



**ANZCA**  
FPM



**Australian College  
of Rural & Remote  
Medicine**



**RACGP**  
Royal Australian College  
of General Practitioners

Regulation 44

# Training in rural generalist anaesthesia leading to a qualification in RGA

© Copyright 2025 – Australian and New Zealand College of Anaesthetists and the Faculty of Pain Medicine. All rights reserved

This work is copyright. Apart from any use as permitted under the Copyright Act 1968, no part may be reproduced by any process without prior written permission from ANZCA. Requests and inquiries concerning reproduction and rights should be addressed to the Chief Executive Officer, Australian and New Zealand College of Anaesthetists, 630 St Kilda Road, Melbourne, Victoria 3004, Australia. Website: [www.anzca.edu.au](http://www.anzca.edu.au) Email: [ceoanzca@anzca.edu.au](mailto:ceoanzca@anzca.edu.au)

## Table of contents

44.1.	Commencement	4
44.2.	Purpose	4
44.3.	Registration	5
44.4.	Trainee selection	6
44.5.	Recording training	6
44.6.	Recognition of prior learning and experience	6
44.7.	Clinical experience	7
44.8.	Leave	7
44.9.	Progression	8
44.10.	Time limit on training completion	8
44.11.	Entrustable Professional Activities (EPAs)	8
44.12.	Workplace-based assessments (WBAs)	8
44.13.	RGA examinations	9
44.14.	Courses	11
44.15.	Part-time training	11
44.16.	Interrupted training	11
44.17.	Re-entry to training process	12
44.18.	Fees	12
44.19.	Clinical supervision in the workplace	12
44.20.	Supervisors of training	12
44.21.	State Support Officers	13
44.22.	Accreditation of training sites	13
44.23.	Trainees with illness or disability	13
44.24.	Trainee support process	14
44.25.	Trainees under conditions, suspended or removed from the register by a registration authority, or under other limitations (voluntary or imposed) which affect the trainee's practice	15
44.26.	Completion of training	15
44.27.	Eligibility for award of the qualification	16
44.28.	Removal or withdrawal from training	16
44.29.	Reconsideration, Review and appeal	16
44.30.	Interpretation and non-binding decisions	16
44.31.	Communications	16
44.32.	Definitions	17
44.33.	Grandparenting	17

# Regulation 44: Training in rural generalist anaesthesia leading to a qualification in RGA

## Preamble

With reference to article 7.3 of ANZCA constitution:

7.3.1: The council shall have power from time to time to make, amend, and repeal all such regulations as it deems necessary or desirable for the proper conduct and management of the college, the regulation of its affairs and the furtherance of its objectives.

7.3.2: Without in any way limiting the power of the council under clause 7.3.1, the council may make, amend and repeal regulations in relation to:

- f) The conduct of courses of training, study and/or examinations for admission to membership or for other diplomas or certificates of the college or otherwise, including prescribing fees pertaining to such courses of study and/or examinations.

Noting that:

7.3.3: No regulation shall be inconsistent with, nor shall it affect the repeal or modification of, anything contained in the constitution.

The Australian and New Zealand College of Anaesthetists (ANZCA), the Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM) are the professional organisations in Australia that, together, are responsible for the education, training, and assessment of rural general practitioners and rural generalists providing anaesthesia services in rural locations.

The Rural Generalist Anaesthesia training program is governed by the Tripartite Committee of Rural Generalist Anaesthesia (“the tripartite committee”). ANZCA, RACGP and ACRRM are all members of the tripartite committee.

## Related documents:

The **Rural Generalist Anaesthesia Training Program Curriculum (“the RGA curriculum”)** defines the learning outcomes, associated requirements and assessments to achieve the qualification in rural generalist anaesthesia.

The **Rural Generalist Anaesthesia Handbook for Training (“the RGA training handbook”)** complements this regulation and sets out in detail the requirements of the training program leading to a qualification in rural general anaesthesia. It is intended that the [RGA training handbook](#) will be the usual source consulted by those seeking information about training. The RGA training handbook is on ANZCA website. Should there be conflict between this regulation and the RGA training handbook, this regulation takes precedence.

### 44.1. Commencement

- 44.1.1. This regulation is effective from the date of publication by ANZCA.

### 44.2. Purpose

- 44.2.1. This regulation details the requirements for the RGA training program. Trainees must comply with this regulation, the RGA training handbook and other relevant policies and requirements of ANZCA.

- 44.2.2. The training to the standard required for award of the qualification requires completion of a training program of at least 52 weeks full-time equivalent (FTE) and meeting all the requirements as set out in this regulation, the RGA training handbook and other relevant policies and requirements of ANZCA.
- 44.2.3. This regulation does not describe:
  - 44.2.3.1. Specialist or vocational registration by regulatory authorities.
  - 44.2.3.2. ACRRM and RACGP training pathways.

### **44.3. Registration**

- 44.3.1. Medical practitioners who are current trainees of RACGP or ACRRM, wishing to undertake the rural generalist anaesthesia (RGA) training program must:
  - 44.3.1.1. have obtained a position at a site accredited for 52 weeks of RGA training through their primary college. The primary college will then notify ANZCA of these individuals; and
  - 44.3.1.2. hold a current Advanced Life Support 2 (ALS2) certification prior to commencing RGA training; and
  - 44.3.1.3. have completed a minimum of 52 weeks FTE of their primary fellowship training.
- 44.3.2. Medical practitioners who are not trainees of RACGP and/or ACRRM must register directly with ANZCA for RGA training.
  - 44.3.2.1. To register for training, applicants must:
    - 44.3.2.1.1. have completed their fellowship with RACGP and/or ACRRM; and
    - 44.3.2.1.2. have obtained a suitable position approved for RGA training; and
    - 44.3.2.1.3. hold a current accredited ALS2 certification prior to commencing RGA training.
  - 44.3.2.2. A complete registration form, supporting documents and the registration fee must be submitted. Required documentation is listed on the registration form.
  - 44.3.2.3. A non-refundable registration fee must be paid.
  - 44.3.2.4. Registration applications can only be accepted if the applicant completes and satisfactorily addresses all requirements specified as part of the registration process.
  - 44.3.2.5. Trainees must register within two calendar weeks of commencing RGA training. Failure to register within this timeframe may lead to time not being recognised towards RGA training.
- 44.3.3. Any individual who has been removed from ANZCA training program due to reaching maximum number of unsuccessful exam attempts, exceeding training limits or as a result of a trainee performance review cannot register for RGA training.
- 44.3.4. Any individual removed from the specialist international medical graduate assessment pathway due to having reached the maximum number of unsuccessful exam attempts cannot apply for RGA training.

#### **44.4. Trainee selection**

ANZCA does not appoint trainees to accredited rural generalist anaesthesia units.  
Appointment is undertaken by the employer.

#### **44.5. Recording training**

- 44.5.1. Trainees are required to maintain accurate and up to date information within the training ePortfolio.
- 44.5.2. Trainees are responsible for the timely submission of all required training data. All training experiences should be recorded within four calendar weeks of the experience. Any weeks of time not recorded may be marked as leave or interrupted training.
- 44.5.3. Once an entrustable professional activity (EPA) has been successfully completed, no training event recorded in that EPA can be altered.

#### **44.6. Recognition of prior learning and experience**

- 44.6.1. Recognition of prior learning and experience (RPLE) allows for credit to be applied towards completion of the RGA training program.
- 44.6.2. RPLE applications will only be considered from fellows or trainees of RACGP and/or ACRRM who have registered as RGA trainees.
- 44.6.3. Earlier preliminary assessment is also available for those not yet registered as RGA trainees but are applying or considering applying for RGA training.
- 44.6.4. Training submitted for RPLE consideration must meet the following prerequisites:
  - 44.6.4.1. Completed in an anaesthesia training department and part of an anaesthesia training program acceptable to ANZCA. Other non-anaesthesia critical care specialty training, such as intensive care medicine, emergency medicine and retrieval medicine, will not be considered for RPLE.
  - 44.6.4.2. Performed at the equivalent of an anaesthesia registrar/principal house officer or above level. Resident terms, within Australia or New Zealand, will not be considered.
  - 44.6.4.3. Comparable with RGA training and the competency outcomes. ACRRM core training anaesthetics requirements will not be considered.
- 44.6.5. A non-refundable preliminary assessment fee will apply. Upon subsequent registration as an RGA trainee, the preliminary RPLE is formalised, and the remainder of the recognition of prior learning fee will be charged.
- 44.6.6. If the training was completed more than 3 years ago, applicants must provide evidence that knowledge and skills acquired during the training has been maintained.
- 44.6.7. Possible credits include:
  - 44.6.7.1. Time credits: a maximum of 26 weeks FTE credit is applied.
  - 44.6.7.2. Credits for entrustable professional activities (EPAs): credit for all EPAs is possible when appropriate evidence is provided.

- 44.6.7.3. Credit for multisource feedback (MsF): evidence of an MsF in anaesthesia must be provided.
- 44.6.7.4. Examination credit: credit for the Multiple-Choice Question examination will be considered with evidence of completion of an appropriate anaesthesia examination. Credit for the Rural Generalist Anaesthesia Standardised Scenario-based Structure Assessment will not be considered.

#### **44.7. Clinical experience**

- 44.7.1. RGA trainees must complete a minimum of 52 weeks FTE training time in ANZCA accredited or approved units in clinical anaesthesia, which may include up to 8 weeks FTE leave. Time spent outside of clinical anaesthesia will not count towards the minimum duration.
- 44.7.2. All reference to duration is FTE which is 38 hours per calendar week. The maximum number of hours that can be counted per week is 38 hours. Any period of training and / or employment undertaken part-time will be considered pro-rata. RGA trainees are not able to claim more than 1.0 FTE equivalent for any training time completed.
- 44.7.3. For training time to count, each attachment to an accredited unit must be for a minimum continuous period of at least 1 week FTE. This can be across a combination of accredited or approved training sites. For example, if training at 0.5 FTE, for time to be counted there must be a minimum of at least two consecutive calendar weeks and the progress review.
- 44.7.4. Clinical anaesthesia time may include preadmission clinic, acute pain rounds, and perioperative medicine clinics or rounds.
- 44.7.5. Satellite hospitals and additional campuses must be accredited or approved by the RGA Accreditation Sub-Committee.
  - 44.7.5.1. RGA trainees can spend a maximum of 26 weeks FTE clinical anaesthesia time at an accredited satellite hospital per 52 weeks of training.
  - 44.7.5.2. RGA trainees can spend a maximum of 4 weeks FTE clinical anaesthesia time at an approved additional campus per 52 weeks of training.
  - 44.7.5.3. Training time at sites which have not been accredited as a satellite site or additional campus for training requires prospective approval from the Director of Professional Affairs (DPA) Assessor.
- 44.7.6. All training must be completed in Australia, with the exception of training approved through the recognition of prior learning and experience pathway.

#### **44.8. Leave**

- 44.8.1. Leave consists of all time not spent in anaesthesia training. Examples of leave include annual leave, bereavement leave, sick leave, parental leave, study leave, examination leave, personal leave, industrial action and any non-anaesthesia time (including intensive care medicine).

#### **44.9. Progression**

- 44.9.1. Progression through the RGA training program depends on satisfactory clinical performance.
- 44.9.2. An initial training plan must be completed within the first two weeks of starting the RGA training program.
- 44.9.3. Progress Review and Plan Meetings must be completed approximately every 13 calendar weeks. Trainees who do not complete these within 4 calendar weeks of the end date of the period will be deemed to be in interrupted training.
- 44.9.4. At the 26-week review meeting, trainees must have:
  - 44.9.4.1. met the requirements of entrustable professional activities 1-3; and
  - 44.9.4.2. completed the multisource feedback; and
  - 44.9.4.3. completed the multiple-choice question examination.Trainees who have not met these requirements will be placed in a trainee support process.
- 44.9.5. The final progress review is an assessment which occurs at the end of training.

#### **44.10. Time limit on training completion**

- 44.10.1. All training requirements must be completed within 104 weeks FTE of the date of commencement of training. Any time spent in interrupted training will not count towards the 104 weeks FTE to complete.
- 44.10.2. The RGA qualification will not be awarded until the primary fellowship has been awarded. If the primary fellowship is not awarded within two years of the date of completion of all RGA training requirements, the trainee will be deemed withdrawn from the program. Additional time may be granted in exceptional circumstances.

#### **44.11. Entrustable Professional Activities (EPAs)**

- 44.11.1. Trainees must complete all requirements for each of the 7 EPAs.
- 44.11.2. EPAs will be considered complete:
  - 44.11.2.1. once all the requirements have been met; and
  - 44.11.2.2. they have been signed off by two supervisors of training.

#### **44.12. Workplace-based assessments (WBAs)**

- 44.12.1. To complete entrustable professional activities trainees must demonstrate competence by completing the minimum WBA requirements as outlined in the training ePortfolio.
- 44.12.2. WBAs must be completed to the required level of competence.
- 44.12.3. At least one multisource feedback must be completed during the first 6 months FTE of the training program.
  - 44.12.3.1. A minimum of seven feedback forms are required for a reliable assessment.



#### **44.13. RGA examinations**

- 44.13.1. Trainees are required to successfully complete the multiple-choice question (MCQ) examination and the rural generalist anaesthesia standardised structured scenario-based assessment (RGA-SSSA).

##### **44.13.2. Multiple-choice question (MCQ) examination**

- 44.13.2.1. Trainees seeking to present for the MCQ examination are required to submit an application form.
- 44.13.2.2. Trainees must be in an approved RGA training position at the time of the MCQ examination.
- 44.13.2.3. Trainees are permitted three attempts at the MCQ examination.
- 44.13.2.4. The supervisor of training will be notified of trainees who fail the MCQ examination on their first attempt.
- 44.13.2.5. Trainees who fail the MCQ examination on their second attempt will enter the trainee support process (TSP).
- 44.13.2.6. Trainees who fail the MCQ examination on their third attempt will be removed from the training program.
- 44.13.2.7. Trainees who do not successfully complete the MCQ examination within the first 26 weeks FTE of the RGA training program will be removed from RGA training.

##### **44.13.2.8. MCQ examination candidates suffering illness, accident and disability, and withdrawal from an examination.**

- 44.13.2.8.1. If an examiner or invigilator becomes aware that a candidate is ill, the chair of the RGA examinations committee should be notified.
- 44.13.2.8.2. No special consideration will be given to a candidate who chooses to continue with an examination against the advice of the chair of the RGA examination committee.
- 44.13.2.8.3. The full examination fee may be refunded on medical or compassionate grounds.

##### **44.13.3. Rural generalist anaesthesia standardised structured scenario-based assessment (RGA-SSSA)**

- 44.13.3.1. Trainees seeking to present for the RGA-SSSA are required to submit an application form.
- 44.13.3.2. Applications will not be accepted after the closing date.
- 44.13.3.3. All outstanding training fees including the exam application fee must be paid by the closing date.
- 44.13.3.4. Trainees must be in approved RGA training position at the time of their first examination attempt.
- 44.13.3.5. Trainees are eligible to sit the RGA-SSSA once they have successfully completed:
  - 44.13.3.5.1. At least 26 weeks full-time equivalent of approved clinical anaesthesia time; and

- 44.13.3.5.2. Completed entrustable professional activities (EPA) 1-4 and commenced EPAs 5-7.
- 44.13.3.6. Trainees are permitted three attempts at the RGA-SSSA:
  - 44.13.3.6.1. Trainees who fail the RGA-SSSA on their first attempt will enter the TSP.
  - 44.13.3.6.2. Trainees who fail the RGA-SSSA on their third attempt will be removed from the training program.
- 44.13.3.7. Trainees who have had one unsuccessful attempt at the RGA-SSSA may apply for a second or third attempt if they will have completed all EPAs at the time of their second or third attempt.
- 44.13.3.8. Any trainee who does not present for the examination within the first 52 weeks FTE of the training program will trigger a trainee support process.
- 44.13.3.9. Examination candidates suffering illness, accident and disability, and withdrawal from an examination.**
  - 44.13.3.9.1. Any RGA-SSSA candidate may withdraw their application in writing, before the examination.
  - 44.13.3.9.2. Prospective RGA-SSSA candidates with a chronic illness or disability which may impact their performance will be considered for assistance appropriate to their disability, provided that this assistance does not compromise the fairness or reliability of the examination. The candidate must submit a fully documented application to the chair of the examination at least 4 weeks prior to the closing date.
  - 44.13.3.9.3. The RGA-SSSA examination fee will be refunded in full if written notice is received on or before the closing date for applications for the examination.
  - 44.13.3.9.4. Candidates who withdraw from an examination during the interval between the closing date for applications and up to 15 days before the date of the examination will incur an examination withdrawal fee and the balance of the examination fee may be refunded.
  - 44.13.3.9.5. Candidates who withdraw from an examination 14 or fewer days before the examination will not receive a refund of the examination fee, unless ANZCA determines otherwise.
  - 44.13.3.9.6. If on the day of the examination a candidate is unable to present on medical or compassionate grounds, they must submit evidence of cause within seven days after the examination.
  - 44.13.3.9.7. If an examiner or invigilator becomes aware that a candidate is ill, the chair of the RGA examinations committee should be notified.
  - 44.13.3.9.8. No special consideration will be given to a candidate who chooses to continue with an examination against the advice of the chair of the RGA examination committee and/or ANZCA representatives.

44.13.3.9.9. The full examination fee may be refunded on medical or compassionate grounds.

#### **44.14. Courses**

- 44.14.1. All courses must be completed during training or as part of approved recognition of prior learning (see [regulation 44.6](#)).
- 44.14.2. Trainees must complete the Management of Can't Intubate, Can't Oxygenate (CICO) course as part of entrustable professional activity (EPA) 3.
- 44.14.3. Trainees must complete a Paediatric Life Support course as part of EPA 6.
  - 44.14.3.1. RGA trainees who hold a current paediatric life support course may be exempt from completing the same course during RGA training, if the certificate will remain valid at the time of RGA training completion.
- 44.14.4. Trainees must complete a Neonatal resuscitation course as part of EPA 7.
- 44.14.5. Trainees must complete ANZCA online Perioperative Anaphylaxis Response course as part of EPA 5.

#### **44.15. Part-time training**

- 44.15.1. Part-time training is permitted to a minimum of 50 per cent of the commitment of a full-time trainee (i.e. 0.5 FTE).
- 44.15.2. Part-time training must be applied for prospectively and, to count towards RGA training, must have been approved by ANZCA director of professional affairs (assessor).

#### **44.16. Interrupted training**

- 44.16.1. Where possible, all periods of interrupted training should be applied for prospectively and advice obtained from the supervisor of training. Trainees must inform their primary college of all periods of interrupted training.
- 44.16.2. Applications must be submitted to ANZCA director of professional affairs (DPA) assessor for consideration and advice on the implications for subsequent training.
- 44.16.3. Training may also be interrupted if the trainee fails to fulfil assessments or documentation requirements by the due date. These interrupted training occurrences are deemed to commence on the Monday of the week the problem is identified and conclude on the Sunday of the week when the problem is resolved.
- 44.16.4. Trainees in interrupted training cannot:
  - 44.16.4.1. Accrue training time.
  - 44.16.4.2. Accrue experience towards volume of practice requirements.
  - 44.16.4.3. Complete workplace-based assessments.
  - 44.16.4.4. Complete clinical placement reviews.
  - 44.16.4.5. Complete Entrustable Professional Activities.
  - 44.16.4.6. Complete the MCQ examination or their first attempt at the RGA-SSSA.

- 44.16.5. Trainees may complete their second or third attempt at the RGA-SSSA and complete mandatory courses during interrupted training.
- 44.16.6. A period of interruption greater than 13 weeks will require a re-entry to training process as per [regulation 44.17](#).
- 44.16.7. If training is interrupted for a continuous period of leave and/or interrupted training of more than 13 calendar weeks, subsequent training must include at least 13 weeks full-time equivalents (FTE) continuous training time, which may include a maximum of two weeks of leave.
  - 44.16.7.1. Additional training time is not required if all training requirements have been completed apart from the successful completion of the RGA-SSSA.
- 44.16.8. Interrupted training is deemed to have concluded when the trainee re-enters training.
- 44.16.9. If a trainee has an absence from training of more than 52 continuous weeks (including a maximum of 8 weeks leave or up to 52 weeks interrupted training) they will be removed from training.

#### **44.17. Re-entry to training process**

- 44.17.1. A re-entry to training process must be completed by trainees if they are absent from clinical anaesthesia for greater than 13 calendar weeks or longer.
  - 44.17.1.1. A re-entry to training process is not required when all training requirements have been met with the exception of the successful completion of the RGA-SSSA.
- 44.17.2. The re-entry to training will count as training time.

#### **44.18. Fees**

- 44.18.1. For active trainees of RACGP or ACRRM, all training fees for the first 52 weeks FTE will be paid by the primary college, unless otherwise specified below.
- 44.18.2. Medical practitioners who are not active trainees of RACGP or ACRRM should refer to ANZCA website for relevant fees.
- 44.18.3. The examination fees must be paid by the trainee at the time of application to sit the multiple-choice question examination and/or rural generalist anaesthesia standardised structured scenario-based assessment.
- 44.18.4. Rural generalist anaesthetists applying for assessment for potential grandparenting must pay the non-refundable grandparenting fee.

#### **44.19. Clinical supervision in the workplace**

- 44.19.1. Clinical care provided by trainees must be supervised at all times.
- 44.19.2. Clinical supervisors must be credentialed to practice anaesthesia in that environment.

#### **44.20. Supervisors of training**

- 44.20.1. Accredited departments must nominate one or more supervisors of training (SOTs).
- 44.20.2. SOT appointments will be:
  - 44.20.2.1. Approved by each department's clinical head.
  - 44.20.2.2. Notified to ANZCA.

- 44.20.3. SOTs must be an ANZCA fellow or hold the RGA. SOTs must have skills and experience appropriate to the appointment.
- 44.20.4. SOT appointments will normally be for three years in the first instance, with the possibility of renewal for up to three further three-year terms.
- 44.20.5. SOTs are required to sign an ANZCA agreement as a condition of appointment and reappointment.

#### **44.21. State Support Officers**

- 44.21.1. The tripartite committee will appoint state support officers (SSOs) and Deputy SSOs as required in each state.
- 44.21.2. At least one SSO will be appointed to each state or territory in Australia, where there are active trainees.
- 44.21.3. SSO and Deputy SSO appointees must be RGA holders or FANZCA. They must have skills and experience appropriate to the appointment.
- 44.21.4. SSO and Deputy SSO appointments will normally be for three years in the first instance, with the possibility of renewal for up to three further three-year terms.
- 44.21.5. SSOs and Deputy SSOs are required to sign an ANZCA agreement as a condition of appointment and reappointment.

#### **44.22. Accreditation of training sites**

- 44.22.1. During the 2023 and 2024 training years, accreditation will be automatic for sites accredited by the Joint Consultative Committee on Anaesthesia.

#### **44.23. Trainees with illness or disability**

- 44.23.1. Trainees have a responsibility to ensure that they are fit to practise, and they must seek medical advice if they are uncertain about such fitness.
- 44.23.2. At the start of each calendar year and as part of the application to present for an examination, trainees must sign a declaration of their fitness to practise.
- 44.23.3. ANZCA does not determine fitness to practise. This is a matter for the trainee's treating medical practitioner, their employer, and the relevant regulatory authority granting registration to practise.
- 44.23.4. Those dealing with trainees who are ill or have a disability must ensure that patients are not put at risk nor trainees disadvantaged.
- 44.23.5. Concerns about trainee illness or disability that would affect safe practice during RGA training and future anaesthesia practice must be notified to ANZCA and their primary college. ANZCA will review each notification, taking into account all relevant circumstances and the principles set out in this regulation.
- 44.23.6. Maintenance of confidentiality and protection of privacy are paramount obligations to trainees with illness or disability. These obligations must not be breached except in the case of mandatory reporting requirements to external regulatory authorities, and/or where immediate patient safety is at risk.
- 44.23.7. In cases where patient safety may be affected, ANZCA reserves the right to notify medical regulatory bodies, their primary college or other appropriate authorities.
- 44.23.8. The reporting requirements of the jurisdiction within which the trainee is working with regard to illness and/or disability must be met.

- 44.23.9. ANZCA may issue more detailed policies and requirements dealing with these issues.

#### **44.24. Trainee support process**

- 44.24.1. The trainee support process (TSP) is designed to identify at an early stage a trainee who for whatever reason is not progressing as expected through the RGA training program, so that supportive interventions can be put in place.
- 44.24.2. Mandatory triggers for starting a TSP are:
- 44.24.2.1. The progress review and plan outcome that indicates that the trainee would benefit from engagement in a TSP.
  - 44.24.2.2. An interim progress review outcome that indicates that the trainee would benefit from engagement in a TSP.
  - 44.24.2.3. A second unsuccessful attempt at the multiple-choice question examination.
  - 44.24.2.4. An unsuccessful attempt at the rural generalist anaesthesia standardised structured scenario-based assessment.
  - 44.24.2.5. Unsatisfactory multisource feedback.
- 44.24.3. If patient safety is thought to be at risk, or actions have been taken that may represent professional misconduct, a TSP is inappropriate, and the matter should instead be referred to the appropriate authority.
- 44.24.4. When a TSP has been initiated, the supervisor of training (SOT) must advise the state support officer (SSO), ANZCA and the primary college as soon as practicable.
- 44.24.5. The SOT must report regularly to the SSO and ANZCA on the trainee's progress. If within 4 weeks there has not been satisfactory progress, the SOT must decide whether extending the TSP might assist the trainee to meet the required standard. In this situation:
- 44.24.5.1. The SOT must advise the SSO and ANZCA, providing full background information together with supporting documentation of the processes followed up to that point, including all communications with the trainee.
  - 44.24.5.2. ANZCA will advise the primary college and the DPA assessor and seek their advice.
  - 44.24.5.3. The SSO, in consultation with the SOT, must decide whether additional training time or assessments are required and inform the trainee and ANZCA.
  - 44.24.5.4. Failure by the trainee to accept and engage constructively with the additional requirements imposed by ANZCA (including assessments) will constitute a serious breach of the training agreement and may result in escalation to the primary college.
- 44.24.6. The SOT should notify ANZCA and the SSO of the outcome of the TSP.
- 44.24.7. If the trainee is not meeting reasonable expectations at the end of the TSP period, they will be placed in interrupted training and referred to their primary college for remediation.

#### **44.25. Trainees under conditions, suspended or removed from the register by a registration authority, or under other limitations (voluntary or imposed) which affect the trainee's practice**

- 44.25.1. Applications for RGA training will not be accepted by medical practitioners who are under conditions, suspended or removed from the register by a registration authority.
- 44.25.2. Trainees must inform ANZCA if they are subject to:
  - 44.25.2.1. agreed undertakings to limit practice.
  - 44.25.2.2. imposition of conditions.
  - 44.25.2.3. suspension of registration.
  - 44.25.2.4. removal of registration.
- 44.25.3. When ANZCA becomes aware that:
  - 44.25.3.1. Conditions are placed on a trainee's practice or undertakings have been agreed to limit the trainee's practice:
    - 44.25.3.1.1. ANZCA will notify their primary college; and
    - 44.25.3.1.2. the trainee will be placed in interrupted training from the date the conditions are imposed.
  - 44.25.3.2. A trainee has been suspended from the medical register, ANZCA will notify their primary college, and the trainee will be placed in interrupted training from the date of the suspension, with the addition that they will not be entitled to:
    - 44.25.3.2.1. Complete any assessment with the RGA training program.
    - 44.25.3.2.2. Accrue or be credited with any training undertaken during the period of suspension from the RGA training program.

Should the trainee have the suspension lifted, their primary college must advise ANZCA of this in writing.
  - 44.25.3.3. If the trainee has been removed from the medical register, they will be removed from the RGA training program.
- 44.25.4. If a trainee has completed all requirements of the RGA training program and is applying for award of the qualification at the time the registration authority's decision is imposed, the applicant will not be awarded the qualification until registration is reinstated.

#### **44.26. Completion of training**

- 44.26.1. Once the final progress review is satisfactorily completed, trainees may request the tripartite committee to issue a letter confirming completion of training.
  - 44.26.1.1. This letter is valid for two years from the completion of training date.
  - 44.26.1.2. Additional letters may be requested and will extend validity by one calendar year. Additional letters will require the support of the primary college and evidence of progress through the primary training program and participation in an appropriate CPD program.

44.26.1.3. A non-refundable fee may be paid upon request of the letter.

#### **44.27. Eligibility for award of the qualification**

- 44.27.1. To be eligible for award of the qualification, RGA trainees must have satisfactorily completed the requirements of this regulation.
- 44.27.2. The requirements of the RGA training program are not considered to be complete until they have been reviewed, and are considered satisfactory, by ANZCA.
- 44.27.3. Application for award of the qualification should be sent to ANZCA DPA assessor and should include:
  - 44.27.3.1. Evidence of completion of a primary fellowship (if not already provided to the college)
  - 44.27.3.2. Any outstanding fees
  - 44.27.3.3. A declaration of fitness to practice
  - 44.27.3.4. Evidence of maintenance of anaesthesia competence (if required)

#### **44.28. Removal or withdrawal from training**

- 44.28.1. Trainees seeking to withdraw from the RGA training program must advise ANZCA and their primary college in writing.
- 44.28.2. A trainee who withdraws or is removed from the RGA training program may reapply as an RGA trainee. All re-registrations must be approved by the DPA assessor.
- 44.28.3. Any individual who has been removed from the RGA training program due to reaching the maximum number of unsuccessful exam attempts or exceeding time limits cannot reapply.

#### **44.29. Reconsideration, Review and appeal**

- 44.29.1. Any person who is dissatisfied with and adversely affected by a decision made under this regulation may apply to have the decision reconsidered. Subsequent applications may be made for review and then appeal. All such applications must be made under regulation 30 – Reconsideration, Review and Appeals Policy.

#### **44.30. Interpretation and non-binding decisions**

- 44.30.1. Any decision, approval, consent, or the exercise of any discretion, by ANZCA Council, the tripartite committee or other committee or authority under regulation 44 will be considered on a case-by-case basis, having regard to the particular circumstances of each case.
- 44.30.2. Notwithstanding regulation 44, ANZCA Council or the tripartite committee may exercise or dispense other decisions after consideration of relevant circumstances.
- 44.30.3. Any such decision, approval, consent or exercise of discretion will not be binding on any other or future decisions or set any precedent for other or future decisions regarding regulation 44.

#### **44.31. Communications**

- 44.31.1. All enquiries, applications and communications regarding regulation 44 must be made in writing and, unless otherwise specified in this regulation, addressed to the



chief executive officer, Australian and New Zealand College of Anaesthetists, 630 St Kilda Road, Melbourne, Victoria 3004, Australia.

#### 44.32. Definitions

- 44.32.1. **Trainee** refers to people undertaking training in the RGA training program. ACRRM uses the term registrar and RACGP uses the term doctors in training.
- 44.32.2. **Primary college** the college in which the trainee is undertaking their primary fellowship. This will be RACGP and/or ACRRM.
- 44.32.3. **Rural context** is defined as working in a location as defined by Modified Monash Model 3-7.
- 44.32.4. **The RGA training agreement** is a legally binding formal statement of the mutual obligations and expectations of ANZCA and the trainee. This document must be signed by the trainee in order to register with ANZCA and then annually acknowledged in order to maintain training registration.

#### 44.33. Grandparenting

- 44.33.1. Rural generalist anaesthetists may apply for consideration for grandparenting if they:
  - 44.33.1.1. Are Fellows of ACRRM or RACGP; and
  - 44.33.1.2. Hold the JCCA; and
  - 44.33.1.3. Are currently credentialed to practice anaesthesia in a rural location; and
  - 44.33.1.4. Demonstrated commitment to rural anaesthesia practice; and
  - 44.33.1.5. Have current relevant CPD.
- 44.33.2. A non-refundable grandparenting fee must accompany the application for grandparenting.
- 44.33.3. Applications for grandparenting will not be accepted after 31 December 2024. Applicants who completed JCCA training in 2021, 2022, or 2023 have until 31 Dec 2025 to apply for grandparenting.

## Change control register

Version	Author	Approved by	Approval date	Sections modified	Next review
1.0		Council	September 2022		2023
1.1	Education unit	Council	December 2023	The term 'diploma' removed throughout the document	2024
1.1	Education unit	EEMC	October 2024	Clause 44.14.3.1 – Included to reflect changes to the Paediatric Life Support Course requirements	2025
1.2	Education unit	EEMC	November 2025	<p>Clause 44.10 – 'two calendar years' updated to '104 weeks FTE'.</p> <p>Clause 44.13.3.9.2 – '13 weeks' updated to '4 weeks'.</p> <p>Clause 44.16.4 to 44.16.9 – updated to provide clarification on interrupted training.</p> <p>Clause 44.17 – updated to provide clarification on when a re-entry to training process is required.</p> <p>Clause 44.28 – clarification relating to fees.</p> <p>Clause 44.26 – updated to clarify letter validity dates, fees and administrative processes.</p>	2026