

Perioperative Medicine

From the contemplation of surgery to optimal outcome

Diploma of Perioperative Medicine – Recognition pathway application

Specialist practitioners, in Australia and New Zealand, are invited to apply for award of the Diploma of Perioperative Medicine, based on demonstrated experience in both clinical and non-clinical PoM-based areas, leadership roles and other activities.

International clinical experience - The recognition process is also inclusive of those specialists with an Australian or New Zealand fellowship/s and with international clinical experience. Applicants are requested to provide evidence of demonstrated international leadership in Perioperative medicine and clinical experience equivalent to the Australian standard. Applicants will be reviewed on a case-by-case basis.

There are **4 parts** to the application:

PART 1 - PERSONAL DETAILS

To assist with the reviewing process please include the following documents:

- Curriculum vitae
- Cover letter outlining your experience / interest in perioperative medicine
- Indexed table of all supporting documents required in Part 1 – 4, as per the attachment list reference table. ([attachment A0](#))

To be eligible for award of the diploma, based on the points system, a cumulative minimum total of 1000 points is required, accrued from the following four (4) categories of POM-based activities:

PART 2 - EDUCATION AND CLINICAL CATEGORIES

- **Category A** - Education activities (maximum 600 points)
- **Category B** - Teaching / Supervision / Resource development activities (maximum 200 points)
- **Category C** - Research and Publication activities (maximum 200 points)
- **Category D** - Clinical practice activities (maximum 800 points (minimum 200 points))

Category D activities are mandatory and Categories A + B + C are capped at 800 points.

Completion of activities in Categories B and D must be within the last eight (8) years.

PART 3 - LEADERSHIP ACTIVITIES (additional points)

It is recognised that there are leading figures in perioperative medicine throughout Australia and New Zealand, who may not meet the full points requirement. There may be leadership-focused activities that can be relevant to your application and are not described under the points categories.

PART 4 – OTHER ACTIVITIES (additional points)

There may be other activities, skills or roles, that can support this application and are not described under the points categories or the leadership part e.g., completion of technical courses such as cardiac echocardiography/non-cardiac ultrasound.



PART 1: Personal details

College ID _____ *if applicable*

First name _____

Middle name _____

Surname _____

Date of birth _____

Gender identity F M Non-binary Other Prefer not to say

Address _____

Suburb/State/Postcode _____

Country _____

Mobile _____

Email _____

Medical Registration _____

ANZCA, in association with the Council of the Presidents of the Medical Colleges, collects workforce data to ascertain the numbers of Indigenous fellows and trainees working in Australia and New Zealand. The following question is voluntary:

Do you identify as any of the following?

Aboriginal Torres Strait Islander Māori Pacific Islander

Primary fellowship

Primary fellowship: FANZCA; FCICM; FRACGP; FRACS;
 FRNZCGP; FRACP; Other

Date of primary fellowship award: _____

Additional fellowship/s: _____ Date awarded: _____

_____ Date awarded: _____

Supporting documentation:

- Copies of the fellowship/s certificates
- Updated curriculum vitae
- Cover Letter

Part 2: Points Categories - A, B, C and D

The points for each category are capped.

The total number of points for Categories A + B + C is capped at 800 points.

Category A – Education activities; capped at 600 points.

Note: only the qualification/course with the **highest number of available points** will be considered.

Degrees / Diplomas / Courses	Allocated points	Accrued points	Evidence provided
Perioperative Medicine Master Degree	600		
Perioperative Medicine Diploma (48-point programme, and above)	400		
Perioperative Medicine Graduate Diploma (24-point programme)	200		
Higher university degree by research:			
PhD, or doctorate, in Perioperative Medicine related field	200		
Masters in Perioperative Medicine related field	150		
Perioperative Medicine Short Course (12-week duration)	100		
Perioperative Medicine Short Course (6-week duration)	50		
Second AMC/MCNZ fellowship in a perioperative medicine aligned specialty: FANZCA, FCICM, FRACGP, FRACP, FRACS, FRNZCGP, FACRRM	300		
Second medical college fellowship, pre-approved by ANZCA Council (UK, Ireland), in a perioperative medicine affiliated specialty e.g., FRCP(UK), supplemented with an award of the Certification of Completion of Training (CCT)	200		
Total points			

Supporting documentation:

- Certified certificate of qualification or evidence of qualification on [My eQuals](#).

Category B - Teaching / Supervision / Resource development activities; capped at 200 points.

Activities (ADDITIVE)	Allocated points	Accrued points	Evidence provided
POM module development committee work	200		
Writing guidelines to improve perioperative care (per guideline)	100		
Writing content for a POM unit (1 week)	20		
Supervising in a POM service for one semester (12-week duration)	200		
Supervision of students in a POM-related field:			
Doctorate student	100/completed student		
Masters student	50/completed student		
Teaching in perioperative medicine (per topic taught)	10		
Total points			

Supporting documentation:

- A copy of the course handbook, teaching roster, guideline, modules, or other documents supporting involvement in the completed teaching/supervision/resource development activity.

Category C - Research and Publication activities; capped at 200 points.

Research and publication activity (ADDITIVE)	Allocated points	Accrued points	Evidence provided
First author on a paper in a Q1-Q3 journal	50		
Second or subsequent author on a paper in a Q1-Q3 journal	25		
Editor of a book in POM from a recognised academic publisher	200		
Author of a book chapter from a recognised academic publisher	50		
Case study report in a Q1-Q3 journal (first author)	30		
Case study report in a Q1-Q3 journal (second or subsequent author)	15		
Letter to the editor in Q1-Q3 journal	5		
Presentation on a POM topic (teaching or conference)	50		
Total points			

Supporting documentation:

- A copy of the publication, journal reference, book chapter reference, presentation, case study, guideline, conference scientific programme or other documents supporting research participation.

Category D - Clinical practice activities

Clinical practice points are allocated to activities associated with the patient care journey, and completed during practice in the last eight (8) years, from planning to discharge, with total points capped at 800.

Based on your primary fellowship, and experience, please complete the relevant table of clinical practice activities:

- Table D.1 Geriatric Medicine clinical practice - [page 4](#)
- Table D.2 Anaesthetic clinical practice - [page 5](#)
- Table D.3 Intensive Care Medicine clinical practice - [page 6](#)
- Table D.4 Internal Medicine clinical practice- [page 7](#)
- Table D.5 Surgical clinical practice - [page 8](#)

NB: A randomised audit, of the provided evidence of completed clinical activities, will be undertaken for at least 25% of applicants.

D.1 Geriatric Medicine clinical practice activities

Note: To obtain the maximum 800 points, 25% of points must be from elective assessments. Otherwise, the maximum allocated points will be 600 points.

Preoperative CGA (ambulatory/OPD)		Points
An individualised preoperative assessment and management plan including: 1. Medical risk optimisation 2. Prevention of hospital acquired geriatric syndromes, and 3. Discharge planning And investigation request and follow up; correspondence to the treating surgeon and patient's GP – and other specialists as needed (such as anaesthetics, ICU, rehabilitation specialists)	___ new patient assessment x 2 points ___ review of previous assessment x 1 point	
Advanced care planning discussion		Points
Completed as part of a preoperative CGA or as a separate event e.g., on a ward round.	___ ACP discussion x 1 point/patient	

Discussion and documentation about perioperative risk, patient's wishes and goals of treatment and, where relevant, end of life care. Should include the patient and their support network.		
Ward Round (acute)		Points
Patients admitted through emergency under the care of a surgeon or who are within 2 weeks of their last surgical procedure. Minimum perioperative load: 5 surgical patients or 50% of your inpatient load are surgical (whichever is smaller).	___ ward round x 1 point	
Ward round (subacute)		Points
Patients admitted for pre-rehabilitation prior to surgery or are undertaking postoperative rehabilitation or GEM care (whether on surgical or rehabilitation ward). Minimum perioperative load: 5 surgical patients / 50% of your inpatient load are surgical (whichever is smaller).	___ ward round x 1 point	
MDT case discussion		Points
Perioperative medical specialist discussion about a complex care, including, at a minimum, a geriatrician and a surgeon, and other specialists, as required (anaesthetists, intensivists, internal medicine physicians, cardiologists, rehabilitation physicians, palliative care specialists etc). Should include the patient and their support network.	___ case discussion x 2 points/patient	
Case conference/DC planning meeting		Points
Inpatient (acute or subacute) or community case conference of a patient who was an emergency surgical admission or is pre- / post-operative. Care coordination with allied health and nursing MDT. Should include the patient, their support network, and/or other medical practitioners e.g., GP Minimum perioperative load: 5 surgical patients / 50% of your inpatient load are surgical (whichever is smaller).	___ case conference (1 clinical session) x 1 point	
Geriatric Medicine clinical activities total points		

Supporting documentation:

- Letter of support from the Head of Department, immediate specialist supervisor, or a senior surgical or medical fellow - see template letter ([attachment A1](#)); **OR**
- Evidence of rostered sessions or a clinical diary

D.2 Anaesthetic clinical practice activities

Complex preoperative assessment and management plans		Points
An individualised preoperative assessment and management plan with: <ol style="list-style-type: none"> 1. Medical risk optimisation 2. Anaesthetic planning 3. Risk assessment 4. ASA 3 or 4 And: an investigation request, follow up, referral to other specialists (geriatricians, ICU, rehabilitation specialists), and/or correspondence to the treating surgeon and patient's GP, as required.	___ new patient assessment x 1 point ___ review of a previous assessment x 0.5 points (capped at 400 points)	
Postoperative ward round		Points
Assessment of patients post anaesthesia. Must include postoperative plan in ADDITION to pain management.	___ ward round x 2 points (capped at 300 points)	
Postoperative pain round		Points
Must include assessment of patient's pain and a pain management plan.	___ ward round = 1 point (capped at 200 points)	

MDT case discussion		Points
Perioperative medical specialist discussion about a complex care and includes at a minimum anaesthetist and surgeon. May include referral to other specialists (geriatricians, ICU, rehabilitation specialists, cardiologists, palliative care specialists), as required. Should include the patient and their support network.	___ case discussion x 2 points (capped at 200 points)	
Case conference/multidisciplinary meeting		Points
Inpatient. Care coordination with allied health and nursing MDT. Should include the patient, their support network and other medical practitioners e.g., patient's GP.	___ case conference x 1 point (capped at 200 points)	
Anaesthetic clinical activities total points		

Supporting documentation:

- Letter of support from the Head of Department, immediate specialist supervisor, or a senior surgical or medical fellow - see template letter ([attachment A2](#)); **OR**
- Evidence of rostered sessions or a clinical diary

D.3 Intensive Care Medicine clinical practice activities

Peri-Operative activity		Points
Volume and case-mix of planned post operative admissions. Applicants FTE proportion to Peri-Operative activities. <i>Evidence:</i> Unit specific report from clinical dataset (e.g., ANZICS APD report) of peri-operative volume and case-mix.	≥100 patients/year/ FTE (i.e., 1 FTE in an ICU admitting ≥ 100 planned postop admits = 150 points < 100 patients/year/ FTE = 50 points	
Pre-operative Assessment		Points
An individualised preoperative assessment and management plan with: <ul style="list-style-type: none"> - Risk assessment - Medical risk optimisation - Shared decision making - Perioperative medication plan - Decision for disposition post-operatively (i.e., ICU/HDU or ward) - ICU/HDU admission planning 	Regular participation in this activity = 100 points	
MDT Case Discussions (Pre, Post Operative ICU and Post ICU discharge)		Points
Perioperative medical specialist discussion about a complex care, including advanced care planning and: <ul style="list-style-type: none"> - Other medical specialists (i.e., admitting or other Peri-Op team) - Patient and their careers - Outside context of a formal ICU ward round 	Regular participation in this activity = 100 points	
ICU Ward Round		Points
Patients admitted, post operatively to ICU/HDU, including the following information: <ul style="list-style-type: none"> - Medical assessment (daily) - Medical treatment and investigation plan - Communicating with admitting team/team/another Peri-Op team - Decision for discharge and disposition post ICU - ICU/HDU discharge planning 	Regular participation in this activity = 200 points (i.e., ≥ 100 patients/year/FTE) Or < 100 patients/year/FTE = 100 points	

Post ICU Care		Points
This may include any of the following, as an ICU Specialist: - ICU Outreach patient follow up - Responding to inpatient acute clinical deterioration (i.e., RRT call)	Regular participation in this activity = 100 pts	
Trainee Supervision		Points
Trainee supervision in perioperative medicine activities, outside of the context of an ICU ward round.	Regular participation in this activity = 100 pts	
Policy and Procedure development		Points
Must be multidisciplinary and apply to the Peri-operative patient group. Includes any Peri-Operative Service delivery model. Includes Peri-Operative Committees. <i>Provided evidence:</i> <ol style="list-style-type: none"> 1. Examples of policies/procedures 2. Meeting ToR/agenda/schedule 	Regular participation in this activity = 100 pts	
Quality activities		Points
Participation in clinical datasets (e.g., ANZICS APD, ANZELA-QI, etc) and reporting activity and outcomes. Clinical review of Perioperative patients, such as morbidity and mortality, Failure to Rescue events Provided evidence: <ol style="list-style-type: none"> 1. Database report 2. Clinical review ToR/agenda/schedule 	Regular participation in this activity = 100 points	
Intensive Care Medicine clinical activities total points		

Supporting documentation:

- Letter of support from the Head of Department, immediate specialist supervisor, or a senior surgical or medical fellow - see template letter ([attachment A3](#)); **OR**
- Evidence of rostered sessions or a clinical diary

D.4 Internal Medicine clinical practice activities

Note: to accrue the maximum 800 points, 25% of total activities are required to be preoperative assessment (ambulatory/ OPD). Otherwise, the maximum number of allocated points will be 600 points.

Pre-operative Assessment (Ambulatory/OPD)		Points
An individualised preoperative assessment and management plan including: <ol style="list-style-type: none"> 1. Risk assessment 2. Medical risk optimisation 3. Shared decision making 4. Perioperative medication plan 5. Post-operative care planning 6. Discharge planning <p>And: an investigation request and follow up, including correspondence to the treating surgeon and patient's GP. May include referral to other specialists, as required (geriatricians, ICU, rehabilitation specialists, cardiologists, palliative care specialists).</p>	___ new patient assessment x 1 point ___ review of a previous assessment x 0.5 points	
Advanced care planning		Points

Completed as part of a preoperative assessment or as a separate event e.g., on a ward round. Discussion and documentation about perioperative risk, patient's wishes and goals of treatment, and where relevant end of life care. Should include the patient and their support network.	___ ACP discussion x 1 point	
Ward Round (acute)		Points
Patients admitted under a surgeon for pre-op assessment and optimisation or within 2 weeks of their last surgical procedure. <i>Minimum</i> perioperative load: 5 surgical patients / 50% of your inpatient load are surgical (whichever is smaller)	___ ward round x 2 points	
MDT Case Discussions		Points
Perioperative medical specialist discussion about a complex care and includes, at a minimum, two medical specialists, such as a physician, surgeon, anaesthetist, intensivist, ICU, rehabilitation specialists, cardiologist, palliative care specialist. Should include the patient and their support network.	___ case conference x 2 points	
Discharge planning/Case conference		Points
Inpatient or community case conference of a patient who was an emergency surgical admission or is pre- or post-operative. Care coordination with allied health and nursing MDT. Should include the patient, their support network and any other medical practitioners e.g., GP	___ case conference x 1 point	
Trainee Supervision		Points
Trainee supervision in perioperative medicine	Regular participation = 100 points	
Internal Medicine clinical activities total points		

Supporting documentation:

- A letter of support from the Head of Department, immediate supervisor, or a senior Surgical or Medical Fellow - see template letter ([attachment A4](#)); **OR**
- Evidence of rostered sessions or a clinical diary

D.5 Surgical clinical practice activities

Complex preoperative assessment and management plans		Points
An individualised preoperative assessment and management plan with: <ol style="list-style-type: none"> 1. medical risk optimisation 2. surgical planning 3. risk assessment 4. ASA 3 or 4 And: an investigation request and follow up, including correspondence to the referring doctor. Other specialist/s to be included, as required (geriatricians, ICU, rehabilitation specialists, cardiologists, palliative care specialists).	new patient assessment x 1 point ___ review of a previous assessment x 0.5 points (capped at 300 points)	
Postoperative ward round		Points
Assessment of patient's post-surgery, <i>including</i> a postoperative plan.	___ ward round x 2 points (capped at 300 points)	
MDT case discussion		Points

Perioperative medical specialist discussion about a complex case and includes, at a minimum, an anaesthetist and the surgeon; may include referral to other specialist/s, as required (geriatricians, intensivists, rehabilitation specialists, cardiologists, palliative care specialists). Should include the patient and their support network.	___ case discussion x 2 points (capped at 300 points)	
Case conference/multidisciplinary meeting		Points
Inpatient. Care coordination with allied health and nursing MDT. Should include the patient, their support network, and any other medical practitioners e.g., patient's GP.	___ case conference x 1 point (capped at 300 points)	
Surgical clinical practice activities total points		

Supporting documentation:

- A letter of support from the Head of Department, immediate supervisor, or a senior Surgical or Medical Fellow - see template letter ([attachment A5](#)); **OR**
- Evidence of rostered sessions or a clinical diary

Total points (Categories A + B + C + D) = _____

Part 3: Leadership-based activities

List all leadership-focused activities, that may be relevant to your application, and include the supporting documents:

Leadership activity	Evidence provided

Part 4: Other activities

List other activities/courses for consideration and include all supporting documents, such as certificates. For technical courses, please provide a summary of application in a clinical setting.

Other activity	Evidence provided

Declaration

I declare that:

- a) I have read and understood the contents of this application form.
- b) The statements made, and the information provided, in this application form, and in the documents attached, are true and completed.
- c) I acknowledge that my contribution may be sought for educational and supervisor purposes in the ongoing delivery of the Diploma of Perioperative Medicine.
- d) I have no illness or disability, or I have informed the college of any illness or disability that would preclude the safe practice in perioperative medicine, 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 perioperative medicine.
- e) 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.
- f) I undertake to notify the college if I develop an illness or disability that would preclude the safe practice in perioperative medicine, 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.
- g) I acknowledge that any condition which could preclude the safe practice, including personal drug or chemical dependence, may prevent award of my Diploma of Perioperative Medicine.
- h) I agree that all communications made by the ANZCA Council of the college or any of its officers, and all answers made and all communications of every kind in relation to my application for Diploma of Perioperative Medicine of the college shall for all purposes be absolutely privileged.

Signature _____ Date _____

Payment

Please complete the details below for the (non-refundable) application fee:

Payment amount: **A\$550 (GST inclusive) / NZ\$635 (GST inclusive)**

Credit card type: _____ Visa _____ Mastercard

Credit card number _____ Expiry date ____ / ____

Name on card _____

Signature _____

Please email the completed application form, and the supporting documents, to the Perioperative medicine project team at:

Email: periop@anzca.edu.au

For further enquiries, contact the team at: +61 3 9510 6299; periop@anzca.edu.au

Attachment A0: DipPOM recognition pathway application – Attachments list

Fellowship/ Category	Document type	Details	Attachment name
Primary Fellowship	Fellowship certificate		FRACP_XXX
Category A	e.g., Master of Perioperative medicine certificate		MMed_XXX
Category B	e.g., Perioperative guideline writing for Royal Perth Hospital	e.g., The role of intravenous iron therapy for management of anaemia during the perioperative period	Guideline1_XXX
			Guideline2_XXX
			Guideline3_XXX
Category C	First author of perioperative medicine based relevant publications	e.g. , The role of high-sensitive troponin measurement as a biomarker during the postoperative period for the detection of myocardial injury after non-cardiac surgery.	Publication1_XXX
	Second author of perioperative medicine based relevant publications	Evolution of trauma care and the trauma registry in the West Australian health system	Publication5_XXX
Category D	Letter of support from the department		D1_XXX

Attachment A1: Letter of support (template) – Geriatric medicine clinical activities

Hospital Letterhead

Diploma of Perioperative medicine Project team
Australian & New Zealand College of Anaesthetists
630 St Kilda Road
Melbourne Vic 3004

DD MM YYYY

To whom it may concern,

I write to confirm the employment of Dr **Name Surname** at **Name** Hospital, between the dates of **DD MM YYYY** – **DD MM YYYY**, on a **full-time / part-time** basis.

Dr **Surname's** role **includes/ed** perioperative care of patients.

From **MM/YYYY** to **MM/YY/ongoing** Perioperative medicine **(has) accounts/ed** for **xx** % of their workload, and included the following activities:

- Preoperative comprehensive geriatric assessment (**xx rostered perioperative clinics** / week)
- Advanced care planning discussion for surgical patients
- Acute inpatient care of surgical patients (**xx rostered ward rounds** / week)
- Subacute inpatient care of surgical patients (**xx rostered ward rounds** / week)
- Multidisciplinary case discussions of surgical patients (**xx rostered MDT case conferences** / week)
- Case conference / Discharge planning meetings for surgical patients (**xx rostered ward case conferences/discharge planning meeting** / week)
- Teaching
- Trainee supervision

I support Dr **Surname** application for the recognition (points pathway) of the Diploma of Perioperative medicine and their future involvement in the educational development and clinical supervision of the Diploma.

With regards,

Dr Name Surname

Designation

Hospital Name

Attachment A2: Letter of support (template) – Anaesthetic clinical activities

Hospital Letterhead

Diploma of Perioperative medicine Project team
Australian & New Zealand College of Anaesthetists
630 St Kilda Road
Melbourne Vic 3004

DD MM YYYY

To whom it may concern,

I write to confirm the employment of Dr **Name Surname** at **Name** Hospital, between the dates of **DD MM YYYY** – **DD MM YYYY**, on a **full-time / part-time** basis.

Dr **Surname's** role **includes/ed** perioperative care of patients.

From **MM/YYYY** to **MM/YY/ongoing** Perioperative medicine **(has) accounts/ed** for **xx** % of their workload, and included the following activities:

- Complex preoperative assessment and management plans (xx rostered perioperative clinics / week)
- Postoperative ward round (xx rostered ward rounds / week)
- Postoperative pain round (xx rostered ward rounds / week)
- Multidisciplinary case discussions of surgical patients (xx rostered MDT case conferences/ week)
- Case conference / multidisciplinary meetings for surgical patients (xx rostered ward case conferences / week)
- Teaching
- Trainee supervision

I support Dr **Surname** application for the recognition (points pathway) of the Diploma of Perioperative medicine and their future involvement in the educational academic development and clinical supervision of the Diploma.

Kind regards,

Dr Name Surname

Designation

Hospital Name

Attachment A3: Letter of support (template) – Intensive care medicine clinical activities

Hospital Letterhead

Diploma of Perioperative medicine Project team
Australian & New Zealand College of Anaesthetists
630 St Kilda Road
Melbourne Vic 3004

DD MM YYYY

To whom it may concern,

I write to confirm the employment of Dr **Name Surname** at **Name** Hospital, between the dates of **DD MM YYYY** – **DD MM YYYY**, on a **full-time / part-time** basis.

Dr **Surname's** role **includes/ed** perioperative care of patients.

From **MM/YYYY** to **MM/YY/ongoing** Perioperative medicine **(has) accounts/ed** for **xx** % of their workload, and included the following activities:

- Perioperative activity (**xx rostered perioperative clinics** / week)
- Preoperative assessment activities (regular participation)
- Multidisciplinary case discussions of surgical patients (regular participation)
- Intensive care unit ward rounds:
 - ≥ 100 patients/year/FTE; or
 - < 100 patients/year/FTE
- Post-intensive care unit care activities (regular participation)
- Policy and procedure development (regular participation)
- Quality activities (clinical datasets and reviews) (regular participation)
- Teaching
- Trainee supervision

I support Dr **Surname** application for the recognition (points pathway) of the Diploma of Perioperative medicine and their future involvement in the educational development and clinical supervision of the Diploma.

Kind regards,

Dr Name Surname
Designation
Hospital Name

Attachment A4: Letter of support (template) – Internal medicine clinical activities

Hospital Letterhead

Diploma of Perioperative medicine Project team
Australian & New Zealand College of Anaesthetists
630 St Kilda Road
Melbourne Vic 3004

DD MM YYYY

To whom it may concern,

I write to confirm the employment of Dr **Name Surname** at **Name** Hospital, between the dates of **DD MM YYYY** – **DD MM YYYY**, on a **full-time / part-time** basis.

Dr **Surname's** role **includes/ed** perioperative care of patients.

From **MM/YYYY** to **MM/YY/ongoing** Perioperative medicine **(has) accounts/ed** for **xx** % of their workload, and included the following activities:

- Preoperative assessment – ambulatory/OPD (**xx rostered perioperative clinics / week**)
- Advanced care planning discussion for surgical patients
- Acute inpatient care of surgical patients (**xx rostered ward rounds / week**)
- Multidisciplinary case discussions of surgical patients (**xx rostered MDT case conferences/ week**)
- Case conference / Discharge planning meetings for surgical patients (**xx rostered ward case conferences/discharge planning meetings / week**)
- Teaching
- Trainee supervision (regular participation)

I support Dr **Surname** application for the recognition (points pathway) of the Diploma of Perioperative medicine and their future involvement in the educational development and clinical supervision of the Diploma.

Kind regards,

Dr Name Surname
Designation
Hospital Name

Attachment A5: Letter of support (template) - Surgical clinical activities

Hospital Letterhead

Diploma of Perioperative medicine Project team
Australian & New Zealand College of Anaesthetists
630 St Kilda Road
Melbourne Vic 3004

DD MM YYYY

To whom it may concern,

I write to confirm the employment of Dr **Name Surname** at **Name** Hospital, between the dates of **DD MM YYYY** – **DD MM YYYY**, on a **full-time / part-time** basis.

Dr **Surname's** role **includes/ed** the perioperative care of patients.

From **MM/YYYY** to **MM/YY/ongoing** Perioperative medicine **(has) accounts/ed** for **xx** % of their workload, and included the following activities:

- Complex preoperative assessment and management plans (**xx new patient assessments / week**; xx reviewed previous assessments / week)
- Postoperative ward round (**xx rostered ward rounds / week**)
- Multidisciplinary case discussions of surgical patients (**xx rostered MDT case discussions / week**)
- Case conference / Discharge planning meetings for surgical patients (**xx rostered ward case conferences/discharge planning meeting / week**)
- Teaching
- Trainee supervision

I support Dr Surname application for the recognition (points pathway) of the Diploma of Perioperative medicine and their future involvement in the educational development and clinical supervision of the Diploma.

Kind regards,

Dr Name Surname

Designation

Hospital Name