

**REGULATION 45** 

# ANZCA Course in Perioperative Medicine

August 2025 v1.3

Our innovative multidisciplinary collaboration

ANZCA

RNZCGP

RACS

RACGP

FPM

RACP

ACRRM

CICM



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# Regulation 45: Education course leading to Graduate of the Chapter of Perioperative Medicine (regulation 45)

#### **Preamble**

With reference to article 7.3 of ANZCA constitution:

- 7.3.1: ANZCA 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 objects.
- 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:
  - f) The conduct of courses of training, study and/or examinations for admission to membership or for other courses 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.

The Australian and New Zealand College of Anaesthetists (ANZCA) is the professional organisation in Australia and New Zealand that is responsible for the education, training, and assessment of clinicians wishing to be qualified in anaesthesia and pain medicine. As a subset of this specialty training, ANZCA provides education and training in the clinical disciplines of diving and hyperbaric medicine and rural generalist anaesthesia.

The ANZCA Course in Perioperative Medicine is governed by the Chapter of Perioperative Medicine Education and Assessment Committee (ChPOM EA) (reporting to the Board of the Chapter of Perioperative Medicine (ChPOM Board).

#### Related documents

The ANZCA Course in Perioperative Medicine Curriculum (the curriculum) defines the learning outcomes, associated requirements and assessments to become a graduate of the Chapter of Perioperative Medicine.

The ANZCA Course in Perioperative Medicine Handbook (the handbook) complements this regulation and sets out, in detail, the requirements of the course leading to becoming a graduate of the Chapter of Perioperative Medicine. It is intended that the handbook will be the usual source consulted by those seeking information about course. The handbook is on the ANZCA website. Should there be conflict between this regulation and the handbook, this regulation takes precedence.

#### 45.1. Commencement

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

#### 45.2. Purpose

45.2.1. This regulation details the requirements for the perioperative medicine course. Participants must comply with this regulation, the handbook and other relevant policies and requirements of ANZCA.

This regulation does not describe:

45.2.1.1. Specialist or vocational registration by regulatory authorities as the ANZCA Course in Perioperative Medicine does not qualify as a specialist qualification.

#### 45.3. Registration

- 45.3.1. To be eligible to register, medical practitioners wishing to undertake the perioperative medicine course must:
  - 45.3.1.1. 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
- 45.3.2. If a trainee of one of the above colleges:
  - 45.3.2.1. have completed their fellowship examination (if there is one) and be within 12 months (one full time equivalent) of expected completion of their primary college fellowship, or
- 45.3.3. If an international applicant:
  - 45.3.3.1. Holds a fellowship from a training institution recognised by ANZCA, and such training institution operates in an equivalent manner to ANZCA in the relevant country.

Medical practitioners must:

- 45.3.3.2. register directly with ANZCA,
- 45.3.3.3. complete a registration form providing the required supporting documents which are listed on the form, and
- 45.3.3.4. pay the registration and course fees no later than two weeks after the start date of the trimester.
- 45.3.4. Should a participant secure admission to the 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 may be cancelled.
- 45.3.5. Final approval of applicants into the perioperative medicine course will be by the Director of Professional Affairs (DPA).
- 45.3.6. Applicants will be notified by the ANZCA administration team of the registration outcome.

#### 45.4. Recognition of prior learning and experience (RPLE)

- 45.4.1. No prior learning and/or experience will be recognised towards completion of the perioperative medicine course, with the exception of:
  - 45.4.1.1. Participants undertaking the perioperative medicine course, who are working in a perioperative medicine (POM) related training role, may

have time credited for the clinical immersion time, as outlined in the handbook.

45.4.2. A maximum of 30 hours of clinical immersion time per unit of study can be credited. With up to three units of study for credit under this provision.

#### 45.5. Course structure

#### Units of study

- 45.5.1. There are six units of study, each delivered over a 10-week period. Each unit requires:
  - 45.5.1.1. a clinical immersion experience, including clinical-based assessments
  - 45.5.1.2. e-learning modules.
- 45.5.2. To complete the course, participants must attend two days in-person workshop and one online workshop day. Participants must complete a minimum of two units of study (from any of the six available) before attending any course workshop (including the online workshop).
- 45.5.3. The two-day in-person workshop must be attended in full and in one sitting. Participants unable to attend both days consecutively must submit a special consideration request. If approved, partial completion may be granted.
- 45.5.4. The two-day in-person workshop (attended in one sitting) and the one-day online workshop may be completed at any time within the maximum four-year enrolment period.

#### 45.6. Clinical based assessments (CBAs)

- 45.6.1. To complete the perioperative medicine course, participants must undertake and complete the CBAs as listed in the handbook for each unit of study.
- 45.6.2. CBAs must be completed to the required level of competence and within the required timeframe.
- 45.6.3. 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.
  - 45.6.3.1. Failing the assessment twice will result in the failure of the unit of study.
- 45.6.4. To successfully complete a unit of study, participants must achieve an overall average of 80% across all internal and external assessments, with no individual component scoring below 70% in external assessments.

#### 45.7. Clinical experience

- 45.7.1. Participants must complete a minimum of 40 hours per unit of study clinical immersion time over a ten-week period.
- 45.7.2. No more than sixteen hours clinical immersion may be completed per week, per unit of study, except unit of study 4. where only FRACP background participants will be able to complete a block of clinical immersion time in theatre from week 5 of the trimester.
- 45.7.3. Clinical immersion requirements must be completed in Australia or New Zealand.

45.7.4. If required by the host hospital, participants must obtain credentialing for clinical immersion.

#### 45.8. Clinical supervision

- 45.8.1. Each participant will be assigned a supervisor.
- 45.8.2. Allocation of supervision will be arranged by ANZCA, subject to the supervisor's availability.
- 45.8.3. Clinical immersion must be supervised by an ANZCA approved supervisor.
- 45.8.4. The assigned or delegated supervisor must be available at all times, to facilitate learning opportunities, when the participant is undertaking clinical immersion.

#### 45.9. Recording progression

- 45.9.1. Participants are required to maintain accurate and up to date information within the ANZCA learning management system (LMS).
  - 45.9.1.1. 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.
  - 45.9.1.2. Participants are responsible for the timely submission of all required clinical immersion data. All clinical immersion experiences must be recorded within two calendar weeks of the experience.
  - 45.9.1.3. Once a clinical based assessment (CBA) has been completed and submitted, the record cannot be altered.
  - 45.9.1.4. Any activities not recorded within two calendar weeks of completion will not be included.
  - 45.9.1.5. This will require the unit of study to be completed again in its entirety.

#### 45.10. Study unit completion

- 45.10.1. All unit of study assessments and clinical immersion must be completed satisfactorily (see the handbook for assessment requirements).
- 45.10.2. Participants who have not met all the requirements for completion of a unit of study by the completion date will need to repeat the relevant unit of study in its entirety.
- 45.10.3. Participants who successfully complete individual units of study will be issued an acknowledgment of completion for each unit.
- 45.10.4. The acknowledgement will contain the date of completion of the unit.

#### 45.11. ANZCA Course in Perioperative Medicine completion

- 45.11.1. To obtain the qualification, all six units of study need to be completed successfully.
- 45.11.2. Completion of the perioperative medicine course occurs when the Board of the Chapter of Perioperative Medicine (ChPOM Board) approves satisfactory completion of all components within the designated time allowed for the course. This occurs following a review of all participant's progression by the Chapter of Perioperative Medicine Education and Assessment Committee (ChPOM EA).

45.11.3. The ANZCA Course in Perioperative Medicine qualification will not be awarded until the participant's primary fellowship has been awarded.

If an international participant:

45.11.4. 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.

#### 45.12. Time limit on completion

- 45.12.1. Completion of all six units of study must occur within 48 months.
  - 45.12.1.1. Where this time limit is exceeded, a participant is required to retake all previously completed units of study if re-entering the perioperative medicine course.

#### 45.13. Extensions

45.13.1. Participants who require an extension to a deadline for completion of the unit of study should apply in writing to ANZCA as soon as possible. Applications will be assessed by a DPA.

#### 45.14. Fees

- 45.14.1. There are three fees:
  - 45.14.1.1. A non-refundable registration fee.
  - 45.14.1.2. A course fee which must be paid no later than two weeks after the start date of the trimester.
  - 45.14.1.3. A certification fee which must be paid for the course to be conferred.
- 45.14.2. Fees are the responsibility of the participant.
- 45.14.3. Any assessment completed more than two weeks before paying course fees will not be counted towards the participant's course requirements
- 45.14.4. 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.

#### 45.15. Withdrawal

- 45.15.1. From a unit of study:
  - 45.15.1.1. Participants may withdraw from a unit of study within three weeks of the commencement of the unit without fee penalty.
  - 45.15.1.2. Where a participant withdraws or, as per section 45.25.1, is placed on leave at any time prior to completion of a unit of study, they are required to retake that entire unit of study.
  - 45.15.1.3. Participants seeking to withdraw from a unit of study must advise ANZCA in writing.
- 45.15.2. From the perioperative medicine course:
  - 45.15.2.1. Participants seeking to withdraw from the perioperative medicine course must advise ANZCA in writing.

#### 45.16. Removal from the ANZCA Course in Perioperative Medicine

- 45.16.1. Failure to complete the perioperative medicine course within the stated time-period will result in removal from the course.
- 45.16.2. Any individual removed from the perioperative medicine course due to exceeding time limits is required to retake all previously completed units of study if re-entering the course.
- 45.16.3. A participant who withdraws or is removed from the perioperative medicine course may reapply as a participant in the future except as specified in section 45.25.1

#### 45.17. Leave

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

#### 45.18. Part time study

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

#### 45.19. Unit of study lead

- 45.19.1. Up to three unit of study leads will be appointed per unit of study.
  - 45.19.1.1. There will be one primary unit of study lead.
  - 45.19.1.2. There will be two secondary unit of study leads.
- 45.19.2. Unit of study leads must be a holder of the Diploma of Perioperative Medicine (DipPOM) or be a graduate of the Chapter of Perioperative Medicine and be a fellow of their primary college. They must have skills and experience appropriate to the appointment.
- 45.19.3. A unit of study lead may be study lead for more than one unit, but not more than one at a time.
- 45.19.4. Unit of study lead appointments will normally be for three years in the first instance, and renewable for two three-year periods.
- 45.19.5. Unit of study leads may hold this role for the duration that ANZCA sees fit.

#### 45.20. Supervisor appointments

- 45.20.1. Supervisors must:
  - 45.20.1.1. be holders of the Diploma of Perioperative Medicine (DipPOM) or be a graduate of the Chapter of Perioperative Medicine and have skills and experience appropriate to the appointment, and
  - 45.20.1.2. have experience as a supervisor with ANZCA or for another college approved by ANZCA council.
- 45.20.2. Supervisor appointments will be:
  - 45.20.2.1. approved by the unit of study lead responsible for an identified region

#### published on the ANZCA website, and

- 45.20.2.2. notified to ANZCA and be recorded on a list of supervisors.
- 45.20.3. Appointments will normally be for three years in the first instance, with the possibility of renewal for up to two further three-year terms.
- 45.20.4. Supervisors may hold this role for the duration that ANZCA sees fit.
- 45.20.5. Supervisors are required to sign an ANZCA agreement as a condition of appointment and reappointment.
- 45.20.6. Supervisors must attend a one-day introductory supervisor workshop arranged by ANZCA.
- 45.20.7. Supervisors are required to undertake supervisor updates in order to maintain the position.
- 45.20.8. Supervisors may delegate supervision to another supervisor in consultation with ANZCA. Where a supervision is delegated, all duties and responsibilities transfer to the delegated supervisor for the period of absence.
- 45.20.9. The delegated supervisor must be a holder of the ANZCA Course in Perioperative Medicine and meet all the requirements listed in 45.1.19
- 45.20.10. Where an assigned supervisor cannot continue the role, ANZCA and the unit of study lead must be notified. The participant will be reassigned.
- 45.20.11. Any dispute, grievance or changes of supervisor must be communicated in writing to ANZCA.

#### 45.21. Course coordinator

- 45.21.1. The perioperative medicine course coordinator is an ANZCA employee.
- 45.21.2. The purpose of the perioperative medicine course coordinator role is to coordinate all operational aspects of the course and other POM education courses.

#### 45.22. Process for unsatisfactory performance

- 45.22.1. Participants' progress will be reviewed regularly by the course coordinator.
- 45.22.2. A participant who is considered to be at risk of not completing the unit of study in line with the time limit of completion will be referred to the unit of study lead for supportive intervention.
- 45.22.3. Where there is a supportive intervention in place, and the participant has not made satisfactory progress in a time specified within the intervention, the supervisor must report this to ANZCA.
- 45.22.4. All intervention and subsequent actions must be documented.
- 45.22.5. A participant can request a reconsideration, review, or appeal of the outcome or decision made as part of the supportive intervention only.
- 45.22.6. If patient safety is thought to be at risk, or actions have been taken that may represent professional misconduct during a clinical immersion for the perioperative medicine course, a supportive intervention is not appropriate, and the matter should instead be referred to the appropriate authority.

#### 45.23. Accreditation of clinical immersion sites

45.23.1. ANZCA does not accredit a site or department to deliver the ANZCA Course in Perioperative Medicine qualification.

#### 45.24. Participants with illness or disability

45.24.1. Participants are required to declare any disability or health issue which may impact their safety or the safety of others in the clinical immersion setting.

## 45.25. Participants under conditions, suspended or removed from the register by a registration authority, or under other limitations (voluntary or imposed) which affect the participants' practice

- 45.25.1. Registration for the perioperative medicine course will not be accepted from medical practitioners who are under conditions, suspended or removed from the register by a registration authority.
- 45.25.2. Participants must inform ANZCA if they are subject to:
  - 45.25.2.1. agreed undertakings to limit practice
  - 45.25.2.2. imposition of conditions
  - 45.25.2.3. suspension of registration
  - 45.25.2.4. removal of registration
- 45.25.3. Where ANZCA becomes aware that conditions are placed on a participant's practice or undertakings have been agreed to limit the participant's practice:
  - 45.25.3.1. ANZCA will notify the host hospital and the participant's primary college, and
  - 45.25.3.2. the participant will be placed on a leave of absence from the date the conditions are imposed.
- 45.25.4. Where a participant has been suspended from the medical register, ANZCA will notify the primary college and they are unable to complete any further components of the perioperative medicine course.
- 45.25.5. It is the responsibility of the participant to provide a letter from their primary college to evidence that a suspension has been lifted in order to continue the perioperative medicine course.
- 45.25.6. If a participant has completed all requirements of the perioperative medicine course and is applying for award of the qualification at the time the registration authority's decision is imposed, the participant will not be awarded the qualification until registration is reinstated.
- 45.25.7. If the participant has been removed from the medical register, they will be removed from the perioperative medicine course.

#### 45.26. Recognition pathway

45.26.1. Perioperative medicine clinicians may apply for consideration for recognition pathway if they:

- 45.26.1.1. are fellows of ANZCA, RACP, RACS, CICM, ACRRM, RNZCGP, RACGP, and
- 45.26.1.2. meet the criteria outlined in the recognition pathway process on the ANZCA website.
- 45.26.2. A non-refundable recognition pathway fee must accompany the application.
- 45.26.3. New applications for the recognition pathway will not be accepted after 1 December 2023, except for fellows of ACRRM, RACGP and RNZCGP.

#### 45.27. Reconsideration, review, and appeal

45.27.1. 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 regulation 30 – Reconsideration, Review and Appeals Policy.

#### 45.28. Interpretation and non-binding decisions

- 45.28.1. Any decision, approval, consent, or the exercise of any discretion, by ANZCA Council, or other committee or authority under regulation 45 will be considered on a case-by-case basis, having regard to the particular circumstances of each case.
- 45.28.2. Notwithstanding regulation 45, ANZCA Council or Board of the Chapter of Perioperative Medicine (ChPOM Board) may exercise or dispense other decisions after consideration of relevant circumstances.
- 45.28.3. 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 45.

#### 45.29. Communications

45.29.1. All enquiries, applications, and communications regarding regulation 45 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.

#### 45.30. Definitions

- 45.30.1. ANZCA: Australian and New Zealand College of Anaesthetists
- 45.30.2. RACP: Royal Australasian College of Physicians
- 45.30.3. RACS: Royal Australasian College of Surgeons
- 45.30.4. CICM: College of Intensive Care Medicine
- 45.30.5. ACRRM: Australian College of Rural and Remote Medicine
- 45.30.6. RNZCGP: Royal New Zealand College of General Practitioners
- 45.30.7. RACGP: Royal Australian College of General Practitioners
- 45.30.8. LMS: refers to ANZCA's learning management system
- 45.30.9. POM: refers to perioperative medicine
- 45.30.10. 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.
- 45.30.11. 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.
- 45.30.12. 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.
- 45.30.13. Assigned supervisor: refers to the person who arranges and supervises the required observation or practice experiences that the participant receives in a clinical setting.
- 45.30.14. Delegated supervisor: refers to a supervisor who accepts temporary responsibility for a participant when the assigned supervisor is unavailable.
- 45.30.15. Participant: refers to medical professionals undertaking the perioperative medicine course.
- 45.30.16. Primary college: the college in which the participant is undertaking their primary fellowship. This will be ANZCA, RACP, RACS, CICM, ACRRM, RNZCGP, RACGP.

## **Change control register**

Version	Author	Approved by	Approval date	Sections modified Next review
1.0	R. O'Brien	Council	July 2023	2024
1.1	V Beavis M Wong J Symons K Sinni A Che Ajid	Council	December 2024	<ul> <li>Throughout document: Change of term – from program to course. (Preamble; 45.3; 45.14; 45.16; 45.21; 45.22)</li> <li>Update on governance Board/committees (Preamble; 45.11; 45.28)</li> <li>Update on 45.3 registration</li> <li>Update on 45.4. Recognition of prior learning and experience (RPLE)</li> <li>Update on 45.7. Clinical experience</li> <li>Update on 45.11 ANZCA Course in Perioperative Medicine completion</li> <li>Update on 45.12. Time limit on completion</li> </ul>
1.2	V Beavis J Symons A Che Ajid	Council	February and April 2025	<ul> <li>Update on 45.3. Registration 2025</li> <li>Update on 45.14 Fees</li> <li>Update on 45.6. Clinical based assessments (CBAs)</li> </ul>
1.3	V Beavis J Symons A Che Ajid M Lopez	Council	July 2025	Update on 45.5 Course     Structure  2026