Perioperative Medicine

From the contemplation of surgery to optimal outcome

Diploma of Perioperative Medicine - Recognition pathway guidance document

Purpose

This document outlines the proposed eligibility requirements, and provisions, available to medical practitioners with prior education and/or current practice in perioperative medicine (POM), for recognition (or "grandparenting") of the ANZCA Diploma of Perioperative Medicine (DipPOM).

The purpose of the recognition process is to grant candidates, with previous specific perioperative skills and education, the ANZCA DipPOM, to train the perioperative medicine physicians of the future and to be involved in content and guideline development and teaching of the DipPOM.

The recognition process closely aligns with the DipPOM Curriculum Framework and the Perioperative Care Framework. These frameworks were developed with extensive input from multidisciplinary specialists, who are affiliated with colleges and societies of intensive care medicine, general practice, internal medicine, rehabilitation medicine, geriatric medicine, pain medicine and surgery, with a common focus in transforming care of patients requiring surgical care to an interdisciplinary and comprehensive perioperative care model.

Application timeframe

The timeframe for receipt of applications for the DipPOM recognition pathway is between 3 October 2022 and 1 December 2023.

Recognition pathway process

Governance

The recognition process was established by the Recognition Pathways Working Group (RPWG), which reports to the POM Steering Committee, and comprises of the following fellows and contributors:

- Chair (FANZCA)
- POM Steering Committee Chair (FANZCA)
- DipPOM Content and Assessment Working Group Chair (FANZCA)
- FANZCA/FFPMANZCA representative
- Director of Professional Affairs Assessor (FANZCA)
- CICM representatives x 2
- RACP representatives x 3 (covering internal medicine, rehabilitation medicine and geriatric medicine)
- RACS representative
- GP Representatives x 2 (1 each from New Zealand and Australia)
- Executive Director, Education and Research (ANZCA)

Application review process

Applications will be reviewed by the ANZCA DPA, members of the RPWG and the ANZCA Executive Committee.

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Eligibility details

The recognition pathway process is designed to be inclusive of multidisciplinary specialists, to establish a cohort of supervisors and assessors of the ongoing DipPOM program.

Overseas applicants

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.

PART 2 - POINTS CATEGORIES

Summary

Points are allocated for completion of various POM-focused activities, such as professional degrees and courses, teaching, research, and clinical practice, categorised as follows:

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

As outlined above, the total number of points for each category are capped, to ensure demonstrated participation in both clinical and non-clinical activities.

Category D activities are mandatory, with a minimum requirement of 200 points. The number of points from categories A + B + C are cumulative and capped at 800 points.

To be eligible for award of the diploma, **based on the points-only categories, a cumulative total of a minimum of 1000 points is required.**

Timeframe to meet the minimum point requirement

Candidates that accrue between 800 and 1000 points will be provided with a 12-month timeframe to accumulate the remaining points.

This timeframe will also enable provisional fellows, to apply for recognition via the points pathway, within 12 months of admission to fellowship.

Categories

Category A - Education activities (degrees/diplomas/courses)

The education category includes POM-based educational activities, ranging from professional short courses to doctorate and master degrees (Table 1). The highest scoring activity/ies will be applied towards the Category A points, with the total points cap of 600 points.

- *Master degree:*
    - Monash University Master of Perioperative Medicine[1] (≥ 48 points)

- University College London Perioperative Medicine MSc

- *Higher university degree by research:*

  PhD, or doctorate / Masters in Perioperative Medicine related field

  - Assessed on a case-by-case basis, with consideration of the research field with respect to POM field.

[1] The Monash and University College London programs cover ~60-70% of the DipPOM = 600 points

As there may be limited POM-related coursework completed as part of a PhD, more points may be awarded for a POM-focused master degree, which typically consists of a broader POM academic content (see Table 1).

- *Diploma programs:*
  - Monash University Perioperative Medicine Diploma (48 points)
  - University of Melbourne Graduate Diploma in POM[2]

[2] The University of Melbourne Graduate Diploma covers 50% DipPOM content and, therefore, is allocated points of a 24-point program (200 points; see below)

- *Certificate programs:*
  - Monash University Graduate certificate of POM (24 points)

- *Short courses:* minimum duration of 6 weeks
  - Monash University POM short course (13 weeks)
  - Monash and University College London POM short course (6 weeks)

- *Other courses:*
  - For other courses to be considered as equivalent, the course content is required to be ≥ 80% POM.

Supporting documents - certified certificate of the qualification and/or course.

Table 1. Category A – Education activities; capped at 600 points.

Higher qualifications, programs, and courses	Points
Perioperative Medicine Master Degree (≥ 48 points)	600
Perioperative Medicine Diploma (48 points programme and above)	400
Perioperative Medicine (Graduate) Diploma (24 points)	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

Example: If a candidate has completed a 48-point POM Diploma (400 points) and a 12-week POM short course (100 points), total points category A points are equal to 400 points (*not* a cumulative 500 points).

Category B – Teaching/Supervision/Resource development activities

The points allocated for various activities associated with teaching, student supervision and resource development in the POM field are additive and capped at 200 points (Table 2). Examples of activities are:

- Supervising in a POM service (one semester, ~12 weeks): 200 points
- Writing content for a POM unit (one week): 20 points
- POM module development committee work (e.g., ANZCA module development): 200 points

Supporting documents - evidence of involvement in the relevant educational activity, such as a course handbook, teaching roster or conference scientific program and/or copy of a guideline.

Table 2. Category B - Teaching/Supervision/Resource development activities; capped at 200 points.

Teaching and Resource activities	Points
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

Example: writing a one week's content for a POM course (20 points) and acting as a unit supervisor in a POM Module (200 points), will accrue 220 points. However, due to a 200-point category cap, only 200 points (and **not** 220 points), can be applied towards the 1000-point total.

Category C – Research and Publication activities

The points allocated for POM-focused research and publication activities are additive and capped at 200 points (Table 3).

Journals are categorised, using the SCImago journal rank indicator, as follows:

- Q1 is occupied by the top 25% of journals in the list; Q2 is occupied by journals in the 25 to 50% group; Q3 is occupied by journals in the 50 to 75% group.

Supporting documents - references, or copies, of the published research / case studies.

Table 3. Category C - Research and publication activities; capped at 200 points.

Research and publication activities	Points
First author in research article in a Q1 - Q3 journal	50
Second, or subsequent, author in a research article 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

***Example*:** publication as a first author, in two peer reviewed research articles (in Q1 - Q3 journals), and as a second author in a third research article (in a Q1 - Q3 journal), would result in (2 x 50) + 25 points = 125 points.

Category D – Clinical practice activities

Eligible Specialties

The clinical practice category involves recognition of completion of clinical activities in the following specialities - geriatric medicine, anaesthesia, intensive care medicine, internal medicine, and surgery (Tables 4-8).

The clinical activity recognition criteria, for practitioners from ACRRM, RACGP and RNZCGP, are in development.

Please note: Practitioners from other, unlisted, specialist medical colleges are not eligible for legacy transition to the diploma via the points categories A-D.

Points allocation

Category D points are capped at 800 points, with a minimum requirement of 200 points.

The total points for each clinical activity are also capped to ensure that candidates can demonstrate a range of clinical skills within the patient journey, from preoperative assessment to discharge.

To accrue the maximum 800 points within a speciality, the clinical practice activities must have a recency of practice of eight (8) years and, as a minimum, the candidate must have completed 12 months (full time equivalent) of relevant clinical activity, following award of the specialty fellowship.

Example: a practitioner working one day / week in the POM field, for the last eight years, would meet the category D eligibility requirement as follows:

0.2 FTE x 96 months = 19.2 months of POM experience.

Supporting documents - Evidence supporting completion of specific clinical activities, such as:

- Copy of a roster / schedule / diary (where available); OR
- A letter of support, from the Head of the Department and immediate supervisor or a senior fellow, outlining and confirming the usual clinical activities over week / fortnight / month:

  E.g., hours or patients per week in each activity:

  - Pre-operative Clinic
  - Inpatient ward round for surgical patients
  - Scheduled MDTs
  - Trainee supervision
  - Teaching

Table 4. Category D - Geriatric Medicine clinical practice.

To accrue the maximum 800 points, 25% of the points must be from elective assessments. Otherwise, the maximum allocated points are 600 points.

Activity	Description	Points
Preoperative CGA (ambulatory/OPD)	An individualised, preoperative assessment and management plan, including: 1. medical risk optimisation 2. prevention of hospital acquired geriatric syndromes	1 new patient assessment = 2 points 1 review of previous assessment = 1 point

	3. discharge planning **And:** an investigation request and follow up; referral to other specialists, as required (anaesthetist, geriatrician, intensivist, cardiologist, rehabilitation specialist, palliative care specialist, etc.); may include correspondence to the treating surgeon / patient's GP.	
Advanced care planning discussion	Completed as part of a preoperative CGA, or as a separate event. Discussion and documentation regarding perioperative risk, patient's wishes, and goals of treatment and, where relevant, end of life care. Should include the patient and their support network.	1 ACP discussion = 1 point per patient
Ward Round (acute)	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/50% of inpatient load are surgical (whichever is smaller)	1 ward round = 1 point per hour
Ward round (subacute)	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 inpatient load are surgical (whichever is smaller)	1 ward round = 1 point per hour
MDT case discussion	Perioperative medical specialist discussion about a complex care and includes at a minimum geriatrician and surgeon. Inclusion of other specialists, as required (anaesthetists, geriatrician, intensivists, cardiologists/rehabilitation specialists/ palliative care specialists, etc.) Should include the patient and their support network.	1 case discussion = 2 points per patient
Case conference/DC planning meeting	Inpatient (acute or subacute) or community case conference of a patient who was an emergency surgical admission or is pre- or postoperative. 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)	1 case conference (1 clinical session) = 1 point

Table 5. Category D - Anaesthesia clinical practice activities.

Activity	Description	Points
Complex preoperative assessment and management plans	An individualised preoperative assessment and management plan with: 1. medical risk optimisation	1 new patient assessment = 1 point

	2. anaesthetic planning 3. risk assessment 4. ASA 3 or 4 **And:** an investigation request and follow up; inclusion of other specialists, as required (such as anaesthetist, geriatrician, intensivist, cardiologist, rehabilitation specialist, palliative care specialist); may include correspondence to the treating surgeon and patient's GP.	1 review of a previous assessment = 0.5 points (capped at 400 points)
Postoperative ward round	Assessment of patients post anaesthesia. Must include postoperative plan in addition to pain management.	1 ward round = 2 points (capped at 300 points)
Postoperative pain round	Must include assessment of patient's pain and a pain management plan.	1 ward round = 1 point (capped at 200 points)
MDT case discussion	Perioperative medical specialist discussion about a complex care and includes, at a minimum, an anaesthetist and the surgeon. Inclusion of other specialists, as required (such as anaesthetist, geriatrician, intensivist, cardiologist, rehabilitation specialist, palliative care specialist) Should include the patient and their support network.	1 case discussion = 2 points (capped at 200 points)
Case conference/multidisciplinary meeting	Inpatient. Care coordination with allied health and nursing MDT. Should include the patient, their support network, and/or other medical practitioners e.g., GP	1 case conference = 1 point (capped at 200 points)

Table 6: Category D - Intensive Care Medicine clinical practice activities.

Activity	Description	Evidence	Points
Perioperative activity	Volume and case-mix of planned post operative admissions Candidates FTE proportion to perioperative activities	Unit specific report from clinical dataset (e.g., ANZICS APD report) of perioperative volume and case-mix.	>/= 100 patients per year/ per FTE (i.e., 1FTE in an ICU admitting >/=100 planned postop admits) = 150 points < than above = 50 points
Pre-operative Assessment	An individualised preoperative assessment and management plan with: 1. Risk assessment 2. Medical risk optimisation 3. Shared decision making	▪ Letter of support or ▪ Roster/schedule	Regular participation in this activity = 100 points

	4. Perioperative medication plan 5. Decision for disposition post-operatively (i.e. ICU/HDU or ward) 6. ICU/HDU admission planning		
MDT Case Discussions (Pre, Post Operative ICU and Post ICU discharge)	Perioperative medical specialist discussion about a complex care, including advanced care planning, and involves: 1. Other medical specialists (such as the admitting team; other team members) 2. Patient and their support network 3. Outside context of a formal ICU ward round	▪ Letter of support or ▪ Roster/schedule	Regular participation in this activity = 100 points
ICU Ward Round	Patients admitted, post-operatively to ICU/HDU: 1. Medical assessment (daily) 2. Medical treatment and investigation plan 3. Communicating with the admitting team, other perioperative team members 4. Decision for discharge and disposition post ICU 5. ICU/HDU discharge planning	▪ Letter of support or ▪ Roster/schedule	Regular participation in this activity = 200 points, if >/= 100 patients per year/per FTE, and 100 points if < 100 patients per year
Post ICU Care	This may include any of the following, as an ICU Specialist: 1. ICU Outreach patient follow up 2. Responding to inpatient acute clinical deterioration (i.e., RRT call)	▪ Letter of support or ▪ Roster/schedule	Regular participation in this activity = 100 points
Trainee Supervision	Trainee supervision in perioperative medicine activities, outside of the context of an ICU ward round	▪ Letter of support or ▪ Roster/schedule	Regular participation in this activity = 100 points
Policy and Procedural development	Must be multidisciplinary and apply to the perioperative patient group.	▪ Letter of support ▪ Examples of policies/procedures	Regular participation in this activity = 100 points

	Includes any perioperative service delivery model. Includes perioperative committees.	▪ Meeting ToR/agenda/schedule	
Quality activities	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).	▪ Letter of support ▪ Database report ▪ Clinical review ToR/agenda/schedule	Regular participation in this activity = 100 points

Table 7. Category D points - Internal Medicine clinical practice activities.

To accrue the maximum 800 points, 25% of the points must be from elective assessments. Otherwise, the maximum allocated points are 600 points.

Activity	Description	Points
Pre-operative Assessment (Ambulatory/OPD)	An individualised preoperative assessment and management plan with: 1. Risk assessment 2. Medical risk optimisation 3. Shared decision making 4. Perioperative medication plan 5. Post-operative care planning 6. Discharge planning **And:** investigation request and follow up; referral to other specialists, as required (such as anaesthetist, geriatrician, intensivist, cardiologist, rehabilitation specialist, palliative care specialist); and may include correspondence to the treating surgeon and patient's GP.	1 new patient assessment = 1 point 1 review of previous assessment = 0.5 points *Must make up 25% of category D*
Advanced care planning	Done as part of a preoperative assessment or as a separate event. Discussion and documentation about perioperative risk, patient's wishes and goals of treatment, and where relevant end of life care. Must include the patient and their support network.	1 ACP discussion = 1 point
Ward Round (acute)	Patients admitted under a surgeon for pre-op assessment and optimisation or within 2 weeks of their last surgical procedure. Minimum perioperative load: 5 surgical patients / 50% of inpatient load are surgical (whichever is smaller)	1 ward round = 2 points
MDT Case Discussions	Perioperative medical specialist discussion about a complex care and includes other specialists, as required (such as anaesthetist, geriatrician, intensivist,	1 case conference = 2 points

	cardiologist, rehabilitation specialist, palliative care specialist) Should include the patient and their support network.	
Discharge planning/Case conference	Inpatient or community case conference of a patient who was an emergency surgical admission or is pre- or postoperative. Care coordination with allied health and nursing MDT. Should include the patient, their support network and other medical practitioners (such as the patient's GP).	1 case conference = 1 point
Trainee Supervision	Trainee supervision in perioperative medicine	Regular participation in this activity = 100 points

Table 8. Category D - Surgical clinical practice activities.

Activity	Description	Points
Complex preoperative assessment and management plans	An individualised preoperative assessment and management plan which includes: 1. medical risk optimisation 2. surgical planning 3. risk assessment 4. ASA 3 or 4 **And:** investigation request and follow up; inclusion of other specialists, as required (such as anaesthetist, geriatrician, intensivist, cardiologist, rehabilitation specialist, palliative care specialist); may include correspondence to the referring doctor.	1 new patient assessment = 1 point 1 review of a previous assessment = 0.5 points (capped at 300 points)
Postoperative ward round	Assessment of the patient's post-surgery. Must include a postoperative plan.	1 ward round = 2 points (capped at 300 points)
MDT case discussion	Perioperative medical specialist discussion about a complex care and includes, at a minimum, an anaesthetist and surgeon. Inclusion of other specialists, as required (such as anaesthetist, geriatrician, intensivist, cardiologist, rehabilitation specialist, palliative care specialist) Should include the patient and their support network.	1 case discussion = 2 points (capped at 300 points)
Case conference/ multidisciplinary meeting	Inpatient. Care coordination with allied health and nursing MDT. Should include the patient, their support network, and other medical practitioners (such as the patient's GP)	1 case conference = 1 point (capped at 300 points)

PART 3 - LEADERSHIP ACTIVITIES

It has been acknowledged that there are highly experienced specialists, who may not meet the 1000-point requirement of the categories outline above, but who have completed various leadership-focused activities within the POM field.

Eligibility for points, for these activities, will be dependent on the applicant being *currently employed in a clinical practice.*

PART 4 - OTHER ACTIVITIES

There may be other various activities, or roles, that applicants have completed and are not described in the points categories or the leadership part, and that may be relevant to the perioperative medicine field. These can be listed as part of the application, for consideration, and supplemented with supporting evidence.

e.g., completion of technical courses, such as ultrasound, and including a summary of application of the technical skills in a clinical setting.

Audit

A randomised audit of 25% of the applications' supporting documents will be conducted, during the open period of the recognition process (12-months). This is intended to confirm clinical practice point claims and ensure compliance with the eligibility requirements.

Insufficient points

Where the total number of accumulated points, from parts 2 - 4, is between 800 - 1000 points, a period of 12 calendar months, from the date of the application outcome, will be provided to accrue the remaining points.

Recognition of Prior Learning

If a candidate has accrued < 800 points via the recognition pathway, they may enrol in the Diploma and will be eligible for assessment of the POM-based activities (such as education, teaching, research, and clinical practice activities) via the recognition of prior learning process. Recognised activities will then be applied as credit towards the Diploma requirements.

Fees

- Australia - $A550 (incl. GST)
- New Zealand - $NZ635 (incl. GST)

Covering the following expenses:

- Processing and administration fee.
- Audit process.
- Issuing of the diploma.
- IT development of the application site.

Appendix A. Examples of application outcomes of the recognition pathway (points allocations)

Reference table:

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

  Categories A + B + C = capped at 800 points

Example 1:

Dr Jones is an anaesthetist (FANZCA) who has also completed a 48-point POM diploma in 2020 and a POM short 6-week course in 2016. Dr Jones was also the first author, in a POM-focused research article, in the British Journal of Anaesthesia and, as a second author, two articles in other Q1 journals. Dr Jones has authored three book chapters on POM but had not undertaken teaching of POM-affiliated subjects.

Dr Jones' clinical experience, during the last eight years, is as follows:

- 250 complex preoperative assessments and management plans
- 30 MDT meetings
- 10 postoperative pain rounds
- 100 postoperative rounds

Category points:

- **Category A** = 400 points (based on the 48-point POM Diploma)

  NB: The completion of the short course is not considered as only the points for highest scoring educational activity in Category A are applied.
- **Category B** = 0 points
- **Category C** = 50 (1st author publication in BJA) + (25 x 2) (2nd author publications in Q1 journals) + (3 x 50) (book chapters) = 250 points = capped at 200 points.
- **Category D:**
  - 250 complex preoperative assessments = 250 points
  - 30 MDT meetings = 30 x 2 = 60 points
  - 10 postoperative pain rounds = 10 x 1 = 10 points
  - 100 postoperative ward rounds = 100 x 2 = 200 points

Total points:

Category	Points
Category A	400
Category B	0
Category C	200
Category D	520
Total	**1,120**

Application outcome:

The total number of accrued points ≥ 1000. Dr Jones is recognised for award of the DipPOM, via the recognition pathway.

Example 2:

Dr Wang is a geriatrician (FRACP) who locums primarily in private practices. Dr Wang has published three first author papers, in Q1 journals, on hip fracture management, and two, first author, case study reports. The specialist has not completed formal POM education or contributed to POM-based teaching.

Dr Wang has completed the following clinical activities in the last eight years:

- 200 preoperative complex geriatric assessments (CGA)
- 50 advanced care planning discussions
- 50 hours of subacute ward rounds
- 100 MDT discussions

Points calculation:

- **Category A and B** = 0 points
- **Category C** = (3 x 50) (1st author publications in Q1 journal) + (2 x 30) (1st author case study reports) = 210 points.
- **Category D =** 700 points, as calculated below:
    - 200 preoperative complex geriatric assessments (CGA) = 400 points
    - 50 advanced care planning discussions = 50 points
    - 50 hours of subacute ward rounds = 50 points
    - 100 MDT discussions = 200 points

Category	Points
Category A	0
Category B	0
Category C	200
Category D	700
Total	**900**

Application outcome:

The total number of accrued points is between 800 – 1000. Dr Wang will be eligible for award of the DipPOM, once the remaining 50 points are accrued in the following 12 calendar months.

Example 3:

Dr Cavendish has a FANZCA and FCICM and, in addition, has completed a 12-week short course in POM in 2012 and a 6-week POM short course in 2020. Dr Cavendish has written a book chapter on a POM topic in 2015 and published a case study report, in a Q1 journal, as a third author, in 2018.

Dr Cavendish's clinical experience, during the last eight years, was as follows:

- 100 complex preoperative assessments and management plans
- 50 MDT case discussions
- 20 postoperative pain rounds

Points calculation:

- **Category A** = 300 points
    - For completion of the 12-week course only
- **Category B** = 0 points
- **Category C** = 50 (book chapter) + 15 (case study as 3rd author) = 65 points
- **Category D =** 220 points:

- 100 complex preoperative assessments and management plans = 100 points
- 50 MDT case discussions = 100 points
- 20 postoperative pain rounds = 20 points

Category	Points
Category A	300
Category B	0
Category C	65
Category D	220
Total	**590**

Application outcome:

The total number of accrued points is < 800 points. Dr Cavendish does not meet the criteria for award of the DipPOM via the recognition pathway. Dr Cavendish has the option to enrol in the DipPOM and apply for recognition of prior learning for the relevant topic areas.