



ANZCA
FPM

Handbook for specialist international medical graduates (SIMGs)

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1. Introduction

The Australian and New Zealand College of Anaesthetists (ANZCA), including the Faculty of Pain Medicine (FPM), is the foremost authority on anaesthesia, pain medicine and perioperative medicine in Australia and New Zealand.

We are responsible for training, assessing, and setting standards for all specialist anaesthetists and specialist pain medicine physicians in Australia and New Zealand.

This handbook has been written as a guide to support internationally trained anaesthetists and pain medicine physicians, and their supervisors, who are completing the specialist international medical graduate (SIMG) or area of need (AoN) pathways in Australia and New Zealand.

2. Getting started

The college undertakes the assessment of:

1. Specialist international medical graduates (SIMGs) who wish to obtain fellowship of ANZCA or FPM and/or specialist/vocational registration.
2. SIMGs who wish to be assessed for the area of need (AoN) pathway.

While there are common elements to the pathways there are differences between Australia and New Zealand, anaesthesia and pain medicine, and the AoN pathway (Australia only). This document relates to the pathways to fellowship and the AoN pathway. It does not detail the vocational registration pathway in New Zealand.

2.1. SIMG pathway

SIMGs are assessed for comparability to an Australian or New Zealand trained specialist commencing practice taking into consideration the SIMG's intended scope of practice as well as their previous training and assessment, recent specialist practice, experience and continuing professional development (CPD). This pathway is not a specialist training program. Successful completion of the SIMG pathway will enable applicants to practise as an unsupervised specialist anaesthetist and/or specialist pain medicine physician and to apply for fellowship of ANZCA/FPM.

2.2. Area of need pathway

In Australia, there is also an area of need (AoN) process, which addresses medical workforce shortages in designated areas. The AoN process allows an SIMG to work for a limited period in a specific position prior to undertaking the full SIMG pathway. The area of need process alone does not lead to fellowship of ANZCA or FPM or specialist registration by the Medical Board of Australia (MBA). If a SIMG wishes to undertake an AoN position, they must apply for assessment in both the AoN and SIMG pathways. Further information on this process is in the area of need section of this handbook.

3. Application

3.1. In Australia

All applications for assessment via the SIMG or AoN pathways must be made directly to the college. Applications should be submitted by email, except for any documents that are requested as certified or original documents; these must be submitted by post or emailed directly from the issuing body.

To be eligible to apply applicants must satisfy the following:

- Hold a primary qualification in medicine and surgery from a training institution recognised by both the [Australian Medical Council \(AMC\)](#) and the [World Directory of Medical Schools \(WDOMS\)](#); and
- Completed all the training and examination requirements to practise in their field of specialty in their country of training.

The college has a two-step process for SIMG and AoN applications that occur sequentially.

- **Step 1:** Application to the AMC for primary source verification. Further information on this process can be found in the [primary source verification section](#) of this handbook.
- **Step 2:** Application to the college.

3.2. In New Zealand

To apply for SIMG assessment in New Zealand the applicant must apply to the Medical Council of New Zealand (MCNZ) for assessment for vocational registration.

If the applicant has already successfully completed the MCNZ vocational registration pathway and now wants assessment for FANZCA/FFPMANZCA they can apply directly to the college. Applicants who wish to apply for assessment for FANZCA/FFPMANZCA must have vocational (provisional or full) registration.

3.3. Transferring from the training program to the SIMG pathway

Applications for assessment via the SIMG pathway from ANZCA or FPM trainees will only be accepted if the trainee has withdrawn from the training program or is in an approved period of interrupted training as per [regulation 37/by-law 4](#). It is possible for an individual to undertake the SIMG pathway in one discipline while concurrently undertaking training in the other.

Time and assessments undertaken while a trainee will be considered in the SIMG pathway. Any previous exam attempts will count towards the total allowable exam attempts.

3.4. Transferring from the SIMG pathway to the training program

SIMGs wishing to transfer from the SIMG pathway to the ANZCA or FPM training programs must submit an application to the DPA assessor/DPA, FPM education who will determine their eligibility.

Time and assessments undertaken while an SIMG will be considered in the assessment for the training program. Any previous exam attempts will count towards the total allowable exam attempts.

4. Primary source verification

4.1. In Australia

When applying for the AoN and/or SIMG pathway, the applicant must have their primary and specialist qualifications verified by the Educational Committee for Foreign Medical Graduates (ECFMG) via the [Australian Medical Council \(AMC\)/Electronic Portfolio of International Credentials \(EPIC\) portal](#). All primary medical qualifications (MBBS or equivalent) and specialist medical qualifications must be submitted. Qualifications that are not related to anaesthesia or pain medicine do not need to be submitted for verification.

All qualifications must be visible in the [AMC portal](#) at the time of application. The college will not issue a Report 1/interview outcome until all qualifications are verified.

Once the qualifications are submitted to the AMC for primary source verification, the college will be able to view them via the portal. The college will use this portal throughout the assessment to upload reports and letters which will assist in dealings with AHPRA.

Please note that if specialist training was undertaken in the United Kingdom or Republic of Ireland both the Fellowship of the Royal College of Anaesthetists (FRCA)/Fellowship of the College of Anaesthesiologists of Ireland (FCAI) and the Certificate of Completion of Training (CCT) must be verified.

For further information regarding primary source verification including how to create an AMC account please visit the [AMC website](#).

4.1.1. Pain medicine

The primary medical qualification, primary specialist qualifications plus the pain medicine qualification must be submitted for verification.

SIMGs whose primary specialist qualification is from outside Australia and New Zealand need to contact the equivalent specialist medical college in Australia and New Zealand and seek a comparability assessment by the relevant college's SIMG pathway. That college must provide a letter advising if the qualification is; substantially comparable, partially comparable or not comparable with their specialist qualification. This letter should then be submitted with your application.

Provided your qualification is deemed partially or substantially comparable to the equivalent Australian and/or New Zealand specialist medical college listed in [by-law 3.1.3](#), you will be eligible for fellowship of the FPM at the completion of the SIMG process.

4.2. In New Zealand

The Medical Council of New Zealand will require primary source verification as per their [website](#).

4.3. Application for SIMG pathway

4.3.1. In Australia

To apply for the SIMG and/or AoN pathways the following documents must be submitted:

- Completed "Application to be assessed for recognition as a specialist" and (if applicable) "Application for area of need assessment".
- A curriculum vitae submitted in the college format.
- Application for approval of a position (if applicable).

- Evidence of participation in a continuing professional development (CPD) program for the last three full calendar years.
- Completed SIMG application fee form. Those applying for assessment in both anaesthesia and pain medicine must submit the combined application fee form.
- Evidence of English language proficiency. Evidence of English language proficiency must be submitted unless the applicant qualifies for an exemption from this requirement. The college relies on the [Medical Board of Australia](#) (for Australian applicants) and [Medical Council of New Zealand](#) (for New Zealand applicants) rules and exemption criteria for English language proficiency. Further information on MBA English language skills registration standards can be found [here](#). Information on the MCNZ English Language requirements can be found [here](#). While the college bases its exemption criteria on that of the MBA/MCNZ, please be aware that any college-granted exemption will apply only to the college processes and is not indicative of MBA or MCNZ requirements. Applicants may apply for consideration for this exemption by completing the exemption section on the application form.

Until the required English language test scores are achieved, the applicant will be unable to continue with SIMG or AoN assessment processes.

- Certificate(s) of registration status (CORS) showing the date the applicant was first registered as a medical practitioner and their specialist registration status. This must be the original certificate sent directly to the college from the issuing authority. If the original document is not in English, then an original or certified original translation from a licensed translator must be provided.

This certificate must show that the applicant is registered (or eligible to be registered) as a specialist in the country in which they gained their specialist anaesthesia/pain medicine qualification.

The body that registers medical practitioners in the country of your specialist training should be able to supply a CORS. If this document is unavailable, please contact the college to discuss the options.

Any notes, conditions or warnings on a CORS will be considered during the assessment. If there are notes, conditions or warnings on the CORS, the applicant may be asked to provide additional information.

- Evidence of submission of all qualifications to the AMC for primary source verification ([as per section 6 – primary source verification](#)).
- Copy of the applicant's current passport (this must be in English and contain the applicants name, nationality, date of birth, gender, place and country of birth, photograph, expiry date, passport number, signature).
- Statutory declaration or other evidence of any change of name e.g., marriage certificate (if applicable). If the applicant's name is not exactly the same on all documents, they will need to provide a statutory declaration or a certified copy of evidence of a change of name. This must be an original or certified original document and must be sent by mail; emailed versions will not be accepted.

If the applicant is unable to provide any requested document they must submit a statutory declaration explaining the reasons why. This declaration must be an original or certified original document and must be sent by mail; emailed versions will not be accepted.

- Do not provide any extra documents as these will be removed from the application and will not be considered. The college may request additional documentation to clarify details in application.

Copies of qualifications are not required with the application as the college will access these via the AMC/AHPRA portal. Information on accessing the AMC/AHPRA portal can be found in the [primary source verification section of this handbook](#).

It is the applicant's responsibility to submit documentation for assessment that provides evidence that may be used to assess comparability with the Australian and/or New Zealand requirements in respect to training, qualification, specialist practice, continuing professional development and professional conduct. The college does not assume comparability in the absence of the appropriate applicable evidence.

4.3.2. In New Zealand

Applicants for the New Zealand vocational registration pathway should contact the MCNZ for information regarding documentation required to support the application. The college will rely on these in its assessment for the SIMG pathway.

New Zealand vocationally registered applicants applying for assessment for fellowship of ANZCA/FPM should contact the college for information to confirm whether a new application is required.

4.4. Applications for area of need assessment process

Applications for assessment via the AoN pathway should be sent directly to the college. All applications must be on the college SIMG and AoN application form and must contain all required documentation. If an applicant wishes to undertake an AoN position, they must apply for assessment in both the AoN and SIMG pathways. All applicants will need to apply to the Australian Medical Council for primary source verification.

Applicants will need to submit all of the documents listed in the SIMG application section above plus:

- AoN declaration (issued by the health department in the state or territory in which the position(s) is located).
- Application for approval of a position.
- Letter of offer of employment.
- Area of need application fee.

The college will assess the application to determine whether the applicant is suitable to undertake the proposed position. The outcome of this assessment will be emailed to the applicant and their supervisor, and a copy will be uploaded to the AMC/AHPRA portal.

Once the college has supported the applicant in an area of need position, they may apply for limited registration with the Medical Board of Australia.

The AoN doctor must submit supervisor's reports every three calendar months. These reports must be submitted within one calendar month of the end date of the period covered by the report, using the CPA report form. The college will accept college area of need supervisor's reports.

In some instances, the college may arrange for a fellow of the college to conduct an onsite visit. The applicant and their hospital will be informed if this visit is required, and the college will work with the applicant to arrange a suitable date. The costs of this assessment will be paid by the employer.

Support for an AoN position will normally be for 12 months. The college may extend support for an additional 12 months if the applicant is complying with the requirements set out in their letter of support and progressing towards their SIMG pathway requirements.

Approval of any position for AoN does not mean that the position will automatically be approved for the CPA period.

4.5. Incomplete applications

The college will complete an initial review when an application is received. Within 14 calendar days of receipt of the application, the college will email the applicant identifying which, if any, documents remain outstanding.

The applicant will then have 28 calendar days to provide any outstanding documents. Submission of some, but not all, outstanding documents will trigger the preliminary review to commence.

4.6. Preliminary review

The preliminary review process is an assessment of comparability and applies only to Australian applicants.

The assessment of comparability is based on the information supplied by the applicant. Failure to supply all the relevant information may impact the outcome of the preliminary review.

4.6.1. Anaesthesia

During the preliminary assessment for anaesthesia the college will review the application to determine if the following have been completed:

- A primary medical qualification of at least 48 months full-time equivalent (FTE).
- At least 72 months FTE training which includes:
 - At least 12 months FTE rotating internship; and
 - A specialist anaesthesia training program of at least:
 - 36 months FTE duration if training was undertaken in a comparable health system; or
 - 48 months FTE duration if training was undertaken in a non-comparable health system.

Please note: the college considers the duration of a training program to be the minimum length of time in which the program could be completed.

- The remaining time may include:
 - Prevocational medical education and training.
 - Additional time as part of the specialist training program.
 - Additional training in anaesthesia e.g., a fellowship year.
 - Employment as a specialist anaesthetist.
- Completion of an English language proficiency assessment which complies with the [MBA guidelines](#) or [MCNZ guidelines](#).

We will also review:

- CPD participation against the [ANZCA and FPM Continuing Professional Development Standard](#).
- The recency of anaesthesia practice. If the applicant has not practised anaesthesia in the last 12 months, they may be required to complete a return to practice program.

4.6.2. Pain medicine

During the preliminary assessment for pain medicine the college will review the application taking into consideration:

- Completion of a primary medical qualification of at least 48 months FTE.
- Completion of at least 84 months FTE of training which must include:
 - At least 12 months rotating internship; and
 - A specialist training program with a primary specialist qualification in accordance with FPM by-law 3.1.4 A specialist training program in pain medicine of at least 12 months.
- Consideration for the remaining time may be given to the following:
 - Prevocational medical education and training.
 - Additional time as part of the primary specialist training program.
 - Additional training in a relevant specialty e.g. A fellowship year.
- Employment as a specialist pain medicine physician.
- At least 12 months (FTE) employment as a specialist pain medicine physician.
- Employed in pain medicine for at least two months (FTE) of the year immediately preceding application.
- An English language proficiency assessment which complies with the [MBA guidelines](#) or [MCNZ guidelines](#).

We will also review CPD participation against the [ANZCA and FPM Continuing Professional Development Standard](#).

4.7. Summary of preliminary review

After the college completes the preliminary review, a summary of preliminary review (SPR) will be sent to the applicant. The SPR confirms what documents and information the applicant submitted and what deficiencies or gaps there are.

The applicant then has 21 calendar days to respond to the SPR. They may provide additional information and will be required to sign the “SIMG summary of preliminary review agreement” document prior to progressing to the next stage of the process.

Once the applicant has accepted the SPR or when the 21 days have passed the college will finalise the assessment and determine if the applicant meets the criteria to progress to interview.

The absence of sufficient information to complete a preliminary review will prevent the process from proceeding and the application will be closed.

4.8. Outcome of the preliminary review

4.8.1. In Australia

Following the preliminary assessment, the applicant will either be invited to attend an interview for further assessment or will be assessed as ineligible to continue in the SIMG pathway.

4.8.2. In New Zealand

The MCNZ will review the application and determine whether the applicant will be invited to interview for further assessment.

An invitation to present for an interview does not guarantee entry into the SIMG pathway.

If the applicant is assessed as ineligible to continue in the process, they may wish to consult the AMC/AHPRA/MCNZ to discuss options regarding registration in Australia/New Zealand.

4.9. Comparable health systems

The comparability of the health system in which the applicant undertook training and has worked will be taken into consideration throughout the SIMG assessment. The college relies on the [Medical Council of New Zealand list of comparable health systems](#).

4.10. Recency of practice

The aim of the recency of practice (RTP) period is to ensure that an anaesthetist/pain medicine physician who has been absent from practice for a period of time provides safe and up-to-date care. It is the applicant's responsibility to ensure that this is the case.

4.10.1. Anaesthesia

If the applicant has not practised anaesthesia in the 12 months immediately prior to their application or is absent from anaesthesia practice for a period of 12 calendar months at any time after assessment, they may be required to complete a return to practice (RTP) period.

The RTP period must comply with the MBA return to practice standard/MCNZ policy on return to practice and [ANZCA professional document PS50: "Recommendations on Practice Re-Entry for a Specialist Anaesthetist"](#). Further information on the MBA registration standard can be found on the [MBA website](#) and [MCNZ policy on the MCNZ website](#)

4.10.2. Pain medicine

If the applicant has not practised pain medicine in the 12 months immediately prior to their application or is absent from pain medicine practice for a period of 12 calendar months at any time after assessment, they may be required to complete a return to practice (RTP) period.

The RTP period must comply with the MBA return to practice standard and FPM professional document *PG13 (PM) "Guideline on return to pain medicine practice for specialist pain medicine physicians"*. Further information on the MBA registration standard can be found on the [MBA website](#).

It is the responsibility of both the applicant and their supervisor to develop the RTP program together. The applicant should obtain a copy of the [ANZCA SIMG return to practice \(RTP\) report](#) from the college and refer to [Guidelines on return to pain medicine practice for specialist pain medicine physicians 2023](#) for guidance on writing the program. The return to practice plan must be approved by the director of professional affairs or DPA, FPM Education or their nominee, before commencement.

In some instances, the return to practice period can be counted towards the clinical practice assessment requirement. On completion of the RTP program the college will determine whether any of that time will be credited towards the clinical practice assessment period.

4.11. Change of location

4.11.1. Transferring from New Zealand to Australia

If an applicant was assessed by the college in New Zealand and wants to continue their process in Australia, they will need to inform the college of their change in location.

The college will take the MCNZ assessment into account during the review of the application but may require additional documentation and/or an interview before issuing an assessment outcome in Australia.

4.11.2. Transferring from Australia to New Zealand

If an applicant was assessed by the college in Australia and wants to continue their process in New Zealand, they will need to apply to the MCNZ for assessment for vocational registration.

The requirements for fellowship as specified by the college in Australia are applicable in New Zealand.

5. Interview

The SIMG interview is used to assess in detail an applicant's comparability to an Australian/New Zealand trained specialist anaesthetist/specialist pain medicine physician. The interview will expand on the information provided in the application and focus on the following areas:

- Training.
- Qualification.
- Specialist practice.
- Continuing professional development.
- Cultural safety and community awareness.

The community representative listens to the answers given by the SIMG applicant regarding their training, qualifications and experience. This helps to form questions for the community awareness component of the interview. In this part of the interview the panel seeks to explore the applicant's understanding, attitudes and skills in the non-technical areas of the practice of anaesthesia/pain medicine at the specialist level.

Questions may include the applicant's understanding of the meaning and application of patient-centric care with particular focus on cultural safety and its impact on the provision of care and patient outcomes. The applicant will also be asked questions relating to professional behaviour and ethical standards and they may be asked to describe a personal experience detailing their role in handling a challenging situation.

Interviews are conducted by videoconference or in person at the college's offices. In person interviews take place in the college offices in either Melbourne (for Australian applicants) or Wellington (for New Zealand applicants). The panel will normally include three fellows and a community representative. Interviewers in training, jurisdictional representatives or administrative staff may also be present as observers.

5.1. In Australia

If an applicant is invited for an interview, they will be required to pay the interview fee prior to any date being set. This fee must be paid within three calendar months of invitation to interview, and they should attend the interview within six calendar months of invitation to interview. If they are unable to comply with these timeframes, they should contact the college to discuss their options.

Applicants need to present their passport at the interview. The SIMG administrative staff will use this to verify the applicant's identity prior to the interview.

5.1.1. For anaesthesia

Anaesthesia interviews are held approximately every four to eight weeks.

5.1.2. For pain medicine

Pain medicine interviews dates will be determined on a case by case basis.

5.2. In New Zealand

The college undertakes the interview on behalf of the MCNZ and provides advice to the MCNZ on the suitability for vocational registration of the applicant. The applicant may also choose to allow the college to use the interview to determine suitability for the FANZCA/FFPMANZCA SIMG pathway.

If an applicant has previously been assessed for the MCNZ vocational registration pathway and wishes to apply for assessment for fellowship of ANZCA/FPMANZCA please [contact the college](#) to find out if a new application is required.

A fee is payable to ANZCA by the MCNZ which will cover the cost of the interview by the college.

Applicants are normally interviewed within 13 weeks of the college receiving a request from the MCNZ.

5.2.1. For anaesthesia

The anaesthesia interviews normally take 45-90 minutes.

5.2.2. For pain medicine

The pain interviews normally take 90 minutes.

5.3. Outcome of interview

Following the interview, the panel will identify whether the applicant is substantially, partially or not comparable to a fellow of ANZCA or FPMANZCA.

5.3.1. In Australia

A copy of the Report 1/college report will be emailed to the applicant and will be uploaded to the AMC/AHPRA portal, within 14 calendar days of interview.

5.3.2. In New Zealand

The recommendations of the interview panel will be sent to the MCNZ who will determine the outcome of the vocational registration pathway assessment. This outcome will be emailed to the applicant from the MCNZ. If the applicant has also requested an ANZCA/FPM fellowship pathway assessment, the outcome of that assessment will be emailed after the MCNZ assessment outcome has been provided. This will usually be four to eight weeks after the interview.

The possible outcomes of an interview and subsequent requirements include:

5.3.3. Substantially comparable – anaesthesia and pain medicine

- Complete a period of up to 12 calendar months of clinical practice in the relevant specialty (anaesthesia/pain medicine). This period may be reduced if the applicant:
 - Has suitable previous experience in the Australian or New Zealand healthcare system, of at least six months duration.
 - At the time of interview, has been working in an approved post for at least six months.
- Successfully complete an SIMG performance assessment.
- Actively participate in the ANZCA and FPM CPD program.
- Undertake an effective management of anaesthetic crisis (EMAC) course unless an acceptable equivalent course has been completed (for anaesthesia only).

5.3.4. Partially comparable – anaesthesia

- Complete a period of between 12 and 24 months FTE of clinical practice in anaesthesia, normally in an ANZCA accredited hospital department. ANZCA accredited departments are categorised by duration of allowable training a trainee may do in that site and the information is available on the college [website](#). Individual requirements will be set out in the interview outcome report. This period may be reduced if the applicant:
 - Has suitable previous experience in the Australian or New Zealand healthcare system, of at least 12 months duration.
 - At the time of interview, has been working in an approved post for at least six months.
- Successfully complete the SIMG examination or SIMG performance assessment (PA), as determined by the interview panel.
- Actively participate in the ANZCA and FPM CPD program.
- Undertake an effective management of anaesthetic crisis (EMAC) course unless an acceptable equivalent course has been completed.

5.3.5. Partially comparable – pain medicine

- Complete a period of 12 months FTE clinical practice in pain medicine. This must be completed in a level 1 FPM accredited training unit.
- Successfully complete the FPM fellowship examination or SIMG PA.
- Actively participate in the ANZCA and FPM CPD program.

5.3.6. Not comparable

This means that the applicant is not eligible to continue in the SIMG pathway and should contact the AMC/MBA/MCNZ to discuss assessment options via the general pathway and then if relevant, the college training pathway.

Applicants assessed as not comparable may be eligible for limited or provisional registration through another pathway that will enable them to gain general registration and subsequently apply for entry into a formal college specialist training program. Applicants should contact AHPRA/MCNZ for further guidance of their options for practising in Australia/New Zealand as a medical practitioner.

6. SIMG individual program

Following interview, the applicant will receive a Report 1 and/or an assessment outcome report which outlines the requirements they must successfully complete to be eligible to apply for fellowship. These requirements constitute the SIMG's individual program. Applicants will be provided with an "agreement to continue in the SIMG process" form, which they must complete, as well as pay their annual fee, in order to commence their individual program. Once this occurs they will become SIMGs who are active in the SIMG pathway.

The individual program (IP) is generally made up of five components:

1. [Clinical practice assessment \(CPA\)](#)
2. Patient clinical interaction assessment (PCIA) for SIMGs required to sit the anaesthesia examination
3. [Anaesthesia examination/Pain medicine examination](#) or [SIMG performance assessment \(SIMG PA\)](#)
4. [Effective Management of Anaesthetic Crisis \(EMAC\)](#) course (anaesthesia SIMGs only)
5. [Multisource feedback](#)
6. [Continuing professional development \(CPD\)](#)

The purpose of the IP is to:

- Assist the applicant with their transition to the Australian/New Zealand health system.
- Ensure that the applicant's level of performance is at the standard of an Australian/New Zealand trained specialist commencing practice.
- Provide the applicant with professional support.
- Support the applicant to access and maintain CPD.

6.1. Validity of interview outcome

The assessment is valid for two years from the date of interview. If the applicant does not start their individual program within this period, the college will close their application. If the SIMG wishes to continue in the SIMG pathway they will need to reapply, pay the relevant fees and may require a new interview.

6.2. Time to complete the individual program

Substantially comparable SIMGs must complete all requirements within two years of starting their individual program. Partially comparable SIMGs have four years to complete all requirements.

7. Clinical practice assessment period

The clinical practice assessment (CPA) period is the time in clinical practice an SIMG must complete during their individual program. If the SIMG has been assessed for anaesthesia, their CPA period must be in clinical anaesthesia; time spent in other specialities will not be considered. If they have been assessed for pain medicine, their CPA period must be in pain medicine; time spent in other specialities will not be considered.

Before starting the CPA period SIMGs must submit an “application for approval of a position” and “supervisor’s agreement”. If an SIMG moves positions during their CPA period they should first submit a new “application for approval of a position” to the college for review.

CPA positions must be at least 0.5 full-time equivalent in clinical anaesthesia/pain medicine. Any CPA undertaken part-time will be considered pro-rata.

All reference to duration is full-time equivalent (FTE) which is 38 hours per week. The maximum number of hours that can be counted per week is 38 hours. 12 months of practice means a minimum of 47 weeks FTE practice. Leave (as per section 9 – Leave) is not included in the 47 weeks.

Positions which include anaesthesia/pain medicine and another specialty will only accrue CPA time on pro rata basis, for the anaesthesia/pain medicine component.

****Note:** Intensive care medicine is a separate vocational scope in Australia and New Zealand.

If the required CPA period is completed before all other requirements of the individual program, the SIMG must continue to work in a position approved for the CPA period until the remaining requirements are completed.

7.1. Positions

The Report 1/interview outcome report explains the SIMG’s specific requirements. In general:

- Substantially comparable SIMGs can apply for any position including specialist equivalent in clinical anaesthesia/pain medicine. Noting that the anaesthesia SIMG performance assessment (PA) can only be undertaken in a position that is at provisional fellow level or higher, and the pain medicine SIMG PA can only be undertaken in a position that allows for adequate independence in practice.
- Partially comparable SIMGs can apply for any position including specialist equivalent in clinical anaesthesia/pain medicine. In some cases, the report 1/assessment outcome report requires an SIMG to work in an ANZCA/FPM accredited department. Noting that the anaesthesia SIMG performance assessment can only be undertaken in a position that is at provisional fellow level or higher, and the pain medicine SIMG PA can only be undertaken in a position that allows for adequate independence in practice.

If an SIMG is required to undertake all or part of their CPA period in an ANZCA/FPM accredited hospital it must be in the parent hospital. Positions in a satellite hospital will not be approved for the CPA period.

7.1.1. In Australia

Position descriptions must be submitted on the college template. If an SIMG starts working before their SIMG interview they need to include a copy of their position description with their application. Position descriptions that are not submitted on the college template will be returned with a request to amend and resubmit. The college will review the position description and send the outcome to the SIMG, their supervisor and AHPRA.

If the SIMG wishes to change any aspect of their position (for example, changes to the start or end dates of the position, move to part-time hours) an “application for variation of a position description” must be submitted for consideration using the college template.

7.1.2. In New Zealand

All positions must be submitted to the MCNZ for approval.

7.1.3. For pain medicine

CPA may be completed in:

- A level 1 FPM accredited training unit (for both substantially and partially comparable SIMGs);
- A practice development stage FPM accredited training unit (for substantially comparable SIMGs);
- A non-accredited unit that offers clinical experience within a multidisciplinary team with integrated processes and practice within a sociopsychobiomedical model (for substantially comparable SIMGs).

More than one site may be identified as part of the post proposed for the CPA, noting that a maximum of four distinct sites of clinical activity can be nominated. CPA proposals including more than four nominated sites will not be approved.

7.2. Leave

Leave includes annual leave, bereavement leave, sick leave, parental leave, study leave, examination leave and industrial action.

7.3. Supervision

SIMGs must have an approved supervisor for the entire CPA period. The nominated supervisor will be reviewed for suitability during the review of the position description. Any active ANZCA/FPM fellow may be nominated as the supervisor for an SIMG. SIMGs may contact the Medical Board of Australia and/or the Medical Council of New Zealand to determine their requirements for supervisors.

In order to be eligible to be an SIMG supervisor the fellow must comply with the [MBA](#) guidelines in Australia, and the [MCNZ guidelines](#) in New Zealand.

If the supervisor changes during the position the SIMG should submit a new supervisor's agreement and an application for variation of a position description for review by the college.

7.4. SIMGs providing supervision of trainees

7.4.1. Anaesthesia

During the CPA period some SIMGs may be able to supervise anaesthesia trainees (refer to regulation 37).

7.4.2. Pain medicine

SIMGs do not supervise pain medicine trainees.

7.5. Clinical practice assessment reports

Once the college has approved a CPA position, the SIMG must submit a CPA report every three months. The college will review the CPA report and advise whether it is accepted towards the CPA period.

The college will accept college CPA reports or MCNZ supervisor reports. CPA reports must be submitted within six calendar months of the end date of the report period. CPA reports submitted later than six months after the end date of the CPA period covered by the report, will not be considered.

The SIMG must continue to submit three-monthly CPA reports until all requirements of the individual program are complete. Failure to do so will delay the completion of the SIMG process.

Any CPA report that is submitted prospectively will not be considered unless prior written consent to submit a prospective CPA report has been granted.

Instructions for completing this CPA report can be found on the form.

7.6. Patient clinical interaction assessment (PCIA)

7.6.1. For anaesthesia

All SIMGs, that are required to complete the examination, are required to successfully complete the patient clinical interaction assessment (PCIA) after a satisfactory CPA report covering at least 3 months prior to applying for fellowship.

The PCIA is an assessment conducted by a PCIA assessor and undertaken in the workplace during the SIMG pathway (for those who have a requirement to sit the exam). The SIMG is observed interacting with a patient to elicit a history, undertake a physical examination and present these findings to a workplace assessor.

The purpose of the PCIA is to determine if the SIMG can be entrusted to provide pre-operative care for patients with significant co-morbidities including pre-operative assessment and risk stratification, preparation and optimisation prior to surgery without supervisory input.

The assessment can be undertaken at any time after a satisfactory CPA report covering at least 3 months for SIMGs (who have a requirement to sit the exam) and must be successfully completed and documented to demonstrate that the SIMG can be entrusted with preoperative assessment of complex comorbid patients.

- The PCIA will be a requirement for all SIMGs who start their pathway from 2025 Hospital Employment Year. SIMGs who commenced their examination pathway prior to 2025 are not required to complete the PCIA.

There is no limit to the number of PCIA attempts that can be undertaken with a PCIA assessor to reach the required standard; however, a minimum of one successfully completed and documented PCIA is required to complete the pathway and apply for fellowship. The successful completion of the PCIA is not a prerequisite to sit the FEx.

The SIMG supervisor is responsible for marking the PCIA assessment as complete in the e-portfolio.

8. Examinations

8.1. Anaesthesia SIMG examination

All SIMGs required to sit the examination need to sit the SIMG examination which consists of medical and anaesthesia vivas.

These examinations are conducted by the Final Examination Sub-committee.

Dates and venues for the examinations are available on the college [website](#).

SIMGs may choose to sit the full final examination in place of the SIMG examination.

Details of the full final examination can be found in the [ANZCA handbook for training](#).

SIMGs are permitted five attempts at the SIMG examination. After the fifth attempt an SIMG becomes ineligible to re-sit the examination and to remain in the SIMG pathway.

Learning outcomes assessed by the SIMG examination are located within the [ANZCA training program curriculum document](#). They are indicated by 'FEX' in the assessment column.

8.1.1. Description of the SIMG examination

The examination is held twice a year and consists of:

- Two medical viva voce ('medical vivas').
- Eight anaesthesia vivas.

Further details on the examinations can be found on the [website](#).

8.2. Pain medicine examination

SIMGs required to complete the oral components of the FPM fellowship examination as outlined in the [FPM Training Handbook](#).

These assessments are conducted by the FPM Examination Committee.

Dates and venues for the examinations are available on the college [website](#).

8.3. Eligibility to sit the examinations assessments

To be eligible to sit examinations SIMGs must have:

- Paid all annual fees.
- Completed at least three calendar months CPA.
- The most recent CPA report be satisfactory.
- A satisfactory CPA report within 12 calendar months of the date of sitting the examination.

8.3.1. For anaesthesia

These requirements must be met prior to the date of the written component of the final examination.

8.3.2. For pain medicine

These requirements must be met prior to the closing date for applications.

8.4. Preparation for the examination

SIMGs are advised to begin their preparation for this examination at least 12 months prior to their intended sitting date. They are strongly advised to have a structured approach to exam preparation and to pay particular attention to time management, study skills and study environment.

It is recommended that SIMGs refer to the examination section of the [website](#) early in their preparation for the examination. An examination resource list can be accessed in [Learn@ANZCA](#), which includes reports from previous examinations.

Many SIMGs benefit from participation in formal or informal study groups with other examination candidates. The formation of these groups can be facilitated by local supervisors of training and may include trainees from different hospitals to ensure sufficient numbers to form an effective study group.

8.5. Requirements to pass the examination

Details of the requirements to pass the examination can be found on the [website](#).

8.6. Special consideration and withdrawing from the examination

The college has provisions for special consideration and withdrawing from examinations which are outlined in the [ANZCA handbook for training](#) and the [FPM training handbook](#).

Details of how results are advised to candidates are included in the training handbooks.

8.7. Examination feedback

SIMGs may request an examination feedback interview following an unsuccessful examination.

Feedback interviews are based on the individual candidate's results for the most recent sitting only.

9. Performance assessments

The SIMG performance assessment (PA) is a component of the individual program.

The PA assesses the professional performance of the SIMG against a standard that would be reasonably expected of a specialist anaesthetist/pain medicine physician who has been trained in Australia or New Zealand.

The SIMG PA usually occurs in the final three calendar months of the CPA period. The SIMG PA is a one-day assessment conducted by two fellows and at times an observer in the SIMG's actual working environment.

The SIMG PA is a comprehensive assessment of everyday work using the following suite of tools:

- Pre-visit questionnaire for candidate and hospital/health area.
- Interview with the candidate.
- Observation of practice.
- Case based discussions.
- Multisource feedback from relevant staff members.
- Medical record review.
- Review of candidate's portfolio.

The PA assessors will review the proposed timetable prior to the visit to ensure that the selection of interviewees is appropriate.

The SIMG may choose to apply to present for the relevant examination in preference to the SIMG PA. In these circumstances, the examination will function as a surrogate for the SIMG PA within the SIMG pathway.

9.1. Organising the PA

9.1.1. Setting the date

The first step in the PA process is to organise a date that is suitable to the SIMG, their department and both the assessors. It normally takes 10 to 12 weeks to finalise all arrangements for the PA.

9.1.2. Pre-visit documents

The assessors will be provided with all relevant documentation prior to the visit. These documents give assessors an overview of the SIMG's practice, and the facility in which they are working.

The SIMG will receive a detailed set of instructions from the college which covers items such as schedule, requirements and indemnity forms (which must be returned prior to the date of the assessment).

9.1.3. Completing the timetable

SIMGs will be provided with a template timetable for the on-site day. This should be completed in consultation with their supervisor/department head.

SIMGs are required to be in theatre/clinic for at least half of the day and free for interview, case-based discussion and the concluding interview. They are also required to allocate time for interviews with relevant staff and record reviews by the assessors.

9.1.4. Setting the interviews

When scheduling interviewees ensure that they are provided with a copy of the document "PA information for interviewees".

The SIMG should arrange a private room with a table and chairs where the assessors can meet, the interviews can take place and the case records can be reviewed. Easy access to a telephone is essential. Please also provide some water and writing materials.

It's helpful to have an administrative staff member available who can facilitate the flow of interviewees.

9.1.5. Scheduling the day

The SIMG should organise a specialist anaesthetist/pain medicine physician available to relieve them for breaks throughout the day (if needed) and later in the day for the final interview.

9.2. On the day of the PA

Both assessors meet with the SIMG early in the morning to discuss the day's program.

One assessor will then observe the SIMG's practice and when appropriate, may ask questions.

The other assessor will speak with those staff chosen for interview according to the timetable.

9.2.1. Introductory interviews

The assessors will meet with the SIMG on the morning of the PA to:

- Explain the SIMG PA process.
- Clarify how the day will proceed and answer any questions that the SIMG has.
- Discuss any issues about the facility that have a major impact on their performance.
- Clarify any issues in the pre-visit documents.
- Confirm the availability of the portfolio and the anaesthetic records.

9.2.2. Facility assessment

The assessors may identify some areas which have the potential to impact on the SIMG's performance.

9.2.3. Medical records review

By reviewing a selection of 20 medical/anaesthesia records (10 records for the pain medicine PA), the assessors will:

- Determine whether records are retrievable.
- Determine whether they comply with the expected standard of recording.
- Determine legibility.
- Gain some understanding of the SIMG's performance in managing patients.
- Determine whether the record is useful in ongoing or future perioperative/pain management care for the patient.
- Identify issues for discussion with the SIMG.

The records may be randomly or systematically selected by the SIMG. The issues arising from this review can be discussed at the final interview.

The records chosen should reflect the extent of the SIMG's practice profile and be cases that have been managed in the previous six calendar months.

9.2.3.1. For anaesthesia

Records should include cases that were challenging and/or had complications. Cases should be from a variety of surgical/medical procedures.

9.2.3.2. For pain medicine

Records should include cases that were challenging and/or had complications. Cases should be from a variety of causes of pain and types of assessment.

Where possible the records should:

- Have patient information de-identified.
- At least half of the records should be from cases in the last three months.
- Include the entire patient file including all anaesthesia/pain medicine records.

As a minimum the file should include the consultation record including:

9.2.3.3. For anaesthesia

Preoperative assessment, anaesthesia management and post-operative instructions and post anaesthesia care unit (PACU) records.

9.2.3.4. For pain medicine

Assessment and treatment plan, referral documentation, and any subsequent pain medicine consultations.

9.2.4. Portfolio review

The purpose of the portfolio review is to enable the assessors to see evidence of completion of requirements set out in the report 1/interview outcome.

SIMGs should ensure that any of the following information that has not already been sent to the college, is available for review by the assessors:

- Current certificate of registration from the regulatory authority.
- Evidence of continuing professional development (CPD) in the [ANZCA and FPM CPD program](#).
- EMAC certificate.
- Details of any secondments undertaken (if applicable).
- Any other applicable documents.

The college will provide the assessors with the following documentation prior to the PA:

- The timetable for the visit.
- College interview outcome report/Report 1.
- Signed acknowledgement and release from the hospital/clinic.
- Signed acknowledgement and release from the SIMG.
- Information on the hospital/clinic.
- Current curriculum vitae.
- Position description.
- CPA reports.
- CPD statement of participation.
- Ten de-identified medical records (for pain medicine PA).
- Any other documents that are considered relevant.

9.2.5. Observation of clinical practice

Clinical observation as part of the PA is designed to assess the SIMG's clinical performance as a reflection of their normal practice. Assessors expect SIMGs to demonstrate proficiency, with particular attention to safety and quality, as well as professionalism.

Assessors are only able to observe clinical practice with the consent of the patient and all staff directly involved in the patient's care during the observation. This consent will be obtained by the SIMG.

If the SIMG is comfortable and can safely manage the patient, they may discuss management of the patient with the assessor during the observation of clinical practice. The assessors may want to explore any issues that arise during the period of observation within the case-based discussion.

9.2.5.1. Criteria for selection of cases

Careful consideration should be given when selecting cases for the PA as all the following must be satisfied:

9.2.5.1.1. For pain medicine

- The clinic should take a full half day.
- The list should include at least two initial assessments of a patient, with management planning. This offers the opportunity to demonstrate clinical skills as well as judgement and communication.
- The minimum total number of cases on the clinic list should be no less than four.
- The consultation must be performed by the SIMG being assessed, including any technical aspects of the case as well as case management decisions. There should be no supervisor involvement in any aspect of the observed practice.
 - The purpose of the clinical observation is to assess the clinical performance of the SIMG.

- If there is insufficient clinical observation of the applicant, a further observation of clinical practice may be necessary at another time, to complete the performance assessment.

9.2.5.1.2. For anaesthesia

- The list should ideally be at least three cases.
- The list should include at least one major case with some degree of complexity. This offers the opportunity to demonstrate clinical skills as well as judgement and communication.
- Theatre lists not requiring general anaesthesia are not appropriate for PAs unless they involve central neuraxial or major regional blocks.
 - Lists requiring only local anaesthesia with or without sedation are not acceptable.
- Trainees may be present, but anaesthesia must be delivered by the SIMG being assessed, including the technical aspects of the case as well as case management decisions.
 - The purpose of the clinical observation is to assess the clinical performance of the SIMG.
 - Where trainees are present, they should have minimal input. If there is insufficient clinical observation of the applicant, a further observation of clinical practice may be necessary at another time, to complete the performance assessment.
- Clinical observation includes the stages of pre-list preparation including equipment checks and list briefing, pre-anaesthesia consultation, intraoperative management, and handover to PACU. This should be taken into consideration when selecting theatre lists.

9.2.6. Case-based discussion

This is the opportunity to explore the clinical reasoning and knowledge, behaviour and attitudes underlying the SIMG's practice. Discussion of management of common unexpected events or emergencies that may occur within the SIMG's practice is part of the case-based discussion, as is discussion of the scientific basis of practice. The discussion may also allow the SIMG to clarify any matters raised by the assessors.

The assessors will explore some of the general medical requirements of practitioners in Australia/New Zealand which are integral to safe practice. These include:

- Informed consent.
- Professional boundaries.
- Patients' rights.
- Infection control.
- Ability to respond to emergencies or unusual events.
- Health related laws and regulations.
- ANZCA/FPM policies and professional documents.

9.2.7. Multisource feedback

The purpose of the multisource feedback is to gather information from staff who work with the SIMG.

This will cover clinical skills and attitudes, patient care, behavioural skills and attitudes, and general issues and will be assessed based on the ANZCA/FPM roles:

- Medical expert/clinician.
- Communicator.
- Collaborator/teamwork.
- Manager.
- Scholar/teacher.
- Professional.
- Health advocate.

Often there are delays due to last minute unavailability of selected staff. Re-arrangement of the interview program is not unusual and is unlikely to be a problem.

There should be between 12 and 15 colleagues and staff (10 and 12 required if for pain medicine) scheduled for interviews. Careful consideration should be given to selecting a range of people who are able to provide information about the SIMG's attributes/qualities as a specialist. Interviewees should be available in person on the day of the PA. In exceptional circumstances a phone interview may be arranged.

9.2.7.1. For anaesthesia

The following is a list of people who must be included for interview:

- Director of anaesthesia or head of department.
- Supervisor (if they are not the director of the department).
- Director of medical services (or nominee).
- Surgeon.
- Procedural physician (if applicable).
- Senior anaesthesia nurse/technician.
- PACU nurse.
- Obstetrician (if applicable).

The remaining four to seven interviewees may be selected from the following, as applicable to your institution, and may include more than one person in any category:

- Anaesthetist.
- Anaesthesia trainee.
- Director of nursing or nominee.
- Pain clinic nominee and/or acute pain service nurse.
- Pre-anaesthesia clinic manager.
- Midwifery manager.
- Theatre manager.
- Procedural imaging specialist.

- ICU nominee.
- Theatre nurse.

9.2.7.2. For pain medicine

The following is a list of roles that must be included for interview, with one or more from each role to make up the total:

- Director of pain medicine department or overarching department.
- SIMG supervisor (if they are not the director of the department).
- Director of medical services (or their delegate, who may be one of the above).
- Pain medicine specialist.
- Pain medicine trainee (if a training site).
- Medical practitioner(s) from the multidisciplinary team (e.g. liaison psychiatrists, addiction medicine specialists).
- Referring medical practitioner(s) (e.g. general practitioners, surgeons, physicians).
- Allied health professional(s)/nurse(s) from the multidisciplinary team (e.g. nursing, and occupational therapists (OT) if interventions are performed, psychologists).
- Administrative personnel (e.g. pain clinic manager).
- Other SIMGs should not compromise colleagues interviewed.

9.3. End of assessment interview

Both assessors will meet with the SIMG mid-afternoon to summarise the assessment process and clarify any issues arising from the observation, records review or the portfolio and any other relevant issues regarding the assessment process. At this point the SIMG may ask the assessors any questions they may have. The assessors may ask for feedback on the PA process from the SIMG's perspective.

9.4. PA outcome

Please be aware that the outcome of the PA will not be available on the day. Following the PA, both assessors prepare a report and recommendations for consideration by the college. Please note that the outcome of the PA will be sent to the SIMG; a copy of the report will not be provided to the SIMG.

There are two possible outcomes from a PA:

- Satisfactory completion of the PA. If the SIMG has completed all other requirements an application for fellowship can be submitted to the college. See section 18.
- Unsatisfactory completion of the PA. A review of progress will be completed as per regulation 23.14 and section 12 of this handbook.

10. Review of progress

Review of the progress of individual SIMGs by the SIMG Committee may occur following:

- Unsatisfactory performance in the examination.
- Unsatisfactory CPA or return to practice report.
- Lapse of the SIMG pathway.
- An unsatisfactory SIMG PA.
- Changes to an SIMG's medical registration.

- Failure to make satisfactory progress through the SIMG pathway including the absence of CPA reports.

The main purpose of the review of progress is to identify barriers to completion of the SIMG pathway, and to provide guidance on actions and attitudes that may assist the SIMG in attaining success in completing the SIMG pathway. If the barriers prove to be insurmountable then removal from the process will be considered.

The review may be initiated on advice from the SIMG director of professional affairs (DPA), the DPA for FPM, Education, the chair of the Final Examination Sub-committee, the chair of the FPM Examination Committee, the applicant's authorised CPA supervisor or the SIMG Committee.

The review of progress may include:

- Gathering further information from the SIMG's supervisor and work colleagues who are familiar with the SIMG's professional practice.
- Review of reports from the SIMG's CPA supervisor and other referees.
- Review of performance in examinations or SIMG PA.
- Review of overall progress towards addressing all requirements of the individual program.
- An exam feedback interview.
- Attendance at a re-interview.

10.1. Re-interview

Following a review of progress the SIMG may be required to attend a re-interview. The re-interview will be conducted by an interview panel consisting of three fellows and a community representative. The panel will discuss examination results, other information including CPA and PA reports and progress in the SIMG pathway.

The aim is to assist the SIMG to progress through the SIMG pathway by:

- Identifying factors relating to difficulties experienced.
- Reviewing the SIMG's preparations for the examination and facilitating positive study habits.
- Formulating an action plan to improve capacity to pass the examination at a subsequent sitting.
- Identifying any concerns with clinical performance and discussing a potential remediation plan.

Any issues relating to employment, misconduct or where patients and/or the SIMG are at risk of harm are beyond the scope of the re-interview. However, should these be identified during the course of the interview, referral to the appropriate channels will be made.

10.2. Outcome of review

Following the review, the committee will recommend one of the following actions:

- No action and continue in the process.
- More frequent CPA reports.
- Remedial activities to address areas of weakness.
- Extension of the required CPA period.
- Change to the conditions of the CPA period including restrictions on location and or level of position required.

- Changes to requirements for either examination or SIMG PA.
- That the SIMG is withdrawn from the SIMG pathway.

11. The Effective Management of Anaesthetic Crises course

Anaesthesia SIMGs are normally required to do an effective management of anaesthetic crises (EMAC) course. The decision as to whether this is required is made at the time of interview and will be notified in the report 1/assessment outcome report.

EMAC is a simulation-based course focused on managing anaesthetic emergencies. It is a compulsory requirement of the anaesthesia training program.

The course is a valuable educational opportunity and assists with orientation to the Australian and New Zealand approach to managing crises.

Once the EMAC course is completed, a copy of the certificate must be sent to the college.

Further information on EMAC can be found on the college [website](#).

12. Continuing professional development

SIMGs must actively participate in the [ANZCA and FPM Continuing Professional Development \(CPD\) program](#) throughout their individual program. SIMGs may be required to complete specific CPD activities during the individual program.

For SIMGs interviewed before 3 April 2017, please note that your CPD requirements may differ. Details can be found in your Report 1/assessment outcome report.

If an SIMG does not participate in the ANZCA and FPM CPD program, their SIMG pathway will be incomplete and they will not be able to proceed to fellowship or be supported for specialist registration.

In accordance with the ANZCA and FPM CPD Standard, SIMGs must prepare a CPD plan (using the ANZCA CPD portfolio) and each year submit a statement of participation to the SIMG unit. These documents will be reviewed by the DPA SIMG to confirm that they meet the CPD requirements for their individual program.

Further information on the ANZCA and FPM CPD program, including minimum annual requirements, can be found on the college [website](#).

12.1. Multisource feedback (MSF)

All SIMGs must complete an MSF during their CPA period. Those SIMGs who complete a PA will complete an MSF during the PA. This will satisfy the MSF requirement.

Those SIMGs who do not complete a PA must complete an MSF which aligns with the MSF described in the ANZCA and FPM CPD program.

13. Extension of time to complete requirements

In exceptional circumstances, an extension of time may be granted. Application for an extension of time can only be submitted within the last six calendar months of CPA. Applications submitted earlier than this will not be considered.

An extension of time is usually for an additional 12 calendar months. If the expiry date is during an exam sitting the college will automatically grant an extension to complete the exam.

14. Flexibility

The college is committed to the provision of flexible options for all SIMGs. The college recognises that not all SIMGs will complete their individual program over consecutive full-time years. The following flexible options are available:

- Part-time individual program.
- Interruption to CPA period.

Use of flexible options requires prospective approval from the director of professional affairs (SIMG).

14.1. Part-time individual program

Undertaking the individual program part-time allows SIMGs to work fewer hours in anaesthesia/pain medicine per week than is required of an SIMG working full-time in the same department.

The college supports part-time employment, however negotiations for part-time employment are between the SIMG and the employer. Applications for part-time should be made in advance to the director of professional affairs (SIMG) and must be at least 0.5 FTE of the commitment of a full-time employee in the same unit.

If an SIMG is working in a joint anaesthesia and intensive care position, they will be considered part-time and only the anaesthesia component will be counted towards CPA requirements (as per section 9 of this handbook).

14.2. Interrupted CPA period

SIMGs may apply for a period of interrupted CPA, which pauses the individual program. The total duration of interruption can be up to 12 calendar months, which can be accrued continuously or cumulatively. This will extend the expiry date of the individual program.

SIMGs must actively participate in the ANZCA and FPM CPD program during periods of interruption. SIMGs may complete an EMAC course and sit the examination (subject to usual eligibility criteria) during periods of interruption.

During this time, they remain a registered SIMG but cannot accrue CPA time or undertake a PA.

If an SIMG is out of anaesthesia/pain medicine practice for 12 months or more, they may be required to undertake a return to practice program as [per section 6.10](#).

If an SIMG requires further time to complete the process they may need to apply for an extension of time as [per section 15](#).

14.2.1. Application timing

Applications for interruption should be submitted prospectively to the director of professional affairs (SIMG) for consideration. If unforeseeable circumstances make it impossible to submit an application prospectively, it should be made at the earliest opportunity. If required, an SIMG may also seek prospective approval for a further period of interruption from the director of professional affairs (SIMG) (noting the cumulative limit of 12 calendar months).

14.2.2. Approved period of interruption

A SIMG may apply for a period of interruption for reasons such as:

- Failure to obtain a position suitable for the CPA period.
- Taking extended leave.
- Illness.
- Other reasons as approved by the DPA SIMG.

SIMGs who continue to work in a position approved for CPA cannot apply for a period of interruption.

While SIMGs may be permitted to sit the SIMG examinations during a period of interruption, it is recommended they attempt the examinations while in an approved CPA position so they can prepare for the examination in a supportive environment. The SIMG must have submitted a satisfactory CPA report within 12 calendar months of the date of sitting the examination.

14.3. Medical registration

SIMGs must inform the college and their supervisor of any changes to their medical registration including the imposition of conditions (voluntary or imposed), limitations or restrictions. SIMGs should maintain medical registration without any conditions (voluntary or imposed), limitations, or restrictions.

14.4. Expectations of SIMGs during the SIMG pathway

All SIMGs must sign the [SIMG Annual Agreement](#), which outlines the mutual obligations and expectations of the college and the SIMG. This will be sent to SIMGs at the time their annual fees are due. SIMGs who do not sign or abide by the SIMG agreement may be removed from the SIMG pathway.

In addition to the requirements of the SIMG annual agreement, professional and personal development during the SIMG pathway requires that SIMGs:

- Ensure their behaviour during the SIMG pathway aligns with the codes of conduct of the Medical Board of Australia or the Medical Council of New Zealand (as relevant).
- Contribute to the work of their department.
- Reach performance standards comparable to an independent specialist anaesthetist/pain medicine physician.
- Seek appropriate guidance and supervision as required for the clinical situation.
- Seek appropriate assistance and support in situations where professional and/or personal difficulty is experienced.
- Maintain medical registration with the appropriate registration authority.
- Inform the college and their supervisor of any limitations to practice or changes in their requirements.

15. Completion of the process

Following completion of all requirements specified by the college, SIMGs will be eligible to apply for admission to fellowship by assessment under [regulation 6.4](#) for anaesthesia, or [by-law 3.4](#) for pain medicine. In Australia, they will also be recommended for specialist recognition at this time. In New Zealand, they may apply for vocational registration if they do not already have it.

16. Applying for fellowship

SIMGs who have completed all requirements of the SIMG pathway can submit an application for admission to fellowship.

Medical practitioners admitted to fellowship of the Australian and New Zealand College of Anaesthetists or the Faculty of Pain Medicine, Australian and New Zealand College of Anaesthetists and who maintain their college membership are entitled to use the post-nominals 'FANZCA'/'FFPMANZCA'.

16.1. For anaesthesia

Tips for timely admission to fellowship:

- Ensure that evidence of completion of all requirements of the SIMG pathway is submitted. The DPA assessor or designated clinician will review the files to confirm completion of all requirements.
- Completed application forms can be sent to assessor.requests@anzca.edu.au. Submission of an application for fellowship and associated documentation will be accepted up to four weeks prior to the anticipated completion date for the CPA period, provided all other requirements are complete.
- Applications for admission to fellowship are considered and approved on a weekly basis by the ANZCA Executive Committee. The application cannot be considered by the executive until all requirements have been met.
- On approval of the fellowship application by the ANZCA Executive Committee, new fellows will receive a letter from the president of ANZCA and a provisional fellowship certificate. These documents can be used to apply for specialist registration and other related processes. The diploma will be sent within three months of the admission date, after receipt of the required fees.

16.2. For pain medicine

Tips for timely admission to fellowship:

- The completed fellowship application form can be sent to simg@anzca.edu.au.
- Applications for admission to fellowship are considered and approved by the FPM Executive Committee. The application cannot be considered by the executive until all requirements have been met.
- On approval of the fellowship application, confirmation will be sent to the new fellow. This confirmation can be used to apply for specialist registration and other related processes. The diploma will be sent within three months of the admission date, after receipt of the required fees.

17. Registration as a specialist

17.1. In Australia

The college will issue a Report 2 to AHPRA, and email a copy to the SIMG, stating that all requirements have been completed for the SIMG pathway. The SIMG may then apply to the [MBA for registration as a specialist](#).

Temporary residents of Australia, including New Zealand citizens wishing to practise in Australia, will need to make a written application to Medicare Australia.

17.2. In New Zealand

SIMGs need to advise the Medical Council of New Zealand that they have completed their SIMG pathway and are now fellows of ANZCA/FPM. Further information on applying for registration in the vocational scope can be found on the [MCNZ website](#).

There are other processes required before becoming registered as a specialist, such as securing appropriate professional indemnity insurance.

18. Voluntary withdrawal

SIMGs may voluntarily withdraw from the SIMG pathway at any time but are encouraged to speak to their supervisor and the college first to explore their options.

SIMGs should advise the college in writing via simg@anzca.edu.au, if they wish to withdraw.

SIMGs who withdraw may be entitled to a pro rata refund of the annual fee.

SIMGs who have voluntarily withdrawn from the process may reapply as per [section 20](#).

19. Removal from the SIMG pathway

SIMGs can be actively removed from the program for:

- Unsatisfactory performance in the examination.
- Unsatisfactory CPA or return to practice report.
- Lapse of the SIMG pathway.
- Unsatisfactory SIMG PA.
- Changes to an SIMG's registration as per regulation 23.19.
- Failure to make satisfactory progress through the SIMG pathway including the absence of CPA reports.
- Failure to pay the SIMG annual fee.
- Failure to meet the responsibilities and declaration by the SIMG.

The SIMG Committee will consider all relevant issues prior to deciding whether to remove the SIMG from the SIMG pathway.

20. Reapplication

SIMGs who withdraw from the SIMG pathway voluntarily may reapply for a new assessment. Applications are considered on an individual basis by the director of professional affairs (SIMG) who will take into account previous performance in the SIMG pathway.

If a reapplication is accepted the SIMG will be allowed the time remaining from their original process to complete any outstanding requirements. Any exam attempts by the SIMG will be applied to the maximum number of allowable attempts. Any other requirements completed by the SIMG will be considered.

Any SIMG who has been actively removed from the SIMG pathway is not permitted to reapply.

If a reapplication is accepted the SIMG must submit a new application and pay the associated fees.

21. Re-entry to clinical anaesthesia/pain medicine practice

SIMGs who have been out of anaesthesia practice for 12 or more calendar months must complete a period of return to practice (RTP) as per [PS50](#).

SIMGs who have been out pain medicine practice for 12 or more calendar months must complete a period of [RTP](#) as per [Medical Board of Australia standard "Registration Standard: Recency of practice"](#).

SIMGs are required to submit their return to practice (RTP) program for prospective approval by the Director of Professional Affairs (DPA) SIMG for anaesthesia or the DPA, FPM Education for pain medicine, or their nominees.

The approved RTP supervisor must provide a structured report of the applicant's practice each month. A copy of this report can be found on the website.

Based on these reports, the time may be credited towards the required duration of return to practice program or the SIMG Committee may review the applicant's category or vary the requirements (noting Regulation 23.9.4).

The return to practice time may, at the discretion of the DPA (SIMG) for anaesthesia or the DPA, FPM Education for pain medicine or their nominees, contribute to the CPA period described in Regulation 23.11. The maximum period of the return to practice program to be credited towards the CPA period will not normally exceed three months FTE. Decisions on whether RTP is credited towards the required CPA period, will be determined by the DPA SIMG/DPA, FPM Education on a case by case basis.

The return to practice program must be commenced within 12 months of the applicant being advised it is required.

It is the responsibility of the applicant to obtain position/s suitable for the return to practice program.

22. Fees

22.1. Application fee

22.1.1. In Australia

Application fees must accompany all applications for assessment via the SIMG pathway. Those applicants applying for assessment via the area of need (AoN) pathway must submit the combined AoN and SIMG application fee in accordance with Regulation 23. Applications received without all required documentation including any applicable application fees will not be assessed until the fees are paid and all required documentation received.

22.1.2. In New Zealand

The MCNZ set and collect the relevant fees for applications for vocational registration.

22.2. Interview fee

22.2.1. In Australia

Applicants invited to proceed to interview must pay an interview fee within three calendar months of invitation. Following payment of the fee an interview date will be arranged. Failure to pay the interview fee within the specified timeframe will result in the application being closed.

22.2.2. In New Zealand

The MCNZ set and collect the relevant interview fees.

22.3. Annual fees

22.3.1. In Australia

SIMGs are required to pay an annual fee. The first of these must be paid within four weeks from the date of their SIMG interview. Subsequent annual fees are due on the date of the anniversary of their SIMG interview. SIMGs that have not paid their annual fee by the due date will have their status changed to 'not active'. This will render them unable to credit any CPA time, undertake assessments including SIMG PA and SIMG examination, access the CPD system or gain credit for any other SIMG related activities. SIMGs that remain 'not active' for a period of two calendar months or more will be withdrawn from the SIMG process. Should an SIMG subsequently wish to recommence the SIMG process an application must be submitted to the DPA (SIMG) for anaesthesia or the DPA, FPM Education for pain medicine or their nominees justifying the resumption of their SIMG process. Application fees will still be applicable. Those accepted for a resumption of the SIMG process may be required to undertake a new assessment and incur the associated fees.

22.3.2. In New Zealand

SIMGs who have vocational registration and wish to pursue fellowship of ANZCA or FPM, pay the annual fee directly to the college.

22.3.3. Fee adjustments

SIMGs who are admitted to fellowship part-way through the year, will have the unused part of that year's annual fee credited towards their fellowship membership and entrance fee.

22.4. SIMG PA fee

SIMG PA fees must be paid prior to commencement of the arrangements for SIMG PAs.

22.5. SIMG examination fee

The examination fees must be paid at the time of application.

22.6. Fee refunds

All SIMG fees, except the annual fee, are non-refundable.

22.7. Financial hardship

SIMGs experiencing financial hardship, which makes payment impossible within the timeframes required, should apply prospectively to the DPA (SIMG) for special consideration. Each case will be considered on an individual basis.

23. Academic honesty and plagiarism

The college upholds the highest standards of academic integrity. ANZCA [Academic integrity policy](#) applies to all trainees, SIMGs and fellows. The policy outlines the expectations of the college and procedures for investigating and managing academic misconduct.

24. Privacy

As outlined in the annual agreement, the college 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 assessment of SIMGs and examinations. This information may be provided to the respective employer, supervisors, the Australian Medical Council, the Australian Health Practitioners Regulation Agency, the Medical Board of Australia and the Medical Council of New Zealand as required.

De-identified information may be used for internal monitoring, evaluation and audit purposes.

The reasons for collecting the information and how it is used are outlined in ANZCA's [privacy policy](#).

25. Role of the supervisor

It is the responsibility of the supervisor to orient the SIMG to the department and the Australian/New Zealand healthcare systems.

Supervisors of SIMGs are responsible for the supervision, upskilling and assessment of SIMGs. They oversee each SIMG's clinical performance and confirm they are performing at the expected level for the environment.

25.1. Supervision and management

- Advocate for SIMGs in matters related to [organisation of clinical duties](#).
- Ensure that rosters for SIMGs comply with [PS43 Statement on Fatigue and the Anaesthetist](#).
- Timely submission of CPA reports. This is an opportunity for the supervisor to review the SIMG's progress and note any areas for improvement. If the SIMG is identified as underperforming this should be noted on the CPA report. The DPA SIMG will review the CPA report and may seek further information from the supervisor.
- Support SIMGs to prepare for the SIMG examination or PA, as appropriate.
- Discuss any welfare issues with the SIMG and provide advice and support, if necessary
- Assist SIMGs in meeting the requirement to attend an [EMAC](#) course.

25.2. Managing and assisting SIMGs requiring additional support

If an SIMG is found to be underperforming or experiencing other difficulties at any stage during their individual program, the DPA SIMG should be informed. Local intervention increases the likelihood of improved performance and may prevent future problems. The DPA will work with the supervisor and the SIMG to identify possible remedies.

25.3. Orientation to the workplace

Each workplace should provide a structured orientation program. Such formal orientation will ensure smooth and safe running of the workplace and maximise the efficiency of SIMGs. It will also help SIMGs to develop sound routines to familiarise themselves with new working situations encountered in the Australian/[New Zealand](#) setting.

[Appendices 1 & 2](#) provide a guide to some of the areas that may be part of the orientation program. Each department should ensure that the orientation process is relevant to the local setting.

25.4. Supervision levels for CPA reports

25.4.1. 1:1 supervision

A supervisor is rostered to supervise one SIMG and is available solely to that SIMG.

25.4.2. With on-site supervision

The supervisor is available in the facility but is not exclusively available for a specific SIMG.

25.4.3. With remote supervision

The supervisor is not in the institution but is on call within reasonable travelling time and is exclusively rostered for the period in question. Consultation must be available at all times.

25.4.4. Independently

SIMG practises independently as expected of a specialist.

26. Role of the PCIA assessor

The PCIA assessor role is a formal ANZCA position, appointed by the Head of Department and noted by the relevant state or national Education Officer. Each training department will require one or more PCIA Assessors, one of whom will be identified for the role of PCIA assessor lead. The PCIA assessor is responsible for conducting PCIA assessments at their site. The PCIA lead will have overall oversight of communication with SIMGs regarding the assessment and coordination of assessments.

26.1. Duties of the PCIA assessor

The PCIA assessor is responsible for conducting the PCIA assessment and includes:

- Selection of the PCIA case in conjunction with the local departmental policies and procedures and the patient eligibility criteria.
- Explaining the purpose of the assessment to the patient.
- Determining and obtaining the correct patient consent.
- Communication with the SIMG regarding the scheduling and coordination of the PCIA and general advice on preparedness.
- Explaining the components comprising the assessment to the SIMG.
- Outlining the sequence of three components with the SIMG – Observation, Case Discussion, Feedback Conversation – and whether these will occur continuously, or with a break to allow for the preanaesthetic consultation to be completed.
- Clarifying any questions or concerns from the SIMG or patient.

- Conducting the assessment including facilitation, scoring and feedback to the SIMG.
- Ensuring the assessment form for a successfully completed PCIA is provided to the SIMG supervisor to record in the e-portfolio the date the PCIA was successfully completed and to submit the form to ANZCA training program administrators as evidence of completion.
- Advising the SIMG supervisor of the outcome of the assessment.
- Notifying the SIMG supervisor and Clinical Director of issues, as relevant.

26.2. Selection, appointment, tenure and reappointment

26.2.1. Selection criteria

A PCIA assessor is *required* to:

- Hold a FANZCA or a comparable qualification acceptable to ANZCA Council.
- Have experience in the management of patients with complex comorbidities.
- Have completed the mandatory PCIA assessor training and comply with the requirements of the PCIA as per the PCIA implementation guide.

And is *preferred* to:

- Have an active interest and experience in perioperative medicine.
- Have highly regarded patient communication and trainee facilitation and feedback skills.

26.2.2. Appointment, tenure and reappointment

Appointments are for three years.

- On appointment, and re-appointment, PCIA assessors are required to sign an agreement that outlines mutual obligations between ANZCA and the PCIA assessors.

Appointments should be reviewed every three years to determine if the PCIA lead wishes to continue in the role.

Appendix 1 – Orientation guidelines for anaesthesia SIMGs

Personnel (if applicable)	<p>Director/head of department</p> <p>Supervisor</p> <p>Specialist staff</p> <p>Operating theatre and department office staff</p> <p>Senior anaesthetic assistant(s)</p> <p>Senior recovery room and preadmission clinic staff</p> <p>Pain service nurses</p> <p>Hospital administration.</p> <p>Human resources personnel</p>	<p>Emergency contact numbers (for example, duty anaesthetist)</p> <p>Email or telephone contacts where appropriate</p>
Environment	<p>Physical layout of the department/unit and the facility</p>	<p>Theatres</p> <p>Wards, intensive care unit, labour ward</p> <p>Meeting rooms</p> <p>Office space for trainees and specialists</p> <p>Library</p> <p>Cafeteria and conveniences</p> <p>Car parks</p> <p>Information on the services available around the clock or on a limited basis e.g. within business hours</p>
Equipment	<p>Location and function of equipment</p>	<p>Anaesthesia machines</p> <p>Cardiac arrest trolleys and defibrillators</p> <p>Difficult Airway Trolley</p> <p>Anaesthesia crisis drugs and equipment (for example, MH, LA toxicity)</p> <p>Anaesthesia drugs and other equipment</p> <p>Pain service equipment</p>

Relevant policies and procedures – location and access	Hospital protocols Department policies and procedures Emergency procedures	Cardiac arrest and resuscitation Difficult intubation Massive transfusion Calling for assistance. Emergency numbers Preoperative assessment and consultation Recovery protocols and discharge criteria Pain service protocols
Administrative	Identity/access cards Computer and internet access including pathology, radiology and blood bank	
	Office procedures	Rosters, leave requests, timesheets, paging and switchboard, mail, photocopying
CPA period	Expectations during the clinical practice assessment period Meetings with supervisor	

Appendix 2

Appendix 2 – Orientation guidelines for pain medicine SIMGs

Personnel (if applicable)	<p>Head of unit</p> <p>Supervisor</p> <p>Specialist staff</p> <p>Pain service nurses and allied health staff</p> <p>Hospital administration</p> <p>Human resources personnel</p>	<p>Emergency contact numbers (for example, duty anaesthetist)</p> <p>Email or telephone contacts where appropriate</p>
Environment	Physical layout of the department/unit and the facility.	<p>Meeting rooms</p> <p>Office space for trainees and specialists</p> <p>Library</p> <p>Cafeteria</p> <p>Car parks</p> <p>Information on the services available around the clock or on a limited basis e.g. within business hours</p>
Equipment	Location and function of equipment	Pain service equipment
Relevant policies and procedures – location and access	<p>Hospital protocols</p> <p>Department policies and procedures</p> <p>Emergency procedures</p>	<p>Cardiac arrest and resuscitation</p> <p>Calling for assistance</p> <p>Pain service protocols</p>
Administrative	<p>Identity/access cards</p> <p>Computer and internet access including pathology, radiology and blood bank</p>	
	Office procedures	Rosters, leave requests, timesheets, paging and switchboard, mail, photocopying
CPA period	<p>Expectations during the clinical practice assessment period</p> <p>Meetings with supervisor</p>	

Appendix 2

Version control register

Version	Author	Approved by	Approval Date	Sections Modified
1.0	Education Unit	EEMC	January 2022	Creation of SIMG handbook
1.1	Education Unit	EEMC	December 2022	4.10 – recency of practice 9.4 – PA outcome 16 – Applying for Fellowship
1.2	Education unit		February 2023	Amendment of Networks link to Learn@ANZCA
1.2	Education unit	EEMC	October 2023	4.10 – Recency of practice 5 – Interview 9 – Performance assessments 9.2.3 – Medical records review 9.2.4 – Portfolio review 9.2.5.1.1 – Observation of clinical practice for pain medicine 9.2.7 - Multisource feedback 9.2.7.2 – Multisource feedback for pain medicine
1.3	Education unit	EEMC	August 2024	Section 6 – SIMG individual program was updated to include the PCIA Section 7.6 – Patient clinical interaction assessment (PCIA) was included Section 26 – Role of the PCIA assessor was included