

Perioperative Medicine

From the contemplation of surgery to optimal outcome

Application for recognition of the Diploma of Perioperative Medicine – points pathway

This form is for specialist practitioners, in Australia and New Zealand, applying for the award of the Diploma of Perioperative Medicine (DipPOM), based on demonstrated participation in both clinical and non-clinical POM-based activities.

Applicants require a minimum of 1000 points, accrued from the following categories:

- Category A – Education (courses and higher degrees) = maximum 600 points
- Category B – Teaching / resource development = maximum 200 points
- Category C – Research and Publication = maximum 200 points
- Category D – Clinical practice = maximum 800 points (minimum 200 points)

Please note: Category A + B + C are cumulative and capped at 800 points.

Completion of activities in Categories A, B and D must be within the last eight years.

Personal details

College ID _____ *if applicable*

First name _____

Middle name _____

Surname _____

Date of birth _____

Gender identity M F 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 RNZCGP
 FPPMANZCA FRACP FRACS Other

Date of fellowship award: _____

Other fellowship/s: _____ Date of fellowship/s award: _____

Please attach copies of the fellowships.

Part A: Categories A, B and C

Points for Categories A + B + C are cumulative and capped at 800 points.

Category A – Education; capped at 600 points.

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

| Courses | Allocated points | Accrued points | Evidence provided |
|--|----------------------------|----------------|-------------------|
| Perioperative Medicine Master Degree | 600 | | |
| Perioperative Medicine Diploma (48 points program and above) | 400 | | |
| Perioperative Medicine Postgraduate (24 points program) | 200 | | |
| PhD in Perioperative Medicine field | 200 | | |
| Perioperative Medicine Short Course (12 weeks duration) | 100 | | |
| Perioperative Medicine Short Course (6 weeks duration) | 50 | | |
| Second fellowship in a perioperative medicine aligned specialty e.g., FANZCA, FCICM, FRACGP, FRACP, FRACS | 300 | | |
| Other education in Perioperative medicine | to be determined as needed | | |
| Total points | | | |

Supporting documentation:

- Certified certificate of qualification or evidence of qualification on *My eQuals*

Category B – Teaching / resource development activities; capped at 200 points

| Activities (ADDITIVE) | Allocated points | Accrued points | Evidence provided |
|--|------------------|----------------|-------------------|
| POM module development committee work | 200 | | |
| Supervising a POM unit for one semester (12 week duration) | 200 | | |
| Writing content for a POM unit (1 week) | 20 | | |
| Teaching in perioperative medicine (per topic taught) | 10 | | |
| Writing guidelines to improve perioperative care (per guideline) | 100 | | |
| Total points | | | |

Supporting documentation:

- A copy of the course handbook, teaching roster, guideline, modules or other documents supporting involvement in the completed educational 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.

Part B: Category D – Clinical practice

Clinical practice points are allocated to activities associated with patient care journey, from planning to discharge, with points capped at 800.

Completed activities require a recency of practice of the last eight years. A randomised audit, of the provided evidence of completion, will be undertaken for at least 25% of candidates.

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 5](#)
- Table D.4 Internal Medicine clinical practice – [page 7](#)
- Table D.5 Surgical clinical practice – [page 8](#)

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 |
|--|--|--------|
| <p>An individualised preoperative assessment and management plan including:</p> <ol style="list-style-type: none"> 1. Medical risk optimisation 2. Prevention of hospital acquired geriatric syndromes, and 3. Discharge planning <p>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)</p> | <p>new patient assessment x 2 pts</p> <p>review of previous assessment x 1 pt.</p> | |
| Advanced care planning discussion | | Points |
| <p>Completed as part of a preoperative CGA 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.</p> <p>Should include the patient / support.</p> | <p>ACP discussion x 1 pt./patient</p> | |
| Ward Round (acute) | | Points |
| <p>Patients admitted through emergency under the care of a surgeon or who are within 2 weeks of their last surgical procedure.</p> <p>Minimum perioperative load: 5 surgical patients or 50% of your inpatient load are surgical (whichever is smaller).</p> | <p>ward round x 1 pt./hr</p> | |
| Ward round (subacute) | | Points |
| <p>Patients admitted for pre-rehabilitation prior to surgery or are undertaking postoperative rehabilitation or GEM care (whether on surgical or rehabilitation ward).</p> <p>Minimum perioperative load: 5 surgical patients / 50% of your inpatient load are surgical (whichever is smaller).</p> | <p>ward round x 1 pt./hr</p> | |
| MDT case discussion | | Points |
| <p>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).</p> <p>Should include the patient / support.</p> | <p>case discussion x 2 pts / patient</p> | |
| Case conference/DC planning meeting | | Points |
| <p>Inpatient (acute or subacute) or community case conference of a patient who was an emergency surgical admission or is pre- / post-operative.</p> <p>Care coordination with allied health and nursing MDT.</p> <p>Should include patient, family, or other medical practitioners e.g., GP</p> <p>Minimum perioperative load: 5 surgical patients / 50% of your inpatient load are surgical (whichever is smaller).</p> | <p>case conference (1 clinical session) x 1 pt.</p> | |
| Geriatric Medicine clinical activities total points | | |

Supporting documentation:

- Letter of support (see template ([attachment A.1](#)) from the head of department, immediate specialist supervisor, or a senior surgical or medical fellow;
- OR
- Evidence of rostered sessions or a clinical diary

D.2 Anaesthetic clinical practice activities

| Complex preoperative assessment and management plans | | Points |
|--|--|--------|
| <p>An individualised preoperative assessment and management plan with:</p> <ol style="list-style-type: none"> 1. Medical risk optimisation 2. Anaesthetic planning 3. Risk assessment 4. ASA 3 or 4 <p>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.</p> | <p>new patient assessment x 1 pt. review of a previous assessment x 0.5 pts (capped at 400 points)</p> | |
| Postoperative ward round | | Points |
| <p>Assessment of patients post anaesthesia. Must include postoperative plan in ADDITION to pain management.</p> | <p>ward round x 2 pts (capped at 300 points)</p> | |
| Postoperative pain round | | Points |
| <p>Must include assessment of patient's pain and a pain management plan.</p> | <p>ward round = 1 pt. (capped at 200 points)</p> | |
| MDT case discussion | | Points |
| <p>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 patient / support.</p> | <p>case discussion x 2 pts (capped at 200 points)</p> | |
| Case conference/multidisciplinary meeting | | Points |
| <p>Inpatient. Care coordination with allied health and nursing MDT. Should include patient / support / other medical practitioners e.g., patient's GP.</p> | <p>case conference x 1 pt. (capped at 200 points)</p> | |
| Anaesthesia Total Points | | |

Supporting documentation:

- Letter of support (see template ([attachment A.2](#)) from the head of department, immediate specialist supervisor, or a senior surgical or medical fellow;
- OR
- 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 postoperative admissions. Applicants FTE proportion to perioperative activities. <i>Evidence:</i> Unit specific report from clinical dataset (e.g., ANZICS APD report) of perioperative volume and case-mix.</p> | <p>≥100 patients/year/FTE (i.e., 1 FTE in an ICU admitting ≥ 100 planned postop admits = 150 pts <100 patients/year/FTE = 50 pts</p> | |
| Pre-operative Assessment | | Points |
| <p>An individualised preoperative assessment and management plan with:</p> <ul style="list-style-type: none"> - Risk assessment - Medical risk opt.imisation | <p>Regular participation in this activity = 100 pts</p> | |

| | | |
|---|--|---------------|
| - Shared decision making - Perioperative medication plan - Decision for disposition postoperatively (i.e. ICU/HDU or ward) - ICU/HDU admission planning | | |
| MDT Case Discussions (Pre, Postoperative ICU and Post ICU discharge) | | Points |
| Perioperative medical specialist discussion about a complex care, including advanced care planning and: - 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 pts | |
| ICU Ward Round | | Points |
| Patients admitted, post operatively to ICU/HDU, including the following information: - Medical assessment (daily) - Medical treatment and investigation plan - Communicating with admitting team/other 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 pts | |
| 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 perioperative patient group. Includes any perioperative service delivery model. Includes perioperative committees. <i>Provided evidence:</i> 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: 1. Database report 2. Clinical review ToR/agenda/schedule | Regular participation in this activity = 100 pts | |
| Intensive Care Medicine clinical practice activities total points | | |

Supporting documentation:

- Letter of support (see template ([attachment A.3](#)) from the head of department, immediate specialist supervisor, or a senior surgical or medical fellow
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 |
|---|--|--------|
| <p>An individualised preoperative assessment and management plan including:</p> <ol style="list-style-type: none"> 1. Risk assessment 2. Medical risk optimisation 3. Shared decision making 4. Perioperative medication plan 5. Postoperative 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> | <p>new patient assessment x 1 pt.</p> <p>review of a previous assessment x 0.5 pts</p> | |
| 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.</p> <p>Should include the patient / support.</p> | <p>ACP discussion x 1 pt.</p> | |
| Ward Round (acute) | | Points |
| <p>Patients admitted under a surgeon for pre-op assessment and optimisation or within 2 weeks of their last surgical procedure.</p> <p><i>Minimum</i> perioperative load: 5 surgical patients / 50% of your inpatient load are surgical (whichever is smaller)</p> | <p>ward round x 2 pts</p> | |
| MDT Case Discussions | | Points |
| <p>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.</p> <p>Should include patient / support person.</p> | <p>case conference x 2 pts</p> | |
| Discharge planning/Case conference | | Points |
| <p>Inpatient or community case conference of a patient who was an emergency surgical admission or is pre- or post-operative.</p> <p>Care co-ordination with allied health and nursing MDT.</p> <p>Should include patient / support / other medical practitioners e.g., GP</p> | <p>case conference x 1 pt.</p> | |
| Trainee Supervision | | Points |
| <p>Trainee supervision in perioperative medicine</p> | <p>Regular participation = 100 pts</p> | |
| Internal Medicine clinical practice activities total points | | |

Supporting documentation:

- A letter of support (see template letter ([attachment A.4](#)) from the head of department, immediate supervisor, or a senior surgical or medical fellow;
OR
- Evidence of rostered sessions or a clinical diary

D.5 Surgical clinical practice activities

| Complex preoperative assessment and management plans | | Points |
|--|--|--------|
| <p>An individualised preoperative assessment and management plan with:</p> <ol style="list-style-type: none"> 1. medical risk optimisation 2. surgical planning 3. risk assessment 4. ASA 3 or 4 <p>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).</p> | <p>new patient assessment x 1 pt. review of a previous assessment x 0.5 pts (capped at 300 points)</p> | |
| Postoperative ward round | | Points |
| <p>Assessment of patient's post-surgery, <i>including</i> a postoperative plan.</p> | <p>ward round x 2 pts (capped at 300 points)</p> | |
| MDT case discussion | | Points |
| <p>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).</p> <p>Should include patient / support person(s).</p> | <p>case discussion x 2 pts (capped at 300 points)</p> | |
| Case conference/multidisciplinary meeting | | Points |
| <p>Inpatient. Care coordination with allied health and nursing MDT. Should include patient, support, and/or other medical practitioners e.g., patient's GP.</p> | <p>case conference x 1 pt. (capped at 300 points)</p> | |
| Surgical clinical practice activities total points | | |

Supporting documentation:

- A letter of support (see template ([attachment A.5](#)) from the head of department, immediate supervisor, or a senior surgical or medical fellow
- OR
- Evidence of rostered sessions or a clinical diary

Part C: Other activities

Please include a summary of any other activities that may be relevant to your application, that do not fall into the above categories, and include all supporting documents:

| Other activity | Allocated points | Evidence provided |
|---------------------|------------------|-------------------|
| | | |
| | | |
| | | |
| Total points | | |

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

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 acknowledge that my contribution may be sought for educational and supervisor purposes in the ongoing delivery of the Diploma in 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 DipPOM.
- 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 DipPOM of the college shall for all purposes be absolutely privileged.

Signature _____ Date _____

Payment

A non-refundable recognition fee must accompany the application for recognition pathway.

Payment amount: **\$A550 (GST inclusive) / \$NZ635 (GST inclusive)**

Credit card type: Visa Mastercard

Credit card number _____ Expiry date _____

Name on card _____

Signature _____

Please email the completed form and supporting documents to the college:

ANZCA DipPOM, Training & Assessment Unit

Email: periop@anzca.edu.au

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

Attachment A.1: Letter of support (template) – Geriatric medicine clinical activities

Hospital Letterhead

Training and Assessment Department
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 discussion/ 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 A.2: Letter of support (template) – Anaesthetic clinical activities

Hospital Letterhead

Training and Assessment Department
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 discussion/ 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 A.3: Letter of support (template) – Intensive care medicine clinical activities

Hospital Letterhead

Training and Assessment Department
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 patients** / year/FTE)
- 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)
- 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 A.4: Letter of support (template) – Internal medicine clinical activities

Hospital Letterhead

Training and Assessment Department
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 new patient assessment / week, xx review of a previous assessment / week**)
- Advanced care planning discussion for surgical patients (**xx ACP discussion**)
- 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 A.5: Letter of support (template) - Surgical clinical activities

Hospital Letterhead

Training and Assessments Department
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