



ANZCA
FPM

Medical Workforce Advisory Collaboration (MWAC) out-of- session item 005

CLINICAL SUPERVISION WORKING GROUP (CSWG) OUTPUTS

Australian and New Zealand College of Anaesthetists
(ANZCA) feedback

21 May 2026



About ANZCA

The Australian and New Zealand College of Anaesthetists (ANZCA), comprising the Faculty of Pain Medicine (FPM) is the professional body responsible for the postgraduate training programs of specialist anaesthetists and specialist pain medicine physicians.

We are one of the largest medical colleges in Australia and New Zealand with over 10,000 members.

A key role of the college is fostering the highest standards of clinical practice, safety and high-quality patient care in anaesthesia, pain medicine and perioperative medicine. We do this through our robust training programs, rigorous standards, continuous education, mentoring and supervision of junior doctors, advocacy, and research.

Consultation request

As a member of the Medical Workforce Advisory Collaboration (MWAC), ANZCA was asked to comment on the distributed outputs from MWAC's Clinical Supervision Working Group (CSWG). The package of documents covered:

- Clinical supervision reform mapping
- Supervisor training requirements
- Core supervision capabilities
- Supervision glossary of terms.

These documents have been developed to support development of supervisor capabilities through improved consistency and standardisation, and to improve understanding of system complexity to support evidence-based recommendations to increase supervisory capacity in the system.

These documents are intended to be published for broad use by the sector.

ANZCA consultation feedback

The value and importance of high-quality supervision, both clinical (including patient safety) and educational is a key priority for ANZCA. Anaesthetists operate in a high risk, complex and dynamic environment that necessitates our trainees and specialist international medical graduates (SIMGs) to demonstrate the appropriate knowledge and skills (especially airway, vascular access and resuscitation skills) through a formalised assessment prior to moving beyond direct 1:1 supervision.

ANZCA's feedback in general and on these four documents are provided below.

General

All fellows of the college working in government-funded hospitals are able (and expected) to supervise trainees. No trainee would work unsupervised, even at the most senior level. This is a requirement of training, mandated by the college and consistent with the approved Australian Medical Council accreditation standards.

We see that this supervision needs to be done by content experts. For ANZCA this would be FANZCAs (fellows of ANZCA) and FFPMANZCAs (fellows of the Faculty of Pain Medicine, within ANZCA) for clinical anaesthesia and pain medicine time or specialists from appropriate disciplines for other clinical time (e.g. FCICM for ICU supervision).

Supervisors do not only answer to the colleges but also to the training providers (health settings) to ensure trainees are appropriately supervised clinically and patients are not put in harm's way by trainees who have yet to acquire the relevant experience and competence.

While training of specialists is usually conducted in public teaching hospital settings, specialist training and clinical supervision in private hospitals is increasingly common, supported by initiatives like the Australian Government's Specialist Training Program (STP) to provide trainees with experience in diverse healthcare settings beyond traditional public teaching

hospitals. This offers a broader range of cases (sometimes to satisfy volumes of practice requirements), taps into hospital list capacity and provides exposure to different management styles, contributing to a more skilled and distributed specialist workforce. Training can take various forms, such as rotations into private hospitals or placements that are entirely within private facilities. These functions impact private hospital decision-making and partnerships between public and private hospitals, so clinical supervision in private settings should also be considered and recognised.

It also important to understand there are different aspects/types of supervision:

- **Direct clinical supervision**, which has an element of direct patient protection/safety. This depends on training level/needs and the patient/case. ANZCA has a range of defined supervision levels for the different stages of training as well as limits such as maximum levels allowable of level 4 supervision. Section 2.5 of the Training Handbook¹ indicates 'Supervision of clinical experience during ANZCA training', including the supervision principles, levels and acceptable supervisors of ANZCA trainees' clinical experience.
- **Oversight of educational supervision.** There are supervisors of training as an ANZCA role in accredited departments who oversees training. They provide liaison between trainees and hospital administrators on matters related to training and communicate with education officers and the college more generally.
- From time-to-time individuals may have **Ahpra required supervision / supervisor requirements.** For example, being a "medical board approved supervisor" for a specialist in a department with conditions on their registration. This may involve both oversight and report writing requirements as well a requirement for level 3 and then level 4 supervision (by ANZCA's supervision level definitions) for all clinical work.

Clinical supervision reform mapping

General comments from the college:

- Should the work on 'Exploring Innovative Models to Streamline and Shorten the Training Pathway for Specialists' be included in this diagram?
- Should the NHPO box be under the governance and regulation (red) and rather reform (orange), or both? There are reforms that sit underneath this role/organisation (i.e. identifying opportunities for systemic improvement and improving the regulation of Australia's registered health practitioners); however, aspects of the role itself is a regulatory function (i.e. resolving complaints).
- The box identified as "Medical Workforce Training and Education Pathway" isn't necessarily a "pathway" as not all elements are relevant – for example, career medical officers, SIMGs and locums. Some of the medical workforce never undertake some of these roles. Perhaps it should be changed to "Medical Workforce Training and Education Roles" or something similar.

From a formatting perspective, we suggest the following:

- General practice is misspelt in the blue "general practice supervisors Australia" box.
- That the box and text sizes are consistent across all items, unless differences are needed to reflect size, composition and/or authority of bodies and roles. In addition, the interlinkages between boxes and elements could be strengthened, rather than 'floating items'. In particular, the middle white boxes labelled cultural safety, private sector, workplace etc. and how they relate to all other elements.
- There are also a number of terms with only acronyms included, suggest that a small glossary box is included at the bottom or side of the document to avoid any confusion.

¹ [Anaesthesia-training-handbook-v2-9_16-12-24.pdf](#)

Supervisor training requirements

The college is encouraged to see that our documents and communications are explicitly referenced in relation to the SIMG standard pathway and associated supervision. This highlights that ANZCA's SIMG process is an exemplar for SIMG processes and accreditation.

However, we note there is very little on SIMG supervisor training, with only information on IMG supervisor training. Training for this cohort is required for these supervisors as the challenges include the SIMGs being of varying seniority and from varied countries, some with a very hierarchical society in which doctors don't easily accept feedback. It can be challenging for new SIMGs to fit into these settings, and in turn supervisors to supervise them appropriately.

In addition, SIMGs are sometimes located in small settings and there is very limited choice for on-site supervisors. SIMGs on the expedited pathway may not be able to supervise ANZCA trainees without further training as clinical supervision in UK and Ireland is variable and diverges from ANZCA training.

Core supervision capabilities

The college considers it may be appropriate to remove 'run debriefs' as a core capability or clarification that there are many types of debriefs. Any confusion around the purpose and outcomes can lead to learner distress. Many clinicians who provide excellent supervision would not consider themselves appropriate to 'run' a debrief. In addition, it is not reasonable or necessary to train all medical specialists to be skilled debriefers. Many will not have the opportunity to maintain their skills.

We believe this can be better captured by the comments about feedback, reflection on professional performance and working as part of an inter professional team. This aligns with the findings from this review² which promotes context-specific language and a shift away from conceptions of clinical debriefing that embody a one-size-fits-all approach.

Supervision glossary of terms

The college has previously raised in various forums the patient safety concerns relating to remote supervision and clinicians other than specialist anaesthetists supervising ANZCA trainees delivering anaesthesia. It is inappropriate for clinical supervisors to supervise ANZCA trainees in procedures outside of their scope of practice. There are potential regulatory implications for clinicians (both medical and non-medical) who are seen to operate outside of their scope of practice, and it puts nursing and allied health colleagues particularly at risk, along with patients. It is helpful to have these clarified so we can confirm that ANZCA will not be utilising these aspects.

The concept of the title of director of clinical training may be useful for adoption in many key sites across the country. This elevates the role of training to one of leadership.

It would be helpful to have these definitions referred to in the 'supervisor training requirements' document to reflect the respective time commitments, from fairly light to substantial (separate from the time commitment and ongoing skill development that is part of the job).

The college is happy to discuss any of these items further if required.



Dr Lance Emerson
ANZCA CEO

² <https://pubmed.ncbi.nlm.nih.gov/38160060/>