



Provisional fellowship training Individualised positions in an overseas or non-ANZCA accredited site application

This application form should be used by trainees to apply for a provisional fellowship study plan in an overseas or non-ANZCA accredited training site. Note that it is your responsibility to check the registration and medical council requirements for overseas placements before applying to ANZCA.

Personal details

College ID: _____

First name: _____

Surname: _____

Eligibility

Have you completed the advanced training (AT) requirements? Yes No

What is the date you completed or expect to complete AT? _____

Training site details

Name of hospital or training site: _____

State: _____

Country: _____

Is the training site approved for training by an appropriate body?: Yes No

If so, what is the name of the College or training body who accredit the training site?:

Speciality (for example anaesthesia, intensive care): _____

Training start date: _____ End date: _____

Full / part time (if part time please complete a part-time training application) : _____ FTE

Name of director or contact person: _____

Email: _____

Phone: _____

What are the available sub-specialities in this training environment?

Acute pain

Cardiothoracic

Neurosurgery

Paediatrics

Trauma

Perioperative medicine

Regional

Retrieval

Obstetrics

Other: _____

What is the approximate case load per year for this unit?: _____
(Number of theatre cases, deliveries, clinic attendances etc)

Supervisor details

First name: _____

Surname: _____

Degree / Qualification: _____

Email: _____

Phone: _____

Declaration of supervisor

I agree to fully participate in all aspects of the ANZCA vocational training program and will ensure that all required assessments will be completed. I will also provide ANZCA with all required training information such as workplace-based assessments.

Signature: _____

Date: _____

ANZCA Supervisor details

College ID: _____

First name: _____

Surname: _____

Training site: _____

Email: _____

As the nominated ANZCA Supervisor, I can confirm my willingness to provide support and advice to the trainee and to the supervising consultant during this term. I understand I will require access to the TPS and will be required to validate assessments as appropriate. I am familiar with the trainee and the requirements of the ANZCA training program.

Signature: _____

Date: _____

Workplace-based Assessors

You may nominate as many WBA assessors for this site as you wish. Use an additional page if required.

Assessor 1:

First name: _____

Surname: _____

Email: _____

Phone: _____

Assessor 2:

First name: _____

Surname: _____

Email: _____

Phone: _____

Assessor 3:

First name: _____

Surname: _____

Email: _____

Phone: _____

Trainee Learning Goals

What are your goals for this provisional fellowship training position?

How will this position help you transition to independent practice?

Provide details of how you will spend at least 10 per cent of your provisional fellowship time completing clinical support activities. Activities may include: administration, research, audit, teaching and other quality assurance activities.

Please note, clinical support activities should be recorded under time in TPS.

Declaration of trainee

I solemnly declare that the statements made in this application are true and accurate.

Signature: _____

Date: _____

Supporting documents

Please attach the following supporting documents :

Copy of your position description

Copy of employment contract

Send your completed form and accompanying documents to the college:

ANZCA Training

Email: training@anzca.edu.au

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

Characteristics of position

To be completed with the supervisor of the position.

Note that this information will be made available on the ANZCA website.

Position title: _____

For example: Simulation provisional fellowship at X Hospital

Clinical experiences

Will the position be at least 20% clinical anaesthesia time? Yes No

Does the position involve other (non-anaesthesia) clinical time (OCT)? Yes No

If so, what percentage of time will be OCT? _____

Session planner

Please complete the below session planner or attach a copy of the weekly session planner.

This should not be a department roster. Please identify which lists are closely supervised and which require independence of practice.

		Monday	Tuesday	Wednesday	Thursday	Friday
Week 1	AM					
	PM					
Week 2	AM					
	PM					

What is the afterhours component of this position? How will this impact on the experiences outlined in the session planner?

How will this position assist in the transition from the provisional fellowship training to independent practice?

Clinical support time

Will the PF trainee have opportunity to spend at least 10% of their paid and rostered time performing clinical support activities?

Yes

No

CST is time away from the clinical environment and must not involve direct patient care. CST activities include teaching, clinical governance, administration and research, to support continuing professional development.

Note that OCT (Other Clinical Time) should be recorded as such on the TPS, not as CST.

Please provide details of the non-clinical activities that this position will entail:

Please note, clinical support activities should be recorded under time in TPS.

Independence, supervision for learning and supervising others

How many lists per week will the PF trainee manage independently? # _____

How many junior trainees will the PF trainee be required to supervise at any time? # _____

Please outline levels of supervision available in hours and out of hours:

How will workplace-based assessments be managed? (The minimum requirements are two CbDs and one MsF.):

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