

## Short title: Further training advice

### 1. Purpose

This policy outlines how the college provides advice on further training for practitioners where there is a request for information on how to refresh knowledge and skills in specific practice areas in anaesthesia, pain medicine, perioperative medicine and related specialties, or where there is a desire for extending or changing a practitioner's scope of practice. The document guides practitioners and those assisting them on how to obtain advice on retraining processes and resources to support these requests, including utilising aspects of the college CPD program. The adoption and implementation of such advice is the responsibility of the individual practitioner. The college will monitor such requests and review their outcomes through processes outlined in this document.

### 2. Scope

This document applies to advice in relation to requests:

- From relevant practitioners including anaesthetists and specialist pain medicine physicians (SPMP), specialist international medical graduates (SIMG) and practitioners in diving and hyperbaric medicine (DHM), perioperative medicine (POM) and rural generalist anaesthesia (RGA) who wish to extend or change their scopes of practice into areas addressed by college training programs. This may be to refresh an area in which they have previously trained but in which they no longer have regular practice, or a new area. Examples include a SPMP who plans to commence procedures in pain medicine or an anaesthetist who plans to recommence paediatric practice a significant period after obtaining FANZCA.
- Advice may be sought typically in the context of an individual request, however it may also come more generally from an external source.

This document does not apply to:

- Requests from a regulatory body for remediation relating to a practitioner with identified performance concerns. This is covered by individualised college facilitated responses and may be supported by resources including [PG65\(G\) Guideline for the performance assessment of a peer](#), [PG49\(G\) Guideline on the health of specialists, specialist international medical graduates and trainees](#).
- CPD non-compliance, as this is managed within the ANZCA and FPM CPD program and framework. Note that performance concerns can occur despite CPD compliance.
- Return to practice following a prolonged absence from practice. This is a specific case of retraining which is addressed by [PG50\(A\) Guideline on return to anaesthesia practice for anaesthetists](#) and [PG13\(PM\) Guideline on return to pain medicine practice for specialist pain medicine physicians](#).
- Practitioners whose current or planned scopes of practice are outside the aegis of college training programs. In this case, the college may provide advice on which other college or organisation to contact.
- College trainees, as their performance is managed within their training program.
- Practitioners going through the ANZCA and/or FPM specialist international medical graduate (SIMG) assessment, as their performance is managed within that process.

### 3. Introduction

### 3.1 Requests for further training occur in the context of:

- Individual recognition that performance or skills in particular areas may require retraining because of a variety of changes in practice patterns. Concerns may be self-generated (eg by a practitioner's CPD self-reflection or practice review) or invoked by managers' or regulators' feedback.

### 3.2 Requests for extending or changing scope of practice may arise where:

- Practitioners want to extend or change their scopes of practice to include techniques, practice areas or patient populations with which they have previously not had significant or recent exposure or training. This may be because the area is somewhat sub-specialised or has been developed or changed since the practitioner completed training.

There is a large degree of individual variation in performance and in learning, thus advice and support must include tailoring to individual needs.

### 3.3 Reasons and context for concerns regarding need for retraining in a specific area

Challenges in meeting relevant scope of practice requirements in the wide range of areas of practice in anaesthesia, pain medicine or other areas in which the college trains can arise for many reasons. Clinical practice patterns may have become restricted or altered due to workplace arrangements, type of patients managed, geographic or personal reasons. The recognition of any deficiencies is an important aspect of professional development. Such recognition may be made by the practitioner themselves (including through CPD program self-evaluation), by those managing or working with the practitioner, or by an external source.

### 3.4 Reasons for extended or changed scopes of practice

Practitioners may seek to expand their scopes of practice for a variety of reasons, including geographical relocation, department or community need, a desire for change, or for participation in global development initiatives.

### 3.5 Community expectations and college standards of practice

Patient safety is of paramount concern during any retraining program; its consideration may necessitate a period of supervised practice/practice oversight or supervision.

The Australian and New Zealand communities expect and deserve high standards of healthcare. The college sets the standards for practice in anaesthesia, pain medicine, perioperative medicine and related specialties through its training programs and professional standards. The roles of a specialist are expressed in the ANZCA and FPM Roles in Practice and in training program graduate outcomes.

### 3.6 The role of CPD in supporting further training

As a condition of registration, all medical practitioners must participate in continuing professional development (CPD) programs (Australia) and recertification programs (New Zealand). The goal of CPD is to support the maintenance of contemporary, safe and high-quality care through a formative annual cycle of educational activities. Program activities include planning and evaluation, practice evaluation (reviewing performance and measuring outcomes, including cultural safety), knowledge and skills, and emergency responses (ER). Given the focus on self-directed learning, feedback for learning, and reflection, CPD is not designed to detect performance concerns, although concerns or gaps in knowledge and/or skills may be identified during the process. CPD is also not the primary mechanism for managing performance concerns, although CPD participation is a key component of a retraining plan. CPD activities, particularly in Category 1 practice evaluation (reviewing performance

and measuring outcomes) may be used to monitor and assess performance overall or in specific areas as part of a retraining or further training plan.

CPD activities can be useful for retraining or further training in the context of extended or changed scopes of practice. In this circumstance, a period of supervised practice incorporating knowledge and skills training, and data-driven performance evaluation may be required. The ANZCA and FPM CPD program provides the guidelines and tools to support this process (see <https://libguides.anzca.edu.au/cpd/practice/peer-review>).

Noting the wide range of possible areas where practice might be refreshed or extended, it is recommended that practitioners consider the resources outlined below and contact the college for more specific guidance (see sections 7 and 8).

### 3.7 Practitioner health and wellbeing

If retraining has been advised by an external body, this may be highly stressful, creating a high-risk period for the individual practitioner (and their patients). It is highly recommended that practitioners review both their personal and professional supports. College supports are outlined on the ANZCA [Doctors Health and Wellbeing webpage](#). Practitioner health and wellbeing are also addressed within the ANZCA and FPM CPD program (see [Mentoring guideline](#), [Critical reflection guideline](#) and [Wellbeing education sessions - guideline](#), and [Peer support groups guideline](#)). It is also strongly advised that practitioners engage a mentor for support during any retraining process, particularly in the context of performance concerns.

## 4. Role of the college

The college provides advice to individual practitioners, external bodies, colleagues/managers with concerns and individual practitioners themselves about practitioner retraining. It also provides general guidance on standards of professional practice, promoting good practice and managing poor performance. It does not undertake investigative actions nor act as an agent for any requesting authority. Audit of CPD activities occurs as a separate process and CPD compliance is reported to regulators. The college can provide a requesting organisation with a list of potential experts to be assessors in an external organisation's competence review processes and provide educational resources for the retraining process through our CPD program and framework.

## 5. Definitions

**Further training** – the undertaking of training in an area of practice in which the practitioner has limited specific or no previous experience. This may range from a new procedural or clinical practice skill (eg awake fiberoptic intubation or advanced regional anaesthesia techniques) to a certifiable professional practice area (eg cardiac ultrasound or interventional pain medicine).

**Retraining** - the undertaking of a program of knowledge and or skills development in an area of practice that the practitioner has had previous practice or exposure.

**Performance concerns** - performance does not meet the acceptable standards of clinical practice and professional behaviour.

**Scope of clinical practice:** The delineation of the extent of an individual practitioner's clinical practice within a particular organisation, based on their qualifications, competence, performance and professional suitability, and the needs and capability of the organisation to support such clinical practice. This is not to be confused with the term "scopes of practice" used by the MCNZ to differentiate between general, vocational and special purpose scopes under the Health Practitioners Competence Assurance Act (2003) NZ legislation.

**Supervisor** – A specialist anaesthetist or SPMP who oversees or supports the retraining or further training program, arranges any assessments, and can provide a report on program outcomes if required. It is recommended that this is a peer practitioner (typically an ANZCA or FPM Fellow), in good standing, with expertise and/or credentials relevant to any areas of further training.<sup>1</sup>

## 6. Retraining and further training program principles

- 6.1 The retraining program should address the identified areas in need of development or planned new areas of practice, described in terms of the [ANZCA Roles in Practice](#) and/or the [FPM Roles in Practice](#) and relevant graduate outcomes. This analysis should inform the learning program which should be data-driven and evidence-based. Ongoing monitoring of progress towards the expected standard should inform the duration of retraining or further training.
- 6.2 The retraining program should occur with the support of a peer/supervisor with responsibility for monitoring progress who will be experienced in the relevant area of practice and in supervision.
- 6.3 Self-directed or web-based learning activities may be of value, especially in the acquisition of knowledge-based skills. Resources may be suggested as noted below and include the ANZCA Library and certain CPD-related components such as the Emergency Response training modules.
- 6.4 The benchmarks for practitioner performance are provided by college [standards](#) and professional documents for the relevant discipline.
- 6.5 The retraining program should incorporate the ANZCA and FPM CPD program philosophy, including continuous improvement through practice evaluation (reviewing performance and measuring outcomes), ensuring contemporary knowledge and skills, and regular training in emergency responses. The specific CPD activities selected will depend upon the areas where retraining is sought or where the extended or changed areas of practice lie (see section 7.5 below).
- 6.6 Amendment of the program and timeframes may be needed, depending upon progress and outcomes. The duration may also be determined by an external source.
- 6.7 In general, the college does not offer formal certification for extended or changed scopes of practice. Exceptions include endorsement for procedures in pain medicine and guidelines for practice and certification in some areas (eg cardiac ultrasound). Practitioners may also choose to undertake a relevant college or university training program.
- 6.8 Concerns about clinical practice during the retraining program should be communicated and discussed with the practitioner, their supervisor, and any referring body. Significant concerns will need to be managed in accordance with hospital policies and procedures, and relevant regulatory requirements, including mandatory notification<sup>2</sup>
- 6.9 The program and associated processes should be underpinned by the principles of natural justice.<sup>3</sup>
- 6.10 For Aboriginal and/or Torres Strait Islander fellows in Australia or Māori fellows in Aotearoa New Zealand seeking supervised revisiting or extension of training, consideration of the cultural safety capabilities of the supervisor will be important.
- 6.11 If the retraining is not a self-initiated process it may be stressful. Additional culturally appropriate social and emotional wellbeing support might be helpful.

## 7. Advice for retraining or further training

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<sup>1</sup> A Fellow in good standing is a current FANZCA who does not have any outstanding complaints or other actions against them with the college.

<sup>2</sup> Whilst ANZCA does not assess the performance of anaesthetists practising independently, the college can provide assistance as per regulation 27 'Performance assessment of anaesthetists (assistance to outside bodies)'.

<sup>3</sup> The principles of natural justice are described as the right to a fair hearing free from bias.

The following process may be followed for any requests relating to a retraining program or further training advice, depending upon its nature.

#### 7.1 Request directed to appropriate college advisor

- 7.1.1 Requests may be made to the CEO, via the CPD program or via Library information emails and should be directed to the Executive director of professional affairs (DPA) or their delegate DPA
- 7.1.2 For non-anaesthesia practitioners, the DPA may seek specific advice from senior clinicians in the relevant specialty.
- 7.1.3 They may also seek advice on relevant CPD activities from the CPD support team, Chair of the ANZCA and FPM CPD Committee and/or CPD Lead.
- 7.1.4 The college advisor will record on a central register (coded for ID) information regarding conversations and advice given and outcomes (where known), for the purposes of continuous improvement of its processes.

#### 7.2 Advice about whether the threshold for regulatory notification is met for retraining

Initial advice for retraining includes an assessment of whether any concerns about performance require reporting to AHPRA or the MCNZ because of patient safety issues. For advice sought on retraining or further training it is not expected that such concern will arise. If reported, the decision of the regulatory body takes precedence over any advice provided by the college.

#### 7.3 Evaluation of needs for retraining:

A practitioner may themselves have a clear idea of the area(s) of practice for which they proactively be seeking retraining.

Examples of ANZCA and FPM CPD program components which may be used for evaluation (and can be recorded towards the practitioner's mandatory annual CPD requirements) include, but are not limited to:

- Peer review of practice to identify gaps in performance, including patient safety issues and whether a period of one-to-one supervision or support is required.
- Multi-source feedback, gathering performance feedback from colleagues and co-workers of the practitioner.
- Clinical audit of specific areas of concern.

A combination of measures may provide the most nuanced understanding of any issues or gaps.

College standards provide information on expected performance. The professionalism guide includes examples of behavioural markers for good and poor performance.

#### 7.4 Advice about options for retraining

Includes consideration of the following:

- 7.4.1 Use of specific knowledge resources – eg ANZCA Library and knowledge resources (Library Guides) including the CPD Program Resources guide;
- 7.4.2 A period of oversight by a supervisor;
- 7.4.3 Practice evaluation activities as outlined in the ANZCA and FPM CPD standard and program, such as multisource feedback (MSF), peer review of practice or clinical audit, as indicated by any gaps identified. The retraining program should include plans for repeating activities to demonstrate progress;

- 7.4.4 Regular discussion of cases with the supervisor (or their nominee). During the retraining program, the practitioner should maintain a logbook of cases to facilitate this discussion;
- 7.4.5 Other knowledge and specific skills development, for example via externally provided courses such as the Effective Management of Anaesthetic Crises (EMAC), communications skills, cultural safety and professionalism/ethics courses. Mentoring with a professional coach/mentoring is another CPD activity that may provide support and assist in remediation of professional behaviours.

## 7.5 Advice about further training for extending or changing individual scopes of practice

### 7.5.1 General principles

- In the case of a new specialty area, the practitioner will be advised of the relevant training program and of the possibility of recognition of prior learning (RPL) either within the college specialty training programs or externally.
- Knowledge and skills acquisition combined with a period of supervised or supported clinical practice.

### 7.5.2 Overview of components

- Define new areas of practice (using graduate outcomes/curriculum)
- Identify learning needs in terms of gaps in current knowledge, skills and professional attributes – this includes recognition of prior learning if a formal program includes certification.
- Identify a peer supervisor or support who has appropriate skill and expertise in the proposed area of scope of practice.
- Develop a learning plan (see Appendix 1), incorporating relevant CPD activities under Category 1 Practice evaluation (reviewing performance and measuring outcomes), Category 2 Knowledge & skills, and Category 3 Emergency responses (see examples in section 7.6).
- Undertake a period of supervised or supported practice in an appropriate setting with relevant caseload.
- Monitor progress towards attainment of required clinical competencies/performance.

If the intended extended or changed scope of practice is outside the areas covered by college training programs, advice will include which college should be contacted for further information.

## 7.6 Specific advice about CPD program support for retraining

The ANZCA and FPM CPD program and framework provide useful guidance and tools which may be used within an individualised retraining program or support further training which may lead to extending a scope of practice if within the ANZCA or FPM graduate outcomes. More information is in the CPD Activity Guide.

The CPD program can provide education resources to help identify needs related to areas of retraining, support ongoing learning and provide evaluation of goal attainment.

Whilst the specifics depend on the educational needs analysis, some examples of CPD activities that may be used as part of retraining are in the following table. Further advice may be sought from the CPD team. The CPD program itself is not a retraining program and oversight of retraining resides with the ANZCA DPAs.



CPD category	Example activities
<b>Category 1 Practice evaluation – reviewing performance</b>  <i>Provides evidence on clinical performance from patients and colleagues.</i>	CPD plan and evaluation Annual structured conversation/performance appraisal Case conferencing (discussing cases with peers) Critical reflection (on practice with development of action plan) Cultural safety Multi-source feedback (from colleagues and co-workers) Patient experience survey (feedback on care provided) Peer review of practice (observation with feedback)
<b>Category 1 Practice evaluation – measuring outcomes</b>  <i>Auditing outcomes of practice.</i>	Clinical audit (templates available) M&M meetings
<b>Category 2 Knowledge &amp; skills</b>  <i>Targeted to specific knowledge &amp; skills gaps identified in the educational needs analysis and retraining plan</i>	Learning sessions (face-to-face or virtual) Short format learning (e.g. workshops, small group discussions), including skills learning with hands on learning
<b>Category 3 Emergency responses</b>	Simulation activities to ensure practitioners have recognised training to recognise and manage relevant crisis scenarios.
<b>Wellbeing support</b>  <i>Tools to enhance wellbeing during retraining.</i>	Mentoring as mentee (Category 1) Critical reflection with development of personal health and wellbeing plan (Category 1) Wellbeing education sessions (Category 2)

## 7.7 Advice about retraining program documentation

This might include, as relevant:

- An agreement between the director/head/chair of the department/unit/credentialling committee (or similar), peer supervisor and practitioner regarding the retraining program;
- A written retraining plan with needs analysis, planned remediation or defined extended/changed of scope of practice (as relevant), targets and anticipated timeframes. A retraining plan may be used as a template (see Appendix 1);
- In the case of performance concerns where there are health and/or fitness concerns, confirmation from a treating practitioner/occupational health and safety physician that the practitioner is fit to practice.

## 7.8 Advice about retraining program completion

At the satisfactory completion of the program, the supervisor will submit a written report to the organisation and/or individual confirming that the practitioner has satisfactorily completed the program. If the named supervisor is unable to confirm satisfactory completion of the retraining program, the program should be extended until satisfactory completion can be confirmed.

## 8. Communication with ANZCA

The Executive DPA is available for advice about retraining. They may be contacted via the ANZCA CEO's office ([ceo@anzca.edu.au](mailto:ceo@anzca.edu.au)). For specific information regarding the CPD program, please contact [cpd@anzca.edu.au](mailto:cpd@anzca.edu.au) or see the ANZCA/FPM website. Library and learning resources, including specific library guides, which are accessible via the ANZCA website or by email to [library@anzca.edu.au](mailto:library@anzca.edu.au)

**See further below for appendix 1. This document is accompanied by a background paper (PG44BP) which provides more detailed information regarding the rationale and interpretation of the Guideline.**

*Professional documents of the Australian and New Zealand College of Anaesthetists (ANZCA) are intended to apply wherever anaesthesia is administered and perioperative medicine practised within Australia and New Zealand. It is the responsibility of each practitioner to have express regard to the particular circumstances of each case, and the application of these ANZCA documents in each case. It is recognised that there may be exceptional situations (for example, some emergencies) in which the interests of patients override the requirement for compliance with some or all of these ANZCA documents. Each document is prepared in the context of the entire body of the college's professional documents, and should be interpreted in this way.*

*ANZCA professional documents are reviewed from time to time, and it is the responsibility of each practitioner to ensure that he or she has obtained the current version which is available from the college website ([www.anzca.edu.au](http://www.anzca.edu.au)). The professional documents have been prepared having regard to the information available at the time of their preparation, and practitioners should therefore take into account any information that may have been published or has become available subsequently.*

*Whilst ANZCA endeavours to ensure that its professional documents are as current as possible at the time of their preparation, it takes no responsibility for matters arising from changed circumstances or information or material which may have become available subsequently.*

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ANZCA website: [www.anzca.edu.au](http://www.anzca.edu.au)



## Appendix 1

### Plan for professional development for retraining or changed scope of practice

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**Full name**

**College number**

**Contact number**

**Proposed retraining field of practice**

**Current field of practice**

Details of professional development and re-training plan

Learning needs analysis

You should consider the knowledge and skills that are required for the proposed re-training in order to determine any gaps in your knowledge and skills. You should then develop a program to address your learning needs.

List any gaps in knowledge and skills and provide anticipated measures to address these. For example, list any professional development, training or programs to be completed. Include goals to be achieved and expected outcomes and timeframes for achievement of goals.

Learning needs

How you will address these learning needs including professional development activities that will be undertaken to meet the identified need


**Name and position of principal supervisor**

**Name and position of any secondary supervisor/s**

**Describe how the supervision will take place and the level of supervision that will be provided** (eg. direct, on-site, telephone)

**How will the practitioner's performance be monitored and reviewed?**

(eg. logbooks, record reviews, audit, multi-source feedback)

**What is the anticipated date for completion of the re-training plan?**

**What measures will be put in place if the learning needs are not satisfactorily met within the anticipated time frame, or are there any concerns about safety to practice?**

## Practitioner and supervisor agreement

### Practitioner statement

I agree to abide by the plan for professional development and for re-training that has been confirmed by ANZCA.

I agree that I am responsible for my own professional development and learning needs. I will work within my level of competence and will seek assistance when necessary. I will undertake professional development activities to enable me to overcome any deficiencies in my professional knowledge or skills.

I give permission for my supervisor to contact ANZCA if they have concerns about my professional performance.

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Applicant name

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Applicant signature

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Date

### Supervisor statement

I agree to undertake the supervisory and support role outlined in the plan for professional development and for re-training that has been confirmed by ANZCA.

I will notify ANZCA if I am concerned that the professional performance of <Dr's name> is placing the public at risk and if I cannot provide the necessary support to ensure the safety of the public.

I will report to ANZCA when <Dr's name> has completed the plan for professional development and re-training and I will confirm whether or not <Dr's name> is safe to practise independently in their current position.

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Supervisor name

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Registration number

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Supervisor signature

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Date