ANZCA

FPM

Regulation 37

Training in anaesthesia leading to FANZCA, and accreditation of facilities to deliver this curriculum

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Regulation 37 Training in anaesthesia leading to FANZCA, and accreditation of facilities to deliver this curriculum

Preamble

With reference to article 7.3 of the constitution:

7.3.1: The council shall have power from time to time to make, amend, and repeal all such regulations as it deems necessary or desirable for the proper conduct and management of the college, the regulation of its affairs and the furtherance of its objectives.

7.3.2: Without in any way limiting the power of the council under clause 7.3.1, the council may make, amend and repeal regulations in relation to:

7.3.2.1 The conduct of courses of training, study and/or examinations for admission to membership or for other diplomas or certificates of the college or otherwise, including prescribing fees pertaining to such courses of study and/or examinations.

Noting that:

7.3.3: No regulation shall be inconsistent with, nor shall it affect the repeal or modification of, anything contained in the constitution.

Related documents:

The **ANZCA Anaesthesia Training Program Curriculum** defines the learning outcomes, associated requirements and assessments of the ANZCA vocational training program.

The **ANZCA Anaesthesia Training Program Handbook (the ANZCA Handbook for Training)** complements this regulation and sets out in detail the requirements of the training program leading to FANZCA. It is intended that the ANZCA **Anaesthesia Training Program Handbook** will be the usual source consulted by those seeking information about training. The ANZCA **Anaesthesia Training Program Handbook** is on the ANZCA website. Should there be conflict between this regulation and the ANZCA **Anaesthesia Training Program Handbook**, this regulation takes precedence.

The **ANZCA Handbook for Accreditation** complements this regulation and sets out requirements expected of accredited training departments for all aspects of the training program leading to FANZCA. It is intended that the Handbook for Accreditation will be the usual source consulted by those seeking information about accreditation. The Handbook for Accreditation is on the ANZCA website. Should there be conflict between this regulation and the Handbook for Accreditation, this regulation takes precedence.

37.1. Commencement

37.1.1. This regulation is effective from the date of publication by ANZCA.

37.2. Purpose

37.2.1. This regulation stipulates requirements for the ANZCA vocational training program. Applicants must comply with this regulation, the ANZCA Anaesthesia Training Program Handbook and other relevant policies and requirements of ANZCA.

37.2.2. The training of a specialist anaesthetist to the standard required for admission to fellowship requires completion of a vocational training program of at least 260 weeks and meeting all the requirements as set out in this regulation, the ANZCA Anaesthesia Training Program Handbook and other relevant policies and requirements of ANZCA.

37.2.3. This regulation does not describe:

37.2.3.1. Specialist or vocational registration by regulatory authorities.

37.2.3.2. Admission to FANZCA, which is described in regulation 6.

37.2.3.3. The specialist international medical graduate assessment process, which is described in regulation 23.

37.3. Application

37.3.1. All medical practitioners wishing to undertake the ANZCA vocational training program must apply to ANZCA. They must have completed at least 52 weeks full-time equivalent prevocational medical education and training.

37.3.2. When applying, the application and registration form, supporting documents and the application fee must be submitted. Required documentation is listed on the application and registration form.

37.3.3. A non-refundable application fee must be paid by all those wishing to undertake the ANZCA vocational training program.

37.3.4. The application will remain valid until the end of the second calendar year following the year in which it is lodged. If registration has not been achieved by then a new application will be required.

37.3.5. The application maintenance fee should be paid by January 31 each year in order to ensure application status is maintained until registration is completed or application status expires.

37.3.5.1. Applicants who do not pay the annual application maintenance fee by March 31 will lose their applicant status.

37.3.6. ANZCA's acceptance of an application does not guarantee registration as a trainee.

37.3.7. An application can only be accepted if the applicant completes and satisfactorily addresses all requirements specified as part of the application process.

37.3.8. An application will only be accepted if the applicant has no conditions on their clinical practice imposed by the relevant medical board, at the time of application.

37.4. Registration

37.4.1. If application has not been undertaken prior to the commencement of work in an approved department, application and registration may occur on the same date.

37.4.2. To qualify as an ANZCA trainee the applicant must:

37.4.2.1. Have obtained a position at an ANZCA accredited training site. An ANZCA supervisor of training or ANZCA rotational supervisor must formally verify that the post complies with the requirements of ANZCA training.

37.4.2.2. Have completed at least 104 weeks full-time equivalent pre-vocational medical education and training.

37.4.3. Pre-vocational medical education and training must include at least 52 weeks of broadly based clinical experience in areas of practice other than clinical anaesthesia, intensive care medicine and pain medicine.

37.4.4. For pre-vocational medical education and training purposes the date of actual completion of all requirements for university studies is the date of graduation from medical school.

37.4.5. Up to 12 weeks leave may be included within the 104 weeks of pre-vocational medical education and training.

37.4.6. Applicants must submit all registration documents to ANZCA. Required documentation is listed on the application and registration form.

37.4.7. The date of commencement of approved vocational training (AVT) is the date of first taking up a training appointment in an accredited department. Only four weeks training prior to ANZCA receiving the registration documents will be approved.

37.4.8. Trainees who have recognition of prior learning for all of introductory training can start AVT in a non-anaesthesia department.

37.4.9. To maintain registration, trainees must sign the ANZCA training agreement on commencement and by March 31 each year. The ANZCA training agreement is a legally binding formal statement of the mutual obligations and expectations of ANZCA and the trainee.

37.4.9.1. Non-compliance will result in withdrawal from the ANZCA vocational training program.

37.4.10. Trainees must have and maintain medical registration that allows clinical practice in the relevant jurisdiction.

37.4.11. The non-refundable registration fee must be paid on commencement of AVT.

37.4.11.1. A trainee who withdraws from the ANZCA vocational training program and reregisters as an ANZCA trainee must pay the application fee and registration fee again.

37.5. Trainee selection

37.5.1. ANZCA does not appoint trainees to accredited departments or training sites. Appointment is undertaken by the employer.

37.5.2. As a condition of ANZCA accreditation, employers must appoint anaesthesia trainees according to the selection principles in the ANZCA **Anaesthesia Training Program Handbook**.

37.6. Recording training data

37.6.1. Trainees are required to maintain accurate and up to date information within MyPortfolio.

37.6.1.1. Failing to maintain accurate and up to date information within MyPortfolio may result in a trainee performance review being initiated and potentially result in removal from training.

37.6.2. Trainees are responsible for the timely submission of all required training data. Trainees should enter cases within 13 weeks. Time should be recorded within four weeks of the experience. Any weeks of time not recorded may be marked as leave or interrupted training.

37.6.3. Once a core unit review has been completed, no training event recorded in that core unit can be altered.

37.7. Recognition of prior learning

37.7.1. Recognition of prior learning in clinical anaesthesia

37.7.1.1. A medical practitioner who completed full or partial vocational anaesthesia training outside the ANZCA training program prior to commencing approved vocational training (AVT) with ANZCA, and who does not meet the requirements of or has withdrawn from the specialist international medical graduate assessment pathway to FANZCA (regulation 23), may apply to have training time and other requirements approved under recognition of prior learning towards AVT.

37.7.1.2. If some or all of the prior training was part-time, the trainee must provide evidence that all requirements of ANZCA part-time training were met.

37.7.1.3. Training in a vocational training program pre-approved by ANZCA Council for recognition of prior learning.

37.7.1.3.1. If the training was in a vocational training program pre-approved by ANZCA Council for recognition of prior learning (RPL), the trainee may be eligible for the following credits:

37.7.1.3.1.1. Up to 26 weeks full-time equivalent (FTE) training time in introductory training (IT).

37.7.1.3.1.2. Up to 78 weeks FTE training time in basic training (BT).

37.7.1.3.1.3. The primary examination.

37.7.1.3.1.4. Requirements of IT and BT.

37.7.1.3.1.5. Components of the specialised study units (SSUs) and clinical fundamentals.

37.7.1.3.2. Training time may include up to 16 weeks leave which can be credited pro rata if fewer than 104 weeks are credited for RPL.

37.7.1.4. Training in a program not pre-approved by ANZCA Council for recognition of prior learning

37.7.1.4.1. If the training was not in a program pre-approved by ANZCA Council for RPL, the trainee may be eligible for the following credits:

37.7.1.4.1.1. Up to 13 weeks FTE training time in IT.

37.7.1.4.1.2. Up to 65 weeks FTE training time towards BT.

37.7.1.4.1.3. Requirements of IT and BT.

37.7.1.4.1.4. Components of the SSUs and clinical fundamentals.

37.7.1.4.2. Training time may include up to 12 weeks leave which can be credited pro rata if fewer than 78 weeks are credited as RPL.

37.7.1.5. Training prior to registration for approved vocational training in Australia or New Zealand

37.7.1.5.1. Medical practitioners who were not registered with ANZCA as trainees, but who previously completed a period of at least 52 weeks anaesthesia training equivalent to that of a trainee in an ANZCA accredited anaesthesia department, may be eligible for the following credits:

37.7.1.5.1.1. Up to 13 weeks FTE training time in IT.

37.7.1.5.1.2. Up to 39 weeks FTE training time in BT.

37.7.1.5.1.3. Components of the clinical fundamentals and SSUs.

37.7.1.5.1.4. Training time may include up to eight weeks leave which can be credited pro rata if fewer than 52 weeks are credited as RPL.

37.7.1.5.2. Medical practitioners who were not registered with ANZCA as trainees, but who have previously completed all training requirements of the Rural Generalist Anaesthesia training program, may be eligible to have the introductory training (IT) period credited.

37.7.1.6. Recognition of recent anaesthesia experience

37.7.1.6.1. Recent anaesthesia experience is anaesthesia experience of at least 13 weeks full-time equivalent, within the 52 weeks prior to the commencement of introductory training (IT). Recognition of recent anaesthesia experience (RAE), the completion of the multiple choice question assessment (MCQA) and all IT WBAs permits earlier completion of the specified emergency scenarios (SES) but does not shorten the minimum time required for IT.

37.7.1.6.2. Once the SES is completed and there is sufficient evidence to support a level of competence in knowledge, skills and behaviours, a trainee may work with less than level one supervision during IT.

37.7.1.6.3. The supervisor of training may credit cases and procedures of supervised experience gained during RAE. The process for assessing

RAE is described in the ANZCA **Anaesthesia Training Program Handbook**.

37.7.2. Recognition of prior learning in an anaesthesia-related specialty

37.7.2.1. A medical practitioner who has undertaken vocational training in a specialty recognised by ANZCA as anaesthesia-related, may apply to have other clinical time (OCT) approved retrospectively towards the requirements for AVT.

37.7.2.2. Training in intensive care medicine (ICM) will only be accepted if it is in a unit accredited for general or limited general training by the College of Intensive Care Medicine, or in another intensive care unit recognised by ANZCA Council for ICM training towards FANZCA.

37.7.2.3. A trainee with training in a specialty recognised by ANZCA as anaesthesia-related may be eligible for the following credits:

37.7.2.3.1. Up to one week FTE OCT in IT.

37.7.2.3.2. Up to 19 weeks FTE OCT by the end of BT.

37.7.2.3.3. Up to 38 weeks FTE OCT by the end of advanced training.

37.7.2.3.4. Up to 42 weeks FTE OCT in provisional fellowship training if the trainee has a postgraduate qualification at fellowship level in an anaesthesia-related specialty.

37.7.2.3.5. Volume of practice requirements.

37.7.2.3.6. Completion of required assessments.

37.7.2.4. Leave taken may be accrued as a component of the recognised prior learning.

37.7.2.5. If some or all of the prior training was undertaken on a part-time basis, the evidence provided must meet the requirements of ANZCA part-time training.

37.7.3. Recognition of prior learning for scholar role activities

37.7.3.1. RPL for scholar role activities will be determined by the Scholar Role Subcommittee.

37.7.3.2. Activities which were part of the primary medical qualification or were completed more than five years before the commencement of AVT are not eligible for RPL.

37.7.3.3. There is no RPL for completion of the audit activity, the critical appraisal of a paper and/or the scholar role meeting requirements

37.7.4. Activities/clinical cases which were completed more than five years before the commencement of ANZCA AVT are not eligible for RPL.

37.7.5. Trainees granted retrospective approval for any training component(s) must complete all other requirements of the ANZCA vocational training program.

37.7.6. Trainees applying for RPL must pay a one-off, non-refundable RPL fee for each application. This fee does not apply to applications for recognition of recent anaesthesia experience or RPL for scholar role activities. Payment must be received before any assessment of RPL is undertaken.

37.7.7. Medical practitioners making enquiries about assessment for potential RPL must pay the nonrefundable preliminary assessment fee.

37.8. Approved vocational training time

37.8.1. The time requirements for core units in the ANZCA vocational training program include clinical anaesthesia time (CAT), other clinical time (OCT) and leave. Any clinical time that is not CAT is considered OCT. This includes all time in intensive care medicine (ICM), neonatal ICM, general medicine and related specialties including paediatrics, diving and hyperbaric medicine, emergency medicine, or other anaesthesia-related training experience.

37.8.2. During the total period of basic and advanced training, a maximum of 13 weeks full-time equivalent (FTE) in a single clinical fundamental or combination of clinical fundamentals may be recorded as CAT. Any additional time spent exclusively in these areas must be recorded as OCT.

37.8.3. At least 11 weeks FTE OCT (excluding leave) in ICM must be completed during basic training (BT) plus advanced training (AT). From the start of the 2016 hospital employment year this must be continuous and can only be interrupted by up to two weeks leave.

37.8.4. All training in ICM must be completed in an intensive care unit that is accredited for general or limited general training by the College of Intensive Care Medicine, or in another intensive care unit recognised by ANZCA Council for ICM training towards FANZCA.

37.8.5. Up to 19 weeks OCT may be completed by the end of BT. Any OCT in excess of 19 weeks completed during BT will be credited to AT.

37.8.6. Up to 38 weeks OCT may be completed by the end of AT.

37.8.7. Training during BT or AT which is outside CAT, pain medicine or ICM (for example, internal medicine, emergency medicine) may be approved as OCT. This training experience must be recognised by the relevant college or similar educational provider as meeting all requirements for its own vocational training program. Prospective application must be made to the director of professional affairs (assessor). Up to four weeks training prior to application can be approved as approved vocational training (AVT).

37.8.8. Retrieval medicine

37.8.8.1. Occasional work in retrieval medicine (up to 10 per cent of total clinical workload) can be included in clinical anaesthesia or intensive care medicine time.

37.8.8.2. Up to 26 weeks FTE training time (excluding leave) in retrieval medicine is permitted up to the end of AT. This period does not need to be continuous. The first 13 weeks FTE in retrieval medicine will count as CAT, and any time beyond this as OCT.

37.8.8.3. Prospective application for training at retrieval services must be made to the director of professional affairs (assessor). Up to four weeks training prior to application may be approved as AVT.

37.8.8.4. Further time may be spent in retrieval medicine during provisional fellowship training (PFT).

37.8.9. Diving and hyperbaric medicine

37.8.9.1. Up to 26 weeks FTE training time (excluding leave) in diving and hyperbaric medicine is permitted up to the end of AT. This period does not need to be continuous. Prospective application must be made to the director of professional affairs (assessor). Up to four weeks training prior to application may be approved as AVT.

37.8.9.2. All time in diving and hyperbaric medicine will count as OCT.

37.8.9.3. Further time may be spent in diving and hyperbaric medicine during PFT.

37.8.10. A re-entry to training in clinical anaesthesia process must be completed by trainees if they are absent from clinical anaesthesia for:

37.8.10.1. 26 calendar weeks or longer in BT.

37.8.10.2. 52 calendar weeks or longer in AT or PFT.

37.8.10.3. Shorter durations of absence in some circumstances.

37.9. Leave

37.9.1. Time spent completing the mandatory requirements of the ANZCA training program can be considered approved vocational training (AVT). All other time is considered leave.

37.10. Introductory training

37.10.1. All trainees must complete introductory training (IT).

37.10.2. IT will take at least 26 weeks full-time equivalent (FTE) continuous anaesthesia training, which must include 22 weeks clinical anaesthesia time (CAT), with up to four weeks leave permitted. CAT may include time in preadmission clinics, acute pain services and other aspects of perioperative medicine, but cannot include retrieval medicine, outpatient pain clinic work, allergy clinics, intensive care or clinical support time.

37.10.3. Up to one week FTE approved other clinical time may be completed during IT.

37.10.4. An advanced life support course and Can't Intubate Can't Oxygenate (CICO) course, or equivalent, must have been completed in the 52 weeks before the completion of IT.

37.10.5. The successful completion of the multiple choice question (MCQ) assessment, is a requirement to progress to the next core unit of training.

37.10.5.1. The MCQA should be successfully completed by the sixteenth week (FTE) of IT.

37.10.6. The successful completion of the specified emergency scenarios (SES), usually completed in the last four to six weeks of IT, is a requirement to progress to the next core unit of training.

37.10.6.1. The SES can be completed earlier in IT if a trainee has been granted recent anaesthetic experience (section 37.7.1.6).

37.10.7. To complete IT, trainees must complete the IT core unit review satisfactorily.

37.11. Basic training

37.11.1. All trainees must complete basic training (BT).

37.11.2. BT cannot start until the trainee has successfully completed introductory training (IT).

37.11.3. BT will take at least 78 weeks full-time equivalent (FTE), including leave. Trainees may accrue up to 16 weeks FTE leave during IT plus BT.

37.11.4. To complete BT trainees must complete the BT core unit review satisfactorily.

37.12. Advanced training

37.12.1. All trainees must complete advanced training (AT).

37.12.2. AT cannot start until the trainee has successfully completed basic training.

37.12.3. AT will take at least 104 weeks full-time equivalent (FTE), which may include up to 16 weeks FTE of leave.

37.12.4. At least 11 weeks FTE approved other clinical time in intensive care medicine, as detailed in regulation 37.8.3, must be completed by the end of AT.

37.12.5. To complete AT, trainees must successfully complete the patient clinical interaction assessment (PCIA).

37.12.6. To complete AT, trainees must complete the AT core unit review satisfactorily.

37.13. Provisional fellowship training

37.13.1. All trainees must complete provisional fellowship training (PFT). PFT clinical work can be on a broad basis, or focused on one or more of the ANZCA roles in practice, clinical fundamentals or specialised study units.

37.13.2. PFT cannot start until the trainee has successfully completed advanced training (AT). Trainees who have completed AT will move into PFT pending until they commence an approved study plan.

37.13.3. PFT will take at least 52 weeks full-time equivalent (FTE), which may include up to eight weeks FTE leave.

37.13.4. Unless otherwise approved by the director of professional affairs (assessor) all trainees must complete a minimum of 10 weeks of their PFT time undertaking clinical work.

37.13.5. Trainees must complete at least four weeks in clinical support time related to any of the ANZCA roles in practice. This period cannot involve direct clinical care delivery. The time can be accumulated as part weeks to reach the total. Clinical support duties encompass most aspects of the teaching, assessment, clinical governance, administration, committee and research activities undertaken by clinicians as part of continuing professional development (CPD). If a portion of PFT is undertaken in an anaesthesia-related specialty, clinical support time may focus on the relevant training experience, on a pro rata basis.

37.13.6. Trainees completing PFT will choose from a range of study plans with defined content, learning and assessment. Study plans are either pre-approved or individualised.

37.13.7. Trainees undertaking pre-approved study plans must notify ANZCA in writing before commencement.

37.13.8. Trainees who wish to undertake individualised study plans must submit them for approval. The Provisional Fellowship Program Subcommittee will review applications with at least 10 weeks clinical anaesthesia time (CAT). Those planning less than 10 weeks CAT will be reviewed by the director of professional affairs (assessor).

37.13.9. Up to four weeks training prior to application may be approved as PFT.

37.13.10. Trainees completing PFT must have appropriate supervision available to them at all times. A trainee completing PFT may be authorised by the supervisor of training to conduct workplacebased assessments for more junior trainees.

37.13.11. PFT appointments in overseas hospitals will be considered provided the requirements of regulation 37.19.4 are met. Distant supervision for a trainee completing PFT in a remote location (for example, Pacific Islands) may be considered, but will normally be restricted to a maximum period of 13 weeks FTE.

37.13.12. Trainees completing PFT must participate in the ANZCA and Faculty of Pain Medicine CPD Program throughout PFT. The requirement is at least 50 hours per 52 weeks.

37.13.13. To complete PFT, trainees must complete the provisional fellowship review satisfactorily.

37.14. Assessments

37.14.1. Clinical placement reviews

37.14.1.1. Progression through the ANZCA vocational training program depends on satisfactory clinical performance.

37.14.1.2. A planning CPR must occur at the beginning of each placement.

37.14.1.3. A feedback clinical placement review (CPR) or Interim CPR must be completed with the supervisor of training (SOT) at least every 26 calendar weeks throughout training.

37.14.1.4. An interim CPR may occur part way through any placement which is longer than 26 calendar weeks. An interim CPR may occur at other times at the instigation of either the SOT or the trainee.

37.14.1.5. A feedback CPR must be completed at the end of each placement, or every 52 calendar weeks.

37.14.2. Core unit reviews

37.14.2.1. A core unit review must be conducted with the SOT towards the end of each core unit. If there is disagreement between the trainee and SOT about whether the trainee has completed the core unit requirements satisfactorily the matter should be referred to the education officer for a decision.

37.14.3. Specialised study unit reviews

37.14.3.1. A specialised study unit (SSU) review must be conducted with an SSU supervisor, and verified by the SOT, for completion of each SSU.

37.14.4. Workplace-based assessments

37.14.4.1. Workplace-based assessments (WBAs) are assessments that focus on trainee performance within the workplace. The ANZCA WBA tools are the mini-clinical evaluation exercise, direct observation of procedural skills, case-based discussion and multi-source feedback.

37.14.4.2. WBA assessors are authorised by the SOT. A WBA assessor must be a FANZCA or hold a comparable qualification acceptable to ANZCA Council, or be a trainee completing PFT. WBA assessors must have skills and experience appropriate to the appointment.

37.14.4.3. The WBA assessor is responsible for providing feedback to the trainee, as relevant, and entering the outcome of the assessment into MyPortfolio which has been prefilled by the trainee.

37.14.5. Assessments

37.14.5.1. Multiple choice question assessment (MCQA)

37.14.5.1.1. The MCQA is a requirement to progress to the next core unit of anaesthesia training and should be completed by the sixteenth week (FTE) of introductory training.

37.14.5.1.2. At least 80% must be achieved to pass the MCQA.

37.14.5.1.3. The MCQA can be attempted until a pass rate is achieved; however, the supervisor of training will be notified after three unsuccessful attempts.

37.14.5.2. Specified emergency scenarios (SES)

37.14.5.2.1. The SES must be completed by the end of introductory training.

37.14.5.2.2. There is no limit to the number of attempts allowed for a trainee to successfully complete the six core topics that make up the SES assessment.

37.14.5.2.3. All core topic areas must be successfully passed to progress at the core unit review.

37.14.5.3. Patient clinical interaction assessment (PCIA)

37.14.5.3.1. The PCIA must be successfully completed and documents to progress to provisional fellowship year (PFY).

37.14.5.3.2. The PCIA can be completed at any time during advanced training (AT).

37.14.5.3.2.1. The PCIA will be a requirement for all trainees entering AT from 2025 Hospital Employment Year. Trainees who commenced AT prior to 2025 are not required to complete the PCIA.

37.14.5.3.3. There is no limit to the number of PCIA attempts that can be undertaken with a PCIA assessor to reach the required standard.

37.14.5.3.4. The successful completion of the PCIA is not a prerequisite to sit the final examination.

37.14.6. Examinations

37.14.6.1. Primary examination

37.14.6.1.1. To be eligible to sit the primary examination (PEx), candidates at the time of sitting the written section must have:

37.14.6.1.1.1. Completed introductory training.

37.14.6.1.1.2. Been in clinical anaesthesia time or other clinical time within the previous 52 weeks, for a minimum of 10 weeks at not less than 0.5 FTE.

37.14.6.1.2. The examination must be passed.

37.14.6.1.3. A trainee who has a third and/or fourth unsuccessful attempt at the PEx will be advised to attend a remediation interview.

37.14.6.1.4. If a trainee has five unsuccessful attempts at the PEx they will be removed from the ANZCA vocational training program and will not be eligible to re-register.

37.14.6.2. Anaesthetic gap assessment

37.14.6.2.1 To be eligible to sit the anaesthetic gap assessment (AGA) candidates at the time of sitting the assessment must have:

37.14.6.2.2. Registered as a DTRP trainee.

37.14.6.2.1. Passes the CICM first part examination

37.14.6.2.2. Been in training either ANZCA or CICM at the time of the assessment.

37.14.6.3. Final examination

37.14.6.3.1. To be eligible to sit the final examination (FEx), candidates at the time of sitting the written section of must have:

37.14.6.3.1.1. Completed at least 26 weeks full-time equivalent (FTE) advanced training (AT).

37.14.6.3.1.2. Completed a total of at least 88 weeks FTE clinical anaesthesia time in approved vocational training.

37.14.6.3.1.3. Been in clinical anaesthesia time or other clinical time within the previous 52 weeks, for a minimum of 10 weeks at not less than 0.5 FTE.

37.14.6.3.2. The FEx must be passed.

37.14.6.3.3. As of the 2018 hospital employment year (HEY) any trainee who commenced AT after the 2018 HEY and is unsuccessful on their third and/or fourth attempt in the FEx will be advised to attend a remediation interview. Any trainee who commenced AT prior to the 2018 HEY who is unsuccessful on their third and/or sixth attempt at the FEx will be advised to attend a remediation interview.

37.14.6.3.4. As of the 2018 HEY if a trainee has five unsuccessful attempts at the FEx they will be removed from the ANZCA vocational training program and will not be eligible to re-register. Any trainee who commenced AT prior to the 2018 HEY and has seven unsuccessful attempts at the FEx will be removed from the ANZCA vocational training program and will not be eligible to re-register.

37.14.6.4. Application to present for an examination

37.14.6.4.1. The examination fee must be paid at the time of application to sit the primary or final examination.

37.14.6.4.2. Applicants must have paid all other outstanding fees.

37.14.6.4.3. Applications must be received by the advertised closing date.

37.14.6.4.4. Applicants who have not fulfilled all eligibility requirements at the date of application must have their SOT confirm that they will have completed the eligibility requirements by the date of the written section.

37.14.6.5. Examination candidates suffering illness, accident and disability, and withdrawal from an examination.

37.14.6.5.1. Any candidate may withdraw their application in writing, before the date of the written section of the examination.

37.14.6.5.2. Prospective candidates with a chronic illness or disability which may impact their performance will be considered for assistance appropriate to their disability, provided that this assistance does not compromise the fairness or reliability of the examination. All candidates applying for special consideration must submit a fully documented application at least 4 weeks prior to the examination closing date. See Special Consideration Policy.

37.14.6.5.3. The examination fee will be refunded in full if written notice is received on or before the closing date for applications for the examination.

37.14.6.5.4. Candidates who withdraw from an examination during the interval between the closing date for applications and up to 15 days before the date of the written section of the examination will incur an examination withdrawal fee and the balance of the examination fee may be refunded.

37.14.6.5.5. Candidates who withdraw from an examination 14 or fewer days before the written section of the examination will not receive a refund of the examination fee, unless ANZCA determines otherwise.

37.14.6.5.6. If on the day of the examination a candidate is unable to present on medical or compassionate grounds, they must submit evidence of cause within seven days of the examination.

37.14.6.5.7. If an examiner or invigilator becomes aware that a candidate is ill, the chair of the examination should be notified. It may be appropriate to reschedule within the examination or advise the candidate to withdraw.

37.14.6.5.8. No special consideration will be given to a candidate who chooses to continue with an examination against the advice of the chair of that examination.

37.14.6.5.9. The full examination fee may be refunded on medical or compassionate grounds.

37.14.6.6. Successful completion of an examination

37.14.6.6.1. A certificate will be issued to candidates who have successfully completed an examination.

37.14.6.7. Partial examination fee refund

37.14.6.7.1. Trainees who complete the written section of an examination but are not invited to the Viva section may be entitled to a partial refund of the examination fee, as determined by ANZCA.

37.15. Effective Management of Anaesthetic Crises

37.15.1. Completion of the Effective Management of Anaesthetic Crises (EMAC) course is a compulsory requirement of the ANZCA vocational training program.

37.15.2. The EMAC course must be undertaken at any time after the completion of introductory training.

37.16. Exemptions from scholar role activities

37.16.1. Trainees requesting an exemption from any scholar role activity must apply to the Scholar Role Subcommittee. There are no exemptions from the audit scholar role activity, critical appraisal of a paper, and/or scholar role meeting requirements

37.17. Extended training

37.17.1. Trainees enter extended training if they do not complete all requirements during the minimum time for each core unit.

37.17.2. Extended training is part of approved vocational training and must:

37.17.2.1. Be undertaken in an accredited department.

37.17.2.2. Be in clinical anaesthesia. For BT-E (basic training extended) and AT-E (advanced training extended) it can be in intensive care medicine (ICM) but only if the requirements for the ICM specialised study unit have not yet been completed.

37.17.3. Trainees can be in extended training for:

37.17.3.1. 26 weeks full-time equivalent (FTE) for introductory training extended.

37.17.3.2. 104 weeks FTE for BT-E.

37.17.3.3. 156 weeks FTE for AT-E.

37.17.3.4. 52 weeks FTE for provisional fellowship training extended.

37.17.4. Trainees who do not complete the requirements within the extended training timeframes will be removed from the ANZCA vocational training program. If there are extenuating circumstances, a trainee may apply prospectively to the director of professional affairs (assessor) for retention of training status beyond these timeframes.

37.17.5. The allowable duration of extended training within a training site is the same as that site's accredited duration for anaesthesia training, except that:

37.17.5.1. Hospitals accredited for 156 weeks are only accredited for 104 weeks extended training time.

37.18. Part-time training

37.18.1. Part-time training is supported by ANZCA and may be undertaken at any stage of approved vocational training (AVT). Support for part-time training is a requirement of ANZCA accreditation of training sites.

37.18.2. Part-time training must be at least 50 per cent of the commitment of a full-time trainee in the same department, including participation in both elective and emergency/acute duties.

37.18.3. Part-time trainees must participate in the local/regional teaching programs on at least a pro rata basis.

37.18.4. Leave entitlements *will be on a pro rata basis and must fall within the approved period of* parttime training.

37.18.5. The minimum 11 weeks full-time equivalent in intensive care medicine (regulation 37.8.3) may be undertaken on a part-time basis. This time cannot be combined with any other clinical work.

37.18.6. Trainees must apply to the *director of professional affairs* (assessor) to undertake part-time training. Up to four weeks training prior to application may be approved as AVT.

37.19. Prospectively approved overseas training

37.19.1. Trainees must complete at least 156 weeks full-time equivalent (FTE) approved vocational training (AVT) in Australia and New Zealand.

37.19.2. Trainees must prospectively apply to the director of professional affairs (assessor) to undertake training outside of Australia and New Zealand. Up to four weeks training prior to application may be approved as AVT.

37.19.3. Trainees may take up to 52 weeks FTE AVT as prospectively approved overseas training (PAOT) in any core unit except introductory training.

37.19.4. Any PAOT (other than provisional fellowship in a remote location: see regulation 37.13.11) must be in a department accredited to provide postgraduate vocational training in anaesthesia by a specialist college or similar educational provider that is acceptable to ANZCA Council.

37.19.5. Any PAOT must allow full participation in all aspects of the ANZCA vocational training program, including a commitment by overseas supervisors to undertake required assessments and to provide ANZCA with all required training information.

37.20. Interrupted training

37.20.1. Interrupted training is any period following the commencement of approved vocational training (AVT) when a trainee is not accruing time towards AVT. This may be because of extended leave, because the trainee is working outside accredited training sites, or because the maximum duration of AVT permitted at a given accredited training site has been exceeded.

37.20.2. All interrupted training should be applied for prospectively.

37.20.3. Trainees who intend to take at least 13 continuous weeks of leave should apply for interrupted training.

37.20.4. In circumstances where prospective application is not possible, application must be made at the earliest opportunity.

37.20.5. Trainees in interrupted training cannot*:*

37.20.5.1. Accrue training time.

37.20.5.2. Accrue experience towards volume of practice requirements.

37.20.5.3. Complete workplace-based assessments.

37.20.5.4. Complete clinical placement reviews.

37.20.5.5. Complete specialised study unit reviews.

37.20.6. Trainees may complete scholar role activities and courses during *interrupted training*.

37.20.7. If a trainee has more than 52 weeks continuous leave and/or interrupted training, the subsequent training must include consolidation of at least 52 weeks full-time equivalent continuous AVT, which may include up to eight weeks leave.

37.20.8. If a trainee has more than 104 weeks continuous leave or interrupted training, the trainee will be removed from the ANZCA *vocational training program*. In extenuating circumstances, they may apply prospectively to the director of professional affairs (assessor) for the retention of their training status.

37.21. Fees

37.21.1. The annual training fee

37.21.1.1. Trainees in approved vocational training (AVT) must pay an annual training fee (ATF). This fee may be paid in full as a lump sum or as three instalments.

37.21.1.2. Trainees commencing AVT part way through the year must pay a pro rata ATF.

37.21.1.3. Trainees who undertake an approved period of 26 weeks or more continuous part-time training will be eligible to pay a pro rata ATF. A non-refundable administration fee will also apply to pro rata and instalment ATF payments.

37.21.1.3.1. Applications must be submitted within four weeks of commencement of part-time training to be eligible for the fee reduction.

37.21.1.4. Trainees must pay the full ATF for the year they are admitted to fellowship. After admission, the new fellow will receive a credit for the unused duration of the ATF.

37.21.1.5. Trainees who withdraw or are removed from training may be entitled to a partial refund of an *ATF, as determined by ANZCA*.

37.21.2. The registration maintenance fee

37.21.2.1. *T*rainees who commence a prospectively approved period of at least 13 consecutive weeks interrupted training will be eligible to pay a pro rata registration maintenance fee (RMF).

37.21.2.2. Applications must be submitted within four weeks of interrupted training commencing to be eligible for the RMF. Trainees who pay the pro rata RMF must pay a pro rata ATF for the remainder of the year.

37.21.3. The annual fee cycle and financial hardship

37.21.3.1. In any calendar year, apart from the year of commencement, if trainees do not pay the ATF and/or RMF by January 31, all training between the due date and the date of payment will be counted as interrupted training.

37.21.3.2. Trainees experiencing financial hardship should apply to the director of professional affairs (assessor) for consideration. Applications for consideration received after January 18 for any training year will not be considered.

37.21.3.3. Trainees who have not paid the ATF and/or RMF by February 28 (or in accordance with their payment schedule) will have their status changed to “not financial”. They will not be able to access MyPortfolio until payment is received.

37.21.3.4. Trainees who fail to pay the ATF and/or RMF by March 31 (or in accordance with their payment schedule) will be removed from the ANZCA vocational training program. Should they wish to recommence training they must submit an application to the director of professional affairs (assessor). They must justify their renewed application and pay a new application and registration fee.

37.21.3.5. Trainees with outstanding fees are not eligible to sit ANZCA examinations, including the anaesthetic gap assessment for DTRP trainees who have passed the CICM first part examination.

37.21.4. Fee adjustments

37.21.4.1. Any additional fees invoiced as a result of changes to trainee circumstances must be paid by the invoice due date.

37.21.4.1.1. Failure to pay the additional pro rata ATF within four weeks of being invoiced will result in the interval between the due date and the receipt of *payment* being deemed interrupted training.

37.21.4.1.2. Trainees who do not pay additional fees owing within 13 weeks of being invoiced will be removed from the ANZCA vocational training program.

37.21.4.2. Trainees who complete less AVT than already paid for may be entitled to a refund.

37.21.5. Fee instalments

37.21.5.1. Instalments must be paid prior to the period they correspond to.

37.21.5.2. The payment due dates for trainees who elect to pay in instalments are January 31, April 30 and August 31. The trainees first instalment will be pro-rated. This is calculated on a monthly pro rata basis from the calendar month in which approved training commences and must be paid within four calendar

weeks of commencement. Instalments must be paid by the due date in each subsequent calendar month.

37.21.5.3. Eligibility

37.21.5.3.1. Trainees undertaking ANZCA training, on either a full or approved part-time basis (no less than 0.5 FTE), who have not entered interrupted training, are eligible to pay the ATF in three instalments.

37.21.5.3.2. Trainees in receipt of bursary payments are eligible to pay the ATF in instalments. Bursary payments will be deducted from each instalment.

37.21.5.3.3. Trainees entering interrupted training are not usually permitted to pay the ATF in instalments. Trainees entering interrupted training whilst on an instalment plan will become liable for full payment of the balance of the amount owing.

37.21.5.3.4. Trainees who have their ATF paid directly to ANZCA by their employer are not eligible to pay the ATF in instalments.

37.21.5.3.5. Trainees entering interrupted training due to extenuating circumstances may apply for an exception to the regulation.

37.21.5.3.6. Trainees have a responsibility to remain financial throughout the training program, as part of 37.21.1.1.

37.22. Clinical supervision in the workplace

37.22.1. Clinical care provided by trainees must be supervised at all times.

37.22.2. Clinical supervisors must be ANZCA fellows or hold a qualification acceptable to ANZCA Council. Trainees completing PFT can supervise more junior trainees.

37.23. Supervisors of training

37.23.1. Accredited departments must nominate one or more supervisors of training (SOTs). Larger departments will require more than one SOT.

37.23.2. SOT appointments will be:

37.23.2.1. Nominated by each department's clinical head.

37.23.2.2. Approved by the education officer.

37.23.2.3. Notified to ANZCA.

37.23.3. SOTs must be an ANZCA fellow or hold a qualification acceptable to ANZCA Council. SOTs must not be a candidate for any ANZCA examination, and must have skills and experience appropriate to the appointment.

37.23.4. SOT appointments will normally be for three years in the first instance, with the possibility of renewal for up to three further three-year terms.

37.23.5. SOTs are required to sign an ANZCA agreement as a condition of appointment and reappointment. The agreement outlines ANZCA's obligations to the SOT and their obligations to ANZCA.

37.24. Intensive care medicine supervisors and departmental scholar role tutors

37.24.1. Intensive care medicine supervisors and departmental scholar role tutor appointments must be made by the departmental supervisor of training in consultation with the clinical head of department. The appointment must be notified to ANZCA.

37.24.2. Appointees must be FANZCAs or hold a comparable qualification acceptable to ANZCA Council, and have skills and experience appropriate to the appointment.

37.24.3. Supervisor and tutor appointments will normally be for three years in the first instance, with the possibility of renewal for up to three further three-year terms.

37.24.4. Departmental scholar role tutors and intensive care medicine supervisors are required to sign an ANZCA agreement as a condition of appointment and reappointment. The agreement outlines ANZCA's obligations to these supervisors and their obligations to ANZCA.

37.25. Rotational supervisors

37.25.1. Each accredited rotation must be overseen by a rotational supervisor (ROTS).

37.25.2. A ROTS must be nominated by the education officer of the jurisdiction and approved by the regional/national committee. The appointment must be notified to ANZCA.

37.25.3. A ROTS appointee must be an ANZCA fellow or hold a comparable qualification acceptable to ANZCA Council. ROTS must not be a candidate for any ANZCA examination, and must have skills and experience appropriate to the appointment.

37.25.4. ROTS appointments will normally be for three years in the first instance, with the possibility of renewal for up to three further three-year terms.

37.25.5. ROTSs are required to sign an ANZCA agreement as a condition of appointment and reappointment. The agreement outlines ANZCA's obligations to the ROTS and their obligations to ANZCA.

37.26. Education officers

37.26.1. The Education Executive Management Committee will appoint education officers (EOs) and Deputy EOs as required in each jurisdiction after nomination by the relevant regional or national committee. The appointment must be notified to ANZCA.

37.26.2. At least one EO will be appointed to New Zealand and each region within Australia.

37.26.3. EO and Deputy EO appointees must be ANZCA fellows. They must not be a candidate for any ANZCA examination, and must have skills and experience appropriate to the appointment.

37.26.4. EO and Deputy EO appointments will normally be for three years in the first instance, with the possibility of renewal for up to three further three-year terms.

37.26.5. EOs and Deputy EOs are required to sign an ANZCA agreement as a condition of appointment and reappointment. The agreement outlines ANZCA's obligations to the EOs and their obligations to ANZCA.

37.27. Accreditation of facilities for training

37.27.1. All training sites require ANZCA accreditation (directly or indirectly) for the provision of the ANZCA vocational training program. Full details are in the ANZCA Handbook for Accreditation.

37.27.2. Approved vocational training (AVT) can only occur in accredited training sites, unless alternative arrangements have been approved prospectively by the director of professional affairs (assessor).

37.27.3. An accredited training site will be accredited for a specified duration of training.

37.27.4. Accreditation applies to the accredited training site and does not specify the number of trainees that can work in the facility.

37.27.5. An accredited training site must be part of one or more accredited rotations.

37.27.6. No trainee may complete more than 208 weeks full-time equivalent AVT, excluding extended training, within a single accredited training site.

37.28. Accreditation of rotations for training

37.28.1. An “accredited rotation” is a group of accredited training sites which together are able to provide trainees with comprehensive and integrated training experiences covering all requirements of the ANZCA vocational training program.

37.29. Trainees with illness or disability

37.29.1. Trainees have a responsibility to ensure that they are fit to practise, and they must seek medical advice if they are uncertain about such fitness.

37.29.2. At the start of each calendar year and as part of the application to present for an examination, trainees must sign a declaration of their fitness to practise.

37.29.3. ANZCA 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.

37.29.4. Those dealing with trainees who are ill or have a disability must ensure that patients are not put at risk nor trainees disadvantaged.

37.29.5. Concerns about trainee illness or disability that would affect safe practice during ANZCA training and future specialist practice should be notified to ANZCA. ANZCA will review each notification, taking into account all relevant circumstances and the principles set out in this regulation.

37.29.6. Maintenance of confidentiality and protection of privacy are paramount obligations to trainees with illness or disability. These obligations 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.

37.29.7. In cases where patient safety may be affected, ANZCA reserves the right to notify medical regulatory bodies or other appropriate authorities.

37.29.8. The reporting requirements of the jurisdiction within which the trainee is working with regard to illness and/or disability must be met.

37.29.9. ANZCA may issue more detailed policies and requirements dealing with these issues.

37.30. Trainee support process

37.30.1. The trainee support process (TSP) is designed to identify at an early stage a trainee who for whatever reason is not progressing as expected through the ANZCA vocational training program, so that supportive interventions can be put in place.

37.30.2. Mandatory triggers for starting a TSP are:

37.30.2.1. A negative global assessment at a clinical placement review (CPR).

37.30.2.2. A borderline global assessment in two CPRs within 52 weeks.

37.30.2.3. *A trainee* whose performance has deteriorated significantly between CPRs.

37.30.3. If patient safety is thought to be at risk, or actions have been taken that may represent professional misconduct, a TSP is inappropriate, and the matter should instead be referred to the appropriate authority.

37.30.4. When a TSP has been initiated, the supervisor of training (SOT) must advise the education officer (EO), rotational supervisor and ANZCA as soon as practicable.

37.30.5. The SOT must report regularly to the EO and ANZCA on the trainee’s progress. If within 26 weeks there has not been satisfactory progress, the SOT must decide whether extending the TSP might assist the trainee to meet the required standard. In this situation:

37.30.5.1. The SOT must advise the EO and ANZCA, providing full background information together with supporting documentation of the processes followed up to that point, including all communications with the trainee.

37.30.5.2. ANZCA will advise the chair of the Trainee Performance Review (TPR) Subcommittee and the director *of professional affairs (assessor)* and seek their advice.

37.30.5.3. The EO, in consultation with the SOT, must decide whether additional training time or assessments are required and inform the trainee and ANZCA.

37.30.5.4. Failure by the trainee to accept and engage constructively with the additional requirements imposed by ANZCA (including assessments) will constitute a serious breach of the training agreement and may result in escalation to a TPR.

37.30.6. The SOT should notify ANZCA and the EO of the outcome of the TSP.

37.30.7. If the trainee is not meeting reasonable expectations for their level of training at the end of the TSP period, the SOT may ask the EO to initiate a TPR. If the trainee does not accept a TPR they will be removed from the ANZCA vocational training program.

37.31. Trainee performance review

37.31.1. A trainee performance review (TPR) is implemented when serious concerns regarding a trainee's performance require a review to be undertaken by senior college representatives external to the trainee's current and previous training sites. The purpose of the review is to determine the future of the trainee in the ANZCA vocational training program.

37.31.2. If patient safety is thought to be at risk, or actions have been taken that may represent professional misconduct, the matter should be referred to the appropriate authority.

37.31.3. The TPR process must be initiated:

37.31.3.1. When conditions have been imposed by or undertakings agreed with a relevant registration authority regarding a trainee's practice, or their registration has been suspended or removed.

37.31.3.2. When termination or suspension or resignation from work due to reasons related to the trainee's competence and/ or professionalism.

37.31.3.3. When a majority of the president, the executive director of professional affairs, and the chair of the TPR Subcommittee (or nominees) determine that there are reasonable grounds for believing that there are serious concerns about the trainee's performance including professionalism.

37.31.4. A TPR can be initiated on decision of the TPR Subcommittee:

37.31.4.1. Following request of the education officer (EO) when a trainee support process has been unsuccessful.

37.31.4.2. If a trainee wishes to initiate this process because interpersonal relationships in the workplace have broken down and are preventing a fair and valid assessment of their performance and progress.

37.31.5. The TPR Subcommittee will:

37.31.5.1. Request reports from all relevant supervisors of training (SOTs), rotational supervisors and EOs, and consider all relevant information held by ANZCA including information in the trainee portfolio system.

37.31.5.2. Decide whether to commence a TPR.

37.31.5.3. Determine the membership of the review team.

37.31.5.4. Determine the terms of reference of the TPR.

37.31.6. The TPR review team will consider all relevant information, including but not limited to assessments conducted in the ANZCA vocational training program. The trainee may make relevant information available to the review team. The trainee may comment on their assessments and raise any concerns.

37.31.7. The review team will submit a report to the TPR Subcommittee and recommend one of the following outcomes:

37.31.7.1. That the trainee continues in training without conditions.

37.31.7.2. That the trainee continues in training subject to meeting certain conditions or requirements.

37.31.7.3. That the trainee is removed from the ANZCA vocational training program.

37.31.8. The report will be considered by the TPR Subcommittee, which may change the recommendations within the report before referring it to the Education Executive Management Committee (EEMC).

37.31.9. The report and recommendations of the TPR Subcommittee will be considered by the EEMC for a decision. The EEMC may change the recommendations within the report.

37.31.10. EEMC may choose to refer the matter to ANZCA Council for a final decision.

37.31.11. Any recommendation for the trainee to be removed from the ANZCA vocational training program must be approved by ANZCA Council.

37.31.12. The decision of EEMC and/or ANZCA Council will be communicated to the trainee, ANZCA supervisors, and other bodies including where necessary registration and employing authorities.

37.31.13. If the decision is for the trainee to continue training subject to meeting conditions or requirements:

37.31.13.1. The trainee will be suspended from normal training as from the date of the final decision. All suspended training must be completed in clinical anaesthesia in an ANZCA accredited site and is subject to approval by the TPRSC. They will only be able to complete ANZCA vocational training program requirements such as examinations, external courses and scholar role activities during the period of suspension if they are specifically noted in the TPR report.

37.31.13.2. It is the trainee's responsibility to comply with all conditions, under SOT supervision, with oversight by the EO and HOD. The trainee, SOT and HOD will be required to sign an agreement to confirm understanding of the conditions imposed for the period of suspended training.

37.31.13.3. The EO must, in consultation with the SOT and trainee, submit a progress report at approximately three-monthly intervals to ANZCA. ANZCA will submit this report to the next meeting of the TPR Subcommittee. The TPR Subcommittee may recommend that EEMC modify the TPR conditions.

37.31.13.4. When all recommended processes have been completed, the EO must submit a final report to ANZCA. The report will be considered by the TPR Subcommittee, which will agree on a recommendation for consideration by EEMC and/or ANZCA Council, for a final determination of the TPR outcome.

37.31.13.5. If the trainee has complied with the recommendations satisfactorily and has achieved the required level of performance, they can resume normal training from the date of the EEMC or ANZCA Council decision.

37.31.13.6. If the trainee has not satisfactorily complied with all recommendations and/or has not achieved the required level of performance, the trainee will, as from the date of ANZCA Council's decision, be removed from the ANZCA vocational training program. They cannot re-register for training.

37.31.13.7. The conditions and requirements of the TPR must be completed within 104 weeks FTE from the notification of the outcome of the TPR, unless otherwise advised or approved by the TPR Subcommittee.

37.32. Trainees under conditions, suspended or removed from the register by a registration authority, or under other limitations (voluntary or imposed) which affect the trainee's practice

37.32.1. Trainees must inform ANZCA if they are subject to:

37.32.1.1. Agreed undertakings to limit practice.

37.32.1.2. Imposition of conditions.

37.32.1.3. Suspension of registration.

37.32.1.4. Removal of registration.

37.32.2. When ANZCA becomes aware that:

37.32.2.1. Conditions are placed on a trainee's practice or undertakings have been agreed to limit the trainee's practice, the trainee will be placed in interrupted training from the date the conditions are imposed.

37.32.2.1.1. At the earliest opportunity a trainee performance review (TPR) (regulation 37.31) must be undertaken.

37.32.2.2. A trainee has been suspended from the medical register, they will be placed in interrupted training from the date of the suspension, with the addition that they will not be entitled to:

37.32.2.2.1. Undertake any assessment with the ANZCA vocational training program.

37.32.2.2.2. Accrue or be credited with any training undertaken during the period of suspension from the ANZCA vocational training program.

37.32.2.2.3. Should the trainee have the suspension lifted, and wish to resume approved vocational training (AVT), they must advise ANZCA of this in writing within 26 weeks of the date of the suspension being lifted.

37.32.2.2.4. A TPR (regulation 37.31) must be undertaken to determine whether the trainee may resume AVT.

37.32.2.2.5. If the trainee has not advised ANZCA that they wish to return to AVT within 26 weeks of the date of the suspension being lifted, the trainee will be removed from the ANZCA vocational training program.

37.32.2.3. If the trainee has been removed from the medical register, they will be removed from the ANZCA vocational training program.

37.32.3. If a trainee has completed all requirements of the ANZCA vocational training program and is applying for admission to fellowship at the time the registration authority's decision is imposed:

37.32.3.1. If the applicant does not hold current registration to practise at the time of application, they will not be admitted to fellowship.

37.32.3.2. If the applicant has undertakings agreed with or conditions imposed on their practice by a relevant registration authority, a TPR (regulation 37.31) must be undertaken to determine whether admission to fellowship may proceed or consideration must be deferred until the agreed undertakings or imposed conditions are lifted.

37.33. Eligibility for fellowship

37.33.1. To be eligible for fellowship of ANZCA, trainees must have satisfactorily completed the requirements of this regulation and regulation 6.

37.33.2. The requirements of the ANZCA vocational training program are not considered to be complete until they have been reviewed, and are considered satisfactory, by ANZCA.

37.34. Removal or withdrawal from training

37.34.1. Trainees seeking to withdraw from the ANZCA vocational training program must advise ANZCA in writing.

37.34.2. A trainee who withdraws or is removed from the ANZCA vocational training program may reregister as a trainee. All re-registrations must be approved by the director of professional affairs (assessor).

37.34.2.1. Any individual who has been removed from the ANZCA vocational training program as the outcome of a trainee performance review or due to reaching the maximum number of unsuccessful exam attempts and/or due to exceeding maximum time limits for training periods cannot re-register.

37.34.2.2. Re registration as a trainee will only be accepted if the applicant has no conditions on their clinical practice imposed by the relevant medical board, at the time of re-registration with ANZCA.

37.35. Reconsideration, review and appeal

37.35.1. Any person who is dissatisfied with and adversely affected by a decision made under this regulation may apply to have the decision reconsidered. Subsequent applications may be made for review and then appeal. All such applications must be made under regulations 30 – Reconsideration, Review and Appeals Policy.

37.36. Interpretation and non-binding decisions

37.36.1. Any decision, approval, consent, or the exercise of any discretion, by 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.

37.36.2. Notwithstanding regulation 37, ANZCA Council may exercise or dispense other decisions after consideration of relevant circumstances.

37.36.3. 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.

37.37. Communications

37.37.1. All enquiries, applications and communications regarding regulation 37 must be made in writing and, unless otherwise specified in this regulation, addressed to the chief executive officer, Australian and New Zealand College of Anaesthetists, 630 St Kilda Road, Melbourne, Victoria 3004, Australia.

37.38. Definitions

Core units are defined durations of clinical training which must be completed in each of the four successive stages of the ANZCA vocational training program: introductory training, basic training, advanced training and provisional fellowship training. They enable the acquisition of knowledge, skills and attributes across the seven ANZCA clinical fundamentals, and stipulate the required levels of performance to be attained.

The ANZCA curriculum defines a set of seven **clinical fundamentals** which are core components underpinning all areas of anaesthetic practice: 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.

FANZCA is a fellowship with the Australian and New Zealand College of Anaesthetists

A **hospital employment year** is a period of 52 (and occasionally 53) consecutive weeks coinciding with the commencement and completion dates for trainee annual appointments.

The ANZCA **roles in practice** are the seven critical roles of the specialist: medical expert, communicator, collaborator, professional, advocate, scholar and leader and manager.

Specialised study units are components of the curriculum designed to be undertaken alongside the core units and facilitate the acquisition of specialised knowledge, skills and professional attributes specific to defined areas of anaesthetic practice.

Time spent in **approved vocational training** (AVT) includes all clinical anaesthesia time and other clinical time from the date of commencement in AVT, including any time spent in prospectively approved overseas training and all time spent in extended training, plus all permitted leave.

Volume of practice refers to the minimum number of cases, procedures and sessions required in the ANZCA training program curriculum.

Change control register

Version	Author	Approved by	Approval date	Sections modified	Next review
1.1	Policy Unit, TE-DDG	ANZCA Council	Oct 1, 2012	Created	Nov 2012
1.2	Policy Unit	ANZCA Council	Nov 10, 2012	37.5.2.5.6, 37.6.5.8, 37.6.6.2.1, 37.7.3.1.2, 37.9.1.3, 37.9.4.11-37.9.4.13, 37.12.7, 37.14.1037.14.12.6	2013
1.3	Policy Unit	ANZCA Council	Jan 15, 2013	Definition of ANZCA training program application agreement, clinical placement, clinical time and fees. 37.2, 37.5.2.5.4, 37.5.8.1.2, 37.5.8.2.3, 37.6.6.1.8, 37.13.8. Transition of trainees in the affiliated training regions incorporated in regulation 38.	2013
1.4	Policy Unit	ANZCA Council	Feb 23, 2013	37.9.8.3	2014
1.5	T&A Unit	ANZCA Council	Aug 16, 2013	37.5.2.5.1, 37.5.5.7.9, 37.6.6.1.3, 37.9.2.8, 37.9.3.8, 37.9.4.8, 37.13.9.2, 37.14.3.3, 37.14.6, 37. 14.10, 37.14.12, 37.14.12.1, 37.14.12.3, 37.14.12.4, 37.14.12.5,	2014
1.6	T&A	ANZCA Council	Oct 24, 2013	37.5.1.9, 37.5.2.2.1, 37.5.2.4.2, 37.5.2.5.3, 37.5.2.5.5, 37.14, 37.14.4.4	2014
1.7	T&A	ANZCA Council	Nov 16, 2013	37.5.2.4.1, 37.13.8	2014
1.8	T&A	ANZCA Council	May 1, 2014	37.14.3.3	2014
1.9	T&A	ANZCA Council	Sep 19, 2014 Oct 21, 2014	37.7.3.6 37.5.2.4, 37.5.2.5	2014
1.10	T&A	ANZCA Council	Nov 19, 2014	37.5.9.4, 37.7.3.1.6, 37.7.3.2.6	2014
1.11	T&A	ANZCA Council	Feb 5, 2015	37.5.2.4.9, 37.5.2.5.5, 37.5.2.5.8	2015
1.12	T&A	ANZCA Council	Feb 28, 2015	Abbreviation, 37.1, 37.5.6.4, 37.6.6.2, 37.9.2.8, 37.9.3.8	2015
1.13	TA	ANZCA Council	May 5, 2015	37.5.5.3.5, 37.5.5.6.4, 37.5.5.8.2	2015

1.14	TA	ANZCA Council	July 3, 2015	37.5.5.3.5	2015

1.15	TA	ANZCA Council	Sep 15, 2015	37.5.5.7.3, 37.5.5.7.4, 37.5.5.7.6	2015
1.16	TA	ANZCA Council	Nov 15, 2015	37.7.3.1.6, 37.7.3.2.6	2015
1.17	TA	ANZCA Council	Dec 11, 2015	37.5.2.4.7	2016
1.18	TA	ANZCA Council	Feb 20, 2016	37.13.4	2016
1.19	TA	ETAEC	Aug 12, 2016	37.5.2.6.2, 37.5.5.5.8, 37.5.5.6.9, 37.5.5.7.12, 37.5.6.2, 37.5.6.4, 37.5.7.1, 37.5.7.2.2, 37.5.7.2.4, 37.5.7.2.5, 37.5.7.2.6, 37.5.7.2.7, 37.5.7.3.2, 37.5.7.3.4, 37.5.10, 37.5.10.2, 37.5.10.3, 37.5.10.4, 37.9.10, 37.10.5.1, 37.10.5.2	2016
1.20	TA	ETAEC	Dec 1, 2016	37.5.6.7, 37.15.2	2017
1.21	TA	ETAEC	Feb 2, 2017	37.6.2.4, 37.6.5.3, 37.6.6.1.5, 37.14.12.1	2017
1.22	TA	ETAEC	Apr 21, 2017	37.5.5.3.5	2017
1.23	TA	ETAEC	July 11, 2017	37.5.1.7, 37.5.1.7.1, 37.5.1.7.2, 37.5.1.7.3, 37.5.1.7.4, 37.5.1.7.7, 37.5.1.7.7.1, 37.5.1.7.7.2, 37.5.1.7.7.3, 37.5.1.8.2, 37.5.1.10.1, 37.5.1.10.2	2017
1.24	TA	ETAEC	Aug 11, 2017	37.1 Definitions, 37.4.4, 37.5.2.4.1, 37.5.2.5.2, 37.5.2.5.5, 37.5.2.5.6, 37.5.5.3, 37.5.5.4, 37.5.5.5, 37.5.5.6, 37.5.5.7, 37.5.5.9, 37.5.5.10, 37.5.5.11, 37.5.6, 37.5.7.2, 37.5.7.3, 37.5.9.4, 37.7.3.1.3, 37.7.3.2.3, 37.7.3.2.6, 37.7.3.2.7	2017
1.25	EU	Council	November 2017	Abbreviations, 37.6.6.1.3, 37.6.6.1.9, 37.14.10, 37.14.12, 37.14.12.1,	2017
1.26	EU	Executive & EEMC	March 2018	37.5.2.9, 37.14.4.3.2, 37.16, 37. 16.1, 37.16.2, 37.16.3, 37.16.3.1, 37.16.4.2	2018

1.27	EU		July 2018	Definitions, 37.5.3, 37.5.5.4.5, 37.5.5.5.6, 37.5.5.6.7, 37.5.5.7.11, 37.5.9.4, 37.5.9.5, 37.5.10.1, 37.5.10.3, 37.6.2, 37.6.2.8, 37.6.2.13, 37.6.3.8, 37.6.4.4, 37.6.5.9, 37.6.6.1.14, 37.6.6.2.6, 37.7.1.2.3, 37.7.3, 37.7.2.5, 37.7.3.1.1, 37.7.3.1.6, 37.7.3.2, 37.7.3.2.6, 37.8.1, 37.8.2, 37.9.2.3, 37.9.2.5, 37.9.2.6, 37.9.2.9, 37.9.3.3, 37.9.3.5, 37.9.3.6, 37.9.4.3, 37.9.4.5,	2018
				37.9.4.6, 37.9.4.11, 37.10.2, 37.11.2, 37.11.3, 37.12.5, 37.13.2, 37.13.6, 37.14.3.1, 37.14.7, 37.18	
1.28	EU	EEMC	September 2018	Abbreviations used in this regulation, 37.1, 37.5.5.1, 37.5.5.3.5, 37.5.5.3.11, 37.5.5.3.12, 37.5.5.4.6, 37.5.5.7.10, 37.5.5.7.13, 37.5.6.8, 37.5.7.2.4.4, 37.5.7.2.5.2, 37.5.7.2.7.2, 37.5.8.1.4, 37.5.8.2, 37.5.8.2.1, 37.5.8.2.2, 37.5.8.2.3, 37.6.2.3, 37.6.5.2, 37.6.5.4, 37.6.6.1.6, 37.7.1.2, 37.7.1.3, 37.7.2.2, 37.7.2.5, 37.7.3.3.2, 37.7.3.4.1, 37.7.3.4.2, 37.7.3.4.3, 37.7.3.6.3, 37.7.3.6.4, 37.9.2.1, 37.9.2.2, 37.9.2.3, 37.9.3.1, 37.9.3.2, 37.9.3.3, 37.9.4.1, 37.9.4.2, 37.9.4.3, 37.9.8.2, 37. 12.2, 37.13.2, 37.13.4.1, 37.13. 4.2, 37.13.7, 37.13.9.7, 37.14. 3.2, 37.14.3.4, 37.14.4.3, 37.16.3.2, 37.16.4.1, 37.16.4.2, 37.16.4.3, 37.16.4.3.1, 37.16.4.3.2, 37.16.4.3.3, 37.16.4.3.4, 37.16.4.3.5	2019
2.0	EU	EEMC	October 2019	Regulation adapted into plain English, duplications removed and clauses reordered.	2020
2.1	EU	Admin change	November 2019	37.20.6 split into two separate clauses	2020
2.2	EU	EEMC	November 2020	37.7.1.1 – SIMG applying for the training program 37.14.5.1.2 – changes to primary examination 37.30 - Trainees experiencing difficulty process changed to trainee support process	2021

2.3	EU	EEMC	March 2021	37.14.5.2.2 – changes to final examination	2021
2.4	EU	EEMC	December 2022	3.7.5 – changes to RPL fees 37.13.12 – Change CPD credits to hours	2023
2.5	EU	ANZCA Council	As part of the 2024 update	Throughout document – updated the title of the document from 'ANZCA Handbook for Training' to 'ANZCA Anaesthesia Training Program Handbook.' Update to RPL fees process 37.7.5	2025

				The inclusion of clause 37.7.1.5.2 – relating to RPL after completing RGA training Change to clause 37.14.5.4.2 – updated to reflect updates to the Special Consideration Policy. Change to 37.35 – updated to reflect updates to the Reconsideration, Review and Appeal Policy. Changes made throughout the document to reflect the inclusion of MCQ assessment and SES assessment Update to clause 37.21.1.3 and 37.21.1.3.1 regarding fee structures and PCIA.	
2.6	EU	EEMC, ANZCA Council	April 2025	Changes to the following clauses: 37.14.6.2.3 – replacement of 'required' with 'advised' regarding trainees' attending a remediation interview 37.14.6.4.2 – update of timeframe for applying for special consideration to at least 4 weeks prior to examinations.	2025

2.7	EU	EEMC	August/October 2025	37.3.8 – addition of a new clause stipulating that applicants with conditions imposed cannot apply 37.6.1.1 – addition of a new clause stipulating the consequences of failing to maintain training records 37.7.1.5.2. – replacement of 'the Advanced Certificate (formally Diploma)' with 'all training requirements of the Rural Generalist Anaesthesia training program' 37.7.4 – addition of a new clause excluding activities completed more than five years before AVT commencement from RPL eligibility 37.10.2 – update to clause to clarify period of leave permitted, and addition of 'intensive care' 37.10.4 – addition of reference to CICO course	2026

				37.10.6 – replacement of ‘at the end’ with ‘in the last four to six weeks’ 37.13.5 – addition of a sentence at the end of the clause 37.14.1.1 to 37.14.1.5 – rewording and reordering of clauses for clarification and to reflect order of completion 37.14.6.1.1.2 – addition of minimum time frame for clinical anaesthesia time/other clinical time 37.14.6.2.1.3 – addition of minimum time frame for clinical anaesthesia time/other clinical time 37.31.13.7 – addition of a new clause to stipulate the maximum time period for the completion of a TPR 37.34.2.1 – addition of ‘and/or due to exceeding maximum time limits for training periods’ 37.34.2.2 – addition of a new clause to stipulate that reregistration is only accepted if no conditions are imposed Various – replacement of references to ‘Training Portfolio System (TPS)’ to MyPortfolio	
2.8	EU	EEMC, ANZCA Council	August/ September 2026	37.14.6.2 – addition of anaesthetic gap assessment information 37.31.3.2 – addition of termination or suspension as reasoning for the initiation of TPR 37.31.13.1 – addition of requirement to complete suspended training in clinical anaesthesia in an ANZCA accredited site, subject to approval by TPRSC 37.31.13.2 – addition of requirement for trainee, SOT and HOD to sign an agreement confirming understanding of conditions imposed	2027

2.9	EU	EEMC, ANZCA Council	August/ September 2026	37.21.1.1. – addition of annual training fee instalment option for eligible trainees 37.21.1.3. - amendment of continuous of part-time training requirement 37.21.3.2 – change of date for final financial hardship applications 37.21.3.3. – amendment of payment due dates to accommodate instalment option 37.21.3.4. – amendment of payment due dates to accommodate instalment option 37.21.3.5. – amendment of payment due dates to accommodate instalment option 37.21.5 – addition of fee instalment section	2027