



**JOB DESCRIPTION FOR THE
PROVISIONAL FELLOWSHIP PROGRAM**
(See Regulation 15.7.5 (2007))

**AUSTRALIAN
AND
NEW ZEALAND
COLLEGE
OF
ANAESTHETISTS**
ABN 82 055 852

PLEASE NOTE THAT PROSPECTIVE APPROVAL IS REQUIRED

Applications will not be considered until your Training information is up to date.

Please send any outstanding documentation with this form. Trainee Profiles can be viewed on My ANZCA.

- **This section is to be completed by the TRAINEE and CURRENT SoT (if applicable)**

NAME OF TRAINEE _____

COLLEGE ID _____

CURRENT TRAINING HOSPITAL _____

DATES OF APPOINTMENT _____

Type of Training Experience (Anaesthesia, Intensive Care, Other (please specify): _____

1 I have met the eligibility requirements of the Provisional Fellowship Program and this is currently reflected in my Trainee Profile. Yes / No (see 2)

2 By the commencement of my Provisional Fellowship Program Position I will have completed the eligibility requirements: Yes / No (Contact T&A See below)

- Completion of 48 months of clinical training
- Completion of the Final Examination and
- Completion of Clinical Modules 1 – 10

This can be verified by my current Supervisor of Training (signature required below).

Name of **Current SoT** (please print)

Signature of **Current SoT**

Date

- **This section is to be completed by the Director of the Department in which the PFP will be undertaken**

HOSPITAL _____
If the Hospital is NOT ANZCA Accredited, a Letter of Offer on Original Hospital Letterhead must also accompany the Job Description

DATES OF APPOINTMENT _____

TYPE OF TRAINING EXPERIENCE _____
Anaesthesia, Intensive Care, Other (please specify)

1 PROFILE OF DEPARTMENT

1.1 Is the Department currently approved for training? Yes / No

1.2 List the approximate number of cases in the theatre case load. _____

1.3 Approximately how many deliveries are there per year? _____

1.4 Is there an Intensive Care Unit? Yes / No

1.5 Is there a Pain Clinic? Yes / No

1.6 Approximately how many research projects are under way at present? _____

2 DUTIES OF THE PROVISIONAL FELLOW

2.1

Clinical If this position is Part-Time you are also required to apply prospectively for Part-Time Training Approval

How many hours per week will the Provisional Fellow be rostered for:

Clinical duties in hours _____
Clinical duties out of hours _____
Non-clinical duties _____

2.2 Teaching

Yes / No

Will he/she be involved in teaching?

Students Yes / No

Nurses Yes / No

Junior Trainees Yes / No

2.3 Research

Can regular participation in research within the Department be assured? Yes / No

2.4 Supervision

Will the Provisional Fellow be involved in the supervision of junior trainees? Yes / No

Will he/she be able to be supervised in accordance with College Policy Document (E3) "The Supervision of Trainees in Anaesthesia"? Yes / No

2.5 Administration

Will he/she be involved in rostering, allocation of duties, planning of teaching activities, and clinical review within the Department in accordance with College Policy Document E9 "Quality Assurance"? Yes / No

3 WHAT THIS HOSPITAL CAN OFFER A PROVISIONAL FELLOW

3.1 List any Surgical, Obstetric, and Paediatric, ICM and/or other specialties that might be especially valuable for a Provisional Fellow.

3.2 Research

List any research projects with which the Provisional Fellow could be involved.

3.3 Other

List any other special features of the Department that might be especially valuable for a Provisional Fellow.

Name of Director (or equivalent)
(please print)

Signature of Director (or equivalent)

Date

Please address correspondence to:

DPA Assessor

Training & Assessments

Australian and New Zealand College of Anaesthetists (ANZCA)

PO Box 6095

ST KILDA ROAD CENTRAL VIC 8008

Australia

Send Email Queries to:

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