this information, provide a feedback summary and global assessment indicating whether the trainee has met the expectations for his or her level of training during that clinical placement.

- Verify completion of specialised study units.
  - Completion of the specialised study unit requires the supervisor of training to verify the specialised study unit review to confirm that the Fellow the trainee has asked to complete the specialised study unit review is one of the training site’s appointed specialised study unit supervisors. At the same time, the supervisor of training will review the specialised study unit workplace-based assessments to confirm satisfactory performance.
  - When it becomes apparent that a trainee is not likely to complete a specialised study unit, the specialised study unit supervisor is to contact the trainee’s current supervisor of training in a timely fashion and assist the trainee in planning to address any deficiencies. Where there is a dispute between a trainee and the specialised study unit supervisor regarding sign off of a particular study specialised study unit, the supervisor of training should review relevant information and provide advice and assistance.

- Complete core unit reviews:
  - An interview is held between the trainee and his or her current supervisor of training during which the latter confirms that all components of the core study unit have
been completed and feedback about the core study unit multi-source feedback assessment is provided.

- The trainee must meet the expected level to progress to the next period of training.
- There is a formal process for a trainee to request a reconsideration, review or appeal of the outcome of any assessment.
- If, during the core unit review, the trainee is identified as underperforming, the trainees experiencing difficulty process (TDP) will be commenced.

- The supervisor of training may act as an advocate for trainees in matters related to organisation of clinical duties.
- The supervisor of training has a responsibility to ensure that rosters for trainees comply with PS43 Statement on Fatigue and the Anaesthetist.

21.2.3 Managing and assisting trainees experiencing difficulties

During a clinical placement review or core unit review, or at any other stage during training, if a trainee is found to be underperforming or experiencing other difficulties, then a process of assessment and/or remediation is required. More specific information can be found within this handbook (section 13).

This may be one of the more challenging duties of the supervisor of training, and it is important to acknowledge that a supervisor of training will not be able to solve every problem that arises for trainees in his or her department. The supervisor of training should have a good understanding of the processes involved, and be able to provide advice to trainees and other supervisors, as well as ensure input from appropriate experts such as the education officer, the director of professional affairs (assessor), general practitioners, jurisdictional authorities, and others, as indicated for the specific situation.

21.2.4 Education

- Co-ordinate the provision of tutorial programs within the department. Ensure access to examination tutorial programs and courses.

- Facilitate training of new provisional fellows and specialists in the department in the performance of workplace-based assessments including feedback provision.

- Assist trainees in locating suitable advanced life support courses within the local area to meet the requirements for this course during each core unit. Supervisor of training will need to ensure that the course chosen has an element of assessment of competence in performing advanced life support and defibrillation.

- Participate as a member of the education sub-committee for the region or country.

- Attend training courses for supervisors of training.
21.3 Selection, appointment and tenure

Selection criteria

- Must hold a FANZCA or a comparable qualification acceptable to the ANZCA Council (refer Section 19.3).
- Must not be a candidate for any College examination (including examinations of the Faculty of Pain Medicine).
- Must have skills and experience appropriate to the appointment.
- Must not be the head/director or a deputy head/director of the department. However, in some circumstances it may be necessary for deputy directors to undertake dual roles as supervisors of training, in addition to their deputy director duties. If this is the case, conflicts of interest should be declared and appropriate steps taken where required.

Appointment process

- Prospective supervisors of training for each ANZCA accredited training site are nominated by the head of department to the education officer for formal approval. The education officer will then notify the ANZCA Training and Assessments team of the appointment (training@anzca.edu.au).
- On appointment, and re-appointment, supervisors of training are required to sign an agreement that outlines ANZCA’s obligations to supervisors of training and the supervisors’ obligations to ANZCA. This is a new requirement that will be in place from the beginning of the 2013 hospital employment year. Existing supervisors of training and education officers will also be requested to sign the agreement.
- Initial appointment is for a three-year term.

Number of supervisors of training per department

- In smaller departments only one supervisor of training may be required. In larger departments, more than one supervisor of training may be necessary. This is a decision for each department.
- Supervisors of training will require scheduled time to support their duties. It is suggested that one clinical session per week be allocated per five vocational trainees. This could be averaged over the year depending on the workload. It would be expected that the workload would peak at the start and completion of clinical placements and when managing a trainee experiencing difficulty.
- There is no minimum amount of experience post-fellowship required before taking on the role of supervisor of training. The combination of an experienced anaesthetist and a new Fellow may bring different skills to the role and also may promote succession planning.
- Where a department has multiple supervisors of training it may be appropriate to select individuals with different, complementary skills and levels of experience. It is also advisable to clearly delineate the responsibilities of each supervisor of training within a department so that there is no confusion for trainees.
• One supervisor of training must be clearly defined as the primary contact for ANZCA administrative issues.

21.4 Reappointment

• Supervisors of training may be reappointed for a total of four three-year terms.

• The College will notify the education officer when a supervisor of training is nearing the end of a three-year term, for review and consideration regarding reappointment for a further three years.

• The review process should involve the education officer, the supervisor of training and the head of department and can be brief and informal. Where appropriate it may involve a more formalised process of review including multi-source feedback from trainees and other specialists.

• Reappointment will usually be automatic and encouraged, however this may be an opportunity for the supervisor of training to move on to other roles within his or her department, the broader hospital environment or the College.

• It is anticipated that this process of review will also provide an opportunity to consider succession planning and ways to encourage and assist other members of the department to take on supervisory roles.

• In extenuating circumstances, supervisors of training may be appointed for more than 12 years on special application to the Education, Training and Assessment Management Committee (ETAMC)

21.5 Resources and support for supervisors of training

21.5.1 Departmental requirements

As a condition of ANZCA accreditation, supervisors of training must be provided with appropriate clinical support time, physical facilities and other resources to undertake their roles. These include:

• Regular, scheduled clinical support time for the duties outlined in section 21.2. A guide is one clinical session per week be allocated per five vocational trainees. This could be averaged over the year depending on the workload. It would be expected that the workload would peak at the start and completion of clinical placements, and when managing trainees experiencing difficulty.

• Appropriate secretarial and administrative assistance.

• Access to appropriate information technology to enable regular (daily) access to the training portfolio system and to the ANZCA website.

• Physical facilities including a private space for meeting with trainees, secure document storage and a computer with internet access.

• Support from other departmental members for workplace-based assessment assessments, other supervisory and tutor functions, and the trainees experiencing difficulty process.
21.5.2 College resources and support

The College provides resources for those undertaking supervisory roles as outlined in section 32.

The education officer for the region or country (see section 29) is available for assistance as necessary to enable supervisors of training to fulfil their duties. This is recommended if remediation is required for any trainee, especially if the remediation is to occur as part of a core unit review. For more information see the trainees experiencing difficulty process (section 13).

21.5.3 Access to trainee information via the trainee portfolio system

Supervisors of training are provided with online access via the training portfolio system to the training records of all trainees at their training site and at accredited satellites, as relevant. Details for trainees in satellite hospitals are recorded against the main training partner site. For details of the training portfolio system refer to section 10.
22. Introductory training tutor

22.1 Overview

The introductory training tutor (ITT) oversees introductory training (IT) within the department. This is a critical role as, during introductory training, trainees are introduced to the ANZCA Roles in Practice and focus on the development of basic knowledge and skills across the ANZCA Clinical Fundamentals for safe, patient-centred practice.

During introductory training, trainees will receive level one supervision for most cases. However, they should develop the ability to manage low-risk cases of low complexity with level three supervision, so that by the end of introductory training they will be able to manage low-risk cases of low complexity with level three or four supervision.

The initial assessment of anaesthetic competence is undertaken within the last four weeks of introductory training or earlier if the supervisor of training has approved evidence of recent anaesthetic experience.

It is strongly recommended that a supervisor of training take on the introductory training tutor role as he or she will have access to trainee data via the training portfolio system.

22.2 Duties of introductory training tutors

- Ensure familiarity with the curriculum requirements for introductory training as outlined in the anaesthesia training program curriculum.
- Work with the supervisor(s) of training and other departmental tutors and supervisors to ensure that resources and opportunities are available for trainees to meet the learning outcomes of introductory training.
- Coordinate the completion of the requirements of the initial assessment of anaesthetic competence (IAAC):
  - Workplace-based assessment components – oversight role.
  - Satisfactory responses to initial assessment of anaesthesia competence questions (IAACQ) – direct role to confirm relevant knowledge requirements.
- Identify trainees with recent anaesthetic experience who are eligible to complete the initial assessment of anaesthetic competence earlier within introductory training.
- Help trainees identify when they are ready for their introductory training core unit review.
- Identify trainees who are not progressing through introductory training in a timely and appropriate manner, and work with the supervisor of training to support the trainee with more specific training and other remediation strategies as required (see section 13).
- Provide advice to trainees on balancing the demands of study for the primary examination with the need to develop a solid foundation in clinical anaesthesia.
• In consultation with the supervisor of training, advise trainees about the appropriateness of applying to the director of professional affairs (assessor) for extended introductory training (IT-E), as relevant, and assist in providing supporting information (regulation 37.5.5.8.4).

22.3 Selection, appointment, tenure and reappointment

Selection criteria

• Must hold a FANZCA or a comparable qualification acceptable to ANZCA Council (refer Section 19.3).

• Must not be a candidate for any College examination (including examinations of the Faculty of Pain Medicine).

• Must have skills and experience appropriate to the appointment.

Appointment process

Supervisors of training in collaboration with their heads of department identify likely candidates, orient them to the requirements of the role, confirm their willingness to be appointed and promulgate an up to date list of supervisor contact details for the information of trainees and others within the department.

Tenure and reappointment

Appointments are for initial period of three years, with the possibility of reappointment for further three year terms to a maximum of twelve years. Regular review will allow the ITT the opportunity to consider other roles within the department if they choose, and also give him or her the opportunity to plan and encourage others to take on the role in the future.

22.4 Resources and support for introductory training tutors

22.4.1 Departmental requirements

All tutors must be provided with appropriate clinical support time, physical facilities and other resources and support to undertake their roles. These include:

• Clinical support time for the duties as specified in section 22.2.

• Access to appropriate secretarial and administrative assistance.

• Physical facilities including a private space for meetings with trainees, secure document storage and a computer with internet access.

• Support from other departmental members for their role.

22.4.2 College resources and support

The College provides resources for those undertaking supervisory roles as outlined in section 32. The supervisor of training, head of department and education officer will be available for guidance, assistance and any input necessary to enable an introductory training tutor to fulfil their duties. Section 42 includes a list of college contacts for specific queries.
22.4.3 Access to trainee information via the TPS

It is strongly recommended that a supervisor of training take on the introductory training tutor role to ensure they have access to trainee data. Otherwise the introductory training tutor who is not a supervisor of training will not have specific access to online trainee information via the training portfolio system. In this situation, the introductory training tutor will need to liaise with the supervisor of training and, on advice from the introductory training tutor, the supervisor of training can update the training portfolio system. Alternatively, a trainee can log on to the training portfolio system and share his or her online data with the introductory training tutor and then the introductory training tutor will need to advise the supervisor of training to confirm, in the trainee’s training portfolio, that the initial assessment of anaesthetic competence has been completed.
23. Clinical fundamental tutor

23.1 Overview

There are seven clinical fundamentals which are core components underpinning all areas of anaesthesia practice. Clinical fundamental tutors are experts and primary resources within their department for particular clinical fundamentals.

23.2 Duties of clinical fundamental tutors

- To be familiar with the curriculum requirements of their clinical fundamental for each period of training as outlined in the anaesthesia training program curriculum.
- To work with the supervisor(s) of training and other departmental tutors and supervisors to ensure that resources and opportunities are available for trainees to meet the learning outcomes and assessment requirements of the relevant clinical fundamental.
- To identify trainees who are not progressing through their training in a timely and appropriate manner. This should lead to discussion with the trainee and, where necessary, the supervisor of training.
- To assist trainees to progress towards the volume of practice requirements for their clinical fundamental for each core study unit (IT, BT AT) and work with the supervisor(s) of training to assist trainees having difficulties achieving these requirements in a timely manner.
- While many individuals in a department can perform workplace based assessments (WBAs), the clinical fundamental tutor should take an active role in facilitating and performing WBAs relating to their clinical fundamental. Completing the case based discussions required for their clinical fundamental will particularly assess the trainee’s understanding and decision-making in relation to the specified learning outcomes, and allow the clinical fundamental tutor to provide clear and appropriate feedback to the trainee.

23.3 Selection, appointment, tenure and reappointment

Selection criteria

1. Must hold a FANZCA or a comparable qualification acceptable to ANZCA Council (for example, Fellow of the Faculty of Pain Medicine, ANZCA, refer Section 19.3).
2. Must not be a candidate for any College examination (including examinations of the Faculty of Pain Medicine).
3. Must have skills and experience appropriate to the appointment
4. Should have broad experience in their particular clinical fundamental and a strong understanding of the requirements of the curriculum in that area.

Each department should have a clinical fundamental tutor. In smaller departments the supervisor of training may also act as a clinical fundamental tutor, while larger departments
may have several individuals in each role. This can be determined by the supervisor of training depending on local requirements.

Appointments to these roles do not require a formal process. Supervisors of training (in collaboration with their heads of department) identify likely candidates, describe the requirements of the role, confirm their participation and keep an up-to-date list of the names and appointment dates of supervisors and tutors for the information of trainees and others within the department.

Appointments are for three years, with the possibility of reappointment for a maximum of twelve years. Regular review will allow the clinical fundamental tutor the opportunity to consider other roles within the department should he or she choose, and also give him or her the opportunity to plan and encourage others to take on the role in the future.

23.4 Resources and support

23.4.1 Departmental requirements

All tutors must be provided with appropriate clinical support time, physical facilities, resources and other support to undertake their roles. These include:

- Clinical support time for the duties as specified in section 23.2
- Access to appropriate secretarial and administrative assistance.
- Physical facilities including a private space for meetings with trainees, secure document storage and a computer with internet access.
- Support from other departmental members for their role.

23.4.2 College resources and support

The College provides resources for those undertaking supervisory roles as outlined in section 32. Those specific to the clinical fundamental tutor include:

- Clearly defined learning outcomes for each clinical fundamental.
- Clearly defined volume of practice and assessment requirements for each clinical fundamental.
- ANZCA teaching and learning cases that assist teaching in important areas or where clinical exposure is less likely. The clinical fundamental tutors may wish to develop other teaching cases for use within their department.
- Online and face-to-face training in the performance of the various workplace-based assessments will be provided both by ANZCA at various local and regional and national meetings, and also facilitated within a department or region by the supervisor of training or education officer.

The supervisor of training, head of department and education officer will be available for guidance, assistance and any input necessary to enable a clinical fundamental tutor to fulfil their duties. Section 42 includes a list of College contacts for specific queries.

23.4.3 Access to trainee information via the training portfolio system

No specific access to trainee information is required.
24. Specialised study unit supervisor

24.1 Overview

Each specialised study unit supervisor (SSUS) oversees training in one of the 12 specialised study units to assist trainees to meet the training requirements of the specialised study unit. This requires liaison with the departmental supervisor(s) of training.

24.2 Duties of specialised study unit supervisors

- To be familiar with the curriculum requirements of the relevant specialised study unit.
- To promote access of ANZCA trainees to appropriate experience and resources for the specialised study unit within their department. Where there are large numbers of trainees and limited opportunities for clinical experience in a particular specialised study unit, it may be appropriate for a specialised study unit supervisor to work with the supervisor of training and the rotational supervisor to plan the allocation of these limited opportunities within their department or accredited rotation.
- To guide trainees in setting goals and gaining appropriate clinical experience for the relevant specialised study unit. Trainees who wish to gain clinical experience in a particular specialised study unit should contact the specialised study unit supervisor before commencing or early during a clinical placement to establish the requirements and expectations for completion of that specialised study unit and to formulate a plan for its completion, as appropriate.
- To oversee the completion of workplace-based assessments (WBAs) relevant to the specialised study unit. Although many individuals can perform workplace-based assessments, the specialised study unit supervisor should take an active role in facilitating and performing workplace-based assessments relating to the relevant specialised study unit. Completing the case-based discussions (CbD) required for the specialised study unit will particularly allow the specialised study unit supervisor to assess the trainee’s understanding and decision-making in relation to the learning outcomes for the specialised study unit.
- To ensure timely submission of all required training data in the training portfolio system.
- Review and if appropriate sign off satisfactory completion of the specialised study unit. As part of this process, the specialised study unit supervisor must review a trainee’s progress against the required workplace-based assessments and volume of practice cases and/or procedures (see curriculum). Workplace-based assessments performed during that clinical placement and also earlier in training will help the specialised study unit supervisor to assess completion of that unit. If the trainee has met all the expectations of the specialised study unit then the specialised study unit supervisor will complete the specialised study unit sign-off form provide a feedback summary and submit the form electronically. This will generate an email to the supervisor of training for verification.
- If, at the end of a clinical placement, the specialised study unit supervisor assesses that the trainee has not completed the requirements for a particular specialised study unit then the specialised study unit cannot be signed off. The specialised study unit supervisor may wish to discuss with the trainee what further volume of practice requirements are still to be completed. The trainee can use this information to plan
completion of that specialised study unit during subsequent clinical placements. It may also be relevant to discuss this with the supervisor of training prior to a clinical placement review, particularly if completion of that specialised study unit was part of the trainee clinical placement plan.

- If there is a dispute between the specialised study unit supervisor and the trainee regarding completion of a specialised study unit, then the trainee or specialised study unit supervisor can ask the supervisor of training at that hospital to review the training portfolio system and other relevant information and provide advice. Progression from one clinical placement to the next is not dependent on specialised study unit completion.

24.3 Selection, appointment, tenure and reappointment

Selection criteria

- Must hold a FANZCA or a comparable qualification acceptable to ANZCA Council (for example, Fellow of the College of Intensive Care Medicine, refer Section 19.3).

- Must not be a candidate for any College examination (including examinations of the Faculty of Pain Medicine).

- Must have skills and experience appropriate to the appointment.

- Should have broad experience in their particular specialised study unit and a strong understanding of the requirements of the curriculum in that area.

In smaller departments the supervisor of training may also fulfil the role of the specialised study unit supervisor, while in larger departments there may be a need for more than one supervisor for a particular specialised study unit. One Fellow may take on more than one specialised study unit supervisor role, particularly in smaller departments. The clinical fundamental tutor role can also be undertaken with the specialised study unit role(s). The supervisor of training can determine this depending on local requirements.

Appointments to these roles do not require a formal process. Supervisors of training (in collaboration with their heads of department) identify likely candidates, describe the requirements of the role, confirm their participation and keep an up-to-date list of supervisors and tutors for access by trainees and others in the department. Trainees should consult the supervisor of training if they are unaware of who performs a particular department supervisory role.

In the case of an intensive care medicine specialised study unit supervisor, the College of Intensive Care Medicine supervisor of training can act as the intensive care medicine specialised study unit supervisor, or can nominate an individual to perform the role for ANZCA trainees. The ANZCA supervisor of training should be notified so they can verify specialised study unit completion.

Appointments should be reviewed every three years, allowing the supervisor of training and the specialised study unit supervisor to determine whether the specialised study unit supervisor wishes to continue in the role. This review will also provide an opportunity to consider succession planning and ways to encourage and assist other members of the department to take on these supervisory roles. Reappointments may occur for up to four three-year terms in a particular specialised study unit supervisor role.
24.4 Resources and support

24.4.1 Departmental requirements

All supervisors must be provided with appropriate clinical support time, physical facilities, resources and other support to undertake their roles. These include:

- Clinical support time for the duties as specified in section 24.2.
- Access to appropriate secretarial and administrative assistance.
- Physical facilities including a private space for meetings with trainees, secure document storage and a computer with internet access.
- Support from other departmental members for their role.

24.4.2 College resources and support

The College provides resources for those undertaking supervisory roles as outlined in section 32. Those specific to the specialised study unit supervisors include:

- Clearly defined learning outcomes for each specialised study unit.
- Clearly defined volume of practice and assessment requirements for each specialised study unit.
- ANZCA teaching and learning cases, which assist teaching in important areas or where clinical exposure is less likely. The specialised study unit supervisors may wish to develop other teaching cases for use within their department.
- Online and face-to-face training in the performance of the various workplace-based assessments will be provided both by ANZCA at various local and regional and national meetings, and also facilitated within a department or region by the supervisor of training or education officer.

The supervisor of training, head of department and education officer will be available for guidance, assistance and any input necessary to enable a specialised study unit supervisor to fulfil their duties. Section 42 includes a list of College contacts for specific queries.

24.4.3 Access to trainee information via the training portfolio system

The specialised study unit supervisor will have access to the training portfolio system to complete the specialised study unit review form. The specialised study unit supervisor will not have direct access to trainee records. At the point of assessment, the trainee will need to log onto the training portfolio system and show the specialised study unit supervisor the relevant data on volume of practice and workplace-based assessment requirements.
25. Departmental scholar role tutor

25.1 Overview

The scholar role is one of the seven ANZCA Roles in Practice. Development of this role is essential to lifelong learning and to teaching others. It is also fundamental to the provision of high quality care by defining the evidence that underpins clinical practice through research and audit.

25.2 Duties of the scholar role tutors

- Assist the trainee to identify appropriate opportunities to undertake the scholar role activities (SRAs).
- Assist trainees in selecting an appropriate paper and topic to critically appraise.
- Provide ongoing feedback and guidance to trainees to assist them with the completion of scholar role activities to fulfil expected requirements.
- Guide trainees in the selection of an appropriate topic for the completion of an audit, in consultation with the SRSC if necessary.
- Provide advice to trainees on jurisdictional regulations relevant to conducting audits and research, and ethics approval requirements, in consultation with the Audit Champion if necessary.
- Observe and evaluate trainees completing the following SRAs as outlined in the ANZCA curriculum framework:
  □ Teach a skill to a peer, junior colleague or medical student.
  □ Facilitate a small group discussion or run a tutorial.
- Evaluate trainees completing the following SRAs as outlined in the ANZCA curriculum framework:
  □ Critically appraise a paper published in a peer-reviewed indexed journal for internal assessment and present it to a department meeting.
  □ Critically appraise a topic and present it to the department.
- Assist the trainee to identify appropriate opportunities to undertake the internally assessed scholar role activities (SRAs).
- Provide support and guidance to trainees seeking exemption from SRAs.
- Liaise with the supervisor of training regarding additional work that may be required by trainees to successfully complete SRAs.
- Communicate to the supervisor of training, as required, the successful completion of SRAs.
25.3 Selection, appointment, tenure and reappointment

Selection criteria

- Must hold a FANZCA or a comparable qualification acceptable to ANZCA Council (for example, Fellow of the College of Intensive Care Medicine, Fellow of the Faculty of Pain Medicine, ANZCA, refer Section 19.3).
- Must not be a candidate for any College examination (including examinations of the Faculty of Pain Medicine).
- Must have skills and experience appropriate to the appointment.
- Should have broad experience in scholarly activities and a strong understanding of the requirements of the curriculum in this area.

Appointments to these roles do not require a formal process. Multiple DSRTs can be appointed in a department to allow individuals with particular expertise to assist trainees and evaluate the various SRAs. Supervisors of training (in collaboration with their heads of department) identify likely candidates, describe the requirements of the role, confirm their participation and keep an up-to-date list of supervisors and tutors for access by trainees and others in the department. Trainees should consult the supervisor of training if they are unaware of who performs a particular department supervisory role.

Appointments are for three years, with the possibility of reappointment for a maximum of 12 years. Regular review will give the departmental scholar role tutor an opportunity to consider other roles within his or her department, and plan and encourage others to take on the role in the future.

25.4 Resources and support

Departmental requirements

All tutors must be provided with appropriate time, physical facilities and support to undertake their roles. These include:

- Clinical support time for the duties as specified in section 25.2.
- Access to appropriate secretarial and administrative assistance.
- Physical facilities including a private space for meetings with trainees, secure document storage and a computer with internet access.
- Support from other departmental members for their role.

College resources and support

The College provides resources for those undertaking supervisory roles as outlined in section 32. Those specific to departmental scholar role tutors are:

- Section 7.5 on scholar role activities and assessments.
- Structured forms for assessing teaching sessions and critical appraisals and conducting audits.
- Guidelines on conduct of an audit.
• Network of departmental scholar role tutors linked to the Scholar Role Sub-Committee.

• Nominated members of the Scholar Role Sub-Committee to provide support and advice.

• Professional development activities including the ANZCA Educators Program.

The supervisor of training, head of department and education officer will be available for guidance, assistance and any input necessary to enable a departmental scholar role tutor to fulfil his or her duties. Section 42 includes a list of College contacts for information relating to specific queries.

25.5 Access to trainee information via the training portfolio system

No specific access to online trainee information is required.
26. Provisional fellowship supervisor

26.1 Overview
Provisional fellowship supervisors (PFS) oversee the specific training of provisional Fellows working in their department.

26.2 Duties
Each provisional Fellow will have their own plan for the provisional fellowship training period, and this may cover any of the specialised study units, clinical fundamentals, ANZCA Roles in Practice or a combination of these, and may include research or other clinical support activity. Provisional fellowship training must have a minimum 20 per cent clinical component.

26.3 Selection, appointment, tenure and reappointment

Selection criteria
- Must hold a FANZCA or a comparable qualification acceptable to ANZCA Council (for example, Fellow of the College of Intensive Care Medicine, Fellow of the Faculty of Pain Medicine, ANZCA, refer Section 19.3).
- Must not be a candidate for any College examination (including examinations of the Faculty of Pain Medicine).
- Must have skills and experience appropriate to the appointment.
- Should be experienced in the particular area of the trainee’s provisional fellowship program and able to offer assistance with the development of knowledge and skills at a more advanced level than covered in the general specialised study units.

In smaller departments the supervisor of training may also fulfil the role of the provisional fellowship supervisor, or it may be appropriate to have one or more provisional fellowship supervisor providing oversight to all the provisional Fellows in a department. In larger departments, there may need to be more than one provisional fellowship supervisor to cover the various sub-specialty areas in that training site. Specialised study unit supervisors and clinical fundamental tutors may also act as the provisional fellowship supervisor for trainees working in their area. The supervisor of training can determine this depending on local requirements.

Appointments to these roles do not require a formal process. Supervisors of training (in collaboration with their heads of department) identify likely candidates, describe the requirements of the role, confirm their participation and keep an up-to-date list of supervisors for access by trainees. Trainees should consult the supervisor of training if they are unaware of who performs a particular department supervisory role.

Appointments are for three years, with the possibility of reappointment for a maximum of 12 years. Regular review will give the provisional fellowship supervisor an opportunity to consider other roles within their department, and an opportunity to plan and encourage others to take on the role in the future.
26.4 Resources and support

**Departmental requirements**

All supervisors must be provided with appropriate time, physical facilities and support to undertake their roles. These include:

- Clinical support time for the duties as specified in section 26.2.
- Access to appropriate secretarial and administrative assistance.
- Physical facilities including a private space for meetings with trainees, secure document storage and a computer with internet access.
- Support from other departmental members for their role.

**College resources and support**

The College provides resources for those undertaking supervisory roles as outlined in section 32.

The supervisor of training, head of department and education officer will be available for guidance, assistance and any input necessary to enable a provisional fellowship supervisor to fulfil their duties. Section 42 includes a list of College contacts for specific queries.

Provisional Fellowship Program Sub-Committee

Individual provisional Fellowship positions and departmental provisional fellowship programs are assessed and approved by the Provisional Fellowship Assessment Sub-Committee, which reports to the Education, Training and Assessment Management Committee. Further information is available on the ANZCA website.

26.5 Access to trainee information via the training portfolio system

No specific access to online trainee information is required.
27. Workplace-based assessment (WBA) assessor

27.1 Overview

The workplace-based assessments have been introduced as formative assessments (assessment for learning) and involve an assessor observing a trainee as he or she performs procedural skills and provides care to patients, and then providing structured feedback to the trainee. The College’s assessment strategy incorporates four different types of workplace-based assessment including mini-clinical evaluation exercise (mini-CEX), direct observation of procedural skills (DOPS), case-based discussion (CbD) and multi-source feedback (MsF).

WBA assessors are not formally selected, and every supervisor of ANZCA trainees should be encouraged to engage in workplace-based assessments. WBA assessors can be any FANZCA or a trainee in provisional fellowship training, or a specialist registered with APHRA, or a medical practitioner vocationally registered with the MCNZ, or any international medical graduate specialist (IMGS) who has been assessed under regulation 23 as holding a qualification that is substantially comparable to FANZCA and who, while completing the IMGS process, is appointed to its senior staff by an ANZCA-accredited department. WBA assessors should work regularly in the subject area appropriate for that workplace-based assessment.

For the purposes of interacting with the training portfolio system any ANZCA Fellow will be automatically approved to assess workplace-based assessments. Trainees in the provisional fellowship year of training will also be automatically approved. Those wanting to assess workplace-based assessments who are not ANZCA Fellows (usually specialists working in an ANZCA-accredited department) require their name to be forwarded to the College by their department's supervisor of training.

Multi-source feedback can and should be provided by WBA assessors, but should also be requested from patients, nursing staff, non-anaesthesia specialists or any other individuals who observe the trainee at work.

27.2 Duties

The workplace-based assessments (WBA) assessor is responsible for observing the trainee at work, completing the workplace-based assessments, providing contemporaneous feedback to the trainee about his or her performance, and entering the result of the workplace-based assessment into the trainee's training portfolio, with the trainee permitted and encouraged to comment on the assessment prior to its lodgement.

27.3 Resources and support

Departmental requirements

All assessors must be provided with appropriate time, physical facilities and support to undertake their roles. These include:

- Clinical support time for the duties as specified in section 27.2.
- Access to appropriate secretarial and administrative assistance.
- Physical facilities including a private space for meetings with trainees, secure document storage and a computer with internet access.
- Support from other departmental members for their role.
College resources and support

The College provides online resources to assist those performing workplace-based assessments as outlined in section 32.

More information about the different types of assessment and how to give feedback is available in the ANZCA curriculum document and section 6 of this handbook.

The supervisor of training, head of department and education officer will be available for guidance, assistance and any input necessary to enable a WBA assessor to fulfil their duties. Section 42 includes a list of College contacts for specific queries.

27.4 Access to trainee information via the training portfolio system

No specific access to online trainee information is required. However WBA assessors will be able to lodge workplace-based assessments via the training portfolio system.
28. Rotational supervisor

28.1 Overview

Rotational supervisors (ROTS) co-ordinate the training and rotation of ANZCA trainees among the various hospitals within their accredited rotation. They liaise with the heads of department of ANZCA-accredited training sites regarding trainee numbers and desirable levels of seniority of trainees for that site. The rotational supervisors must also work with the relevant education officer and the supervisor of training regarding the rotation of trainees to fulfil individual training requirements.

28.2 Duties

The rotational supervisor is responsible for:

- The allocation of trainees to clinical placements within the accredited rotation. Allocation of trainees to a particular clinical placement should consider issues such as trainee preferences, the need for trainees to complete specific clinical fundamentals or specialised study units, and maintaining an appropriate mix of junior and senior trainees for that training site. Finding the right balance between these factors can be challenging, and advice and assistance may be required from the education officer and supervisors of training.

- Liaison with participating hospital departments (see head of department) regarding the rotation of trainees in order to meet any changes in service requirements.

- Oversight of the training program within his or her accredited rotation.
  
  o The rotational supervisor should monitor the types of clinical experience and volume of practice available at the various training sites within the accredited rotation to ensure trainees can aim to meet the requirements for completion of training in a timely manner.
  
  o Monitoring the progress of trainees and their access to volume of practice cases, procedures and time for each of the clinical fundamentals and specialised study units. The rotational supervisor should notify the education officer if there are any real, potential or perceived problems with access to training opportunities.

- Timely submission of all required training data into the training portfolio system.

The roles of the rotational supervisor do NOT include:

- Representing ANZCA in the selection and appointment of trainees. However the rotational supervisor may be a member of a selection committee or panel that acts on behalf of a hospital or other employing body (selection of trainees).

- Matters involving employment issues, rostering or leave, unless these also relate to training or trainee welfare, or the allocation of trainees to a particular clinical placement.
28.3 Selection, appointment, tenure and reappointment

Selection criteria

- Must hold a FANZCA or a comparable qualification acceptable to ANZCA Council.
- Must not be a candidate for any College examination (including examinations of the Faculty of Pain Medicine).
- Must have skills and experience appropriate to the appointment.
- Must not be the head/director or a deputy head/director of the department.
- Should have a strong understanding of the requirements of the curriculum.

The process of appointment is nomination by the education officer, following consultation with the supervisor of training and head of department within the accredited rotation. The relevant regional or national committee must approve the appointment.

The rotational supervisor may be a full or co-opted member of the regional or national committee (see regulation 3) however this is not essential. The rotational supervisor should be available to the regional or national committee for consultation and reporting.

Appointments are for three years, with the possibility of reappointment for a maximum of 12 years. Regular review will give the rotational supervisor an opportunity to consider other roles within his or her department, and an opportunity to plan and encourage others to take on the role in the future.

28.4 Resources and support

Departmental requirements

All supervisors must be provided with appropriate time, physical facilities and support to undertake their roles. These include:

- Clinical support time for the duties as specified in section 28.2.
- Access to appropriate secretarial and administrative assistance.
- Physical facilities including a private space for meetings with trainees, secure document storage and a computer with internet access.
- Support from other departmental members for their role.

College resources and support

The College provides resources for those undertaking supervisory roles as outlined in section 32. The education officer will be available for guidance, assistance and any input necessary to enable a rotational supervisor to fulfil their duties.

Section 42 includes a list of College contacts for specific queries.

28.5 Access to trainee information via the training portfolio system

Rotational supervisors are provided with online viewing access to the training records of all trainees in their training rotation and are able to manage the placement of trainees. For details on what information rotational supervisors can access refer to section 10.
29. Education officer

29.1 Definition

The education officer occupies an important position within the ANZCA educational framework, overseeing training within an Australian region or New Zealand. The education officer is appointed by the Education, Training and Assessment Executive Committee (ETAEC), after nomination by the relevant regional or national committee. Each education officer is identified by their region or nation at the end of their title (for example, education officer New Zealand, education officer Western Australia).

If workload requires, more than one education officer may be appointed, but a lead education officer must be identified and will be responsible for overall co-ordination. All second and subsequent education officers within a training region will have the title ‘deputy education officer’.

29.2 Duties of the role

Co-ordination and liaison

- To act as a central co-ordinator of ANZCA training and education within a region or nation.
- To act as a liaison between trainees, supervisors, members of the relevant regional or national committee (see regulation 3) and heads of department with the central administration of ANZCA.
- To fully understand the training program, the regulations that govern it and this handbook.
- To understand the processes to be followed by supervisors of training and other supervisors, tutors and WBA assessors.
- To provide advice and guidance to supervisors, heads of department, administrators, trainees, and prospective trainees, as required.
- To be aware of calendar dates relevant to College examinations.

Facility monitoring

- To maintain a list of accredited departments and other training centres within their region or country.
- To assist supervisors of training to monitor staffing and supervision in each ANZCA accredited hospital, including satellites. This also involves notifying the relevant ANZCA regional or national committee and the Education, Training and Assessment Executive Committee (ETAEC) (via training@anzca.edu.au) of any changes in senior anaesthesia staffing levels or department workload that have the potential to affect the training program.
- To provide advice to new hospitals in the region seeking accreditation and report to the relevant regional or national committee on any developments in this area, which have the potential to affect the training program or trainee numbers in an accredited rotation.
- To liaise with the rotational supervisors, the relevant ANZCA regional or national committee and the Training Accreditation Committee (via tac@anzca.edu.au) to develop
and maintain accredited rotations within their region, aiming to allow all trainees to fulfil the clinical and volume of practice requirements of the ANZCA curriculum.

Trainee management

- To provide advice and assistance to supervisors of training regarding in-training assessments and workplace-based assessments, especially where there is a borderline or unsatisfactory assessment.
- To assist the supervisors of training in the management of trainees experiencing difficulty, and provide guidance regarding implementation of formal remediation processes and the progression to a formal trainee performance review if warranted.
- To ensure timely submission of all required training data into the training portfolio system.

Education

1. To co-ordinate and facilitate education for supervisors and tutors within a region or country.
2. To ensure that primary and final examination courses are available to trainees within a region or country.
3. To convene and chair meetings of the education sub-committee of the relevant regional or national committee. Each sub-committee is identified by its region or nation at the end of the title (for example, education sub-committee New Zealand, education sub-committee Western Australia). Membership includes the education officer, the chair of the relevant regional or national committee, and all the supervisors of training and the rotational supervisors in the region or country (for New Zealand). These meetings should provide a forum for supervisor of training education and support, as well as discussion of issues relevant to the delivery of training within the region. This sub-committee will report via the education officer to the relevant regional or national committee.
4. To attend or nominate a representative to attend the annual meetings of the education officers with the chair of the Education, Training and Assessment Management Committee (ETAMC).
5. To keep the chair of the Education, Training and Assessment Management Committee (ETAMC) aware of regional or national activities and issues by providing reports and participating in teleconferences and face-to-face meetings.

The roles of the education officer do NOT include:

- Representing ANZCA in the selection and appointment of trainees to an anaesthesia training program. However the education officer may be a member of a selection committee or panel, which acts on behalf of a hospital or other employing body.
- Matters involving employment issues, rostering or leave unless these also relate to training or trainee welfare.
29.3 Selection, appointment, tenure and reappointment

Selection criteria

- Must hold a FANZCA or a comparable qualification acceptable to ANZCA Council.
- Must not be a candidate for any College examination (including examinations of the Faculty of Pain Medicine).
- Must have skills and experience appropriate to the appointment.
- Must not be the head/director or a deputy head/director of the department. In some regions it may be necessary or appropriate for the head/director or deputy head/director to fulfil the role of education officer.
- Must have significant experience in undertaking a departmental supervisory role or equivalent.

Education officers are nominated by regional and national committees and appointed by the Education, Training and Assessment Executive Committee (ETAEC), according to the process outlined in regulation 3.

On appointment, and re-appointment, education officers are required to sign an agreement that outlines ANZCA’s obligations to education officers and the education officers’ obligations to ANZCA. This is a new requirement that will be in place from the start of the 2013 hospital employment year. Existing education officers will also be requested to sign the agreement.

29.4 Resources and support

Departmental requirements

All supervisors must be provided with appropriate time, physical facilities and support to undertake their roles. These include:

- Clinical support time for the duties as specified in section 29.2.
- Access to appropriate secretarial and administrative assistance.
- Access to appropriate information technology to allow regular (daily) training portfolio system access and access to the ANZCA website.
- Physical facilities including a private space for meetings with trainees, secure document storage and a computer with internet access.
- Support from other departmental members for their role.

College resources and support

The College provides resources for those undertaking supervisory roles as outlined in section 32.

The chair of the Education, Training and Assessment Management Committee (ETAMC) and other education officers will be available for guidance, assistance and any input necessary to
enable an education officer to fulfil their duties. Section 42 includes a list of College contacts for specific queries.

29.4.1 Access to trainee information via the training portfolio system

Education officers are provided with online viewing access to the training records of all trainees. For details on what information education officers can access refer to section 10.

30. Scholar role supervisor

This section was removed as at April 2015, following removal of the scholar role supervisor role from the training program terminology. Regulation 37 was also updated in this regard in March 2015.
31. Examiner

ANZCA examiners for the primary and final examinations are appointed according to the processes outlined in regulation 37 and undertake their roles in accordance with their terms of reference.

Fellows may apply to be primary examiners three years after being admitted to ANZCA fellowship and to be final examiners five years after being admitted to fellowship.

Examiners are appointed by the Chair of the relevant sub-committee after consideration of the application by its members.

The tenure of appointment of an examiner is for three years and dates from January 1 in the year following the initial appointment. Upon appointment, each examiner must attend a training workshop and be paired with an experienced examiner as an observer at his or her initial exam.

An examiner is eligible for reappointment for three further three-year terms (the maximum period of appointment being 12 years). Such reappointments are made after the relevant sub-committee has considered them. The relevant sub-committee, in collaboration with Council may determine not to reappoint an examiner who has not fulfilled his or her responsibilities.

Responsibilities of examiners

The examination panel relies on teamwork to perform its task effectively. An examiner must have a commitment to maintain the standard of the process. In order to achieve this, an Examiner has a responsibility to:

- Prepare material promptly in response to requests.
- Be active in court meetings.
- Be available on most occasions and at least once a year.
- Seek to improve skills.
- Be active in education and evaluation of performance.
- Help new examiners.
- Participate in the College Continuing Professional Development Program.
- Attend all workshops associated with an examination at which he or she is participating in the oral component of the examination.
- Maintain total confidentiality of all aspects of the examination.
- Uphold the high reputation of the College and its examinations.

Please note that examiners should not participate in trial vivas once the roster for the next examination in which they have been selected to examine has been produced and circulated.
32. Resources for education officers, supervisors, tutors, WBA assessors and examiners

Web-based resources

The training section of the ANZCA website provides resources for education officers, supervisors, tutors and assessors in the form of help sheets, videos, slidecasts and podcasts to introduce the curriculum, policy (including regulations) for each stage of the program. Resources are also provided to demonstrate how to use the technology systems of the training program. The resources have been designed to clearly communicate the various components of the training program.

Educational events: face-to-face and online

Throughout the year, education events are delivered at ANZCA House in Melbourne, regional offices around Australia, the New Zealand office and local departments. The events are delivered by College committee members and champions and supported by College staff. The College also delivers interactive educational seminars using webinars and one-way information sessions streamed via the internet. The College supports the community of Fellows and other specialists in the delivery of the training program. In addition to disseminating information, the College strives to receive and act upon feedback to ensure the training program, training resources and the training environment evolve over time.

The ANZCA Library

The ANZCA Library provides a range of resources to support education officers, supervisors, tutors, and assessors in the form of online and print-based medical education textbooks, journals, and databases. Library employees offer assistance with effective literature searching, evidence-based practice and information literacy training, as well as methods for keeping current on topics of interest. Brochures, bookmarks, tutorials and slides about the library resources are available for educational events or to promote the extensive resources to trainees.

32.1 ANZCA Educators Program

The College offers a two-and-a-half-day course for Fellows, international medical graduate specialists and provisional fellowship trainees, wishing to develop new knowledge and skills in clinical teaching. The aim of the course is to equip participants with the knowledge, skills and professional behaviours fundamental to teaching ANZCA trainees effectively. The focus is on promoting the application of core teaching skills to the clinical environment.

By the end of the two-and-a-half day course participants will have:

- Applied theoretical perspectives on learning and teaching for their own context.
- Used a structure to plan for teaching and learning in a variety of contexts demonstrating participant-centred principles and prepared learning objectives.
- Provided constructive feedback to enhance learning.
- Demonstrated effective teaching practices and the ability to reflect constructively on teaching performance of themselves and others.
• Compared and contrasted individual perspectives on teaching and learning with a range of theoretical models.

The ANZCA Educators Program courses are offered four to five times per year and dates of upcoming courses are published at the end of each year on the ANZCA website.

32.2 ANZCA Educators Program online course

The online model of the ANZCA Educators Program is available in addition to the face-to-face course. The course objectives mirror the face-to-face model and aim to equip participants with the knowledge, skills and professional behaviours fundamental to teaching ANZCA trainees effectively.

The online course includes self-directed and interactive learning sessions with fellow online participants and enables high quality learning as an alternative to travelling to face-to-face events. The online course is also available to provisional fellowship trainees wishing to expand their knowledge and experience when completing scholar role activities in the training program or embarking on the ANZCA Continuing Professional Development Program and more regularly teaching and supervising junior trainees towards the end of training.

Diagram 32.1 Sample of ANZCA Educators Program online course
33. Accreditation of anaesthesia departments and other training sites for ANZCA vocational training

Overview

ANZCA accredits, either directly or indirectly, anaesthesia departments and other sites for training. Training in non-accredited sites can only occur if prospectively approved by the director of professional affairs (assessor) (via assessor-requests@anzca.edu.au) according to relevant training requirements.

The following section provides an overview of this process including accreditation criteria, and processes for accreditation and reaccreditation.

Using a five-year cycle, the College directly accredits:

1. Anaesthesia departments including all anaesthetising locations that are administratively under one organisation. Sites that are administratively separated require independent accreditation of each administratively contained site.
2. Satellite and partner hospital arrangements.
3. Retrieval services.
4. Diving and hyperbaric medicine departments.
5. Simulation centres for the provision of the Effective Management of Anaesthetic Crises (EMAC) course.

The College indirectly accredits intensive care units accredited by the College of Intensive Care Medicine (CICM) for basic or advanced training (or both) in intensive care medicine (see CICM website).

Inquiries about accreditation should be directed to the training accreditation administrative officer within the Accreditation Unit via email to tac@anzca.edu.au.

The College website lists all accredited training sites, available here.

33.1 Accreditation principles

The following principles (regulation 37.10) underpin the accreditation process:

1. Approved vocational training (AVT) for fellowship of the College (FANZCA) may be undertaken only in departments and other training sites (hereafter referred to as ‘departments’) that are accredited for training by ANZCA, either directly or indirectly. Exceptions are training at non-accredited sites approved prospectively by the director of professional affairs (assessor) (via assessor-requests@anzca.edu.au) under regulations 37.5.5.3.9, 37.5.5.7 and 37.5.5.10.

2. Accreditation requires an accreditation review undertaken on behalf of the Training Accreditation Committee (TAC) with subsequent TAC approval.

3. An ANZCA-accredited department must be part of one or more accredited rotations.
ANZCA will facilitate the establishment of rotational schemes to enable employers to share understanding of trainees needs and facilitate fair and equitable access to training opportunities.

4. An ANZCA-accredited department must meet training requirements as specified in this handbook, regulation 37 and all College professional documents.

5. An ANZCA-accredited department will be accredited for (regulation 37.10.5):
   a. Specified training periods.
   b. Specified durations of introductory, basic and advanced training that may be accredited for the anaesthesia department within the accredited training site, typically 26 weeks, 52 weeks, 104 weeks or 156 weeks.
   c. Specified durations of extended training.

6. Accredited departments must agree to re-inspection by College representatives when requested by the Training Accreditation Committee or ANZCA Council.

7. The hospital must agree to notify the Training Accreditation Committee, via the supervisor of training and the education officer, of any changes that might affect training. Importance is placed on changes such as alterations in workload and increases or decreases in the number of senior staff and trainees working in the department.

33.2 Applying for accreditation, change to existing accreditation and reaccreditation

The following pages outline the processes and criteria to apply for initial accreditation, to alter an existing approval, and for reaccreditation. This includes how to complete the Training Accreditation Committee Application Form. Further advice can be obtained by contacting the training accreditation administrative officer via email: tac@anzca.edu.au.

The process for accreditation is:

1. The hospital department or other training site submits the Training Accreditation Committee Application Form and associated documentation.

2. The chair or deputy chair of the Training Accreditation Committee assesses the application. Further clarification may be sought from the head of department, the relevant education officer or the regional or national committee.

3. Any outstanding documentation is requested and must be submitted, and a trainee experience survey undertaken prior to the inspection.

4. An inspection team is appointed with consideration of issues of conflict of interest. A senior Training Accreditation Committee inspector is appointed as the lead inspector.

5. The inspection date is determined after consideration of team member availability and departmental preferences and commitments. The head of department and supervisor(s) of training must arrange to be available on the day of the inspection.

6. An on-site accreditation inspection occurs, with the team assessing the department against the accreditation standards and criteria.

7. The inspection team, led by the lead inspector, draft the inspection report according to a standard template and with a series of recommendations that relate to published accreditation standards, criteria and ANZCA professional documents.
8. Draft recommendations are forwarded to the head of department, providing an opportunity to correct errors of fact.

9. The Training Accreditation Committee considers the inspection report and its recommendations at its next meeting. These meetings are held in April, August and November.

10. In the case of approval or re-approval of accreditation, ANZCA Council is notified. Removal of accreditation requires the approval of ANZCA Council.

11. The outcome is communicated to the department and may be:

   a. Unqualified accreditation.

   b. **Qualified accreditation**, with full accreditation subject to improvements being made in relation to accreditation standards and criteria within a specified timeframe and sometimes subject to reinspection.

   c. **Accreditation not approved**, but feedback given about what conditions would need to be met for the site to meet accreditation standards and criteria.

   d. **Withdrawal of accreditation**, which requires the approval of the ANZCA Council.

12. For qualified accreditation, the Training Accreditation Committee undertakes ongoing monitoring with regular updates requested for the Training Accreditation Committee meetings and, in some cases, a reinspection (this follows the same process as for other inspections).

13. All accredited departments are monitored by the relevant regional or national committee, as well by the relevant trainee committees (which report to the ANZCA Trainee Committee) and the rotational supervisor. Concerns about the ability of a department to meet the accreditation standards and criteria should be reported to the training accreditation administrative officer via email: tac@anzca.edu.au. These concerns are reviewed by the chair or deputy chair of the Training Accreditation Committee against the relevant accreditation standards and criteria, and may lead to a paper review by the Training Accreditation Committee and, in some cases, an on-site accreditation reinspection.

14. Triggers for an on-site accreditation inspection include:

   a. Routine re-inspection (each accredited department is reinspected at regular intervals as part of a five-yearly cycle).

   b. Scheduled re-inspection, often arising out of concerns raised at a previous inspection or as part of the monitoring process described above.

   c. Initial request for accreditation.

   d. Request for a change in accreditation (for example, increase in duration of accreditation).

   e. Out-of-sequence on-site accreditation inspections requested by a department, hospital or any committee of ANZCA, after review by chair or deputy chair of the Training Accreditation Committee (this may lead to a more urgent inspection, depending on circumstances).
34. Accreditation standards

34.1 The seven ANZCA accreditation standards

Departments and other training sites are accredited using the ANZCA accreditation standards, which are:

1. **Quality patient care**: the department must be committed to the delivery of safe and high quality patient care.

2. **Clinical experience**: the department must provide trainees with access to a range and volume of clinical practice that enables them to complete the requirements of the training program. Each department must belong to at least one **accredited rotation**.

3. **Supervision**: the department must provide trainees with adequate and appropriate **supervision** for their level of training at all times.

4. **Supervisory roles and assessment**: the department must support trainees by providing access to qualified supervisors and assessors with sufficient resources including clinical support time to undertake their roles. Assessment must be undertaken in accordance with ANZCA policies.

5. **Education and teaching**: the department must ensure that trainees have access to formal and informal educational programs that meet their training needs.

6. **Facilities**: the department must ensure that trainees have access to appropriate educational facilities and systems required for training.

7. **Clinical governance**: the facilities must be fully accredited by the Australian Council on Healthcare Standards or the HealthCERT (NZ) or equivalent and have the governance structures to deliver and monitor safe patient care in a safe workplace.
34.2 Criteria underpinning each ANZCA accreditation standard

Note: all ANZCA professional documents are publicly available via ANZCA’s website and can be downloaded as one zip file for ease.

Table 34.1 Criteria underpinning each ANZCA accreditation standard

<table>
<thead>
<tr>
<th>Accreditation criteria</th>
<th>Minimum requirements</th>
<th>How this is assessed</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Standard 1 – Quality patient care</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-anaesthetic consultation and consent</td>
<td>Compliance with PS07 and PS26 There should be one specialist-led pre-anaesthetic assessment clinic (PAC) per annum for every week of accredited normal time at the department (for example, for a department accredited for 104 weeks of normal training, there should be 104 specialist-led PAC sessions per annum).</td>
<td>Self-assessment (datasheet). Audit data (preadmission rates, cancellation rates, etc.).</td>
<td>It is important that trainees are included in specialist-led pre-anaesthetic assessment clinic sessions.</td>
</tr>
<tr>
<td>Adequate facilities and systems for the administration of anaesthesia, major regional anaesthesia, sedation and monitored anaesthesia care, including the management of complications (including MH and anaphylaxis).</td>
<td>Compliance with PS03, PS18, PS19, PS31, PS54 and PS55.</td>
<td>Self-assessment (datasheet). Facilities inspection. Interviews with head of department, senior staff, theatre manager.</td>
<td></td>
</tr>
<tr>
<td>Adequate equipment to manage the difficult airway.</td>
<td>Compliance with PS56.</td>
<td>Self-assessment (datasheet). Facilities inspection.</td>
<td></td>
</tr>
<tr>
<td>Adequate assistance for the anaesthetist.</td>
<td>Substantial compliance with PS08.</td>
<td>Self-assessment (datasheet). Facilities inspection. Interviews with head of department, senior staff, theatre manager.</td>
<td>ANZCA recognises that some jurisdictions have better systems than others in the training and employment of assistants to the anaesthetist.</td>
</tr>
<tr>
<td>Compliance with guidelines on sedation.</td>
<td>Compliance with PS09.</td>
<td>Self-assessment (datasheet). Facilities inspection.</td>
<td>In terms of accreditation, this is only assessed in terms of those sedation cases</td>
</tr>
<tr>
<td>Accreditation criteria</td>
<td>Minimum requirements</td>
<td>How this is assessed</td>
<td>Notes</td>
</tr>
<tr>
<td>------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------</td>
<td>----------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Systems in place to ensure the safe administration of injectable drugs.</td>
<td>Compliance with PS51.</td>
<td>Interviews with head of department, senior staff.</td>
<td>undertaken by the anaesthesia department, although ANZCA recognises that this is the recognised standard for safety in sedation (for example, by the Medical Board of Australia).</td>
</tr>
<tr>
<td>Adequate recording of episodes of care.</td>
<td>Compliance with PS06.</td>
<td>Self-assessment (datasheet).</td>
<td></td>
</tr>
<tr>
<td>Adequate facilities for recovery from anaesthesia.</td>
<td>Compliance with PS04.</td>
<td>Self-assessment (datasheet).</td>
<td></td>
</tr>
<tr>
<td>Provision of adequate perioperative pain management.</td>
<td>Compliance with PS41, PS45 and PS38.</td>
<td>Self-assessment (datasheet).</td>
<td>It is important that trainees are included in specialist-led acute pain service sessions.</td>
</tr>
<tr>
<td>Accreditation criteria</td>
<td>Minimum requirements</td>
<td>How this is assessed</td>
<td>Notes</td>
</tr>
<tr>
<td>------------------------</td>
<td>----------------------</td>
<td>----------------------</td>
<td>-------</td>
</tr>
<tr>
<td>Systems and facilities to deal with patients selected for day care surgery.</td>
<td>Compliance with PS15.</td>
<td>Self-assessment (datasheet).</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Facilities inspection.</td>
<td></td>
</tr>
<tr>
<td>Where relevant to the training site:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In cases where the hospital does not have a dedicated paediatric facility, adequate systems and facilities to deal with paediatric patients.</td>
<td>Compliance, where relevant, with PS29.</td>
<td>Self-assessment (datasheet).</td>
<td>This does not apply to specialised paediatric facilities.</td>
</tr>
<tr>
<td></td>
<td>Facilities inspection.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Standard 2 – Clinical experience</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Standard 3 - Supervision</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accreditation criteria</td>
<td>Minimum requirements</td>
<td>How this is assessed</td>
<td>Notes</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Have sufficient full-time equivalent anaesthesia specialists to provide supervision for all trainees. | Adequate supervision levels.  
Specialist involvement in post-anaesthesia care.  
Specialist involvement in acute pain service. | Trainee experience surveys.  
Feedback from trainees.  
Trainee portfolios.  
Interviews with trainees, supervisor of training, senior staff and head of department. |                                                                      |
| Supervision levels appropriate.                                                     | Consistency in supervision between elective and acute/emergency clinical work around the clock, seven days a week.  
Patterns of supervision that allow trainee progression towards independent practice. | Trainee experience surveys.  
Feedback from trainees.  
Trainee portfolios.  
Interviews with trainees, supervisor of training, senior staff and head of department. |                                                                      |

**Standard 4 – Supervisory roles and assessment**

<table>
<thead>
<tr>
<th>Accreditation criteria</th>
<th>Minimum requirements</th>
<th>How this is assessed</th>
<th>Notes</th>
</tr>
</thead>
</table>
| Sufficient senior staffing.                                                          | A suitably qualified director/head of department.  
A minimum one specialist who holds FANZCA.  
A minimum two full-time equivalent specialist anaesthesia staff with qualifications acceptable to ANZCA Council.  
Rostering that minimises the impact of fatigue for both senior staff and trainees (PS43).  
Staffing adequate for workload (PS42). | Self-assessment (datasheet),  
Staffing list provided by department.  
Senior and trainee rosters provided by department.  
Trainee experience survey.  
Senior staff interview.  
Head of department/director interview. |                                                                      |
| Appointment of one or more supervisors of training.                                 | Sufficient clinical support session per week for number of trainees.  
Access to private space for trainee interviews.  
Internet access.  
Locked filing cabinet for trainee records. | IMIS records.  
Facility inspection.  
Feedback from supervisor(s) of training.  
Feedback from trainees. | Supervisor of training cannot be the head of department/director |
<table>
<thead>
<tr>
<th>Accreditation criteria</th>
<th>Minimum requirements</th>
<th>How this is assessed</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appointment of clinical fundamentals tutor, introductory training tutor, specialised study unit supervisors, departmental scholar role tutors and provisional fellow supervisors where appropriate.</td>
<td>Relevant supervisors and tutors appointed for each facet of clinical experience offered.</td>
<td>Completion of in-training assessment process and relevant reviews (training portfolio system).</td>
<td></td>
</tr>
<tr>
<td>Performance of workplace-based assessments including feedback.</td>
<td>Minimum mandatory workplace-based assessments (see curriculum) performed including feedback.</td>
<td>Feedback from trainees. Supervisor of training interview. Trainee portfolio system.</td>
<td></td>
</tr>
<tr>
<td>Specialists have contemporary standards of practice.</td>
<td>As per PS16, PS50, PS57 and PS40.</td>
<td>Self-assessment (datasheet). Interviews with head of department, senior staff, trainees. Continuing professional development compliance.</td>
<td></td>
</tr>
<tr>
<td><strong>Standard 5 - Education</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teaching program.</td>
<td>Formal teaching program that meets the needs of trainees (appropriate to size of department).</td>
<td>Copy of education program. Feedback from trainees.</td>
<td>Adequate opportunities must exist for completion of scholar role activities in basic and advanced training.</td>
</tr>
</tbody>
</table>
## Accreditation criteria

<table>
<thead>
<tr>
<th>Accreditation criteria</th>
<th>Minimum requirements</th>
<th>How this is assessed</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Informal teaching.</td>
<td>Trainees receive informal teaching during clinical work, including pre-anaesthetic</td>
<td>Interviews with senior staff, trainees.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>assessment clinics and acute pain service rounds.</td>
<td>Feedback from trainees.</td>
<td></td>
</tr>
</tbody>
</table>

### Standard 6 - Facilities

<table>
<thead>
<tr>
<th>Minimum requirements</th>
<th>How this is assessed</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internet access.</td>
<td>Facilities inspection.</td>
<td></td>
</tr>
<tr>
<td>Desks at which to study.</td>
<td>Feedback from trainees.</td>
<td></td>
</tr>
<tr>
<td>Easily accessible from theatre complex.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate library facilities with information sources appropriate to anaesthesia and</td>
<td>Facilities inspection.</td>
<td></td>
</tr>
<tr>
<td>its sub-specialities.</td>
<td>Feedback from trainees.</td>
<td></td>
</tr>
<tr>
<td>Appropriate to size of department and specialised study units offered.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate secretarial staff.</td>
<td>Self-assessment (datasheet).</td>
<td>See handbook section 18.3.</td>
</tr>
<tr>
<td>Usually at least one full-time equivalent. Larger departments will require several.</td>
<td>Size of department.</td>
<td></td>
</tr>
<tr>
<td>Adequate office space for specialist staff.</td>
<td>Interviews with head of department, senior staff.</td>
<td></td>
</tr>
<tr>
<td>Specialists able to access space for performance of clinical support duties.</td>
<td>Facilities inspection.</td>
<td></td>
</tr>
<tr>
<td>Access to a suitable conference room for quality assurance, clinical review</td>
<td>Interview with head of department.</td>
<td></td>
</tr>
<tr>
<td>and educational activities.</td>
<td>Facilities inspection.</td>
<td></td>
</tr>
<tr>
<td>Ready access to appropriate computer facilities for specialists and trainees,</td>
<td>Interviews with head of department, supervisor of training, tutors and trainees.</td>
<td>See section 10 on the Training Portfolio System.</td>
</tr>
<tr>
<td>including infrastructure for on-line completion of training portfolio system</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(including workplace-based assessments).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Standard 7 – Clinical governance

<table>
<thead>
<tr>
<th>Minimum requirements</th>
<th>How this is assessed</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accreditation criteria</td>
<td>Minimum requirements</td>
<td>How this is assessed</td>
</tr>
<tr>
<td>----------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Senior staff appointed in a transparent way.</td>
<td>Appointment of staff according to PS44 with a properly convened committee, with job descriptions in accordance with PS57 and positions advertised with information that the department is ANZCA-accredited.</td>
<td>Self-assessment (datasheet). Interview with head of department.</td>
</tr>
<tr>
<td>Trainees appointed using a transparent process as outlined in this handbook.</td>
<td>Trainee Selection</td>
<td>Interviews with head of department, supervisor of training. Confirmation with regional/national committee representative.</td>
</tr>
<tr>
<td>Ensure that trainees are adequately indemnified by the employer for their supervised practice on both public and private patients.</td>
<td></td>
<td>Interviews with head of department, senior hospital management.</td>
</tr>
<tr>
<td>The hospital has a policy on bullying and harassment that pertains to trainees and their supervisors.</td>
<td></td>
<td>Interviews with head of department, senior hospital management.</td>
</tr>
<tr>
<td>Staff administering anaesthesia are suitably qualified.</td>
<td>Credentialling and scope of practice defined for staff as per PS02.</td>
<td>Self-assessment (datasheet). Interview with head of department, senior hospital management.</td>
</tr>
<tr>
<td>The organisation supports the health and wellbeing of its staff.</td>
<td>As per PS49. The organisation has a policy to prevent bullying and harassment.</td>
<td>Self-assessment (datasheet). Interview with head of department, senior hospital management.</td>
</tr>
<tr>
<td>Accreditation criteria</td>
<td>Minimum requirements</td>
<td>How this is assessed</td>
</tr>
<tr>
<td>------------------------------------------------------------</td>
<td>------------------------------------------------------------</td>
<td>------------------------------------------------------------</td>
</tr>
<tr>
<td>The organisation is accredited.</td>
<td>ACHS or HealthCERT (NZ).</td>
<td>Interviews with head of department, senior hospital management.</td>
</tr>
</tbody>
</table>
| The department has a quality assurance program.            | As per PS58  
Quality assurance co-ordinator appointed.  
Trainees involved in quality assurance activities. | Self-assessment (datasheet).  
Interviews with head of department, senior staff, trainees.  
Feedback from trainees. |       |
34.3 ANZCA criteria for duration of accreditation

Departments are accredited for a specific number of weeks for each training period (introductory training, basic training and advanced training) and also for periods of extension of each training period. It should be noted that satellite accreditation is a specific exception, and that time spent at a satellite is included in the maximum time allowable at the partner hospital.

Accreditation duration: principles

1. The duration of accreditation is based on the training opportunities available to trainees at the training site; that is, how much of the training program can be completed in the department.

2. ANZCA also supports the educational principle of exposing trainees to a range of training environments to ensure they can function in the broad range of settings in which specialist anaesthetists work.

3. A further consideration is the capacity of the department to provide approved training for specialised study units, volumes of practice (cases, procedures, time), the ANZCA Roles in Practice and ANZCA Clinical Fundamentals.

Accreditation duration: supervisory roles

1. All departments must have at least one supervisor of training.

2. To be accredited for introductory training, departments must appoint an introductory training tutor.

3. To be accredited for basic training and/or advanced training, departments must appoint appropriate clinical fundamental tutors and specialised study unit supervisors (SSUS) for each specialised study unit offered.

4. To be accredited for 52 weeks or more (not including extended training) departments must appoint a departmental scholar role tutor (DRST).

It should be noted that one Fellow may undertake more than one supervisory role.

Accreditation duration: specialised study units

1. Smaller “general” units should offer one complete specialised study unit, or a greater number of partial specialised study units (with fractions adding up to at least one in total), that each trainee in the department can reasonably expect to complete in 26 weeks.

2. Smaller “specialised” units should offer at least one complete specialised study unit that each trainee in the department can reasonably expect to complete in 26 weeks.

3. General units (for example, regional centres) should offer three complete specialised study units, or a greater number of partial specialised study units (with fractions adding up to at least three in total), that each trainee in the department could reasonably expect to complete in 52 weeks.

4. Larger regional and metropolitan centres should offer six complete specialised study units, or a greater number of partial specialised study units (with fractions adding up to at least six in total), that each trainee in the department can reasonably expect to complete in 104 weeks.
5. Tertiary referral centres should offer 10 complete specialised study units or a greater number of partial specialised study units (with fractions adding up to at least 10 in total) that each trainee in the department can reasonably expect to complete in 156 weeks.

Accreditation duration: provisional fellowship training and anaesthesia-related experience

Additional time can be spent at a hospital during provisional fellowship training or in attachments other than clinical anaesthesia, such as intensive care medicine, emergency medicine, pain medicine, other disciplines related to anaesthesia, or a formal research program, noting that some of these will require the prospective approval of the director of professional affairs (assessor) (via assessor-requests@anzca.edu.au). No trainee may complete more than 208 within the accredited site (as outlined in regulation 37).

34.4 Accredited rotations and process for accreditation

Each ANZCA-accredited department or training site must belong to at least one accredited rotation (AR), and may belong to more than one (regulation 37.11). Facilities such as retrieval medicine services normally belong to all the accredited rotations within the region (state, territory or country).

An accredited rotation is a group of ANZCA-accredited departments and other training sites that together are able to provide trainees with a comprehensive and integrated training experience covering all essential requirements of the training program (regulation 37.11.1). Each accredited rotation is overseen by a rotational supervisor who liaises with the supervisors of training within the rotation and the education officer for the region, monitoring the training delivered and in particular monitoring the progress of all trainees within the training program and their access to all necessary training requirements. Each accredited rotation must provide support for part-time training.

While employment relationships, including appointments, exist only between the employing authority and its trainees, it is a condition of ANZCA accreditation that each department or training site must work cooperatively, via its supervisor of training, with the rotational supervisors to ensure the optimal allocation of training opportunities and resources to all trainees within the accredited rotation (regulation 37.11.3).

Accredited rotations will be accredited and reviewed regularly by the relevant regional or national committee on a five-year cycle, coinciding with the hospital accreditation cycle. Earlier review and intervention may be required if an accredited rotation no longer meets training requirements as specified in regulation 37.11.1.

34.4.1 Process for accreditation of accredited rotations by regional and national committees

Regional and national committees accredit rotations in their region on a five-year cycle according to the criteria outlined above.
35. Accreditation process overview

35.1 Timeline for routine reviews

December (previous year)-February

- Departments and other training sites due for inspection the following year are identified.
- The ANZCA Training and Assessment Unit writes to each department to advise them of the upcoming inspection and the process to be followed.
- In cases where a whole accredited rotation is to be inspected at once, the rotational supervisor is requested to liaise with heads of department regarding suitable dates for the inspection.
- The chair or deputy chair of the Training Accreditation Committee selects inspection teams, taking into account inspector preferences, conflicts of interest, regional representation and inspection experience.

February-April

- A request for completion of the online Training Accreditation Committee data sheet, trainee experience survey and opinions from trainees is sent to each department with a deadline for completion.
- Dates are finalised by negotiation between the ANZCA Training Accreditation Committee administrative officer, departments, rotational supervisors and the inspection team. Every effort should be made to secure a mutually suitable time well in advance of the inspection. This requires the cooperation of the inspectors and departments, as well as efforts by College staff.
  - The department may request specific times for the inspection because of the availability of key staff and trainees, the opening of new facilities or the need for approval by a particular deadline. The head of department and supervisor(s) of training must be available on the day of the inspection.
  - The inspectors may request specific times to fit in with their schedules and should be prepared to give adequate notice of their availability.

35.2 Timeline for ‘out of sequence’ reviews

From time to time, the need for inspections arises outside the timeframe outlined above and these are considered on a case-by-case basis by the chair or deputy chair of Training Accreditation Committee. The same documentation is required for these inspections.

35.3 Accreditation team composition and conflict of interest

The accreditation team is appointed by the chair or deputy chair Training Accreditation Committee and typically consists of:

1. Lead inspectors (one or two), current or former ANZCA councillors or other Fellows who have completed Training Accreditation Committee training (annual workshops on the accreditation process are held by ANZCA) and are experienced at undertaking inspections, so are in a position to lead an inspection team.
2. Team member inspectors (one or two), Fellows who have usually completed Training Accreditation Committee training but have not gained sufficient experience to lead an inspection team. Each team includes at least one representative of the relevant regional or national committee, selected by the relevant committee on request from the Training Accreditation Committee chair or deputy chair.

The terms of reference for Training Accreditation Committee inspectors are available here.

A common practice is for a team of three or four to inspect all hospitals in an accredited rotation over several days, with the entire team inspecting the main department in the accredited rotation, and the team splitting into two to inspect smaller departments within the accredited rotation over subsequent days.

Each team member is selected in line with the ANZCA Conflict of Interest Policy. If a department has concerns about conflict of interest in relation to any team member, this should be raised with the Accreditation administrative officer via email: tac@anzca.edu.au. Such concerns will be considered and a decision (including necessary substitutions) made by the chair or deputy chair of Training Accreditation Committee.
36. Accreditation documentation

36.1 Documentation required prior to an on-site review

Departments must submit all the documents for the inspection at least four weeks prior to the date of the on-site review. This allows sufficient time for briefing files to be compiled so the inspectors can familiarise them with the department’s circumstances. The following documentation is required:

36.1.1 Training Accreditation Committee data sheet

The department undertakes a detailed self-assessment of its performance against the seven ANZCA accreditation standards and associated criteria. This assists the department in understanding its performance and flags areas for further review by the accreditation team during the on-site inspection.

36.1.2 Other documentation to be submitted with the datasheet

- Copies of the following rosters should be attached to the data sheet:
  - Staff deployment including daily work schedules and on-call rosters.
  - Formal teaching and tutorial programs.
  - Departmental continuing medical education programs.
  - Departmental quality assurance programs.
  - Any other programs that demonstrate compliance with the ANZCA accreditation standards.

36.1.3 Trainee experience survey

This seeks trainees’ views of the training experience provided by the department, as required by the seven ANZCA accreditation standards. This may be completed by trainees either individually or as a group and is entered online via the College website. These are confidential to the inspection team and Training Accreditation Committee, and are not shared with the head of department, the supervisor of training and other members of the department.

At the discretion of the accreditation team and using the same accreditation standards, the accreditation team may also seek trainee input from the relevant regional or national trainee committee.

A trainee experience survey may also be requested in other circumstances, for example if concerns have been raised about the training experience in a department as part of regular monitoring processes.

36.1.4 Trainee workload survey

This is completed online by each trainee in the department over a specified four-week period prior to the inspection. Each trainee records the number and type of cases experienced, the level of supervision provided, and any workplace-based assessments that are completed during this time. The survey assists the inspectors to assess how the department is meeting relevant ANZCA accreditation standards.

A trainee workload survey may also be requested in other circumstances, for example if concerns have been raised about the training experience in a department.
36.2 Documentation for application to change existing accreditation arrangements

Applications for changes to existing accreditation arrangements must be accompanied by a completed Training Accreditation Committee datasheet and other departmental data as outlined in section 36. The chair or deputy chair of the Training Accreditation Committee may request additional documentation and an on-site visit is often required.

36.3 Departmental checklist for the on-site accreditation review

The following checklist outlines tasks essential to preparation for an on-site review.

Table 36.1 Departmental checklist for the on-site accreditation review

<table>
<thead>
<tr>
<th>Rostering</th>
<th>✓</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure that the director and the supervisor(s) of training have no clinical responsibilities for the whole day.</td>
<td></td>
</tr>
<tr>
<td>Ensure that as many theatres and other anaesthetising locations as possible have a specialist and a trainee, enabling individuals to attend senior staff and trainee interviews, respectively.</td>
<td></td>
</tr>
<tr>
<td>Ensure that as many trainees as possible are present on the day. For example, it may be possible to schedule the visit to coincide with the day of the week on which trainees have their out-of-theatre teaching session.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Documentation</th>
<th>✓</th>
</tr>
</thead>
<tbody>
<tr>
<td>Divide up the <strong>seven accreditation standards</strong> between staff members and have them thoroughly review the department against these and the <strong>relevant criteria</strong> that underpin them. Include all this information in the documentation submitted to the College.</td>
<td></td>
</tr>
<tr>
<td>Consider a trial run of the <strong>trainee experience survey</strong>. This can assist the department to identify any likely compliance problems, and will stimulate trainee engagement with the accreditation process.</td>
<td></td>
</tr>
<tr>
<td>Trainee cooperation in completing the above can be variable. It is recommended that a specific senior staff member (for example, the supervisor of training) or senior trainee (for example, a provisional fellow) is appointed to follow up and ensure that the required trainee documentation is completed by the documentation submission deadline. Ideally, a particular four-week period should be scheduled for the trainee experience survey, and trainees should be reminded about this. Some hospitals also find it useful to schedule a formal meeting of the trainees to complete the trainee experience survey as a group. Senior staff should not be present at this meeting.</td>
<td></td>
</tr>
<tr>
<td>As time is limited, formal presentations from key senior staff at the on-site inspection are discouraged. The inspectors will direct the content of the day and find it more useful to interview and discuss rather than listen to didactic presentations.</td>
<td></td>
</tr>
</tbody>
</table>

36.4 On-site accreditation review program template

The following is the typical format of the on-site accreditation review. The program will be finalised by the lead inspector and forwarded to the department prior to the inspection.
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1)</strong> Meet with director/head of anaesthesia (90 minutes)</td>
<td>The head of department and supervisor(s) of training should meet the inspectors at the entrance to the hospital. The inspectors’ preferences can be determined by text message in the hours leading up to the inspection. The inspectors will review the inspection objectives and the timetable for the day. This is an opportunity for the director/head of department to provide a brief overview of the department, to identify any areas where the department is experiencing difficulty meeting College accreditation standards, and any issues that he or she thinks the team should raise with the hospital administration (for example, inadequate office space for private meetings with trainees, insufficient clinical support time, insufficient training for assistants to the anaesthetist).</td>
</tr>
<tr>
<td><strong>2)</strong> Meet with hospital administration (30 minutes)</td>
<td>The inspection team, along with the director/head of department, meet with the chief executive officer, senior medical administrator and director of nursing.</td>
</tr>
<tr>
<td><strong>3)</strong> Meet with trainees (up to 60 minutes)</td>
<td>The length of this session is determined by the lead inspector and depends upon the number of trainees and the nature of the inspection (a longer period may be required if significant issues have been identified beforehand or if it is a large department). Anyone who is working in a trainee-like position (for example, trainees from other training programs who are working in the department, other junior staff in a small department) is invited to attend this session. The attendance of those who are not ANZCA trainees is particularly desirable in a department that has only a small number of ANZCA trainees.</td>
</tr>
<tr>
<td><strong>4)</strong> Meet with supervisor(s) of training (30 minutes)</td>
<td>This meeting occurs with the supervisor(s) of training and the inspection team only.</td>
</tr>
<tr>
<td><strong>5)</strong> Lunch (30 minutes)</td>
<td>This is arranged by the department and should usually occur on the hospital site for time efficiency reasons. It is preferable that this involves the inspection team and department members (particularly senior staff), enabling informal discussions.</td>
</tr>
<tr>
<td><strong>6)</strong> Inspect facilities (60-90 minutes)</td>
<td>The duration of this session depends on the size and number of anaesthetising locations (60 minutes for smaller facilities with fewer than four anaesthetising locations apart from theatres; longer if there are more anaesthetising locations) and is determined by the lead inspector.</td>
</tr>
<tr>
<td><strong>7)</strong> Meet with senior staff (30 minutes)</td>
<td>This session is an opportunity for senior staff to provide feedback to the inspection team about the department’s compliance with the ANZCA accreditation standards and criteria. The director and trainees are not present for this session.</td>
</tr>
</tbody>
</table>
8) **Inspection team’s confidential review meeting (30 minutes)**

This is an opportunity for the inspection team to review the information obtained via process of triangulation from the various sources (datasheet, other departmental programs, trainee experience survey, interviews at the on-site accreditation inspection) and to compare them with the ANZCA accreditation standards and criteria for duration of accreditation. As a result of this process, the inspection team develops draft accreditation recommendations.

9) **Review inspection with director and supervisor(s) of training (30 minutes)**

The inspection team will outline their assessment of the performance of the department against College accreditation standards and criteria, and discuss the likely recommendations that the team will make to the Training Accreditation Committee. This is an opportunity for the director/head of department and supervisor(s) of training to provide their responses and feedback, and to clarify issues such as errors of fact or misunderstandings and consider possible steps to address the likely recommendations.

10) **Review visit, draft recommendations and next steps with the hospital administration (30 minutes)**

This meeting is held between the inspection team and the CEO and other senior administration of the hospital to review the visit and findings, outline the likely recommendations that will be made to the Training Accreditation Committee, along with the next steps and timeline for recommendations to be sent from the College to the hospital administration (and copied to the director/head of department and supervisor(s) of training). The department director/head and supervisor(s) of training are requested to also attend this session.
37. Process following the on-site accreditation review

37.1 Consideration of recommendations by the Training Accreditation Committee

- The inspection teams’ report will be considered at the next meeting of the Training Accreditation Committee (held April, August and November each year), unless an issue is identified that requires more urgent consideration (a teleconference will be arranged in this instance). The Training Accreditation Committee may make further amendments to the recommendations, following additional consultation with the inspection team and the department, as necessary.

- Following the Training Accreditation Committee meeting, usually within two weeks, the draft recommendations will be sent to the director/head of department with an invitation to correct any factual inaccuracies within a specified timeframe.

- A letter incorporating the final recommendations will then be sent to the hospital and copied to the director/head of department and the supervisor(s) of training with the outcomes being:

  1. **Unqualified accreditation**, following which a certificate is issued.

  2. **Qualified accreditation** with full accreditation subject to improvements being made in relation to the accreditation standards and specific criteria within a specified timeframe and sometimes subject to a reinspection.

  3. **Accreditation not approved** (for new applications), but feedback given about which ANZCA accreditation standards and criteria are not currently met and what is required for the site to comply. In this situation, once the department self-assesses that it meets all accreditation standards and criteria, it will need to contact the College to apply for accreditation. This will usually involve a reinspection.

  4. **Withdrawal of accreditation**. This can only be approved by the ANZCA Council.

37.2 ANZCA certificate of accreditation

This is provided to the hospital or other training site, once all ANZCA accreditation standards and criteria have been met.
37.3 Compliance reports from the hospital

- For qualified accreditation, ongoing monitoring is undertaken by the Training Accreditation Committee with regular updates requested for each subsequent Training Accreditation Committee meeting (April, August and November each year) and, in some cases, a re-inspection is required.

- Once accreditation standards and criteria have been met, the hospital is granted unqualified accreditation and a certificate issued.

- If it becomes clear that the hospital is struggling to meet the ANZCA accreditation standards and criteria for duration of accreditation, thus impacting upon the quality of training provided, the Training Accreditation Committee will consider whether the duration of accreditation should be reduced or accreditation withdrawn.

37.4 Withdrawal of accreditation

- The College may, in circumstances of inability to comply with ANZCA accreditation standards and criteria, and where this has a significant impact on the quality of training provided, withdraw accreditation from a hospital or other training site.

- Accreditation can only be withdrawn by the ANZCA Council.

- ANZCA is keen to work with hospitals to meet recommendations, and directors/heads of department or other staff members are encouraged to contact the College to discuss any matters of concern.

- Existing ANZCA trainees will not be disadvantaged by any College decisions in relation to accreditation withdrawal.

37.5 Processes of reconsideration, review and appeal

All ANZCA decisions, including those made by the Training Accreditation Committee and the ANZCA Council, are subject to processes of reconsideration and review under regulations 30 followed by appeal under regulation 31.
38. Satellite accreditation

Many training sites choose to enter into partnership arrangements with accredited hospitals (partner hospitals) to meet ANZCA standards for accreditation. Often this is in a situation where a hospital offers valuable opportunities that enhance ANZCA vocational training (for example, experience towards specialised study units, exposure of trainees to private hospital settings, experience in regional anaesthesia). Such facilities should consider entering into a partnership arrangement with a training site that is able to meet all the accreditation standards and applying for satellite accreditation.

Types of satellite arrangements

- Satellite relationships are quite variable: it is up to the hospitals involved to determine what type of arrangement will suit their particular circumstances.
- To ensure consistent training quality, the College assesses the site and its partner hospital against the seven ANZCA accreditation standards.
- Whatever the nature of the relationship, all seven ANZCA accreditation standards must be met in order for accreditation to be granted. However, in the case of a satellite arrangement, some of the standards may be met at the partner hospital.
- Training time spent at the satellite theatres is counted as part of the maximum duration of accreditation allowed at the partner hospital.

Examples of satellite arrangements

1. Co-located private and public hospitals – trainees rotate to the private hospital on a list-by-list basis for subspecialty experience. The supervisor of training is located at the partner hospital.

2. Public non-teaching hospital and major teaching hospital – trainees rotate to the satellite for three months in the first year of training to acquire basic skills in anaesthesia. A supervisor of training is located at the satellite as well as at the partner hospital.

3. Public hospital and major teaching hospital in same metropolitan area – trainees rotate on a day-by-day basis for specific experience in a subspecialty area of practice. The supervisor of training is located at the partner and a specialised study unit supervisor is located at the satellite hospital.

There are many other acceptable arrangements. ANZCA encourages flexibility, provided all seven ANZCA accreditation standards are met.
38.1 Satellites and accreditation standards

The following table outlines the ANZCA accreditation standards for satellite facilities. For further information on the accreditation standards and criteria for duration of accreditation see Table 34.1.

Table 38.1 ANZCA accreditation standards for satellite facilities

<table>
<thead>
<tr>
<th>Standard</th>
<th>Provided by the satellite</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Quality patient care</td>
<td>Must meet this standard.</td>
<td></td>
</tr>
<tr>
<td>2. Clinical experience</td>
<td>Must meet this standard through partner relationship.</td>
<td>Partner must belong to an accredited rotation. Trainees work at the satellite site only when supervised by a senior clinician on-site i.e. level four supervision is not permitted at the satellite site. Rotation to the satellite is usually for a short period only and time spent at the satellite is included in the maximum allowable accredited time that can be spent at the partner hospital.</td>
</tr>
<tr>
<td>3. Supervision</td>
<td>Must meet this standard for supervision of clinical work at all times.</td>
<td></td>
</tr>
<tr>
<td>4. Supervisory roles and assessment</td>
<td>Minimum requirement is that the satellite must contribute towards workplace-based assessment.</td>
<td>Formal supervisory roles usually provided by the partner hospital.</td>
</tr>
<tr>
<td>5. Education and teaching</td>
<td>Satellite must meet the criteria for clinical teaching.</td>
<td>Formal teaching programs may be provided at the partner hospital.</td>
</tr>
<tr>
<td>6. Facilities</td>
<td>Must have a private study space and internet access for access to the training portfolio system.</td>
<td>Other facilities may be provided by the partner hospital.</td>
</tr>
<tr>
<td>7. Clinical governance</td>
<td>Must have Australian Council of Healthcare Standards/ HealthCERT (NZ) accreditation (or equivalent).</td>
<td>For private hospitals, issues of employment, patient consent and indemnity of trainees should be outlined in the accreditation application (see 38.2).</td>
</tr>
</tbody>
</table>

38.2 Additional information for private hospitals seeking accreditation.

Private hospitals may seek accreditation for ANZCA training under independent or satellite arrangements. The same accreditation standards and criteria apply as they would to public hospitals. In addition, the Training Accreditation Committee will seek specific assurances on the following matters:

- Trainees should be salaried in a manner similar to the local prevailing state or national award.

- Any additional indemnification costs for trainees (additional indemnity beyond the standard membership of a medical defence organisation where indemnity is provided by the state or national government) is borne by the employer.

- Arrangements for patient consent are in place so that patients understand that they may be treated by trainees under supervision. This is to obviate the possibility that trainees act simply as observers rather than ‘hands-on’ practitioners.
39. Retrieval service accreditation

39.1 General principles

Retrieval services provide a vital service to the communities they serve and at the same time offer a unique training opportunity to trainees in anaesthesia, intensive care medicine, emergency medicine and surgery. To be accredited for vocational training in anaesthesia, retrieval services must undergo an accreditation visit. This is organised by the administrative officer for the Training Accreditation Committee (via tac@anzca.edu.au). The requirements for accreditation are outlined below.

- An accredited retrieval service is one that has been accredited by the College as appropriate to offer vocational training to trainees in anaesthesia.

- The time spent working with the retrieval service will form part of the trainee’s other clinical time (as per regulation 37.5.5.3.10). The total time allowable will be no more than 26 weeks and no less than 12 weeks. This does not apply if the trainee is working as a provisional Fellow (having been prospectively approved by the director of professional affairs (assessor) as per regulation 37).

- While it is desirable that retrieval services are part of one or more accredited rotations, it is not mandatory for accreditation.

- Retrieval services will be accredited only for advanced training and the provisional fellowship program (as per regulation 37). This recognises the complex nature of retrieval missions.

These requirements are principally aimed at stand-alone retrieval services seeking accreditation for vocational training in anaesthesia. ANZCA recognises that trainees undertaking clinical placements in clinical anaesthesia or intensive care medicine may participate in retrieval work during their attachment, throughout the 24 hour period. The principles of orientation, supervision of retrieval work, seniority of the trainee and retrieval training detailed in this document must be maintained. Trainees undertaking a clinical anaesthesia or intensive care medicine attachment should not spend more than 10 per cent of their rostered and on-call time undertaking retrieval work (regulation 37).

39.2 The service

The accredited retrieval service must be under the direction of a suitably qualified specialist who is responsible for the organisation, teaching, quality assurance and operational requirements of the service and who holds a specialist qualification acceptable to the College.

Trainees may be full or part-time, but their work must include both elective and acute/emergency clinical work. Part-time work is subject to the requirements as outlined elsewhere in the handbook (section 11.3) and regulation 37.5.5.9.

As a pre-requisite, trainees must have a current Advanced Trauma Life Support (ATLS) or Early Management of Severe Trauma (EMST) certificate or have completed the advanced training requirements (including assessments) for the resuscitation, trauma and crisis management clinical fundamental (see curriculum).

When a service appoints specialist retrieval medical staff, it should seek the advice of a properly constituted committee capable of evaluating the applicants. College nominees for appointments committees may only assist with advice on the qualifications of applicants (refer
College professional document *PS44 Guidelines to Fellows Acting on Appointments Committees for Senior Staff in Anaesthesia*).

The service must nominate a supervisor of training in anaesthesia, who is appointed according to College processes and undertake duties as required by the College (refer section 21). The supervisor of training will preferably hold FANZCA, or if not, another specialist qualification acceptable to the ANZCA Council. The supervisor shall not be the head/director of the department or administratively responsible for its functioning unless the circumstances are exceptional.

The service must agree to notify the Training Accreditation Committee via the supervisor of training of any changes that might affect training. Importance is placed on changes such as alterations in workload and increases and decreases in the number of senior medical staff. This is particularly important if it affects supervision.

The service must agree to inspection by representatives of the College.

Posts in retrieval services accredited for training by the College must be advertised with that accreditation being noted.

The service must have:

- A minimum of one specialist who holds FANZCA.
- Sufficient specialist staff to provide supervision for all trainees in accordance with requirements as outlined in this handbook. ANZCA recognises that, due to the nature of retrieval work, the supervisor may not be present in person and may have limited ability to attend to assist the trainee at short notice. Clear departmental processes, including trainee assessment, must be in place to ensure that trainees are not exposed to situations that are beyond their level of expertise. Trainees should be sent on retrievals alone only when they are deemed by their supervisors to be able to cope with remote supervision.
- A formal structured orientation/induction program for trainees, including occupational health and safety, the fundamentals of aviation medicine and safety around aircraft (fixed-wing and rotary).
- Adequate secretarial staff as outlined in this handbook.
- Adequate office space for specialists and trainees.
- Suitable study facilities for trainees.
- Access to a suitable conference room for quality assurance, clinical review and educational activities.
- Regular programs of quality assurance, teaching and continuing medical education (College professional document *PS58*).
- Appropriate data collection processes for ongoing audit and research.
- Ready access to appropriate computer facilities for specialists and trainees.
- Appropriate living accommodation if the on-duty medical team is required to be on-site continuously.
- Access for trainees to appropriate library facilities with information sources appropriate to anaesthesia and retrieval medicine.
39.3 Minimum standards for transport of critically ill patients

In addition to the requirements listed above, the service must comply with all aspects of College professional document *PS52 Minimum Standards for Transport of Critically Ill Patients*. This applies to all retrieval services whether they are stand-alone or incorporated into a clinical anaesthesia or intensive care medicine attachment. Further, the retrieval service must comply with all relevant College professional documents, as well as Australian and New Zealand standards.
40. Accreditation of diving and hyperbaric medicine facilities

40.1 Overview and general principles

The ANZCA New Programs Committee (refer here for further information) is responsible for organising the inspection of facilities seeking accreditation for diving and hyperbaric medicine training. The New Programs Committee grants approval and advises ANZCA Council. The relevant administration officer in the ANZCA Accreditation Unit provides administrative support and can be contacted at tac@anzca.edu.au.

A training facility for diving and hyperbaric medicine is one that has been accredited by the College as appropriate to offer positions to anaesthesia trainees or diving and hyperbaric medicine trainees who are registered as such with the College.

40.2 The recognised diving and hyperbaric medicine training program

2.1 A training program may involve a rotation between one or more facilities such that the program can provide an appropriate range of experience of diving and hyperbaric medicine.

2.2 For a single facility to satisfy the experience requirements of trainees, each trainee must be exposed to more than one diving and hyperbaric medicine physician who meets Australian standard AS 4774.2-2002 Work in compressed air and hyperbaric facilities - Hyperbaric oxygen facilities.

2.3 Facilities recognised for training must have an annual caseload of at least 20 patients with diving injuries and at least 40 with non-diving injuries.

2.4 The New Programs Committee will review training programs at seven-year intervals. Hyperbaric units will be inspected on behalf of the New Programs Committee, who will accredit them if appropriate. Removal of accreditation requires the approval of the ANZCA Council.

40.3 The facility

3.1 The recognised facility must be under the direction of a senior qualified diving and hyperbaric medicine specialist who is responsible for the organisation, teaching and service requirements of that facility.

3.2 Trainees may be full or part-time but their work must include both elective and acute/emergency clinical duties. Part-time work is supported by the College and subject to the requirements of College regulation 37.5.5.9 and this handbook (refer section 11.3).

3.3 There must be adequate supervision of trainees by specialist diving and hyperbaric medicine medical staff who hold the College certificate or another qualification acceptable to ANZCA Council. Specialist diving and hyperbaric medicine medical staff must be familiar with the College’s training program.

3.4 When a facility appoints specialist diving and hyperbaric medicine staff, it should seek the advice of a properly constituted committee capable of evaluating the applicants. College nominees for appointments committees may only assist with advice on the qualifications of applicants.
3.5 A supervisor of training in diving and hyperbaric medicine may be appointed by the facility on the advice of the director of diving and hyperbaric medicine. This appointment follows the usual process for appointment of supervisors of training (see section 21).

3.6 The diving and hyperbaric medicine unit must agree to inspection by representatives of the College.

3.7 Posts in facilities accredited for training in diving and hyperbaric medicine by the College must be advertised with that accreditation being noted.

3.8 The facility must agree to notify the New Programs Committee (through the director or supervisor of training) of any changes that might affect training. Importance is placed on changes such as alterations in workload and increases or decreases in the number of senior staff working in the department.

3.9 The diving and hyperbaric medicine unit must have:

3.9.1 A minimum of one full-time equivalent diving and hyperbaric medicine specialist with qualifications acceptable to ANZCA Council.

3.9.2 At least 0.5 full-time equivalent diving and hyperbaric medicine specialist for each trainee.

3.9.3 Timely access to appropriate diagnostic equipment including but not limited to:

- Audiometry, tympanometry, transcutaneous oxygen analysis, digital photography and printer, respiratory function testing facilities.

3.9.4 Adequate secretarial staff. Most departments will require at least one full-time secretary/receptionist.

3.9.5 Adequate office space for the specialists.

3.9.6 A quiet place for trainees to study.

3.9.7 Access to a suitable conference room for quality assurance, clinical review and educational activities.

3.9.8 Regular programs of quality assurance and teaching appropriate to the size of the department.

3.9.9 Adequate library facilities with appropriate information sources.

3.9.10 Access to appropriate computer facilities.

3.9.11 Access to clinical support services appropriate to the role of the hospital.

3.9.12 Diving and hyperbaric medicine specialists participating in a continuing professional development program such as that provided by ANZCA or an equivalent.

3.9.13 An active research program.

3.10 In addition to matters noted above, the hospital and department will take note of and comply with all relevant College professional documents, available here, and relevant Australian and New Zealand standards.
41. Accreditation of simulation centres for delivery of the Effective Management of Anaesthetic Crises (EMAC) course

This section was removed in January 2017. Refer to the EMAC Course webpage or contact the ANZCA Education Unit for information regarding the EMAC Course or accreditation of centres to deliver the course.
42. Who to contact for information and advice

Trainees with queries relating to the training program should contact the relevant College unit via the email addresses listed below.

Table 42.1 Contact details

<table>
<thead>
<tr>
<th>Issue</th>
<th>Contact</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANZCA supervisor appointments</td>
<td>Supervisor of training email</td>
<td><a href="mailto:training@anzca.edu.au">training@anzca.edu.au</a></td>
</tr>
<tr>
<td>Assessment Issues</td>
<td>Training and Assessments</td>
<td><a href="mailto:training@anzca.edu.au">training@anzca.edu.au</a></td>
</tr>
<tr>
<td>CPD for provisional fellowship training</td>
<td>CPD Unit</td>
<td><a href="mailto:cpd@anzca.edu.au">cpd@anzca.edu.au</a></td>
</tr>
<tr>
<td>Curriculum</td>
<td>Education Unit</td>
<td><a href="mailto:education@anzca.edu.au">education@anzca.edu.au</a></td>
</tr>
<tr>
<td>Director of Professional Affairs (Assessor)</td>
<td></td>
<td><a href="mailto:assocessor-requests@anzca.edu.au">assocessor-requests@anzca.edu.au</a></td>
</tr>
<tr>
<td>Diving and hyperbaric medicine</td>
<td>Accreditation Unit</td>
<td><a href="mailto:tac@anzca.edu.au">tac@anzca.edu.au</a></td>
</tr>
<tr>
<td>EMAC</td>
<td>Training and Assessments</td>
<td><a href="mailto:tac@anzca.edu.au">tac@anzca.edu.au</a></td>
</tr>
<tr>
<td>Exams</td>
<td>Training and Assessments</td>
<td><a href="mailto:primaryexam@anzca.edu.au">primaryexam@anzca.edu.au</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:finalexam@anzca.edu.au">finalexam@anzca.edu.au</a></td>
</tr>
<tr>
<td>Hospital accreditation</td>
<td>Accreditation Unit</td>
<td><a href="mailto:tac@anzca.edu.au">tac@anzca.edu.au</a></td>
</tr>
<tr>
<td>International medical graduate specialist examination</td>
<td>Accreditation Unit</td>
<td><a href="mailto:finalexam@anzca.edu.au">finalexam@anzca.edu.au</a></td>
</tr>
<tr>
<td>Regulations</td>
<td>Training and Assessments</td>
<td><a href="mailto:training@anzca.edu.au">training@anzca.edu.au</a></td>
</tr>
<tr>
<td>Special requests</td>
<td>Training and Assessments</td>
<td><a href="mailto:assocessor-requests@anzca.edu.au">assocessor-requests@anzca.edu.au</a></td>
</tr>
<tr>
<td>Educator courses/workshops</td>
<td>Education Unit</td>
<td><a href="mailto:education@anzca.edu.au">education@anzca.edu.au</a></td>
</tr>
<tr>
<td>Trainee transition</td>
<td>Training and Assessments</td>
<td><a href="mailto:training@anzca.edu.au">training@anzca.edu.au</a></td>
</tr>
<tr>
<td>Training portfolio system (TPS) access and technical issues</td>
<td>Training and Assessments</td>
<td><a href="mailto:training@anzca.edu.au">training@anzca.edu.au</a></td>
</tr>
<tr>
<td>Training registration, fees and other general training</td>
<td>Training and Assessments</td>
<td><a href="mailto:training@anzca.edu.au">training@anzca.edu.au</a></td>
</tr>
<tr>
<td>queries</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Trainees requiring an assessment or special consideration should direct queries to the director of professional affairs (assessor) via the Training and Assessments team at the College. General queries or feedback relating to the training program should be directed to the ANZCA chief executive officer via ceoanzca@anzca.edu.au.

43. Handbook review process and feedback

This handbook is subject to annual review, however feedback is welcome at any time. Comments should be directed to education@anzca.edu.au.

44. Academic honesty and plagiarism

Intentional academic dishonesty will not be tolerated. Substantiated academic dishonesty will trigger a trainee performance review as per regulation 37.14.3.3.

The College Academic Integrity Policy applies to all trainees and Fellows. The policy outlines the expectations of the College and procedures for investigating and managing academic misconduct.

The Academic Integrity Policy is available via the ANZCA website.

45. Disclaimer

As specified in regulation 37.19, any decision, approval, consent, or the exercise of any discretion, by the ANZCA Council or other committee or authority under regulation 37 will be considered on a case-by-case basis, having regard to the particular circumstances of each case. Notwithstanding regulation 37, ANZCA Council may exercise or dispense other decisions after consideration of relevant circumstances. 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 37.
46. Educational reference guide


Changing Minds: http://changingminds.org/techniques/listening/active_listening.htm

Cox J, King J, Hutchinson A. Editors. Understanding Doctors’ Performance


Medical Board of Australia (n.d.) [online] Available:

Medical Council of New Zealand (n.d.) [online] Available:

Principles of natural justice:


The Welfare of Anaesthetists Special Interest Group Resource Documents contain information about a number of the issues noted in this document and are available on the College website (www.anzca.edu.au)


## Version control register for previous versions

<table>
<thead>
<tr>
<th>Version</th>
<th>Author</th>
<th>Approved by</th>
<th>Approval Date</th>
<th>Sections Modified</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>Policy Unit, TE-DDG</td>
<td>ETC, Council</td>
<td>August 18, 2012</td>
<td>n/a</td>
</tr>
</tbody>
</table>
| 1.2     | Policy Unit | Council | November 10, 2012 | 2.1 Sessions  
2.6.4 Training periods  
7.6.2 Primary examination  
8.3.3 ALS courses  
10. Privacy TPS  
19.3 Supervisory roles  
23.2, 24.3 Clinical fundamental tutor  
27.1 WBA assessors  
App 3 Checklist  
App 4 Transitioning ATY2 and other |
<table>
<thead>
<tr>
<th>1.3</th>
<th>Education Unit Dean of Education</th>
<th>Dean of Education</th>
<th>November 2013</th>
<th><a href="mailto:traineetransition@anzca.edu.au">traineetransition@anzca.edu.au</a> and <a href="mailto:records@anzca.edu.au">records@anzca.edu.au</a> email addresses replaced with <a href="mailto:training@anzca.edu.au">training@anzca.edu.au</a></th>
</tr>
</thead>
</table>

Section 1.3.7 subsumed into section 1.3.6 and that section updated to clarify the roles of the Training and Assessments Unit and Records Management Unit.

Table 2.1 updated to correct the amount of clinical anaesthesia time that must be completed during the combination of introductory training, basic training and advanced training and to indicate that the total minimum CAT required is combined across the three training periods.

Section 2.6.3 updated to clarify the requirements around the volume of practice for care of the newborn following delivery, for the Obstetric anaesthesia and analgesia specialised study unit.

Sections 2.6.4.1 and 22.1 amended to clarify that trainees will develop the ability to manage low-risk cases of low complexity by the end of introductory training, with level three or four supervision.

Section 2.8.1 updated to clarify the following:

- That the volume of requirements set refers to the minimum that must be obtained and that where a trainee is unable to meet the required volume of practice, their supervisor of training may apply to the DPA assessor for dispensation from the requirement to complete specific outstanding volume of practice.
- The circumstances under which trainees can and are permitted to count different aspects of one case toward one or more volume of practice requirements.
<table>
<thead>
<tr>
<th>Version</th>
<th>Author</th>
<th>Approved by</th>
<th>Approval Date</th>
<th>Sections Modified</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.3</td>
<td>Education Unit</td>
<td>Dean of Education</td>
<td>November 2013</td>
<td>Section 2.8.2.2 updated to clarify the minimum required time in intensive care medicine and the requirements around time spent in neonatal intensive care.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Section four updated to describe the College fee structure in greater detail.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Section five updated with regard to recognition of prior learning</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Table 7.1 updated to include ‘Specialised study unit review’ in the far left column and ‘Specialised study unit review questions’ in the far right column under the Specialised study unit review section.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Section 7.3.3 updated to provide further clarity regarding the process for completing the specialised study unit review (SSUR) questions and the SSUR for intensive care, including a link to further information.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Section 7.3.2 updated with regard to the frequency of interim clinical placement reviews.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Section 7.4 updated to include a link to the training portfolio system user guide for supervisors of training, with regard to adjusting targets for workplace-based assessment.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Section 7.4.2 updated to clarify that the minimum workplace-based assessment (WBA) requirements relate to those that must be performed at the expected level, rather than at or above the expected level and also that trainees must continue to meet the WBA run rate even after they have completed the minimum required assessments for the current training period. It also includes new information on the WBA run rate and repeating WBA.</td>
</tr>
<tr>
<td>Version</td>
<td>Author</td>
<td>Approved by</td>
<td>Approval Date</td>
<td>Sections Modified</td>
</tr>
<tr>
<td>---------</td>
<td>--------</td>
<td>-------------</td>
<td>---------------</td>
<td>-------------------</td>
</tr>
</tbody>
</table>
| 1.3     | Education Unit Dean of Education | Dean of Education | November 2013 | Section 7.4.4 updated to include suggested timing for completion of the multi-source feedback assessment  
Sections 8.3.1 and 8.3.3 updated to clarify that trainees can seek exemption from completing the advanced life support course in the same training period during which they complete the EMAC course.  
Table 10.1 updated to emphasise the importance of recording cases and procedures in the training portfolio system (TPS), in particular within four weeks of completing each placement; and to clarify that supervisors of training enter confirmation of the date of completion of the initial assessment of anaesthetic competence in the TPS.  
Section 10.4 updated to clarify which role holders do not require access to the TPS.  
Section 11.4 updated with regard to the requirements around overseas training and the minimum training time that must be spent in approved vocational training in Australia and New Zealand.  
Section 11.5 updated to clarify the requirements regarding interrupted training. Content from section 11.5.3 subsumed into section 11.5.1.  
Sections 13.3.5 and 15.2 updated to clarify that trainees undertaking the trainee experiencing difficulty process would normally be required to successfully complete this process prior to being admitted to Fellowship.  
Section 16 updated to clarify the reconsideration, review and appeal process. |
<table>
<thead>
<tr>
<th>Version</th>
<th>Author</th>
<th>Approved by</th>
<th>Approval Date</th>
<th>Sections Modified</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.3</td>
<td>Education Unit Dean of Education</td>
<td>Dean of Education</td>
<td>November 2013</td>
<td>Table 21.1 updated to confirm that supervisors of training also provide oversight to trainees on overseas placements. Sections 22.3, 23.3, 24.3, 25.3 and 26.3 updated to remove reference to the head/director or deputy head/director of a department being unable to fulfil the role(s) of introductory training tutor, clinical fundamental tutor, specialised study unit supervisor, departmental scholar role tutor and provisional fellowship supervisor. Section 29.3 updated to clarify that in some regions it may be necessary or appropriate for the head/director or deputy head/director to fulfil the role of education officer Appendices two and three updated to include instructions for supervisors of training with regard to the trainee in difficulty process and submission of the forms to the education officer and the College. Appendix four updated to clarify the transition arrangements for the scholar role activities and volume of practice. The appendix now includes an explanatory table setting out the requirements for each group of transitioned trainees, based on their formal project completion status. Section 42 updated with the relevant contact details for different inquiry types.</td>
</tr>
<tr>
<td>Version</td>
<td>Author</td>
<td>Approved by</td>
<td>Approval Date</td>
<td>Sections Modified</td>
</tr>
<tr>
<td>---------</td>
<td>--------</td>
<td>-------------</td>
<td>---------------</td>
<td>-------------------</td>
</tr>
</tbody>
</table>
| 1.4     | Education Unit ETADC | ETADC |              | Section 7.4.2 updated to provide guidance on the workplace-based assessment (WBA) run rate  
Section 7.3.1 updated to clarify the purpose of the initial assessment of anaesthetic competence (IAAC)  
Section 7.5 updated to reflect the scholar role activity requirements including applications, evaluation and exemptions.  
Section 7.6.6.1 updated to confirm communication of exam results and that the exam remediation interview will be conducted by the Education officer (EO) for the region.  
Section 44 updated to include reference to the Academic Integrity Policy, approved in February 2014.  
Section 8.3.3 updated to include specific guidance on advanced life support (ALS) course content  
Sections 14.2 to 14.5 updated to reflect the role of the TPR Subcommittee in the trainee performance review process.  
Section 44 updated to include reference to the Academic Integrity Policy, approved in February 2014. |
<table>
<thead>
<tr>
<th>Version</th>
<th>Author</th>
<th>Approved by</th>
<th>Approval Date</th>
<th>Sections Modified</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.4</td>
<td>Education Unit ETAEC</td>
<td>ETAEC</td>
<td>Sept 2015</td>
<td>Section 2.8.2.2. Changes to time in ICU training to be for a continuous time period and also in a limited or unlimited training unit. Section 19.3 Acceptable supervisors of ANZCA trainees' clinical experience-criteria (b) and (c) updated re IMGS as supervisors.</td>
</tr>
<tr>
<td>1.4</td>
<td>PEX Subcommittee ETAEC</td>
<td>ETAEC</td>
<td>November 2015</td>
<td>Changes to primary examination requirements.</td>
</tr>
<tr>
<td>1.4</td>
<td>Education Unit ETAEC</td>
<td>Education Unit</td>
<td>December 2015</td>
<td>References to Education committees and resources updated to reflect any revised name changes</td>
</tr>
<tr>
<td>1.4</td>
<td>Education Unit Council</td>
<td>Council</td>
<td>December 2015</td>
<td>Updates to payment deadlines.</td>
</tr>
<tr>
<td>1.4</td>
<td>Training Assessment Unit ETAEC</td>
<td>Council</td>
<td>December 2015</td>
<td>Section 7.6.6.1 Updates to remediation interviews.</td>
</tr>
<tr>
<td>1.5</td>
<td>PESC ETAEC</td>
<td>June 2016</td>
<td></td>
<td>Section 7.6.2: changes to weighting of sections of the primary examination. Section 7.6.6: update to examination results process.</td>
</tr>
<tr>
<td>Version</td>
<td>Author</td>
<td>Approved by</td>
<td>Approval Date</td>
<td>Sections Modified</td>
</tr>
<tr>
<td>---------</td>
<td>--------</td>
<td>-------------</td>
<td>---------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>1.5</td>
<td>Training Assessment unit</td>
<td>ETAEC</td>
<td>August 2016</td>
<td>Diagram 2.1 and section 2.6.4: update to scholar role requirements in training periods. Section 5: update to RPL for scholar role activities. Section 7.5: update to scholar role activities and evaluations. Section 8.3.4 added Can’t Intubate Can’t Oxygenate (CICO) education sessions. Section 8.3.5 added to include specific guidance on paediatric life support education sessions. Section 8.3.6 added to include specific guidance on neonatal resuscitation education sessions. Sections 11.5.2 and 11.6: update to scholar role activities that can be undertaken during interrupted training. Section 25: update to departmental scholar role tutor role. Sections 33.1 and 34.3 updates to training site accreditation details in accordance with update to regulations 37.10.5.1 and 37.10.5.2.</td>
</tr>
<tr>
<td>1.5</td>
<td>FESC</td>
<td>ETAEC</td>
<td>October 2016</td>
<td>Section 7.6.3: change to final examination marking criteria.</td>
</tr>
<tr>
<td>1.5</td>
<td>Training Assessment unit</td>
<td>ETAEC</td>
<td>December 2016</td>
<td>Section 7.5: update to scholar role: exemptions and recognition of prior learning.</td>
</tr>
<tr>
<td>1.5</td>
<td>TAC</td>
<td>ETAEC</td>
<td>December 2016</td>
<td>Sections 33 and 34: update to five-year accreditation cycle (approved by Council in April 2016).</td>
</tr>
<tr>
<td>1.5</td>
<td>Education unit</td>
<td>EMAC Course Subcommittee</td>
<td>January 2017</td>
<td>Section 41 removed</td>
</tr>
<tr>
<td>Version</td>
<td>Author</td>
<td>Approved by</td>
<td>Approval Date</td>
<td>Sections Modified</td>
</tr>
<tr>
<td>---------</td>
<td>--------</td>
<td>-------------</td>
<td>---------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>1.5</td>
<td>Training Assessment unit</td>
<td>ETAEC</td>
<td>February 2017</td>
<td>Section 21.3: update to SOT selection criteria to include provision for deputy directors of anaesthesia.</td>
</tr>
<tr>
<td>1.5</td>
<td>Training Assessment unit</td>
<td>Training Assessment unit</td>
<td>March 2017</td>
<td>Section 4: change in terminology from “scholarship” to “bursary”.</td>
</tr>
<tr>
<td>1.5</td>
<td>Training Assessment unit</td>
<td>ETAEC</td>
<td>April 2017</td>
<td>Section 2.8.2.2: change to CICM terminology.</td>
</tr>
<tr>
<td>1.5</td>
<td>Training Assessment unit</td>
<td>ETAEC</td>
<td>July 2017</td>
<td>Section 2.9.2: update to registration requirements Section 7.6.6.1: update to remediation interview information.</td>
</tr>
</tbody>
</table>