ANZCA Handbook for Training

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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

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

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

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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 (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.
- The ANZCA handbook for accreditation, available here.
- Other relevant regulations (for example regulations 30, 31), available here.
- Training resources (such as podcasts, available here).
- Training 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 the accreditation of anaesthesia departments and other training sites for ANZCA vocational training. Information about accreditation of departments and other training sites is located in the ANZCA handbook for accreditation.

The handbook does not cover processes for specialist international medical graduate (SIMG) seeking eligibility for fellowship of the College. The SIMG 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 (asseror) and deputy director of professional affairs (assesor) 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 Executive Management Committee (EEMC)

The Education Executive Management 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 EEMC also oversees the Trainee Bursary Evaluation Subcommittee.

For more information refer to the EEMC terms of reference.

1.3.3 Education, Training and Assessment Strategy Committee (ETASC)

This section was removed in March 2018.

1.3.4 Education, Training and Assessment Management Committee (ETAMC)

This section was removed in March 2018.

1.3.5 Education Development & Evaluation Committee (EDEC)

The Education Development & Evaluation Committee reports to the Education Executive Management 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 EDEC terms of reference.

1.3.6 Training Accreditation Committee
The Training Accreditation Committee provides advice to the Education Executive 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 Executive 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 Executive Management Committee and the Director 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:

1. Curricula for ANZCA’s education, training and professional development programs
2. 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:

1. Discussion papers, business cases, education development project proposals and plans to ANZCA’s Council, committees and working groups
2. 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 Executive 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 34](#)).

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.
### Diagram 2.1 Summary of training program

<table>
<thead>
<tr>
<th>Training period</th>
<th>Timeline</th>
<th>Conditions for completion</th>
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<tbody>
<tr>
<td>Introductory training (IT)</td>
<td>26 weeks required</td>
<td>• Application and registration process for access to TPS</td>
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<tr>
<td></td>
<td>*Max 52 weeks</td>
<td>• 26 weeks of training</td>
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<td>• Initial assessment of anaesthetic competence (IAAC)</td>
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<td>• Volume of practice requirements for IT</td>
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<td>• Workplace-based assessment requirements for IT</td>
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<td>• An advanced life support course or equivalent</td>
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<td>• All administrative requirements</td>
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<tr>
<td>Basic training (BT)</td>
<td>78 weeks required</td>
<td>• 78 weeks of training</td>
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<td></td>
<td>*Max 182 weeks</td>
<td>• Volume of practice requirements for BT</td>
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<td></td>
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<td>• Workplace-based assessment requirements for BT</td>
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<td>• The primary examination</td>
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<td>• Any two of the five required scholar role activities</td>
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<td>• Clinical placement reviews</td>
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<td>• A core unit review</td>
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<td>• All administrative requirements</td>
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<tr>
<td>Advanced training (AT)</td>
<td>104 weeks required</td>
<td>• 104 weeks training</td>
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<td></td>
<td>*Max 260 weeks</td>
<td>• Volume of practice requirements for AT</td>
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<td>• Workplace-based assessment requirements for AT</td>
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<td>• An advanced life support course or equivalent</td>
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<td>• An EMST course, if the volume of practice has not been completed for the resuscitation,</td>
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<td>crisis management and trauma clinical fundamental</td>
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<td>• The final examination</td>
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<td>• All remaining scholar role activities</td>
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<td>• An approved study plan for the provisional fellowship training</td>
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<td></td>
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<td>• Clinical placement reviews</td>
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<td>• A core unit review</td>
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<td>• All administrative requirements</td>
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<td>*Max 104 weeks</td>
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<td></td>
<td></td>
<td>• Workplace-based assessment requirements for PFT</td>
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<td></td>
<td></td>
<td>• Participation in the ANZCA Continuing Professional Development (CPD) program</td>
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<td>• Scholar role meetings</td>
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<td>• Clinical placement reviews</td>
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<td>• A provisional fellowship review</td>
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<td>• All administrative requirements</td>
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<td>• To complete training and be eligible for Fellowship, a trainee must complete the</td>
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<td></td>
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<td>following:</td>
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<tr>
<td></td>
<td></td>
<td>• Emergency Management of Anaesthetic Crises (EMAC) course</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• All scholar role activity requirements</td>
</tr>
<tr>
<td>Award of FANZCA by training</td>
<td></td>
<td>* The maximum total permitted time to which training can be extended.</td>
</tr>
</tbody>
</table>

* 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 (assessee), 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 (assessee-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
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 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 units. The clinical fundamentals also thread through the specialised study units where their application in a specific context is expressed.

**Spiral learning** – Areas of learning within the ANZCA Clinical Fundamentals that are introduced during the early months of training are revisited in basic training and advanced training. Learning outcomes are described across the clinical fundamentals reflecting the trainee’s evolving application of knowledge, skills and behaviours as they progress through training. Linking new ideas to already known concepts and principles leads to the development of expertise and the ability to problem solve in unfamiliar contexts later on.
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.
- Thoracic surgery.
- Vascular surgery and interventional radiology.

Experience in these study units can be accumulated from the beginning of training and is undertaken concurrently with the core 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 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 the 52 weeks prior to the completion of 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.

Clinical anaesthesia time may include preadmission clinic, acute pain, and perioperative medicine. Time spent in retrieval medicine, pain clinic work, allergy clinic, clinical support time, administration sessions and intensive care sessions should be recorded as other clinical time. Other clinical time in excess of one week will not accrue towards the 26 weeks training time required for IT.

* 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
should record this time in the training portfolio system and get it confirmed by the supervisor of training. Prior to the completion of the IT core unit review, the college should be notified, so appropriate adjustments can be made in TPS.

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 (CPR) (at least every 26 weeks 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 16.2 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 37.5.8.4 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 unit and specialised study unit in the revised curriculum. Within the core 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 phase</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>CAT (incl. PM/RRH)</td>
<td>22 weeks</td>
<td>66 weeks</td>
<td>138 weeks</td>
<td>Minimum 10 weeks clinical time</td>
</tr>
<tr>
<td>PM or RM</td>
<td>13 weeks</td>
<td></td>
<td></td>
<td>4 weeks clinical support time</td>
</tr>
<tr>
<td>OCT (incl. requirement for int. 11 weeks ICH)</td>
<td>1 week</td>
<td>10 weeks</td>
<td>35 weeks</td>
<td>Maximum time permitted excluding leave</td>
</tr>
<tr>
<td>Leave</td>
<td>3 weeks</td>
<td>16 weeks</td>
<td>16 weeks</td>
<td>Maximum time permitted</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>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>
<tr>
<td>Basic training</td>
<td>Total training time</td>
<td>A minimum of 78 weeks.</td>
</tr>
<tr>
<td></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></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></td>
<td>Leave</td>
<td>Up to 16 weeks.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>This includes the leave undertaken during introductory training.</td>
</tr>
<tr>
<td></td>
<td>Total training time</td>
<td>A minimum of 104 weeks.</td>
</tr>
</tbody>
</table>
## Training period

<table>
<thead>
<tr>
<th>Component of training</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Advanced training</strong></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>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other clinical time</th>
<th>Up to a maximum of 38 weeks.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• This includes the other clinical time undertaken during introductory training and basic training.</td>
<td></td>
</tr>
<tr>
<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>
<td></td>
</tr>
<tr>
<td>• The optional 27 weeks may be undertaken in intensive care medicine or another anaesthesia-related speciality.</td>
<td></td>
</tr>
<tr>
<td>• Additional other clinical time may be undertaken during advanced training at the expense of some leave.</td>
<td></td>
</tr>
</tbody>
</table>

### Leave

Up to 16 weeks.

### Provisional fellowship training

<table>
<thead>
<tr>
<th>Total training time</th>
<th>A minimum of 52 weeks.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical anaesthesia time</strong></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><strong>Other clinical time</strong></td>
<td>This can focus, either as a whole or in part, on:</td>
</tr>
<tr>
<td>• An ANZCA Role in Practice.</td>
<td></td>
</tr>
<tr>
<td>• A clinical fundamental.</td>
<td></td>
</tr>
<tr>
<td>• A specialised study unit.</td>
<td></td>
</tr>
<tr>
<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>
<td></td>
</tr>
</tbody>
</table>

### Leave

Up to eight weeks.

---

*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.
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. 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 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 should record this time in the training portfolio system and get it confirmed by the supervisor of training at the time of completion of the IT core unit review.

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></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Application</strong></td>
<td>Registration</td>
</tr>
<tr>
<td>Be a registered medical practitioner.</td>
<td>Be a registered medical practitioner.</td>
</tr>
<tr>
<td>Have completed at least 52 weeks prevocational medical education and training.</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 application 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></td>
<td>Complete registration process including relevant documentation and fees.</td>
</tr>
<tr>
<td></td>
<td>Registration must be completed no more than four weeks after commencement in a training post.</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 <a href="#">ANZCA registration form</a>.</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 <a href="#">ANZCA Training Agreement</a> that authorises the College to access and retain all information necessary for training purposes.</td>
</tr>
<tr>
<td>A signed <a href="#">agreement</a> 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.


### 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 14).

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, they are 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 they 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 them 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>
<thead>
<tr>
<th>ANZCA Role in Practice</th>
<th>Examples of selection criteria</th>
</tr>
</thead>
</table>
| Medical expert – knowledge, skills and attitudes required to perform as an anaesthetist. | 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. |
| Communicator – communicating with staff, patients and families. | 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. |
| Collaborator – working within a healthcare team.            | 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 inter-personal conflict. |
| Manager and leader – management of self, healthcare team and system. | 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. |
### ANZCA Role in Practice

<table>
<thead>
<tr>
<th>ANZCA Role in Practice</th>
<th>Examples of selection criteria</th>
</tr>
</thead>
<tbody>
<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 wellbeing 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. \nHave 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 their professional career. \nHave 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, they 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 their invoice for the subscription and entrance fee. For example, trainees who paid 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

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

<table>
<thead>
<tr>
<th>1. Experience during prevocational training</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Volume of practice requirements.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Prior experience in clinical anaesthesia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training in a program preapproved for recognition of prior learning:</td>
</tr>
<tr>
<td>- 26 weeks towards introductory training.</td>
</tr>
<tr>
<td>- 78 weeks towards basic training.</td>
</tr>
<tr>
<td>Training in a program not preapproved for recognition of prior learning:</td>
</tr>
<tr>
<td>- 13 weeks towards introductory training.</td>
</tr>
<tr>
<td>- 65 weeks towards basic training.</td>
</tr>
<tr>
<td>Trainees who hold a postgraduate qualification by examination in an affiliated training region:</td>
</tr>
<tr>
<td>- 26 weeks towards introductory training.</td>
</tr>
<tr>
<td>- 78 weeks towards basic training.</td>
</tr>
<tr>
<td>- 78 weeks towards advanced training.</td>
</tr>
<tr>
<td>- 26 weeks towards provisional fellowship training.</td>
</tr>
</tbody>
</table>

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):

<table>
<thead>
<tr>
<th>3. Experience in an anaesthesia-related specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experience in intensive care medicine may be considered for approval as core intensive care medicine training.</td>
</tr>
<tr>
<td>Other clinical training:</td>
</tr>
<tr>
<td>- One week towards introductory training.</td>
</tr>
<tr>
<td>- 18 weeks towards basic training.</td>
</tr>
<tr>
<td>- 19 weeks towards advanced training.</td>
</tr>
</tbody>
</table>

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 Specialist international medical graduate 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 specialist international medical graduate (SIMG) 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 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 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-judgemental (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 their 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 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

- Task/skill
- Observe “good” performance
- Perform
- Outcome – measured against
- Feedback
- Self-assessment
- Action plan
- Supervisor assessment
- Discuss specific criteria
- Coach guide
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 33.2).
- 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>
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</tr>
<tr>
<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>
<td></td>
</tr>
<tr>
<td><strong>Clinical placement reviews (CPR)</strong></td>
<td></td>
<td></td>
<td></td>
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</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>
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<td></td>
<td>Scholar role activities</td>
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<td></td>
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<td></td>
<td>Exam and course planning</td>
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<td></td>
<td>Welfare issues</td>
</tr>
<tr>
<td>Interim clinical placement review</td>
<td>Optional unless placement is 26 weeks or more. May be required for trainees experiencing difficulty with any aspect of training.</td>
<td>Trainee or supervisor of training</td>
<td>Discussion of area(s) of difficulty</td>
<td>Documentation</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 every 26 weeks 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></td>
<td>Review core unit learning outcomes</td>
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<td>Clinical placement reviews questions</td>
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<td>Global assessment</td>
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<td></td>
<td>Plan for next clinical placement</td>
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<tr>
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<td></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>
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<tr>
<td><strong>Specialised study unit reviews (SSUR)</strong></td>
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<tr>
<td>Specialised study unit review</td>
<td>At completion of specialised study unit review components</td>
<td>Trainee or SSU supervisor</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>
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<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>Confirm components of core unit complete</td>
<td>IAAC, time, cases and procedures, courses, clinical placement review, WBAs</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>Confirm components of core unit complete</td>
<td>Primary exam, time, cases and procedures, workplace-based assessment, courses, clinical placement reviews, specialised study unit review verification; scholar role activities</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>Confirm components of core unit complete</td>
<td>Final exam, time, cases and procedures, workplace-based assessment, courses, clinical placement reviews, specialised study unit review verification; scholar role activities</td>
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<td><strong>Provisional fellowship review (PFR)</strong></td>
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<td>Review provisional fellowship year plan, workplace-based assessment, courses, clinical placement reviews, scholar role activities</td>
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### 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 20.4](#).

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 direct observation of procedural skills (DOPS) assessments; and
- Six 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 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.

7.3.2.1 Clinical placement plan (CPP) and planning CPR

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.

A planning clinical placement review will occur:

- At the beginning of a placement and following 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 the trainee’s clinical placement plan (CPP), which the trainee must prepare prior to meeting with their supervisor of training.

The planning clinical placement review allows the trainee to review their progress through training to date, and outlines the opportunities for learning that the clinical placement presents. The trainee should develop a clinical placement plan (CPP) at the start of each clinical placement (within the first six weeks) and following the 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. Trainees who do not complete a clinical placement plan in a timely manner are not meeting learning outcomes of both the scholar and professional roles.

When creating a plan, trainees should identify their learning needs and prepare a plan to achieve learning goals during the placement. Trainees must be familiar with the learning goals of their current core unit and of any SSU opportunities available at the placement. The plan should outline the learning opportunities, workplace-based assessments, volume of practice and scholar role activities that they will focus on during the placement. It should also include:

- 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 their 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.
7.3.2.2 Interim CPR

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.

7.3.2.3 Feedback CPR

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 14.

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 their 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. The supervisor of training should also document the trainee’s progress towards achieving the learning goals of the core unit for reference when completing the core unit review.

If, during the clinical placement review, the trainee is identified as underperforming, the trainee experiencing difficulty process will be commenced. The supervisor of training should consider a borderline rating if the trainee:

- Does not complete the clinical placement plan within six weeks of the start of the placement.
- Has not completed an appropriate number of WBAs during the placement.
- Demonstrates a pattern/s of poor performance on specific items on multiple WBAs completing by a variety of assessors.
- Does not action feedback as documented on WBA forms.
- Lacks progress toward the learning goals of the relevant core unit.
- Disregards the agreed learning goals within the clinical placement plan.
- Has not logged an appropriate number of cases, procedures or sessions completed during the placement.

The supervisor of training should consider an unsatisfactory rating if the trainee:

- Had a borderline rating in the previous CPR and has not demonstrated improvement.
- Does not complete any WBAs or the total number of WBAs is significantly lower than expected for the core unit.
- Demonstrates poor performance on multiple WBAs completed by a variety of assessors.
- Lacks focus or total disregard for training program requirements relevant to the core unit (WBAs, VOP, courses etc.).
- Has not logged any cases, procedures or sessions during the placement.

A trainee experiencing difficulty (TDP) process must be initiated when a trainee receives an unsatisfactory CPR rating or two borderline ratings within a 52 week period. The supervisor of training should consider the merit of initiating a TDP after one borderline assessment in order to provide the trainee with additional support. Supervisors of training should also be cognisant of the early signs for a trainee experiencing difficulty and consider whether the trainee may be at risk. Refer here for more information.

7.3.3 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.

Question banks have been developed for each SSU. These are based on the learning outcomes for the SSU. The specialised study unit supervisor will ask the trainee three questions and 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 they should not be passed and they may need some remediation. The SSU supervisor can request that the trainee completes additional WBAs or teaching and learning cases as evidence that the learning goals have been met.

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) and the provisional fellowship review (PFR)

#### Timing

Each core unit review (CUR) is a summative assessment (regulation 37.7.1.2), which occurs at the end of each core unit, and marks progression between training periods. The provisional fellowship review (PFR) is a summative assessment, which occurs at the end of training.

The CUR or PFR 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 core unit. Each core unit review and clinical placement review will need to be entered separately into the training portfolio system.
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 unit have been completed, and feedback from the core unit multi-source feedback assessment is provided. The trainee must meet the expected level of training for the relevant core unit to progress to the next period of training or apply for fellowship. 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) may be commenced.

Outstanding requirements

If any of the core 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. If the trainee has met all the training requirements of the core unit but has not met the learning goals, the supervisor of training should specify the goals that the trainee must focus on and suggest a timeframe for the trainee to request another meeting.

A further CUR or PFR interview will be required once all components of that core unit are completed.

Once the core unit review is then concluded, a core unit end date is entered into the training portfolio system. This date will normally be the first Sunday 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.

Once the PFR is complete the trainee is eligible to apply for fellowship (section 16). The review can be completed up to four weeks prior to finishing the placement. Completion of a PFR does not automatically confer fellowship (section 16: exiting from the program). The ANZCA Executive ultimately determines progression to fellowship on recommendation from the director of professional affairs (assessor).

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 CUR or PFR. This is found in section 17 of this handbook.

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.

WBAs should be completed and submitted in the TPS at the time they are completed or as soon as possible.

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 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 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 14 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. The supervisor of training can make recommendations on specific assessors and/or the roles of assessors (surgeon, theatre nurse, etc.) that must be invited to provide feedback. While the supervisor of training cannot request responses directly from the assessors, they can delay the collation of feedback until the specified assessors have been included. 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, they need 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 their 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 they require 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 they need to focus on in future study and structures that they 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>
<tbody>
<tr>
<td>Teach a skill (with evaluation, feedback and reflection).</td>
<td>• The departmental scholar role tutor confirms satisfactory completion with the supervisor of training (SOT). • Trainee records the activities in the courses events section</td>
<td>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.</td>
</tr>
<tr>
<td>Facilitate a small group discussion or run a tutorial (with evaluation, feedback and reflection).</td>
<td>• SOT confirms the entry.</td>
<td>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.</td>
</tr>
</tbody>
</table>

**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 appraisal 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 the: 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.

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<thead>
<tr>
<th>Confirmation of completion and recording in the TPS</th>
<th>Assessment of activity</th>
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</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>
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</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. |

Completion of an audit, including written report

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.

The trainee must select the audit topic and create an audit plan in consultation with the 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.

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<thead>
<tr>
<th>Confirmation of completion and recording in the TPS</th>
<th>Assessment of activity</th>
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</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>
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</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>
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<td></td>
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</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.

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. 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 32.

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 45, 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 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 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.

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### 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 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 specialist international medical graduate (SIMG) 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 SIMG 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 their 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 medical (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 their supervisor of training certifying that they 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 their 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 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 trainee is strongly encouraged to discuss this feedback with their SOT prior to attending the RI. 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 33.

<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>EMST – Early Management of Severe Trauma (Compulsory if insufficient trauma volume of practice)</td>
<td>The EMST course is an intensive course in the management of injury victims in the first two hours following trauma.</td>
<td>Royal Australasian College of Surgeons (RACS)</td>
</tr>
</tbody>
</table>
## Course Details

<table>
<thead>
<tr>
<th>Course</th>
<th>Details</th>
<th>Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALS – Advanced life support (Compulsory)</td>
<td>A course that develops advanced skills in managing cardiac arrest and other medical emergencies.</td>
<td>Organisations approved by the Australian Resuscitation Council or New Zealand Resuscitation Council or similar course or study approved 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).

Time spent completing mandatory courses may be recorded as clinical anaesthesia time in the TPS. Time spent travelling to/from mandatory courses and time spent completing non-mandatory courses should be recorded as leave in the TPS.
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 or an equivalent course, however it is not compulsory for trainees unless they do not meet the trauma volume of practice in the resuscitation, trauma and crisis management clinical fundamental. All 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 or equivalent 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. Pre-approved equivalent courses are listed on the ANZCA website. Trainees wishing to undertake a course that is not pre-approved must prospectively apply to the DPA assessor.

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).
4. During provisional fellowship training* (regulation 37.5.5.7.13)

* From 2019 HEY all trainees must complete an ALS course or equivalent in each core unit including PFT regardless of any certification issued by a course provider that refers to other validity periods.
Trainees who commenced PFT prior to 2019 HEY are not required to complete the ALS course during PFT.

In 2019, trainees who are unable to complete an ALS course before completing their current core unit may apply to the DPA assessor for an exception to this requirement if they have completed an ALS1 or ALS2 course within the last four years in a previous core unit.

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.

Exemption from ALS course requirement

Trainees who complete any of the following activities within a core unit are exempt from completing the ALS course required for that core unit:

- Instruct on all components of an ALS course.
- Complete an ALS instructor or instructor re-accreditation course.
- Complete an EMAC course.

In order to receive credit, trainees must enter details of the activity in the courses section of the TPS and provide evidence to their SOT, who will confirm the activity.

Please note EMST courses will not be accepted as satisfying this minimum standard.
8.3.4 Can't Intubate Can't Oxygenate (CICO) course

A Can’t Intubate, Can’t Oxygenate (CICO) course 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 course 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 course 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 course is designed to meet the learning outcomes of the Anaesthesia 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 course. 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 course.

**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](http://vortexapproach.com)


Learning objectives

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

By the end of the course, 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

Course 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 course
The course 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 a course, 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 course 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 course
A paediatric life support (PLS) course 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 course 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 course 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 course.

Highly recommended pre-reading for participants:


Learning objectives

As a minimum, courses 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 course, 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

Course 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 course

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 or instruct on an Advanced Paediatric Life Support (APLS) or complete an APLS instructor reaccreditation course 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 course.
Please note EMAC and ALS courses will not be accepted as satisfying this minimum standard.

8.3.6 Neonatal Resuscitation course
A neonatal resuscitation course 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 course 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 course 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 course.

Learning objectives
As a minimum, courses 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 course, 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

Course 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 course

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).
     - Airway adjuncts (Oropharyngeal airway 00, 0, 1).
     - Suctioning equipment (Yankauer suction catheter and tubing).
     - Laryngoscope with infant blades (Straight blade 00, 0, 1).
     - Endotracheal tubes (sizes 2.5, 3, 3.5, and 4mm ID).
- Endotracheal stylet or introducer.
- Supplies for securing endotracheal tubes (e.g. scissors and tapes).
- Exhaled CO2 detector (colorimetric end-tidal detector).
- Infant oximeter.

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

- Simulation Environment^.
  - Newborn mannequin (Sim Baby or ALS Baby)^.
  - Pregnant mannequin^ (SimMom).
  - 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 course.

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)

During training, trainees are required to log their clinical experiences in the TPS. The TPS is an online portfolio system specifically designed for the ANZCA training program.

Trainees can access the system upon commencing training and are responsible for ensuring information within the training portfolio system is kept up-to-date and accurate. Supervisors can also access the TPS to complete assessments for trainees.

TPS support resources, which includes short videos on how to perform key activities on the TPS are available on Networks for trainees and supervisors. Assistance for specific queries can be sent to training@anzca.edu.au.

10.1 Data privacy on TPS

Trainees are reminded that collecting information about patients has important privacy implications. Patient data recorded in the training portfolio system must be de-identified. 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.

Any identifying information recorded in the cases and procedures section, 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.
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><strong>Extended training and maximum duration (FTE)</strong></td>
<td>26 weeks maximum</td>
<td>104 weeks maximum</td>
<td>156 weeks maximum</td>
<td>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.

An ANZCA supervisor of training (SOT) must be nominated to provide guidance and support to the overseas supervisor on matters relating to the ANZCA training program. The overseas supervisor is required to sign off on the assessments of the trainee; the ANZCA SOT is not required to counter sign any assessments submitted. The ANZCA and overseas supervisor should discuss and determine who is the most suitable to complete the PFR and CUR.

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 leave and/or interrupted training of more than 52 weeks, subsequent training must include at least 52 weeks continuous...
training time, which may include a maximum of eight weeks of leave. 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 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 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 their supervisor of training and/or education officer to ensure that their clinical placement plans address all outstanding requirements (assessments, volume of practice and scholar role activities) to ensure the completion of the core 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. Re-entry to training in clinical anaesthesia for trainees following an absence from anaesthesia practice

12.1 Overview

Anaesthesia is a high acuity specialty that requires the ability to make rapid and accurate clinical assessments, often concurrently with time-critical management decisions as well as undertake a range of technical skills. Performance of tasks at optimal levels depends on recent clinical practice. Performance deteriorates when there is an interruption to clinical activities, at a rate which is related to a number of factors including duration of the interruption, duration of training prior to the interruption, whether training was full-time or not, and cognitive changes with ageing, injury or illness. There is a large degree of individual variation in the impact of these factors, thus re-entry to anaesthesia training must be tailored to each trainee’s needs, ensuring appropriate supervision and monitoring in line with the overall training goal of independent specialist practice.

12.2 Purpose

These guidelines are intended to advise trainees whose absence from training in clinical anaesthesia has been sufficient to warrant a formal re-entry to training in clinical anaesthesia process. Its purpose is to guide trainees and the supervisors assisting them in developing, monitoring and successfully completing a re-entry to anaesthesia training process. The overall aim is to ensure that returning anaesthesia trainees provide safe and up-to-date care. Each individual trainee anaesthetist has a responsibility to ensure that this is the case.

12.3 Scope

This document applies to all ANZCA trainees regardless of whether they are undertaking a return to practice process that is mandated by a regulatory or other body, or returning to clinical anaesthesia practice without such regulatory oversight.

Re-entry to training programs may be mandated by jurisdictional authorities, employers, or institutions. In the absence of such a mandate, compliance with this guideline for any re-entry to training is compulsory.

Absence from training in clinical anaesthesia for 26 weeks or longer in basic training or 52 weeks or longer in advanced and provisional fellowship training necessitates a re-entry to training in clinical anaesthesia process. A regulatory authority may stipulate a shorter period in which case their timeframe takes precedence.

A trainee or supervisor of training can also initiate a re-entry to anaesthesia training process and, depending on individual circumstances, this may occur after an absence that is shorter than the mandated periods specified above.

Note that trainees should not complete after-hours work at other than level 1 supervision before the learning needs analysis has been completed and the results of this discussed with the supervisor of training.

12.4 Background

Absences from training in clinical anaesthesia training occur for a variety of reasons including prolonged recreational leave, family commitments, practice in another area of medicine, practice overseas in a health service that is markedly different from that in Australia and New Zealand, or return from illness or injury.

It is acknowledged that re-entry into training in clinical anaesthesia may be a stressful period, and it is suggested that personal and/or professional support be sought. Re-entry to training
in clinical anaesthesia can be facilitated by keeping in touch and regularly updating knowledge during periods of absence from training.

Where an absence has occurred as a result of a jurisdictional determination, such as suspension of registration, ANZCA may be requested by the jurisdictional authority to endorse the trainee’s re-entry to training in clinical anaesthesia plan. In such cases, it is the jurisdictional authority, not ANZCA that gives final approval of the re-entry into training in clinical anaesthesia plan for the purposes of registration.

12.5 Definitions

12.5.1. Prolonged absence – any absence from training in clinical anaesthesia for 26 weeks or longer in basic training or 52 weeks or longer in advanced and provisional fellowship training. Some trainees may require a re-entry into training in clinical anaesthesia process after shorter durations of absence.

12.5.2. Supervision (ANZCA) – Levels of supervision are those used in the ANZCA training program.

12.5.3. Supervision (Medical Board of Australia (MBA) – Levels of supervision are those described in the MBA Guidelines: ‘Supervised practice for limited registration’ 1,2.

12.5.4. Supervisor of training – A formally appointed ANZCA supervisory role responsible for overseeing the re-entry to anaesthesia training process, arranging any assessments and providing a report on the outcome of the re-entry to anaesthesia training process.

12.5.5. Clinical anaesthesia time – means the clinical anaesthesia component of the anaesthesia training program which is undertaken over five years (260 weeks) during supervised clinical placements within ANZCA-accredited departments and other training sites.

12.6 Principles

12.6.1. The re-entry into training in clinical anaesthesia process should be based on the ANZCA roles in practice (see the ANZCA training program curriculum).

12.6.2. A needs analysis should inform the re-entry into training in clinical anaesthesia process.

12.6.3. Significant concerns about clinical performance during the re-entry to training in clinical anaesthesia process should be managed in accordance with training program policies and procedures, and relevant regulatory requirements.

12.6.4. The program and associated processes should be underpinned by the principles of natural justice.

12.7 Re-entry into training in clinical anaesthesia process outline

Pre-leave planning and keeping in touch

Pre-leave planning allows trainees to make preliminary plans about managing their time during their absence, what to expect on return to training and what assistance will be available.

Interrupted training allows trainees to suspend their progression through the training program but remain as registered trainees. See section 11.5 of the ANZCA Training and Accreditation Handbook on how to apply prospectively for this leave.

Trainees are recommended to have a meeting with their supervisor of training prior to taking leave, and discuss options for keeping in touch during the interrupted leave (whether this will be with a supervisor of training, a mentor or another nominee). If applying for interrupted
training, this meeting can also be used to discuss and complete the DPA Assessor Request form with the supervisor of training.

The College supports keeping in touch with trainees during extended leave and believe this is particularly important to prevent isolation while on leave and allows trainees to maintain contact with a peer group and department.

Trainees and supervisors of training should also note requirements of the relevant regulatory authorities (i.e. Medical Board of Australia or Medical Council of New Zealand).

Returning to training

The total duration of a formal re-entry into training in clinical anaesthesia process will be determined by the learning needs analysis. The duration of the process and its components may be shortened or lengthened depending on the learning needs analysis and progress with the process.

A formal return to practice process endorsed by ANZCA must adhere to the following:

12.7.1. Stage 1 - to be undertaken prior to commencement of or early in the re-entry to

12.7.1.1. If the trainee is returning from an intensive care unit rotation of 26 weeks minimum duration in basic training or 52 weeks minimum duration in advanced and provisional fellowship training, they are required to complete a learning needs analysis. Based on the outcome of this analysis, the trainee may not require any further components of the re-entry to practice process.

12.7.2. Stage 2 - to be undertaken on commencement:

12.7.2.1. An initial period of level 1 supervision, the duration of which should be informed by the learning needs analysis, the duration of absence from practice, the nature of the placement on re-entry and the supervisor of training’s discretion followed by;

12.7.2.2. An assessment of ability to practice without level 1 supervision.

12.7.3. Stage 3 – to be undertaken after successfully moving beyond level 1 supervision and prior to completion of the re-entry into anaesthesia training process:

12.7.3.1. A period of oversight by the SOT or nominee; and

12.7.3.2. Regular discussion with the supervisor of training. During the period of re-entry to training, the trainee should maintain their training portfolio system records, ensuring they are accurate, up-to-date and reflect the entirety of their caseload during the re-entry process.

12.7.4. Stage 4 – at the satisfactory completion of the process, the supervisor of training will confirm that the trainee has satisfactorily completed the process in the interim clinical placement review. If the supervisor of training is unable to confirm satisfactory completion of the re-entry to training in clinical anaesthesia process, the process should be extended until satisfactory completion can be confirmed or the trainee experiencing difficulty process (TDP) should be initiated. The re-entry to practice will count as training time consistent with the provisions of regulation 37.

12.7.5. Failure to complete the trainee re-entry to practice process in conjunction with the clinical placement plan, i.e. within 6-weeks of commencement of the clinical placement, will result in a borderline rating. Failure to resolve this situation by the next clinical placement review will result in the initiation of a TDP.
13. Trainee illness or disability

13.1 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.

13.2 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).

13.3 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).

13.4 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).
13.5 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).

13.6 Examinations and special consideration

Any candidate may withdraw their 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, they must submit a written notice and provide evidence of cause within seven days of the examination. A new application must be submitted if they wish 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, they 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).

13.7 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.
14. Trainee experiencing difficulty process (TDP)

14.1 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 22), 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 14.6)

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 14.1 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.

### 14.1.1 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.

### 14.1.2 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.

14.2 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 30) 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.

14.2.1 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):

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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 their stage of training?
How does the trainee compare with their peers in terms of ability to manage workload tasks effectively and efficiently? What is the standard of their documentation? How do they behave in a crisis?
Is there any problem with patient communication skills and relationships with professional colleagues? Are there conflicts in the workplace? Is the trainee 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 their 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 the trainee demonstrate appropriate flexibility?

From your initial conversation with the trainee, try and gauge their 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.

14.2.2 Common underlying causes
There may be multiple contributing factors and initial discussions with the trainee should explore these.

14.2.2.1 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 their 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 the trainee had problems with exams in the past? Does the trainee have a study plan and what is their strategy for preparing for and passing the examination? Is the trainee getting adequate study time, are there adequate educational resources and are they getting assistance with examination preparation such as marking of practice essays and viva practice? Could language skills be an issue?

14.2.2.2 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 the trainee getting adequate learning experiences? Does the trainee 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 they are experiencing bullying and/or harassment. If yes, this should be handled in accordance with institutional policies and by the head of department.

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 were they adequately debriefed and supported?
- Does the trainee require ongoing support and counselling?

14.3 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 14.7).

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 they receive two borderline assessments in 12 months, then the supervisor of training will plan and conduct a formal initial interview (section 14.3.1) 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 14.6.

14.3.1 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 their 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 their performance and the difficulty (or difficulties) they are 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 14.7) 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 the "trainee experiencing difficulty process, guidelines and interview template").

14.3.2 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 14.2.2).

- 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 they prioritise, streamline and delegate. 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 13 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 14.3.4.
Case example: difficulty with examinations

Dr A completed introductory training without any difficulty and continued to have satisfactory clinical performance. However, Dr A had two attempts at the primary examination without success. Dr A’s knowledge appeared satisfactory, but they reported experiencing “severe anxiety” with each attempt leading to difficulties with the viva voce examinations. This was reflected in the feedback Dr A had received from the College.

Dr A was commenced in the trainees experiencing difficulty process. Dr A’s supervisor of training arranged graded remedial viva practice well prior to the next sitting of the examination. It was recommended that Dr A see a sports psychologist for assistance with overcoming her performance anxiety. Dr A undertook a series of six sessions at the local university. The supervisor of training arranged monthly clinical placement reviews to monitor Dr A’s progress. Dr A was successful at the next examination attempt.

14.3.3 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 their 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).

14.3.4 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 they request it. On occasion, prompt medical or psychological intervention may be essential. Relevant professional assistance may be sought from:

- 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 Dr B 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. Dr B was also off the night-call roster for several months. Within three months, Dr B responded to the treatment. The GP confirmed fitness for work and Dr B was able to continue training according to a normal schedule. Dr B continued to achieve satisfactory progress through the remainder of their training with appropriate monitoring and follow up by their GP.

### 14.3.5 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.
14.4 Satisfactory progress

Once it is clear that satisfactory progress is being sustained, the trainee should be advised of this and that they can resume assessments and feedback at the usual frequency for their 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.

14.5 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 15).

The supervisor of training must document the processes followed and advice sought (section 14.7).

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**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, Dr D’s supervisor of training arranged for them 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 Dr D 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 their options to continue in extended introductory training (IT-E) were discussed.

Dr D entered extended training, however did not demonstrate progress despite intensive remediation, increased frequency of workplace-based assessments with feedback, and four-weekly reviews by their supervisor of training. Dr D therefore was unable to satisfactorily pass the IAAC. Dr D reached the end of extended introductory training time and was deemed to have withdrawn from training (regulation 37.5.5.8).

14.6 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 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 their 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 14.7) 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 their 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.

14.7 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 “trainee experiencing difficulty process, guidelines and interview template”). 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.

14.8 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 15 of this handbook.
15. **Trainee performance review**

15.1 **Overview and situations which may lead to a trainee performance review**

If the trainees experiencing difficulty process (section 14) 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 their 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.

15.2 **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.

15.3 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, they 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 their 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, they must be given a reasonable opportunity to comment on any information that is or may be adverse to them.

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 Executive Management Committee or ANZCA Council.

15.4 The trainee performance review report to the TPR Sub-Committee and hence the Education Executive Management 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 Executive Management Committee or ANZCA Council.

15.5 Consideration of the trainee performance review report by the TPR Sub-Committee, Education Executive Management 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 Executive Management Committee or ANZCA Council.

If a member of TPR Sub-Committee, Education Executive Management Committee or ANZCA Council identifies a conflict of interest (refer ANZCA Conflict of Interest Policy) they 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 Executive Management 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 Executive Management 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 17).

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 Executive Management 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 proscribed timeframe. The TPR Sub-Committee considers the final report before it is sent to the Education Executive Management 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 Executive Management Committee have approved the final report from the education officer, the trainee may resume training in accordance with usual requirements.
16. Exiting the training program

16.1 Overview

Trainees may exit the training program by:

1. Progression to fellowship by training (section 16.2).
2. Early voluntary withdrawal from the program (section 16.3).
3. Removal from the program (section 16.4).

16.2 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.

Diagram 15.1 Fellowship by training application checklist

<table>
<thead>
<tr>
<th></th>
<th>Completed introductory training core unit review.</th>
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<tbody>
<tr>
<td>1</td>
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<td></td>
<td>Completed an approved ALS course.</td>
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<tr>
<td>2</td>
<td>2</td>
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<td></td>
<td>Completed basic training core unit review.</td>
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<tr>
<td>3</td>
<td>3</td>
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<td></td>
<td>Completed an approved EMAC course.</td>
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<tr>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Completed advanced training core unit review.</td>
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<tr>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Completed an EMST/ATLS course (if required).</td>
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<tr>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Completed the provisional fellowship review.</td>
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<td>7</td>
<td>7</td>
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<td></td>
<td>Completed all scholar role activities.</td>
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<td>8</td>
<td>8</td>
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<tr>
<td></td>
<td>Submit a statement of continuing professional development completed during provisional fellowship training.</td>
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<tr>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Paid all fees due.</td>
</tr>
<tr>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Complete sign and submit the Application for Admission to Fellowship by Training form.</td>
</tr>
<tr>
<td>11</td>
<td>11</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 Committee 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 weekly by ANZCA Executive Committee. 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 the vocational training program 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 Committee 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.
16.3 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.

16.4 Non-compliance with curriculum requirements

Trainees may be deemed by the College to have withdrawn from the training program for the following reasons:

16.4.1 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>
<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).

16.4.2 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).

16.5 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 16.5.2 below.

16.5.1 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.

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

Trainees subject to agreed undertakings to limit practice, 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 agreed undertakings to limit practice, conditions, suspension or removal, the following will occur (regulation 37.16):

1. If conditions are placed on a trainee’s practice agreed undertakings to limit 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 agreed undertakings or 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, they 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 they will not be admitted to fellowship.
- If the applicant has undertakings agreed with or conditions imposed on their practice by a relevant registration authority, a trainee performance review (regulation 37.14) must be undertaken to determine whether admission to fellowship may proceed or must be deferred until the agreed undertakings or 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 15 (trainee performance review).

16.6 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.
17. 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.
18. 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.
19. Supervisor and tutor roles

19.1 Departmental roles

19.1.1 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 30), 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.

19.1.2 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 19.2, 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).
19.2 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 (ANZCA handbook for accreditation). ROTS 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.

19.3 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.
20. Supervision of clinical experience during ANZCA training

20.1 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 20.3).

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 includes all non-elective cases, both in- and out-of-hours. Therefore, such experience can occur at any time of the day or night. Out-of-hours experience is essential for trainees to develop an understanding of working under a resource-constrained environment thus it is essential that some of the emergency experience is obtained out-of-hours, although this proportion is not further specified. Trainees may require increased supervision undertaking emergency cases that they are not familiar with.

7. Part-time training is subject to the same supervision requirements as for full-time training (regulation 37.5.5.9).

20.2 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.

20.3 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 specialist international medical graduate (SIMG) who has been assessed under regulation 23 as holding a qualification that is:
   i) substantially comparable to FANZCA and who, while completing the SIMG 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 written 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 specialist international medical graduate (SIMG) who has been assessed under regulation 23 as holding a qualification that is:
i) Substantially comparable to FANZCA and who, while completing the SIMG 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 written 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.*

20.4 Supervision levels and emergency/elective workload for different training periods

**Table 20.4 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>Level 1 and 2</td>
<td>100% Level 1</td>
<td>Minimum 50%</td>
<td>Minimum 50%</td>
<td>Minimum 30%</td>
</tr>
<tr>
<td>Level 4</td>
<td></td>
<td>Maximum 10%</td>
<td>Maximum 20%</td>
<td>Maximum 40%</td>
</tr>
<tr>
<td>Emergency workload*</td>
<td>15 – 30%</td>
<td>25 – 50%</td>
<td>25 – 50%</td>
<td>25 – 50%</td>
</tr>
</tbody>
</table>

Note: All percentages in the above table relate to percentage of hours worked.

*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 the required 50 per cent, although the overall requirement for the whole of training must still be met.*

20.5 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 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.

20.6 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 14.
21. **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 the [ANZCA handbook for accreditation](#). 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.

### 21.1 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.

### 21.2 Accreditation

The head of department should be familiar with the requirements for ANZCA accreditation of the department, as outlined in the [ANZCA handbook for accreditation](#).

### 21.3 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).

21.4 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.

21.5 The trainee experiencing difficulty

There is a well-defined pathway to follow if a trainee is experiencing difficulty section 14. 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.

21.6 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 21.1 Orientation checklist

| Personnel                  | 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.  
|                            | Emergency contact numbers (for example, duty anaesthetist).  
|                            | Email or telephone contacts where appropriate.  
| Environment                | Physical layout of the department and the hospital.  
|                            | 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.  
| Equipment                  | Location and function of anaesthesia equipment.  
|                            | Anaesthesia machines.  
|                            | Cardiac arrest trolleys and defibrillators.  
|                            | Difficult intubation equipment.  
|                            | Anaesthesia crisis drugs and equipment (for example, MH, LA toxicity).  
|                            | Anaesthesia drugs and other equipment.  
|                            | Pain service equipment.  
| Relevant policies and procedures – location and access | Hospital protocols.  
|                            | Department policies and procedures.  
|                            | Emergency procedures.  
|                            | Cardiac arrest and resuscitation.  
|                            | Difficult intubation.  
|                            | Massive transfusion.  
|                            | Calling for assistance.  
|                            | Preoperative assessment.  
|                            | Recovery protocols and discharge criteria.  
|                            | Pain service protocols.  

| 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. |                                                          |
## 22. Supervisor of training

### 22.1 Overview

<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.</td>
<td>Orientation of trainees.</td>
<td>Section 19 Departmental roles including appointment.</td>
</tr>
<tr>
<td></td>
<td>Confirm accuracy of hospital lists from ANZCA.</td>
<td>Monitoring of senior staffing levels and workload changes, which may impact on training.</td>
<td>Section 21.6 Orientation of trainees.</td>
</tr>
<tr>
<td></td>
<td>Timely submission of data into training portfolio system.</td>
<td>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.</td>
<td>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:</td>
<td>Advise current and potential trainees on training, registration, fees, exam dates and courses.</td>
<td>Section 7.3.2 Clinical placement plans.</td>
</tr>
<tr>
<td></td>
<td>Clinical placement reviews.</td>
<td></td>
<td>Section 10 Trainee portfolio system.</td>
</tr>
<tr>
<td></td>
<td>Core unit reviews.</td>
<td></td>
<td>Section 19 Departmental roles.</td>
</tr>
<tr>
<td></td>
<td>Provisional fellowship review.</td>
<td></td>
<td>Initial assessment of anaesthetic competence.</td>
</tr>
<tr>
<td></td>
<td>Involves liaison with:</td>
<td></td>
<td>Section 14 Process for ANZCA trainees experiencing difficulty.</td>
</tr>
<tr>
<td></td>
<td>Introductory training tutor, clinical fundamental tutor, specialised study unit supervisors, departmental scholar role tutors, provisional fellowship supervisors.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Verify initial assessment of anaesthetic competence (IAAC) completion – this includes assessment for recent anaesthesia experience (RAE).</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Verify specialised study unit completion and authenticate the specialised study unit</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 33). 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.

### 22.2 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>
<thead>
<tr>
<th>Supervisors who performed the signoff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assess and manage trainees experiencing difficulty. Assess and manage trainees experiencing difficulty.</td>
</tr>
</tbody>
</table>
Table 22.1 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><strong>Education</strong></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><strong>Relationship with other supervisory roles</strong></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><strong>Education officer</strong></td>
<td></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><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>
<td></td>
</tr>
</tbody>
</table>
Further information

22.2.1 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.

22.2.2 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 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 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 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 their 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 their current supervisor of training during which the latter confirms that all components of the core unit have been completed and feedback about the core 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.
22.2.3 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 14).

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 their 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.

22.2.4 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.

22.3 Selection, appointment and tenure

Selection criteria

- Must hold a FANZCA or a comparable qualification acceptable to the ANZCA Council (refer Section 20.3).
- 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 (listing of education officers) 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.

### 22.4 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 reappoint 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 their 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.
22.5 Resources and support for supervisors of training

22.5.1 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 22.2. 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.

22.5.2 College resources and support

The College provides resources for those undertaking supervisory roles as outlined in section 33.

The education officer for the region or country (see section 30) 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 14).

22.5.3 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.
23. Introductory training tutor

23.1 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 they will have access to trainee data via the training portfolio system.

23.2 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 14).
- 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).
23.3 Selection, appointment, tenure and reappointment

Selection criteria
- Must hold a FANZCA or a comparable qualification acceptable to ANZCA Council (refer Section 20.3).
- 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 them the opportunity to plan and encourage others to take on the role in the future.

23.4 Resources and support for introductory training tutors

23.4.1 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 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 33. 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 43 includes a list of college contacts for specific queries.

23.4.3 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 their 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.
24. Clinical fundamental tutor

24.1 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.

24.2 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 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.

24.3 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 20.3).
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 they choose, and also give them the opportunity to plan and encourage others to take on the role in the future.

24.4 Resources and support

24.4.1 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 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 33. 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 43 includes a list of College contacts for specific queries.

24.4.3 Access to trainee information via the training portfolio system

No specific access to trainee information is required.
25. Specialised study unit supervisor

25.1 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.

The intensive care supervisor is the specialised study unit supervisor for the intensive care medicine specialised study unit. The duties for the intensive care medicine supervisor are detailed in section 25.2.1.

25.2 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.
  - The specialised study unit supervisor must ask the trainee three questions based on the learning outcomes for the SSU. Question banks are available on the College website.
- 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 a notification 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, the specialised study unit supervisor must review the 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.
unit then the specialised study unit cannot be signed off. The specialised study unit supervisor may wish to discuss with the trainee what further requirements are still to be completed and record this in the TPS in a pending SSU review. 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’s clinical placement plan.

- The SSU supervisor must ensure that the trainee has attained the learning goals of the SSU. If the SSU supervisor does not feel they have enough information to determine whether the learning goal has been met, even if the volume of practice or WBA requirements have been met, the SSU supervisor can request the trainee completes additional WBAs or teaching and learning cases as evidence that learning goals have been met.

- 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.

25.2.1 Duties of intensive care medicine supervisors

- To be familiar with the curriculum requirements of the intensive care medicine specialised study unit.
- To guide trainees in setting goals and gaining appropriate clinical experience for the intensive care medicine specialised study unit.
- To oversee the completion of the intensive care medicine multi-source feedback (MsF). Other workplace-based assessments (WBAs) may also be completed during the intensive care medicine placement.
- 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 intensive care medicine supervisor must review and confirm the trainee’s progress against the time and multi-source feedback requirements.
- The intensive care medicine supervisor must complete the intensive care medicine clinical placement review for the trainee.
- If, at the end of a clinical placement, the intensive care medicine supervisor assesses that the trainee has not completed the requirements the 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 requirements are still to be completed and record this in the TPS. The trainee can use this information to plan completion of the intensive care medicine specialised study unit in a subsequent placement.
- The intensive care medicine supervisor must ensure that the trainee has attained the learning goals of the SSU. If the SSU supervisor does not feel they have enough information to determine whether the learning goal has been met, the supervisor can request the trainee completes additional WBAs or teaching and learning cases as evidence that learning goals have been met.
- If there is a dispute between the intensive care medicine supervisor and the trainee regarding completion of the specialised study unit, then the trainee or intensive care medicine supervisor can ask the supervisor of training at that hospital to review the training portfolio system and other relevant information and provide advice.
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, refer Section 20.3).
- 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.
- On appointment, and re-appointment, intensive care medicine supervisors are required to sign an agreement that outlines ANZCA’s obligations to ICM supervisor and the ICM supervisor’s obligations to ANZCA, as they will be able to access the trainee’s record online. Other specialised study unit supervisors are not required to sign an agreement as only limited access to the trainee’s record will be available.

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.

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 supervisor, the College of Intensive Care Medicine supervisor of training can act as the intensive care medicine supervisor, or can nominate an individual to perform the role for ANZCA trainees. Supervisors of training must notify the ANZCA Training & Assessments team of appointments to the intensive care medicine supervisor role (training@anzca.edu.au). Appointments to the other specialised study unit roles do not require a formal process.

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.

25.4 Resources and support

25.4.1 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 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.
25.4.2 College resources and support

The College provides resources for those undertaking supervisory roles as outlined in section 33. 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 43** includes a list of College contacts for specific queries.

25.4.3 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.

The intensive care medicine supervisor will also have access to the training portfolio system to complete the relevant assessments for completion of the intensive care medicine specialised study unit.
26. Departmental scholar role tutor

26.1 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.

26.2 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.
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 20.3).
- 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.
- On appointment, and re-appointment, DSRT are required to sign an agreement that outlines ANZCA’s obligations to DSRT and the DSRTs obligations to ANZCA.

Appointment 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.
- Supervisors of training must notify the ANZCA Training & Assessments team of appointments to the departmental scholar role tutor role (training@anzca.edu.au).
- 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 their department, and plan and encourage others to take on the role in the future.

26.4 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 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 33. 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 their duties. Section 43 includes a list of College contacts for information relating to specific queries.

26.5 Access to trainee information via the training portfolio system

The DSRTs will have access to the training portfolio system to complete and confirm the relevant scholar role activities.
27. Provisional fellowship supervisor

27.1 Overview

Provisional fellowship supervisors (PFS) oversee the specific training of provisional Fellows working in their department.

27.2 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.

27.3 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 20.3).
- 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 supervisors 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.
27.4 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 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 resources for those undertaking supervisory roles as outlined in section 33.

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 43 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 Executive Management Committee. Further information is available on the ANZCA website.

27.5 Access to trainee information via the training portfolio system

No specific access to online trainee information is required.
28. Workplace-based assessment (WBA) assessor

28.1 Overview

The workplace-based assessments have been introduced as formative assessments (assessment for learning) and involve an assessor observing a trainee as they perform procedural skills and provide 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 specialist international medical graduate (SIMG) who has been assessed under regulation 23 as holding a qualification that is substantially comparable to FANZCA and who, while completing the SIMG 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.

28.2 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 their 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.

28.3 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 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 online resources to assist those performing workplace-based assessments as outlined in section 33.

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 43 includes a list of College contacts for specific queries.

28.4 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.
29. Rotational supervisor

29.1 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.

29.2 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 their accredited rotation.
  - 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.
  - 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.
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.
- 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 their department, and an opportunity to plan and encourage others to take on the role in the future.

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.
- 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 33. The education officer will be available for guidance, assistance and any input necessary to enable a rotational supervisor to fulfil their duties.

Section 43 includes a list of College contacts for specific queries.

29.5 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.
30. Education officer

30.1 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 Executive Management Committee (EEMC), 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’.

30.2 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 Executive Management Committee (EEMC) (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 their deputy to attend the Education Officers Network.
5. To keep the chair of the Education Officers Network 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.

30.3 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 Executive Management Committee (EEMC), 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.

30.4 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 30.2.
- 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 33.

30.4.1 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.

31. 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.
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 their 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 their 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 they are 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.
33. 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.

33.1 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.
33.2 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 33.1 Sample of ANZCA Educators Program online course
34. Accreditation of anaesthesia departments and other training sites for ANZCA vocational training

This section was removed in July 2018. Refer to the ANZCA handbook for accreditation for information regarding the accreditation of hospital departments and other training sites for ANZCA vocational training.

35. Accreditation standards

This section was removed in July 2018. Refer to the ANZCA handbook for accreditation for information regarding the accreditation of hospital departments and other training sites for ANZCA vocational training.

36. Accreditation process overview

This section was removed in July 2018. Refer to the ANZCA handbook for accreditation for information regarding the accreditation of hospital departments and other training sites for ANZCA vocational training.

37. Accreditation documentation

This section was removed in July 2018. Refer to the ANZCA handbook for accreditation for information regarding the accreditation of hospital departments and other training sites for ANZCA vocational training.

38. Process following the on-site accreditation review

This section was removed in July 2018. Refer to the ANZCA handbook for accreditation for information regarding the accreditation of hospital departments and other training sites for ANZCA vocational training.

39. Satellite accreditation

This section was removed in July 2018. Refer to the ANZCA handbook for accreditation for information regarding the accreditation of hospital departments and other training sites for ANZCA vocational training.

40. Retrieval service accreditation

This section was removed in July 2018. Refer to the ANZCA handbook for accreditation for information regarding the accreditation of hospital departments and other training sites for ANZCA vocational training.
41. Accreditation of diving and hyperbaric medicine facilities

41.1 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.

41.2 The recognised diving and hyperbaric medicine training program

1.1 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.

1.2 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.

1.3 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.

1.4 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.

41.3 The facility

1.1 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.

1.2 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).

1.3 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.

1.4 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.

1.5 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 22).

1.6 The diving and hyperbaric medicine unit must agree to inspection by representatives of the College.
1.7 Posts in facilities accredited for training in diving and hyperbaric medicine by the College must be advertised with that accreditation being noted.

1.8 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.

1.9 The diving and hyperbaric medicine unit must have:

1.9.1 A minimum of one full-time equivalent diving and hyperbaric medicine specialist with qualifications acceptable to ANZCA Council.

1.9.2 At least 0.5 full-time equivalent diving and hyperbaric medicine specialist for each trainee.

1.9.3 Timely access to appropriate diagnostic equipment including but not limited to:
   Audiometry, tympanometry, transcutaneous oxygen analysis, digital photography and printer, respiratory function testing facilities.

1.9.4 Adequate secretarial staff. Most departments will require at least one full-time secretary/receptionist.

1.9.5 Adequate office space for the specialists.

1.9.6 A quiet place for trainees to study.

1.9.7 Access to a suitable conference room for quality assurance, clinical review and educational activities.

1.9.8 Regular programs of quality assurance and teaching appropriate to the size of the department.

1.9.9 Adequate library facilities with appropriate information sources.

1.9.10 Access to appropriate computer facilities.

1.9.11 Access to clinical support services appropriate to the role of the hospital.

1.9.12 Diving and hyperbaric medicine specialists participating in a continuing professional development program such as that provided by ANZCA or an equivalent.

1.9.13 An active research program.

1.10 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.

42. 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.
### 43. 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 43.1  
Contact details**

<table>
<thead>
<tr>
<th>Issue</th>
<th>Contact</th>
<th>Email</th>
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<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>
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<tr>
<td>Assessment Issues</td>
<td>Training and Assessments</td>
<td><a href="mailto:training@anzca.edu.au">training@anzca.edu.au</a></td>
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<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>
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<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:assessor-requests@anzca.edu.au">assessor-requests@anzca.edu.au</a></td>
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<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>
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<td><a href="mailto:finalexam@anzca.edu.au">finalexam@anzca.edu.au</a></td>
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<tr>
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<td>Accreditation Unit</td>
<td><a href="mailto:tac@anzca.edu.au">tac@anzca.edu.au</a></td>
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<td>International medical graduate specialist</td>
<td>Accreditation Unit</td>
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<td>Regulations</td>
<td>Training and Assessments</td>
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<td>Educator courses/workshops</td>
<td>Education Unit</td>
<td><a href="mailto:education@anzca.edu.au">education@anzca.edu.au</a></td>
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<td><a href="mailto:training@anzca.edu.au">training@anzca.edu.au</a></td>
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<td><a href="mailto:training@anzca.edu.au">training@anzca.edu.au</a></td>
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<td>Training registration, fees and other general training queries</td>
<td>Training and Assessments</td>
<td><a href="mailto:training@anzca.edu.au">training@anzca.edu.au</a></td>
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</tbody>
</table>
Phone: +61 3 9510 6299
Mail:
Australian and New Zealand College of Anaesthetists
ANZCA House
PO Box 6095
St Kilda Road Central VIC 8008 AUSTRALIA
Fax: +61 3 9510 6786

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.

44. 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.

45. 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.

46. 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.
47. 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:
http://www.ag.gov.au/Securityvetting/Pages/Whataretheprinciplesofnaturaljustice.aspx and


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

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<thead>
<tr>
<th>Version</th>
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<td>2.1 Sessions&lt;br&gt;2.6.4 Training periods&lt;br&gt;7.6.2 Primary examination&lt;br&gt;8.3.3 ALS courses&lt;br&gt;10. Privacy TPS&lt;br&gt;19.3 Supervisory roles&lt;br&gt;23.2, 24.3 Clinical fundamental tutor&lt;br&gt;27.1 WBA assessors&lt;br&gt;App 3 Checklist&lt;br&gt;App 4 Transitioning ATY2 and other</td>
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- Email addresses replaced with training@anzca.edu.au
- 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.
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<td></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>
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<td>Section four updated to describe the College fee structure in greater detail.</td>
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<td>Section five updated with regard to recognition of prior learning.</td>
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<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>
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<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>
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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...
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<td>must be spent in approved vocational training in Australia and New Zealand.</td>
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<td>Section 11.5 updated to clarify the requirements regarding interrupted training. Content from section 11.5.3 subsumed into section 11.5.1.</td>
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<td>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.</td>
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<td>Section 16 updated to clarify the reconsideration, review and appeal process.</td>
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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.
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<td>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>
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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
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<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 SIMG as supervisors.</td>
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<td>December 2015</td>
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<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>
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