# RGA

# Recognition of prior learning and experience application form

This form should be completed by RGA trainees who seeking an assessment of their eligibility for recognition of prior learning and experience (RPLE). The assessment will be made by the Director of Professional Affairs (DPA) assessor, and you will be notified of the credits for which you are eligible. You will need to pay the award of RPL fee to receive the credits.

For more information, please refer to section 1.6 of the Rural Generalist Anaesthesia handbook for training.

Personal details						
College ID						
First name						<del></del>
Recognition of clinical time						
Training Site	Start d	ate	End date	Duration (weeks)	Leave taken	FTE (0.5 – 1)
			Total			
Recognition of courses						
Course Name		Date	completed		Location	
_						







### **Exemption from MCQ**

Name of examination	Date completed	Location

## **Entrustable professional activity (EPA)**

Are you applying recognition pathway on EPA 1?	Yes	No
Are you applying recognition pathway on EPA 2?	Yes	No
Are you applying recognition pathway on EPA 3?	Yes	No
Are you applying recognition pathway on EPA 4?	Yes	No
Are you applying recognition pathway on EPA 5?	Yes	No
Are you applying recognition pathway on EPA 6?	Yes	No
Are you applying recognition pathway on EPA 7?	Yes	No

#### **Declaration of trainee**

I have discussed this application with my supervisor of train made in this application are true and accurate.	ing. I solemnly declare that the statements
Signature	Date
Supervisor of training endorsement	
I have discussed this application with the trainee, and I suppo	rt the request.
Name of Supervisor:	
Signature	Date

#### **Payment details**

A non-refundable recorreceive credit.	ognition of prior lea	arning fee must accompany	the RPL application in order to
Payment amount:	\$ A 1,165 (GST	inclusive)	
Credit card type:	Visa	Mastercard	
Credit card number			Expiry date
Name on card			
Signature			

Please send your completed form along with the supporting document to:

**RGA** Training

Email: rga@anzca.edu.au

For further information, please email or contact us at +61 3 9510 6299.

# **Supporting Documentation**

The following documents should be included with this application.

Requirements	Evidence
Time	A supporting letter on original hospital letterhead that confirms the following for each term you have indicated that you wish to have assessed for RPL:
	Dates of appointment.
	Type of experience.
	Amount of leave taken.
	<ul> <li>Accreditation of training by relevant training body.</li> </ul>
	<ul> <li>Anaesthesia training or anaesthesia experience must be in a rural context as defined by Modified Monash Model 3-7</li> </ul>
	For any terms with part-time training, documentation that shows:
	<ul> <li>Your duties comprised a minimum of 50 per cent of the commitment of a full- time trainee in the same department.</li> </ul>
	<ul> <li>You participated in both in-hours and out-of-hours duties on an FTE- proportional basis.</li> </ul>
	<ul> <li>You participated in the local/regional teaching on at least an FTE-proportiona basis.</li> </ul>
Courses	Please provide a copy of the certificate of any of the following courses:
	EMST, EMAC, Advanced PLS, CICO, Neonatal Resuscitation
Volume of practice and Workplace-	Please provide an extract of your electronic logbook extract of logbook (with patient names removed) or certificate/letter stating training or experience completed.
base assessments	Evidence for a Multisource Feedback (MsF) in anaesthesia must be provided.
Multiple-choice	Please provide certificate of completion of appropriate examination:
question (MCQ)	ANZCA initial assessment of anaesthesia competence MCQ exam
examination	Primary examination or equivalent
Entrustable professional	A supporting letter from the clinical supervisor of the training confirming competence achieved meets expectation of any RGA EPAs that RPLE is being applied for.
activity (EPA) equivalent sign off	If applying for RPLE for the paediatric and obstetric analgesia EPAs where there is a volume of practice requirement, paediatric numbers identifying those in the 5 to 10-year-old age group and epidural numbers must be included in the logbook or the clinica supervisor's letter.
Primary qualification	If you are applying for the preliminary assessment, please provide copy of any qualifications achieved
knowledge and skills ac	training experience is more than 3 years ago, Please provide evidence that the quired during the training have been maintained (logbook of cases in the last two vant CPD for the last three years; upskilling attachments)