ANZCA Course in Perioperative Medicine handbook

December 2025 v1.5

Our innovative multidisciplinary collaboration

ANZCA RNZCGP RACS RACGP
FPM RACP ACRRM CICM

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Contents

Introduction

The term “perioperative” refers to the time around surgery, for which there are three key phases: pre, intra, and postoperative. These phases have traditionally been used by medical professionals to differentiate and establish roles and responsibilities for patient care, however, this can result in medical specialists practicing in ‘silos.’ The perioperative clinician has the knowledge and skills to effectively identify complex patient needs, that may or may not require intervention, before, during or after surgery, and can appropriately collaborate in a multidisciplinary team to coordinate and optimise patient care and surgical outcomes.

The design of the ANZCA Course in Perioperative Medicine aligns with the framework described in *A framework for perioperative care in Australia and New Zealand*. The framework is an ANZCA initiative that was developed in collaboration with representatives of other specialist colleges and perioperative medicine special interest groups. The perioperative medicine course supports ANZCA’s vision for perioperative medicine, which is to progress service delivery during the perioperative period to a more seamless, coordinated, multidisciplinary and interdisciplinary model.

Participants who successfully complete all six units of study of the ANZCA Course in Perioperative Medicine will be graduates of the Chapter of Perioperative Medicine (ANZCA) and will be able to use the postnominals GChPOM. The post-nominals indicate that the clinician has undertaken further learning to be able to carry out excellence and leadership in perioperative care; that is, to work as part of a collaborative and multidisciplinary team to ensure patients are informed and medically optimised before, during and after surgery and throughout the recovery period.

Participants who only wish to do individual units of study will receive an acknowledgement of completion for the unit of study.

During the course, anaesthetists, physicians, surgeons, general practitioners, and intensivists will advance their knowledge and skills in collaborative perioperative medicine, with the ultimate goal of improving patient outcomes.

This document should be read in conjunction with:

- Regulation 45 – Education course leading to a Graduate of the Chapter of Perioperative Medicine (regulation 45)
- ANZCA Course in Perioperative Medicine Curriculum (the curriculum)

Aim of the course

The aim of the course is to equip participants with the knowledge and practical skills to establish and deliver excellence in perioperative care that align with the principles outlined in the ANZCA Perioperative Care Framework, thereby contributing to:

- The improvement of patient outcomes during the perioperative period.

- Patient safety by identifying perioperative risks and instituting risk reduction strategies.
- The reduction of financial and socioeconomic impacts of surgical interventions on patients, healthcare systems and government.

At the end of the course, participants will:

- Demonstrate leadership and a collaborative approach to perioperative care.
- Advance the application of evidence-based perioperative interventions.
- Effectively co-ordinate and facilitate the delivery of care to patients throughout the perioperative period.

The perioperative medicine course is not a training course for a specialist qualification.

1 Getting started

1.1 Registering for the ANZCA Course in Perioperative Medicine

To be eligible to register, medical practitioners wishing to undertake the perioperative medicine course must either:

- hold a fellowship with the: Australian College of Rural and Remote Medicine (ACRRM), Australian and New Zealand College of Anaesthetists (ANZCA), College of Intensive Care Medicine (CICM), Royal Australasian College of Physicians (RACP), Royal Australasian College of Surgeons (RACS), Royal Australian College of General Practitioners (RACGP), Royal New Zealand College of General Practitioners (RNZCGP), or
- if a trainee of one of the above colleges, have completed their fellowship examination (if there is one), and be within 12 months (one full time equivalent) of expected completion of their primary fellowship.
- An international applicant, must hold a fellowship or other specialist qualification eligible for entry into the SIMG pathway for the parent college.

To register for the ANZCA Course in Perioperative Medicine, medical practitioners must:

- register directly with ANZCA,
- complete a registration form providing the required supporting documents which are listed on the form, and
- pay the registration and course fees within two weeks of the start date of the trimester.

Approval of participants into the perioperative medicine course will be finalised by the Director of Professional Affairs (DPA) Assessor, and participants will be notified by the ANZCA administration team of the registration outcome.

Where a registration decision is challenged by an applicant, the decision will be reviewed by the DPA.

Should a participant secure admission to the program course based on qualifications, documents or statements that are subsequently found to be false, revoked or invalid, the college shall review the participant's registration, which could be cancelled.

To ensure currency of skills continues into specialist practice, the perioperative medicine course will be completed toward the end of primary fellowship training or post fellowship.

1.2 Participant selection

Acceptance into the perioperative medicine course is subject to meeting registration requirements.

Eligible applicants will be accepted on a first come first served basis (from receipt of application).

1.3 Change of name

If the participant's name has been changed from that on supporting documents, a certified copy of the evidence of change of name must be provided.

1.4 Recording progression

Participants are required to log their unit of study progression in the ANZCA Learning Management System (LMS).

The LMS is the dedicated online learning system that enables participants to access and undertake learning activities, complete online assessments and record and track progression of clinical immersion activities. Appointed supervisors can access the system to monitor participant progress.

Participants can access the LMS from the start of the course, and are responsible for ensuring learning and assessment activities are completed as required, and that information within it is kept up to date and accurate. Participants must submit their clinical immersion activities within two calendar weeks of completing the experience. Any experiences not recorded at the end of a unit of study will not be included. This will result in the non-completion of the unit of study.

Once a clinical based assessment (CBA) has been completed and submitted, the record cannot be altered.

LMS support resources are available on the ANZCA website. Queries regarding the LMS can be sent to ANZCA via periop@anzca.edu.au.

Data privacy on the LMS

Collecting patient information has important implications:

- Participants and supervisors should be familiar with relevant privacy legislation and appropriate patient consent must be obtained or approved.

- Any patient information recorded in any format must comply with the hospital's privacy statement.
- Patient data recorded in the LMS must be de-identified.

  It is important to note that any reflective comments in the LMS may have potential medico-legal implications.

1.5 Fee structure

The fee structure for the course is outlined in regulation 45.

Fees are determined by the ANZCA Council on an annual basis and are published on the ANZCA website.

Any assessment completed more than two weeks before paying applicable course fees will not count towards the participant's course requirement.

If payment is not made within the required timeframe and the participant's LMS account is suspended, the course material will be reinstated upon full payment.

1.6 Recognition of prior learning and experience

Recognition of prior learning and experience (**RPLE**) is a process to acknowledge previously completed education or training that is comparable and relevant to that assessed in the perioperative medicine course and the required competencies.

The perioperative medicine course does not permit RPLE to be applied towards completion of the course. The only exception is partial credit for recent clinical training time.

Participants undertaking the perioperative medicine course, who are working in a perioperative medicine (POM) related training role, may have that time credited for the clinical immersion time under the following circumstances:

- Clinical training time must be post fellowship examination and/or in the last 12 months of training.
- The clinical training time must be in a POM role.
- The clinical time must not have been completed longer than 12 months prior to the unit of study that the time is credited toward.
- A maximum of 30 hours of clinical immersion time per unit of study can be credited, up to three units of study may be eligible for credit in this way.

All assessments for the unit of study need to be completed by a recognised perioperative medicine course supervisor.

Participants applying for credit for recent clinical training time are required to attend the compulsory workshop and complete all eLearning modules for those units.

A record of activities required for the unit of study needs to be completed and submitted at enrolment by the candidate to demonstrate achievement of clinical immersion requirements. This record must be confirmed by a supervisor.

1.7 Academic honesty and plagiarism

ANZCA upholds the highest standards of academic integrity. Academic dishonesty will not be tolerated. Substantiated academic dishonesty will result in referral to the participant's primary college.

1.8 Privacy

As outlined in the participant agreements, ANZCA collects and holds personal information from individuals when it is reasonably necessary for the performance of college functions and activities. This information is used for administering registration, training and education activities. De-identified information may be used for internal monitoring, evaluation and audit purposes. The information collected and held will not be disclosed to third parties except as required by law.

The reasons for collecting the information and how it is used are outlined in *ANZCA's privacy policy.*

2 Course requirements

2.1 Clinical immersion experience

Clinical immersion provides the participant with the opportunity to explore perioperative care as outlined in the ANZCA Perioperative Framework through observation, simulation and limited practice opportunities. They will experience multidisciplinary and interdisciplinary team collaboration and gain insight into the knowledge, skills and behaviours required to deliver effective perioperative medicine care.

The study units will be organised into 10-week blocks occurring three times during the year (trimesters). Refer to Figure 1. The dates for the trimesters will be published on the ANZCA website.

For each unit of study, participants are required to do 40-hours of clinical immersion in a perioperative setting. No more than sixteen hours clinical immersion may be completed per week, per unit.

Unit of study 4 exception (applicable to FRACP/FRACGP/RNZCGP/FACRRM only):

FRACP/FRACGP/RNZCGP/FACRRM background participants are able to undertake **a block** of clinical immersion time in-theatre. This approach ensures all learning outcomes for the unit are achieved and provides the opportunity to gain structured and comprehensive experience in theatre.

Participant clinical immersion experiences are planned with their supervisor to provide opportunities for observation and practice of skills, relevant to that unit of study, in a variety of settings.

Learning outcomes for clinical immersions are assessed using actual and simulation clinical based assessments, see section 2.5 of this handbook.

Learning outcomes are intended to be sufficiently broad to accommodate the different clinical learning experiences deliverable at each clinical immersion site.

Participants will be placed in sites with an established perioperative service/unit for all or part of their clinical experience.

2.2 Leave

Participants can take a leave of absence between units of study, without consequence, provided all six units of study are completed within three calendar years from the date of commencement of the perioperative medicine course.

If a participant needs to take leave during a unit of study, they must negotiate with their supervisor to make up for any missed experience before the time the logbook must be submitted.

2.3 Planning, reviewing, and recording

It is each participant's responsibility to ensure that planning occurs as part of their orientation to the clinical immersion setting.

There are two stages:

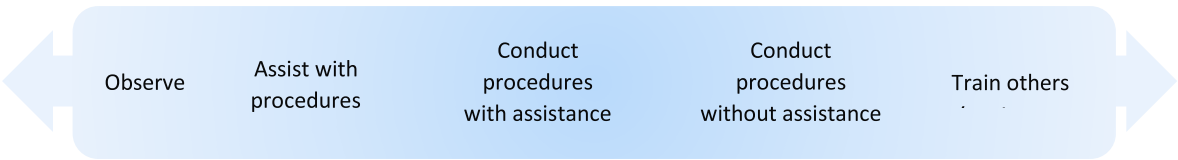
Clinical immersion plan: In consultation with their supervisor, participants must complete and submit their clinical immersion plan through the LMS within the first two calendar weeks of starting the unit of study.

During clinical immersion, participants will experience a variety of perioperative care settings, some of which will be familiar or current working environments and others that will be less familiar or outside their area of practice. Participants attend clinical immersion, usually, but not always, in a supernumerary capacity.

During orientation and planning, for the 10-week clinical immersion experience, the supervisor and participant will discuss and agree the level of autonomy the participant will have in any given setting, based on the participants individual past clinical experience.

The level of clinical autonomy does not indicate a level of achievement but instead indicates the extent of participation during the planned clinical experiences. It provides guidance for the participant and the perioperative practitioners of the range of activities the participant can do during clinical immersion experience, for example: observe, assist with procedures, conduct procedures with assistance, conduct procedures without assistance and able to train others (see the autonomy continuum below).

Clinical immersion is experienced through activities on the autonomy continuum:



Completion of clinical immersion review: This review is facilitated by the supervisor and conducted once all clinical immersion requirements are completed.

Time management is an essential component of study. This includes allocating appropriate time to acquire the knowledge, skills and behaviours associated with each unit of study and ensuring assessments are conducted in accordance with the assessment table.

2.3.1 Logbook

Participants are required to complete a logbook for each unit of study, outlining the number of hours spent within each clinical immersion setting, and the activities and observations conducted.

It is a requirement that participants complete and submit their logbook as part of each unit of study.

The logbook must be submitted within two-calendar weeks of completing the unit of study.

Supervisors are required to confirm each participant's logbook as part of the clinical immersion review.

Failure to complete the logbook will result in failure of the unit of study.

2.3.2 Workshops

All participants must complete a total of three workshop days as part of the course completion requirements.

The workshop consists of:

- **Two face-to-face days**, usually scheduled in conjunction with the annual POM SIG meeting (held in rotating locations across Australia and New Zealand), and
- **One online day**, which is completed separately at designated times during the year.

These three workshop days must be completed within the four-year course enrolment period. If a participant is unable to attend in a given year, they may complete the components in a subsequent year, subject to availability.

Participants must complete a minimum of two units of study (from any of the six available) before attending any course workshop.

The workshop program is designed to consolidate learning across the entire perioperative journey and focuses on applied, case-based learning in an interdisciplinary context.

2.4 Time limit on completion

All six units of study must be completed within 48 months of the date of commencement of the course.

The qualification of Graduate of the Chapter of Perioperative Medicine will not be awarded until the pre-requisite fellowship has been awarded.

2.5 Assessments

Assessments include theoretical and practical assessments.

Theoretical knowledge is assessed through a range of knowledge checks within the eLearning modules which use the perioperative clinical cases bank and the resources for each unit of study.

Practical knowledge and skills are assessed via observation of clinical skills and patient consultations (includes simulation) using clinical-based assessments (see 2.5.1 of this handbook).

All assessment documentation is available to both the participant and supervisor on the LMS. An outline of clinical immersion assessments can be found in section 2.5.1 of this handbook.

Figure 1. Course requirements

Duration	Minimum duration for course completion is 12 months where two units of study are undertaken concurrently each trimester Maximum duration for full course completion is 48 months (this includes any periods of interrupted participation between units of study or consecutive trimesters)					
Course timing	Trimester 1: 10 weeks		Trimester 2: 10 weeks		Trimester 3: 10 weeks	
Curriculum Primary focus	Unit of Study 1	Unit of Study 2	Unit of Study 3	Unit of Study 4	Unit of Study 5	Unit of Study 6
	Preoperative assessment	Preoperative planning	Optimisation	Intraoperative impacts on patient outcomes	Post operative assessment and management	Discharge planning and rehabilitation
Targeted learning	• Perioperative assessment • Preoperative investigations • Perioperative risk • Communication • Measures of perioperative clinical effectiveness	• Perioperative management planning within the multidisciplinary team • Shared decision making in care and discharge planning for patients and their families • Preoperative planning considerations • Data handling and registries • Advocacy and patient safety	• Optimisation and prehabiliation strategies • Patient, health and wellbeing • Complex morbidities • Patient safety • Interprofessional and interdisciplinary communications	• Intraoperative interventions • Surgical protocols and procedures • Recovery • Patient and carer communication • Leadership and management in the perioperative unit	• Post operative management and assessment • Unplanned critical events • Pain management • Patient safety and quality management • Cultural safety in healthcare	• Discharge planning • Rehabilitation • Ethical issues in medical decision making • Patient care services, continuity and accessibility • Wellbeing
	Professional and value themes • Roles in practice: Medical expertise, communicator, collaborator, leader and manager, health advocate, scholar, professional • Cultural safety, diversity and inclusion in healthcare • Patient, carer and practitioner wellbeing • Communication in healthcare					
Programmatic learning	eLearning content: readings, publications, media resources, case-based scenarios and reflective activities					
eLearning assessment	knowledge checks: (individually formative, collectively summative), multiple choice questions (MCQs) and short answer questions					
Clinical based assessment	Micro clinical assessment (MCA) (internal)					
Summative clinical based assessments	OCS: Observation of clinical skills (internal) CAAS: Case analysis activity simulation (hybrid (internal and external)) PCOAS: Patient consultation observation assessment simulation (hybrid (external))					
Levels of clinical autonomy	Observing Assist with procedures or decisions Conducts procedures or makes decisions with assistance Conducts procedures or makes decisions without assistance Practices autonomously and able to train trainees					
Orientation, Supervision and Review	Clinical immersion experience planning and orientation Clinical immersion experience review					

Figure 2 – Assessment schedule guide

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10
Unit of Study 1	Participant and supervisor plan clinical immersion experiences.		OCS		MCA	CAAS	PCOAS			
Unit of Study 2	Participant and supervisor plan clinical immersion experiences.		OCS		MCA	CAAS		PCOAS		
Unit of Study 3	Participant and supervisor plan clinical immersion experiences.		OCS		MCA	CAAS		PCOAS		
Unit of Study 4	Participant and supervisor plan clinical immersion experiences.		OCS		MCA	CAAS #1	CAAS #2			
Unit of Study 5	Participant and supervisor plan clinical immersion experiences.		OCS		MCA	CAAS #1	CAAS #2			
Unit of Study 6	Participant and supervisor plan clinical immersion experiences.		OCS		MCA	CAAS		PCOAS		

Table Key	OCS: Observation of clinical skills	MCA: Micro clinical assessment	CAAS: Case analysis activity simulation	PCOAS: Patient consultation observation assessment simulation

2.5.1 Clinical-based assessments

Clinical-based assessments (CBAs) must be completed as outlined in the ANZCA Course in Perioperative Medicine Curriculum and the ANZCA Course in Perioperative Medicine Handbook.

Assigned or delegated supervisors are to complete participant CBAs throughout the unit of study.

CBA activities are conducted either in clinic or as simulations.

The purpose of the CBAs is to:

- provide participants with regular, structured, and actionable feedback,
- foster a culture of feedback and support, providing transparency for participants and supervisors, and
- assist supervisors in providing meaningful suggestions to participants, for their progression through the unit of study.

All clinical based assessments have been matched specifically to the learning outcomes (knowledge, skills, and behaviours) for each unit of study to ensure that participants have all the necessary attributes for practice as perioperative clinicians.

The following four CBA tools (observation of clinical skills, micro clinical assessment, case analysis activity simulation, and patient consultation observation assessment simulation) each have a different focus. They guide participants to competence in key clinical tasks and assist supervisors in monitoring participant performance and progress.

For a CBA, a case is defined as any observed interaction with a patient, in a clinical or simulated environment, that can be assessed against the learning outcomes.

Using the feedback and their reflections, participants document specific actions to improve their future perioperative practice.

All CBAs, except for the PCOAS, can be completed at any time during a unit of study. Figure 2 of this handbook is an assessment schedule guide for trainees and supervisors.

All CBAs have a formative component however, they form a summative assessment collectively.

2.5.2 Observation of clinical skills (OCS)

The purpose of this assessment method is for a participant to have their clinical skills assessed. The clinical skill will have relevance to the unit of study being undertaken and the participant will be provided with a structured feedback format for both knowledge and technical proficiency regarding a discrete clinical skill.

The OCS is assessed by the supervisor in the clinical immersion setting. Details on how the assessment will be marked are available on the LMS.

The OCS has five components:

- **Initial discussion:** Regarding indications, contraindications, and consent where applicable. It is useful to ask the participant to outline the existing policies, protocols or procedure requirements related to the procedure and what other considerations should be taken into account when conducting the procedure.
- **Observation:** Of the consent process (where applicable) and the procedure or activity.
- **Feedback:** This is the most important aspect of the process. Feedback conversations should be held between the participant and supervisor as soon after the observation as possible. The setting should be private and free from interruption.
- **Documentation by the supervisor of their observations:** Comments should include sufficient specific detail to allow for later reflection by the participant. Items to provide written feedback on for the OCS include consent and preparation, technical ability, insight, context and documentation and post-procedure management. Identification of good performance as well as areas for improvement is important. If the participant is assessed as still requiring direct supervision for the procedure, the supervisor is required to provide feedback to the participant on what they need to do to perform the procedure without direct supervision.
- **Participant reflection:** This will assist the participant to progress through the course by incorporating feedback and developing their skills for self-reflection and continuous improvement.

OCS requirements:

- It is expected that the skill is conducted for a patient with an American Society of Anesthesiologists (ASA) level of three or above.
- A minimum of 80% must be met using the competencies in the rubric.
- The participant is allocated one hour to complete the requirements of the OCS.
- The supervisor is allocated 30 minutes for questions, discussion and feedback.

At risk participants

Where a participant scores lower than 80% on the OCS:

- The supervisor provides feedback clearly indicating areas of learning required.
- The participant is required to complete the additional reflective activity with a focus on the ‘not competent’ domains (see relevant section on the OCS assessment form).
- The participant repeats the OCS. At least one week is required between the failed and repeated assessment.
- The supervisor discusses participant reflection and performance.

- All discussions are documented by the supervisor.

2.5.3 Micro clinical assessment (MCA)

The micro clinical assessment is designed to assess a combination of clinical skills and assist the participant to learn and attain greater autonomy.

It provides a supervisor (assessor) with a structured format for directly observing and assessing the performance of a participant during their unit of study clinical immersions, which will range from the preoperative assessment to the postoperative discharge and rehabilitation of a patient.

An assessment can be used to cover the entire encounter or to focus on certain aspects of a case, such as the preoperative assessment.

The participant and the supervisor should agree on an appropriate case before the micro-assessment starts. The case should be one that the participant is able to comprehend and manage reasonably without direct intervention by the supervisor.

The participant 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 supervisor should clarify their role, including the circumstances in which they would intervene in the case.

The MCA is assessed by the supervisor in the clinical immersion setting. Details on how the assessment will be marked are available on the LMS.

The MCA has five components:

- **Initial discussion:** Regarding relevant clinical knowledge, understanding and reasoning related to the case. The participant should be able to articulate and justify a management plan.
- **Observation:** Of the participant managing the case. It is important that the participant conducts the whole activity to completion. 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 help the participant attain greater autonomy. The supervisor should also note when no intervention was required and discuss this in the feedback.
- **Feedback:** This is the most important aspect of the process. Feedback conversations should be held between the participant and supervisor as soon after the observation as possible. The participant should be encouraged to share their perspectives on their performance. The setting should be private and free from interruption.
- **Documentation by the supervisor of their observations**: This should include specific detail and examples of observations to allow for later reflection by the participant and provide the unit of study lead with a clear idea of participant performance. Identification of good performance as well as areas for improvement is important. Items to provide written feedback on for the micro-assessment include planning and preparation, patient interaction, vigilance and decision-making, team interaction and risk minimisation.

- **Participant reflection:** This will assist the participant to progress towards independent practice by incorporating feedback and developing their skills for self-reflection and continuous improvement.

Micro clinical assessment requirements:

- Both micro clinical assessments need to be completed in separate and individual patients.
- It is expected that both MCAs be for patients with ASA level of three or above.
- For units of study where learning outcomes cover emergency care of patients, it is recommended that one MCA be an emergency case.
- A minimum of 80% must be met using the competencies in the rubric.
- The participant is allocated one hour to complete the requirements of the OCS.
- The supervisor is allocated 30 minutes for questions, discussion and feedback.

At risk participants:

Where a participant scores lower than 80% on the MCA:

- The supervisor provides feedback clearly indicating areas of learning required.
- The participant is required to complete the additional reflective activity with a focus on the 'not competent' domains (see relevant section on the MCA assessment form).
- The participant repeats the MCA. At least one week is required between the failed and repeated assessment.
- The supervisor discusses participant reflection and performance.
- All discussions are documented by the supervisor.

2.5.4 Case analysis activity simulation (CAAS)

This assessment examines the skills of reasoning, decision making, interpretation and application of evidence in relation to cases or situations which the participant has presented to them as a fictional scenario (simulation). The CAAS enables assessment and provision of guidance on relevant clinical knowledge, understanding, documentation, and reasoning, and encourages the participant to research the issues raised in the scenario.

The CAAS is assessed in two parts, with specific variations for different units of study:

- Units of study 1, 2, and 3:
    - Part one: Assessed on the LMS.
    - Part two: Assessed by the supervisor in the clinical immersion setting.
- Units of study 4, 5, and 6:

- Part one: Consists of short answer questions completed by course participants and graded by external assessors.
- Part two: Can either be conducted in the clinical immersion setting and graded by the clinical immersion supervisor or submitted as a written report by the course participants and graded by external assessors.

Details on how the assessment will be marked are available on the LMS.

The CAAS has five components:

- **Case**: For this assessment, a de-identified case is presented to the participant with relevant investigation reports.
- **Assessment activities**: The participant is instructed to conduct a series of case-associated activities. There may be one or more components to the assessment.
- **Discussion**: The participant provides the rationale for the decision making around aspects of the case. This is also an opportunity to explore how the participant would manage the patient if events unfolded differently, or what issues they might have anticipated for this patient during the pre, intra, and postoperative period.
- **Feedback**: This should be provided at the time of the assessment or relevant component of the assessment. It should be specific and constructive to guide the participant on areas they should focus on in future study, and structures they may find helpful for approaching tasks such as formulating plans. Points for written feedback for the CAA are patient assessment, management, reasoning and insight, and risk minimisation.
- **Participant reflection**: This includes what the participant plans to do in the future as a result of the discussion and feedback that has occurred.

CAAS requirements:

- The participant is required to successfully complete the simulation component of the CAAS before the supervisor discussion.
- Participants are allocated 90 minutes to complete the simulation requirements of the CAAS.
- Supervisors are allocated 30 minutes for questions, discussion and feedback.

At risk participants:

- Participants are allocated unlimited opportunities to repeat the simulation component of the CAAS during the unit of study.
- Participants who do not successfully complete the simulation requirements will be referred to the unit of study lead.

2.5.5 Patient consultation observation assessment simulation (PCOAS)

The assessment evaluates and provides structured feedback about proficiency to communicate with the patient and conduct a structured comprehensive pre, intra or postoperative assessment of a fictional patient (simulation). In developing an appropriate management plan, the participant must seek consent and consider the patient, facility, surgical and personal factors.

The participant can reflect on how these influence planning and management including the need for transfer to an alternate centre for care and demonstrate provision of skills for cultural safety skills, self-reflection, and continuous improvement.

The PCOAS is assessed by two clinicians who have not been involved in supervision of a participant. Details on how the assessment will be marked are available on the LMS.

The PCOAS has four components divided into three parts:

Part one

- **Case:** For this assessment, a case simulation is presented virtually to the participant with the use of actors or video.

Part two

- **Assessment activities:** The participant is instructed to conduct a series of case-associated activities. There may be one or more components to the assessment. The interaction is recorded
- **Submission of written activity:** The participant submits written assessment work and the recorded patient interaction for review by external assessors.
- **Feedback:** This should be provided in writing by the external assessors following review of assessment activities and documentation. The feedback should be specific and constructive to guide the participant on areas they should focus on in future study, and structures they may find helpful for approaching tasks such as formulating plans. Items to provide written feedback on for the PCOAS are: patient communication and consent, patient assessment, management, reasoning and insight, and risk minimisation.

PCOAS requirements:

- The participant will be notified by ANZCA of the date of assessment activities.
- The participant is required to submit part one and two of the PCOAS within 72 hours of completing part one.
- The external assessors will provide written feedback to the participant within seven days after submission.
- The participant must complete the PCOAS within the time specified in the assessment schedule (see Figure 2 of this handbook).

2.6 Monitoring of clinical-based assessments

Supervisors can monitor performance by reviewing CBAs with the participant. If participant performance fails to achieve the pass mark in a CBA, an additional assessment can be undertaken by the participant to attain a pass.

If the participant fails the first attempt at the assessment, it may indicate that they are experiencing difficulty and intervention may be required (see section 3.5 of this handbook).

Failing the assessment twice will result in the failure of the unit of study.

In addition to meeting the individual pass mark for each assessment, participants must achieve an overall average of 80% across all internal and external assessments to pass the unit of study, with a minimum of 70% in external assessments.

2.7 Completion of the ANZCA Course in Perioperative Medicine

Once the final progress review is completed and upon payment of a non-refundable course completion fee, the participant will receive a letter from ANZCA confirming completion of the ANZCA Course in Perioperative Medicine and a testamur for Graduate of the Chapter of Perioperative Medicine (GChPOM) will be issued.

If an international participant:

The ANZCA Course in Perioperative Medicine qualification will not be awarded until the participant's primary fellowship has been awarded and they are on the specialist register (Australia) or Vocational register (New Zealand) for their parent college's specialty

2.8 Graduates

Prior to award of Graduate of the Chapter of Perioperative Medicine the p, participants must have completed all unit of study requirements as outlined in regulation 45, the curriculum and the handbook, including having been awarded a prerequisite fellowship acceptable to ANZCA Council.

The Chapter of Perioperative Medicine does not lead to eligibility for the award of ANZCA fellowship or membership.

2.9 Withdrawal

From a unit of study:

Where a participant withdraws from a unit of study after the cut-off date published on the ANZCA website, the unit of study registration fee will not be refunded.

Where a participant withdraws or is removed at any time prior to completion of a unit of study, they are required to retake that entire unit of study if re-entering the course.

Participants seeking to withdraw from a unit of study must advise ANZCA in writing.

From the ANZCA Course in Perioperative Medicine

Participants who wish to withdraw from the perioperative medicine course should advise ANZCA of this in writing, specifying reasons for withdrawal. Once notice is received the supervisor and unit of study lead will be notified.

2.10 Removal from the ANZCA Course in Perioperative Medicine

Participants who do not complete all six units of study within 36 months will be ineligible to continue and will be removed from the course.

2.11 Reapplying to the ANZCA Course in Perioperative Medicine

Participants who have withdrawn or been removed from the perioperative medicine course due to exceeding the time period for completion may subsequently re-apply for the course.

A participant cannot reapply for the perioperative medicine course if:

- Their medical registration is subject to conditions.
- They are suspended or removed from the register by a registration authority.
- Their registration is under other limitations (voluntary or imposed) which may affect the participants' ability to practice.

3 Special circumstances

3.1 Part-time study

Part-time study for a unit of study is not permitted, due to the short duration of each 10-week unit of study.

3.2 Overseas study

All clinical immersion experiences must be completed within Australia or New Zealand.

3.3 Re-entry to the ANZCA Course in Perioperative Medicine process

Participants who have been removed from the perioperative medicine course, due to reasons outlined in section 3.6 of this handbook, will have the re-entry application assessed by a DPA.

All other re-entry applications will be processed against the registration requirements outlined in section 1.1 of this handbook.

3.4 Participants with illness or disability

Participants have a responsibility to ensure that they are fit to practise and must seek medical advice if they are uncertain about their fitness to practise. ANZCA does not determine fitness to practice; this is a matter for the participant's treating medical practitioner, their employer, and the relevant regulatory authority granting registration to practise. ANZCA must be notified of any illness or disability that would preclude safe practice. Maintenance of confidentiality and privacy are paramount obligations to participants with illness or disability; however, in cases where patient safety may be affected, ANZCA reserves the right to notify medical boards, the primary college or other appropriate authorities, and to remove the participant from any clinical immersion.

On application into a unit of study, participants are required to make a declaration of fitness to practice to undertake the clinical immersion experience and to notify ANZCA of any future illness or disability that might compromise safe practice.

3.5 Supportive intervention

Reasons for initiating supportive intervention: Participants can be referred for supportive intervention where they are not progressing as anticipated during a unit of study. This can include, but is not limited to:

- Performance which has the potential to adversely affect patient safety or wellbeing.
- Failure to successfully complete CBAs and associated planned activities.
- Failing to progress through the eLearning modules.
- Failure to attend clinical immersion.

- Any other concerns regarding the participant.

Actions

For the supervisor:

- The supervisor notifies ANZCA.

For the course coordinator:

- The course coordinator notifies the unit of study lead and provides the details of the participant and the participant's assigned supervisor.

For the unit of study lead:

- For clinical immersion concerns, the unit of study lead will contact the participant's assigned supervisor and agree to a supportive intervention plan.
- For eLearning concerns, the unit of study lead will contact the participant directly and agree to a supportive intervention plan.
- Unit of study leads may contact the assigned supervisor to inform them that an eLearning supportive intervention is in place.

For the participant:

- The participant is required to comply with the requirements of the supportive intervention.
- Failure to do so will result in failure of the unit of study.

3.6 Medical registration authority interventions

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

Participants subject to agreed undertakings to limited practice, the imposition of conditions, suspension or removal by a relevant registration authority, have an obligation to inform ANZCA.

Should the suspension be lifted, or the conditions modified and if the participant wishes to resume the perioperative medicine course, they must advise ANZCA of this in writing.

If a participant is removed from the medical register they will be removed from the perioperative medicine course and are not permitted to continue the course (see regulation 45).

If a participant has completed the perioperative medicine course and their primary fellowship, and is applying for award of Graduate of the Chapter of Perioperative Medicine at the time the regulatory authority's decision is imposed, the following apply:

- The participant will not be eligible for award of Graduate of the Chapter of Perioperative Medicine if they do not hold a current registration to practise.

- If the participant has conditions, undertakings or limitations imposed on their practice by a relevant registration authority, ANZCA Council will determine whether award of graduate of the Chapter of Perioperative Medicine may proceed or be deferred until the agreed undertakings or imposed conditions are lifted.

3.7 Reconsideration, review, and appeal

Any person who is dissatisfied with or 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 regulation 30.

3.8 ANZCA Course in Perioperative Medicine monitoring and evaluation strategy

A monitoring and evaluation strategy for the course measures the effectiveness of the course from a variety of perspectives and evaluates the extent to which the perioperative medicine course is achieving its objectives. The strategy is aligned with ANZCA's Monitoring and Evaluation (M&E) framework.

4 Supervisor and other roles

4.1 Unit of study lead

The unit of study lead provides expertise and guidance on the delivery of the clinical immersion experience and workshops for a particular unit of study. They support the supervisors and, where required, they devise and implement supportive interventions in association with the supervisor and, liaise with ANZCA on participant progress, as required.

4.1.1 Duties of the unit of study lead

Coordination and liaison

- Act as a central coordinator of the perioperative medicine course.
- Fully understand the perioperative medicine course, the regulations that govern it and this handbook.
- Provide guidance to the hospital and supervisors on the requirements for the unit of study which they oversee.
- Provide advice and guidance to supervisors, head of departments, administrators, participants, and prospective participants, as required.
- Understand the processes to be followed by supervisors.
- Assist in the development and oversight of supportive interventions where a participant is not meeting required outcomes.
- Resolve disputes between supervisors and participants.
- Will select the assessor panel for external PCOAS.
- In collaboration with ANZCA assist in the planning, coordination, and delivery of unit of study workshops and supervisor introductory workshops.

Facility support

- In collaboration with ANZCA, facilitate and support expressions of interest from potential hospitals for all or part clinical immersion opportunities to support course participants.
- Provide advice to new clinical immersion sites.

Management of participant

- Provide advice and assistance to participants if they have concerns or issues that cannot be raised with or resolved by the supervisor.
- All support intervention actions and outcomes must be documented by the unit of study lead.

Management of supervisors

- Provide advice and assistance to supervisors regarding the assessment of participants.

- Assist the supervisors in the management of participants with supportive interventions in place (see section 3.6 of this handbook).
- Engage supervisors to assist with facilitation and delivery of workshops and participate in assessor panels.

4.1.2 Selection, appointment, tenure, and reappointment of unit of study lead

Selection criteria

- Must hold a Diploma of Perioperative Medicine (ANZCA) or be a graduate of the Chapter of Perioperative Medicine (ANZCA) and, a fellowship with ANZCA, RACP, CICM, ACRRM, RNZCGP or RACGP.
- Demonstrate a commitment to acquiring and maintaining necessary skills in teaching and feedback.
- Have a good understanding of the perioperative medicine course.
- Heads of department and deputy directors may be unit of study leads; however, conflicts of interest should be declared and appropriate steps to manage them must be taken where required.
- There is no minimum amount of post-fellowship experience required before taking on the role of unit of study lead.

Appointment process

- Suitably qualified individuals can self-nominate or be nominated for the role of unit of study lead.
- On appointment, and re-appointment, unit of study leads are required to sign an agreement that outlines mutual obligations between ANZCA and the unit of study lead.
- Initial appointment is for a three-year term.

Reappointment

- Unit of study leads may hold the position for three years in the first instance, with the position renewable for two three-year periods after that, and up to nine-years. On appointment, and re-appointment, unit of study leads are required to sign an agreement that outlines mutual obligations between ANZCA and the unit of study lead.
- ANZCA will notify the unit of study lead when they are nearing the end of a three-year term, for review and consideration regarding reappointment for a further three years.
- In extenuating circumstances, unit of study leads may be appointed for more than 12 years.

4.1.3 Resources and support for unit of study leads

All unit of study leads should be provided with appropriate time, physical facilities, and support to undertake their roles. These include:

- Clinical support time for duties specified in section 4.1.1 of this handbook.
- Access to appropriate facilities including a private space for meetings with participants and information technology to allow regular LMS access, and access to ANZCA website.
- Support from ANZCA professional affairs.

4.1.4 Access to participant information via the LMS

Unit of study leads are provided with full LMS access to participant records.

4.2 Supervisors

Supervisors have a strong understanding of, and experience in, perioperative activities. Prior to commencement of a unit of study, ANZCA staff will coordinate arrangements for a supervisor to be allocated to the participant for the duration or part of their clinical immersion experience. The allocated supervisor is recognised as the “assigned supervisor”. For each unit of study, a supervisor can be assigned to up to three participants, and it is their responsibility to oversee each participant’s clinical performance and confirm progression of participants through the various stages of clinical immersion.

4.2.1 Duties of supervisors

Participant supervision and management

- Plan clinical immersion for participants and ensure all relevant personnel are notified.
- Advocate for participants in matters related to organisation and delivery of clinical immersion.
- Perform participant orientation, progress review and planning reviews.
- Ensure timely submission of CBA data onto the LMS.
- Oversee participant progression and performance.
- Provide supervision of participant’s clinical immersion practice.
- Upon participant completion of a clinical immersion, confirm the logbook information participants have entered onto the LMS.
- Perform participant internal CBAs
- Refer to ANZCA staff, participants who are experiencing difficulties completing assessment activities within the required time.

- While it is the responsibility of the participant to complete the requirements of the course in the required time, supervisors can monitor and facilitate progression for participants as they advance through the unit of study.

  Complete feedback, clinical immersion planning and progress review:

- Conduct required internal CBAs and confirm that all components of the CBA have been completed and feedback is provided.
- If the participant is identified as underperforming, supportive intervention should be arranged (see section 3.6 of this handbook).
- Assigned supervisors may delegate their duties to another recognised supervisor, in which case the term “delegated supervisor” is used for the supervisor taking on those delegated duties.

  Workshops and assessor panel

  Supervisors are required to:

  - Assist with the facilitation and delivery of unit of study workshops.
  - Participate in assessor panels for units of study as required.

  Continued professional development (CPD) may be awarded to supervisors for their involvement in their duties.

  A list of unit of study leads and supervisors can be found on the ANZCA website.

  Host hospitals must notify ANZCA about any changes to appointments via email to periop@anzca.edu.au

4.2.2 Selection, appointment, tenure, and reappointment

Selection criteria

- Must hold a Diploma of Perioperative Medicine (ANZCA) or be a graduate of the Chapter of Perioperative Medicine (ANZCA) and a fellowship with ANZCA RACP, CICM, ACRRM, RNZCGP or RACGP.
- Demonstrate a commitment to acquiring and maintaining necessary skills in teaching and feedback.
- Have a good understanding of the perioperative medicine course.
- Heads of department and deputy directors may be supervisors; however, conflicts of interest should be declared and appropriate steps to manage them must be taken where required.
- There is no minimum amount of post-fellowship experience required before taking on the role of supervisor.

  Appointment process

- Suitably qualified individuals can self-nominate or be nominated for the role of supervisor.

- On appointment, and re-appointment, supervisors are required to sign an agreement that outlines mutual obligations between ANZCA and the supervisor.
- Initial appointment is for a three-year term.

Reappointment

- Supervisors may hold the position for three years in the first instance, with the position renewable for two three-year periods after that, and up to nine-years. On appointment, and re-appointment, supervisors are required to sign an agreement that outlines mutual obligations between ANZCA and the supervisor.
- ANZCA will notify the supervisor when they are nearing the end of a three-year term, for review and consideration regarding reappointment for a further three years.
- In extenuating circumstances, supervisors may be appointed for more than 12 years.

4.2.3 Resources and support for supervisors of training

As a condition of the perioperative medicine course, supervisors should 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 4.2.1.
- Where a supervisor is overseeing three participants, the collective units of study, across the three participants, should not exceed four units of study.
- Support from other departmental members for CBAs and other supervisory functions.

College resources and support

ANZCA provides resources for those undertaking supervisor roles.

The unit of study lead for the region is available for assistance as necessary to enable supervisors to fulfil their duties. This is mandatory if support intervention is required for a participant.

4.2.4 Access to participant information via the LMS

Supervisors are provided with limited LMS access to participant records. Access is associated with all aspects of clinical immersion, which includes:

- Orientation plan.
- Logbook.
- Assessment forms.

4.3 Supervision of clinical immersion

Participants are encouraged to engage with all aspects of care within the perioperative unit, including other medical, nurse and allied health practitioners.

The supervisor will plan appropriate experiences with reference to the unit of study learning outcomes.

4.4 Course coordination

The course is coordinated by an ANZCA employee. The Coordinator coordinates all administrative and operational aspects of the perioperative medicine course and is the first point of contact for enquiries, information and feedback related to the course.

Duties of the coordinator:

Administration

- Manages and tracks all participant enrolments, cancellations and withdrawals.
- Maintains participant progression data and distributes as required.
- Maintains lists of supervisors and hospitals providing clinical immersion.
- Collates course evaluation data.
- Provides administration support for board of studies and other meetings.

Liaison

- Coordinates participant clinical immersion placement and supervisor assignments.
- Liaises with participants, supervisors and unit of study leads.
- Provides information received from supervisors or from LMS data to the unit of study leads regarding participants who are not meeting course requirements.
- In association with the unit of study leads, assists in the planning of supervisor introductory workshops and unit of study workshops including room bookings and hosting arrangements.

5 Definitions

ANZCA: Australian and New Zealand College of Anaesthetists

RACP: Royal Australasian College of Physicians

RACS: Royal Australasian College of Surgeons

CICM: College of Intensive Care Medicine

ACRRM: Australian College of Rural and Remote Medicine

RNZCGP: Royal New Zealand College of General Practitioners

RACGP: Royal Australian College of General Practitioners

LMS: refers to ANZCA's learning management system

POM: refers to perioperative medicine

Clinical immersion time: refers to all time spent in a clinical environment for the purpose of carrying out the requirements of the perioperative medicine course.

Clinical training time: refers to time spent, outside of completing the perioperative medicine course, working in a perioperative medicine related training role. This time can be recognised towards RPLE.

Unit of study lead: refers to a person who provides expertise and guidance on the delivery of the clinical immersion experience and workshops for a particular unit of study

Assigned supervisor: refers to the person who arranges and supervises the required observation or practice experiences that the participant receives in a clinical setting

Delegated supervisor: refers to a supervisor who accepts temporary responsibility for a participant when the assigned supervisor is unavailable

Participant: refers to medical professionals undertaking the perioperative medicine course

Primary college: refers to the college in which the participant is undertaking their primary fellowship. This will be ANZCA, RACP, RACS, CICM, ACRRM, RNZCGP, RACGP

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Change control register

Version	Author	Approved by	Approval date	Sections modified	Next review
1.0	Kristen Sinni	Council	July 2023	For use in the Pilot Program (4 September – 17 November 2023)	2023
1.1	K. Sinni	Council	December 2023	Throughout document: Name change – From Diploma of Perioperative Medicine to ANZCA Course in Perioperative Medicine 1.2; 2.1; 2.5.5; 3.8;	2024
1.2	V Beavis M Wong J Symons K Sinni A Che Ajid	Council	December 2024	Throughout document: Change of term – from program to course. (introduction; 1; 2.3.2; 2.4; 2.5; 2.9; 2.11; 3.5; 4.4) Update on 1.1 Registering for the ANZCA Course in Perioperative Medicine Update on 1.6 Recognition of prior learning and experience Update on 2.1 Clinical immersion experience Update on 2.3.2 Workshops Update on 2.4 Time limit on completion Update on 2.5 Assessments Update on 2.5.4 Case analysis activity simulation (CAAS) Update on 2.7 Completion of the ANZCA Course in Perioperative Medicine	2025
1.3	V Beavis J Symons A Che Ajid	Council	February and April 2025	Update on 1.1 Registering for the ANZCA Course in Perioperative Medicine Update on 1.5 Fee structure Update on 2.6 Monitoring of clinical-based assessments	2025
1.4	V Beavis J Symons A Che Ajid M. Lopez	Council	July 2025	Update on 2.3.2 Workshops	2026
1.5	J V Acker A Che Ajid	Council	December 2025	Update on 2.1 Clinical immersion experience	2026