

# Perioperative Medicine

From the contemplation of surgery to optimal outcome

## Graduate of the Chapter of Perioperative Medicine (ANZCA) - Recognition pathway application

Specialist practitioners, in Australia and New Zealand, are invited to apply for award of the graduate of the Chapter 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, 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.





## 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		
Diploma in Anaesthetics/Diploma of Rural Generalist Anaesthesia	200		
Diploma in Emergency Medicine/Older Person's Healthcare/Rehabilitation Medicine	200		
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, FRACP, FRACS, FRACGP, FRNZCGP, FACRRM	300		
Second AMC fellowship in a perioperative medicine aligned specialty: FFPMANZCA	100		
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		
<b>Total points</b>			

### 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		
Supervising in a POM service for one semester (12-week duration)	200		
Writing guidelines to improve perioperative care (per guideline)	100		
Supervision of students in a POM-related field:			
Doctorate student	100/completed student		
Masters student	50/completed student		
Writing content for a POM unit (1 week)	20		
Teaching in perioperative medicine (per topic taught)	10		
<b>Total points</b>			

**For general practitioners – criteria for Category B, as above, and/or:**

Research and publication activity (ADDITIVE)	Allocated points	Accrued points	Evidence provided
Supervision/teaching of general practitioner registrars including perioperative medicine e.g., GPEP registrar educators	100		
Preparation of perioperative guidelines and pathways for primary care (per guideline)	100		
Teaching primary care physicians on perioperative guidelines (per topic)	50		
<b>Total points</b>			

**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
Editor of a POM-focused textbook from a recognised academic publisher	200		
First author on a paper in a Q1-Q3 journal	50		
Second or subsequent author on a paper in a Q1-Q3 journal	25		
Author of a book chapter from a recognised academic publisher	50		
Presentation on a POM topic (teaching or conference)	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		
<b>Total points</b>			

**For general practitioners - criteria for Category C as above and/or:**

Research and publication activity (ADDITIVE)	Allocated points	Accrued points	Evidence provided
First author on a paper in perioperative medicine	50		
Second or subsequent author on a paper	25		
Case study report in Q1-Q3 journal (perioperative medicine)	50		
Case study report in Q1-Q3 journal, second or subsequent author (perioperative medicine)	25		
Presentation on a POM topic (teaching/CME/conference)	50		
Letter to the editor Q1-Q3 journal	10		
Audit of patients regarding perioperative care	50		
<b>Total points</b>			

**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.

This category has a minimum requirement of 200 points and a maximum allocation of 800 points.

Based on your specialist experience please complete the relevant clinical practice table/s (may be more than one table if have more than one specialty):

- Table D.1 Geriatric Medicine clinical practice - [page 5](#)
- Table D.2 Anaesthetic clinical practice - [page 6](#)
- Table D.3 Intensive Care Medicine clinical practice - [page 7](#)
- Table D.4 Internal Medicine clinical practice - [page 8](#)
- Table D.5 Surgical clinical practice - [page 9](#)
- Table D.6 General practitioner clinical practice – [page 10](#)

*Please note:* 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.  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/patient	
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	___ case discussion x 2 points/patient	

physicians, cardiologists, rehabilitation physicians, palliative care specialists etc). Should include the patient and their support network.		
<b>Case conference/DC planning meeting</b>		<b>Points</b>
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	
<b>Geriatric Medicine clinical activities total points</b>		

#### 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

<b>Complex preoperative assessment and management plans</b>		<b>Points</b>
An individualised preoperative assessment and management plan with: <ol style="list-style-type: none"> <li>1. Medical risk optimisation</li> <li>2. Anaesthetic planning</li> <li>3. Risk assessment</li> <li>4. ASA 3 or 4</li> </ol> <p><b>And:</b> 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.</p>	___ new patient assessment x 1 point ___ review of a previous assessment x 0.5 points (capped at 400 points)	
<b>Postoperative ward round</b>		<b>Points</b>
Assessment of patients post anaesthesia. Must include postoperative plan in ADDITION to pain management.	___ ward round x 2 points (capped at 300 points)	
<b>Postoperative pain round</b>		<b>Points</b>
Must include assessment of patient's pain and a pain management plan.	___ ward round = 1 point (capped at 200 points)	
<b>MDT case discussion</b>		<b>Points</b>
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)	
<b>Case conference/multidisciplinary meeting</b>		<b>Points</b>
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)	
<b>Anaesthetic clinical activities total points</b>		

#### Supporting documentation:

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

### D.3 Intensive Care Medicine clinical practice activities

Peri-Operative activity		Points
<p>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) in the last 12 months of peri-operative volume and case-mix.</p>	<p>≥100 patients/year/ FTE (i.e., 1 FTE in an ICU admitting ≥ 100 planned postop admits = 150 points &lt; 100 patients/year/ FTE = 50 points</p>	
Pre-operative Assessment		Points
<p>An individualised preoperative assessment and management plan with:</p> <ul style="list-style-type: none"> <li>- Risk assessment</li> <li>- Medical risk optimisation</li> <li>- Shared decision making</li> <li>- Perioperative medication plan</li> <li>- Decision for disposition post-operatively (i.e., ICU/HDU or ward)</li> <li>- ICU/HDU admission planning</li> </ul>	<p>Regular participation in this activity = 100 points</p>	
MDT Case Discussions (Pre, Post Operative ICU and Post ICU discharge)		Points
<p>Perioperative medical specialist discussion about a complex care, including advanced care planning and:</p> <ul style="list-style-type: none"> <li>- Other medical specialists (i.e., admitting or other Peri-Op team)</li> <li>- Patient and their careers</li> <li>- Outside context of a formal ICU ward round</li> </ul>	<p>Regular participation in this activity = 100 points</p>	
ICU Ward Round		Points
<p>Patients admitted, post operatively to ICU/HDU, including the following information:</p> <ul style="list-style-type: none"> <li>- Medical assessment (daily)</li> <li>- Medical treatment and investigation plan</li> <li>- Communicating with admitting team/team/another Peri-Op team</li> <li>- Decision for discharge and disposition post ICU</li> <li>- ICU/HDU discharge planning</li> </ul>	<p>Regular participation in this activity = 200 points (i.e., ≥ 100 patients/year/FTE) Or &lt; 100 patients/year/FTE = 100 points</p>	
Post ICU Care		Points
<p>This may include any of the following, as an ICU Specialist:</p> <ul style="list-style-type: none"> <li>- ICU Outreach patient follow up</li> <li>- Responding to inpatient acute clinical deterioration (i.e., RRT call)</li> </ul>	<p>Regular participation in this activity = 100 pts</p>	
Trainee Supervision		Points
<p>Trainee supervision in perioperative medicine activities, outside of the context of an ICU ward round.</p>	<p>Regular participation in this activity = 100 pts</p>	
Policy and Procedure development		Points
<p>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></p> <ol style="list-style-type: none"> <li>1. Examples of policies/procedures</li> <li>2. Meeting ToR/agenda/schedule</li> </ol>	<p>Regular participation in this activity = 100 pts</p>	
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"> <li>1. Database report</li> <li>2. Clinical review ToR/agenda/schedule</li> </ol>	Regular participation in this activity = 100 points	
<b>Intensive Care Medicine clinical activities total points</b>		

#### Supporting documentation:

- Required:** Letter of support from the Head of Department, immediate specialist supervisor, or a senior surgical or medical fellow - see template letter ([attachment A3](#)); **and**
- Highly recommended:** individualized ANZICS adult patient database report, or equivalent, from the hospital intensive care unit

#### 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"> <li>1. Risk assessment</li> <li>2. Medical risk optimisation</li> <li>3. Shared decision making</li> <li>4. Perioperative medication plan</li> <li>5. Post-operative care planning</li> <li>6. Discharge planning</li> </ol> <b>And:</b> 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).	___ 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.	___ case conference x 1 point	

Care coordination with allied health and nursing MDT. Should include the patient, their support network and any other medical practitioners e.g., GP		
<b>Trainee Supervision</b>		<b>Points</b>
Trainee supervision in perioperative medicine	Regular participation = 100 points	
<b>Internal Medicine clinical activities total points</b>		

**Supporting documentation:**

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

**D.5 Surgical clinical practice activities**

<b>Complex preoperative assessment and management plans</b>		<b>Points</b>
An individualised preoperative assessment and management plan with: <ul style="list-style-type: none"> <li>1. medical risk optimisation</li> <li>2. surgical planning</li> <li>3. risk assessment</li> <li>4. ASA 3 or 4</li> </ul> <p><b>And:</b> 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).</p>	___ new patient assessment x 1 point ___ review of a previous assessment x 0.5 points (capped at 300 points)	
<b>Postoperative ward round</b>		<b>Points</b>
Assessment of patient's post-surgery, <i>including</i> a postoperative plan.	___ ward round x 2 points (capped at 300 points)	
<b>MDT case discussion</b>		<b>Points</b>
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)	
<b>Case conference/multidisciplinary meeting</b>		<b>Points</b>
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)	
<b>Surgical clinical practice activities total points</b>		

**Supporting documentation:**

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

## D.6 General practitioner clinical practice activities

Individualised preoperative assessment and management		Points
<p>An individualised preoperative assessment and management plan including:</p> <ul style="list-style-type: none"> <li>• Pre-operative assessment using a formalized Preoperative risk assessment tool, for example: NZrisk/SORT/NSQUIP</li> <li>• Medical risk optimisation</li> <li>• Shared decision making</li> <li>• Perioperative medication plan</li> <li>• After discharging postoperative care planning</li> <li>• Rehabilitation plan</li> <li>• An investigation request and follow up, including correspondence to the treating surgeon.</li> </ul>	___ new patient assessment x 1 point	
Advanced care planning		Points
<p>Completed as part of a preoperative assessment or as a separate event e.g., on a ward round.</p> <p>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.</p>	___ new patient assessment x 1 point	
Follow up care		Points
Follow up care to ensure patients are optimised prior to surgery.	___ patient follow-up assessment x 1 point	
Perioperative medical specialist discussion/referral		Points
<p>Perioperative optimisation/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.</p> <p>May include referral to other specialists, as required (geriatricians, ICU, rehabilitation specialists, cardiologists, palliative care specialist.</p>	___ new patient referral(s) x 1 point	
Post-operative care after discharge		Points
<p>Includes patients who are emergency surgical admission or is pre- or post-operative.</p> <p>Coordination with allied health and primary care nursing /referral to district nursing. Should include the patient, their support network and any other medical practitioners as required.</p>	___ new patient post operative care x 1 point	
Rehabilitation and follow up		Points
New patient rehabilitation and FUP assessment	___ new patient x 1 point	
<b>General practice activities total points</b>		

### Supporting documentation:

- Required:* A letter of confirmation of activities from a professional colleague - see template letter ([attachment A6](#))

**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 supporting documentation:

Leadership activity	Evidence provided

#### For general practitioners - leadership activities:

- Employment in a hospital based operative service e.g., as a medical officer special scale (NZ)/GP liaison with primary care: 100 points
- Member of a multidisciplinary perioperative committee/member of a secondary care team involving perioperative medicine: 100 points

### Part 4: Other activities

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

Other activity	Evidence provided

#### For general practitioners – other activities:

- AMC/RNZCGP/RACGP Examiner: 100 points

## 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 ANZCA Course 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 the graduate of the Chapter of Perioperative Medicine (ANZCA).
- 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 award of the graduate of the Chapter of Perioperative Medicine (ANZCA) of the college shall for all purposes be absolutely privileged.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Payment

The ANZCA perioperative medicine team will reach out to you regarding payment details.

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

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Please email the completed application form, and the supporting documents, to the ANZCA perioperative medicine team at [periop@anzca.edu.au](mailto:periop@anzca.edu.au)

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

## Attachment A0: Recognition pathway application – List of included attachments

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

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

### Hospital Letterhead

ANZCA Perioperative medicine 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 graduate of the Chapter of Perioperative Medicine (ANZCA) and their future involvement in the educational development and clinical supervision of the course.

With regards,

**Dr Name Surname**

**Designation**

**Hospital Name**

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

### Hospital Letterhead

ANZCA Perioperative medicine 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 graduate of the Chapter of Perioperative Medicine (ANZCA) and their future involvement in the educational academic development and clinical supervision of the course.

Kind regards,

**Dr Name Surname**

**Designation**

**Hospital Name**

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

### Hospital Letterhead

ANZCA Perioperative medicine 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, worked xx FTE, 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 graduate of the Chapter of Perioperative Medicine (ANZCA) and their future involvement in the educational development and clinical supervision of the course.

Kind regards,

**Dr Name Surname**

**Designation**

**Hospital Name**

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

### Hospital Letterhead

ANZCA Perioperative medicine 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 graduate of the Chapter of Perioperative Medicine (ANZCA) and their future involvement in the educational development and clinical supervision of the course.

Kind regards,

**Dr Name Surname**

**Designation**

**Hospital Name**

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

### Hospital Letterhead

ANZCA Perioperative medicine 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 graduate of the Chapter of Perioperative Medicine (ANZCA) medicine and their future involvement in the educational development and clinical supervision of the course.

Kind regards,

**Dr Name Surname**

**Designation**

**Hospital Name**

## Attachment A6: Letter of support (template) – General practice clinical activities

### Hospital Letterhead

ANZCA Perioperative medicine 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/medical centre**, 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:

- Individualised preoperative assessment and management plan (**xx new patient assessments / week**)
- Advanced care planning (**xx new patient assessments / week**)
- Follow up care of patients to ensure pre-surgery optimisation (**xx followed up care of patient / week**)
- Perioperative medical specialist discussion/referral (**xx new patient referral / week**)
- Post-operative care after discharge (**xx new patient postoperative care / week**)
- Rehabilitation and follow-up (**xx new patient rehabilitation and FUP assessment / week**)
- Teaching
- Trainee supervision

I support Dr Surname application for the recognition pathway of the graduate of the Chapter of Perioperative Medicine (ANZCA) and their future involvement in the educational development and clinical supervision of the course.

Kind regards,

**Dr Name Surname**

**Designation**

**Hospital Name**