

Primary Fellowship

Primary fellowship: FRACGP FACRRM

Do you have a JCCA letter of satisfactory completion of training or a statement of equivalence?

Yes No

If yes, date of issue of JCCA _____

Please note, if you do not have a JCCA letter of satisfactory completion of training or statement of equivalence, you will not be eligible to apply for award of the DRGA under this grandparenting process.

Please provide a copy of your primary fellowship and JCCA documentation.

Current credential to practice anaesthesia in a rural environment

The credentialing must be for a rural location defined as [Modified Monash Model 3-7](#) or above.

Are you currently credentialed to practice anaesthesia in a rural environment? Yes No

Please provide a letter from your hospital confirming credentialing.

Commitment to rural anaesthesia

At least 12 weeks per year over the last 24 months in a rural environment is required

Start Date	End Date	FTE	Hospital	Total weeks

Please provide evidence of regular practice in a rural environment (see checklist below).

Continued professional development

Are you compliant with the CPD requirements set by your primary medical college? Yes No

Using the table below, please provide details of at least 2 practice evaluation activities and 2 emergency response activities

Activity	Date Completed

Declaration

I declare that:

- a) I have read and understood the contents of this applications.
- b) The statements made, and the information provided, in this application form and in the documents attached are true and completed.
- c) I have no illness or disability or I have informed the college of any illness or disability that would preclude the safe practice in rural anaesthesia, including dependence on or inappropriate use of alcohol or recreational and / or non-prescribed drugs, and / or treatment with prescribed drugs likely to compromise the safe practice in rural anaesthesia,
- d) I have current medical registration and agree to notify the college if my medical registration is withdrawn or suspended, or conditions are placed on my medical registration.
- e) I undertake to notify the college if I develop an illness or disability that would preclude the safe practice in rural anaesthesia, including dependence on or inappropriate use of alcohol or recreational and / or non-prescribed drugs, and / or treatment with prescribed drugs likely to compromise the safe practice.
- f) I acknowledge that any condition which could preclude the safe practice, including personal drug or chemical dependence, may prevent award of my RGA.
- g) I agree that all communications made by the council of the college or any of its officers, and all answers made and all communications of every kind in relation to this my application for RGA of the college shall for all purposes be absolutely privileged.
- h) I give permission for ANZCA to contact my primary college to confirm fellowship status and if required, other details provided in this form.

Signature _____ Date _____

Payment details

A non-refundable grandparenting fee must accompany the application for grandparenting.

Payment amount: **\$350 (GST inclusive)**

Credit card type: Visa Mastercard

Credit card number _____ Expiry date _____

Name on card _____

Signature _____

Checklist of evidence required

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).

Primary fellowship

JCCA letter of satisfactory completion of training or statement of equivalence.

Credentialing confirmation letter

Commitment to rural anaesthesia.in the form of:

- A logbook or roster; and
- Other appropriate documentation (Commitment to provide out of hours and emergency services in rural areas)

CPD compliance in rural generalist anaesthesia:

- CPD statement of participation
- Evidence of current CPD certificate/JCCA CPD standard
 - 2 practice evaluation activities
 - 2 emergency response activities

Please send your completed form and supporting documents to the college:

ANZCA RGA Training & Assessment

Email: rga@anzca.edu.au

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