



ANZCA
FPM

ANZCA Handbook for Accreditation

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1. Introduction

Accreditation is the process by which a credible, external body objectively assesses the best practice principles of a training site to implement the ANZCA anaesthesia training program and provide assurance that it produces graduates that are competent to practise safely and effectively as specialist practitioners.

Using a five-yearly cycle, ANZCA accredits training settings throughout Australia, New Zealand and some regions in Asia to ensure minimum standards, while also promoting best practice, through information sharing and allowing sufficient flexibility in how standards are met to encourage innovation. Training settings are hospital anaesthesia departments (health service facilities within the same health centre organisation or complex), satellite hospitals or additional campuses that are recognised by the college for providing training experience. Approved vocational training (AVT) for fellowship of ANZCA (FANZCA) may be undertaken only in training settings that are accredited for training by ANZCA. Exceptions are training at non-accredited settings approved prospectively by the director of professional affairs (assessor, via assessor-requests@anzca.edu.au) under [regulation 37.27](#).

Accreditation is a critical aspect of ensuring that the ANZCA anaesthesia training program meets and exceeds the expectations set forth by our governing and regulatory bodies, health services and professionals, and the broader community. Before a training setting is accredited for AVT, it is inspected by the college to assess its ability to provide training and supervision to the required standard, and its degree of compliance with ANZCA professional documents and standards. ANZCA's Training Accreditation Committee (TAC) oversees the process and determines suitability for training, based on the inspectors' report. An ANZCA-accredited department must meet training requirements as specified in the [ANZCA handbook for training](#), [regulation 37](#), [college professional documents](#) and ANZCA policies.

ANZCA indirectly accredits intensive care units accredited by the College of Intensive Care Medicine (CICM) in intensive care medicine (see [CICM website](#)).

ANZCA does not directly accredit retrieval services. The Australasian College for Emergency Medicine (ACEM) and College of Intensive Care Medicine (CICM) of Australia and New Zealand are responsible for accreditation of retrieval services. ANZCA's Director of Professional Affairs Assessor must be contacted should trainees wish to undertake vocational training in anaesthesia in retrieval services.

ANZCA supports the educational principle of exposing trainees to a range of training environments to ensure they can function in the broad range of settings in which specialist anaesthetists work.

All accredited training settings are listed on the [ANZCA website](#).

Enquiries about accreditation should be directed to the ANZCA training accreditation unit via [email](#).

2. Roles and responsibilities

2.1. Accreditation team

The accreditation team will conduct a site visit of a training setting for ANZCA accreditation as outlined below. The accreditation team is made up of two to four suitably trained ANZCA fellows and/or trainees.

When selecting the accreditation team, conflict of interest will be taken into account (perceived or true). The training setting will have the opportunity to identify any conflicts with the proposed team. The TAC chair will consider this feedback when deciding which visitors to appoint.

2.2 Training Accreditation Committee (TAC)

TAC implements ANZCA Council policy in relation to the accreditation of approved training settings and rotational training programs in anaesthesia, noting that rotations are approved by the New Zealand National Committee and the Australian regional committees.

2.3 ANZCA Council

ANZCA Council holds the ultimate authority to revoke accreditation from a training setting, based on the advice of TAC.

3. Accreditation standards

Training settings are accredited using the ANZCA accreditation standards, which are:

3.1. Quality patient care

The training setting must demonstrate that they deliver safe and high-quality patient care.

3.2. Clinical experience

The training setting must provide trainees with access to a range and volume of clinical practice that enables them to complete the requirements of the training program. Each department must belong to at least one [accredited rotation](#).

3.3. Supervision

The training setting must provide trainees with adequate and appropriate supervision (as described in the [ANZCA handbook for training](#)) for their level of training at all times.

3.4. Supervisory roles and assessment

The training setting must support trainees by providing access to qualified supervisors and assessors with sufficient resources including clinical support time to undertake their roles. Assessment of trainees must be undertaken in accordance with ANZCA policies.

3.5. Education and teaching

The training setting must ensure that trainees have access to formal and informal educational programs that meet their training needs.

3.6. Facilities

The training setting must ensure that trainees have access to appropriate educational facilities and systems required for training.

3.7. Clinical governance

The facilities must be fully accredited by the Australian Council on Healthcare Standards or the HealthCERT (NZ) or equivalent and have the governance structures to deliver and monitor safe patient care in a safe workplace.

Further detail on the accreditation standards can be found in [appendix 1](#).

4. Accreditation site visits

An accreditation site visit may be conducted under the following circumstances, and the results of the visit will determine the accreditation status.

- 4.1. A site visit of new training settings.
- 4.2. Routine site visit which normally occur as part of a five-yearly cycle.
- 4.3. Out-of-sequence on-site visit which are requested by a training setting, hospital or any committee of ANZCA, or in response to a concern received about a training setting. This type of site visit may be considered after review by the chair or deputy chair of the TAC which may lead to an urgent site visit.
- 4.4. A scheduled re-visit arising out of concerns raised at a previous site visit or as part of the monitoring process.
- 4.5. Change in accreditation status site visit may be undertaken if a training setting requests a change in accreditation (for example, increase in duration of accreditation).

5. Arranging an accreditation site visit of a new training setting

Training settings not currently accredited by ANZCA must submit an application for accreditation, following the steps below:

- 5.1. The training setting must obtain approval from the relevant regional/national committee of ANZCA for an additional hospital to be added to one or more identified rotations. Should this request be denied, the accreditation process will not progress any further.
- 5.2. The training setting submits the application form and associated documentation to TAC.
- 5.3. The chair or deputy chair of TAC will review the application and may seek further clarification from the head of department, the relevant education officer or the regional or national committee.
- 5.4. Additional documentation to support the application may be requested and must be submitted. The site visit cannot proceed until all required documentation is received.
- 5.5. A mutually convenient site visit date is determined. The head of department and supervisor(s) of training must arrange to be available on the day of the visit.
- 5.6. An on-site visit occurs, with the accreditation team assessing the training setting against the accreditation standards. This assessment occurs in the form of documents review, interviews with senior staff, trainees, departmental leadership (head of department and supervisor of training) and senior hospital management and a facilities inspection.

6. Arranging an accreditation site visit of accredited training settings

Training settings currently accredited by ANZCA who require a site visit as outlined in items [4.2](#), [4.3](#), [4.4](#) and [4.5](#) above, will need to follow the steps below:

- 6.1. ANZCA will write to your training setting to initiate the required site visit and will request completion of the required documentation.
- 6.2. The training setting submits the required documentation to TAC.
- 6.3. The chair or deputy chair of TAC assesses the documentation. Further clarification may be sought from the head of department, the relevant education officer or the regional or national committee.
- 6.4. Additional documentation to support the application may be requested and must be submitted. The site visit cannot proceed until all required documentation is received.
- 6.5. A mutually convenient site visit date is determined. The head of department and supervisor(s) of training must arrange to be available on the day of the inspection.
- 6.6. A trainee experience survey will be sent to all registered trainees at the training setting prior to the site visit. Trainees should be encouraged to complete this survey as soon as possible. In the case of a site visit for new training settings, a trainee experience survey will not be required.
- 6.7. An on-site visit occurs, and the accreditation team assesses the training setting against the [accreditation standards](#).

7. Requesting a change to existing accreditation

If a training setting wishes to request a change in their existing accreditation, they must submit an application in writing to the chair of TAC setting out the reasons for the change. Additional information and a revisit may be required.

8. Preparing for the site visit

8.1. Completion of the online hospital accreditation record

The training setting will be granted access to the ANZCA training site accreditation (TSA) system and will undertake a detailed online self-assessment of its performance against the accreditation

standards and associated criteria. This assists the training setting in understanding its performance and flags areas for further review by the accreditation team during the on-site visit.

Copies of the following documents should be uploaded to your hospital record in the TSA system:

- Formal teaching and tutorial programs.
- Departmental continuing medical education programs.
- Departmental quality assurance and improvement programs and research activities.
- Any other programs that demonstrate compliance with the ANZCA [accreditation standards](#).

8.2. Trainee opinion survey

The trainee opinion survey assists the visitors to assess how the training setting is meeting relevant ANZCA accreditation standards.

The survey also seeks trainees' views of the training experience provided by the training setting, as required by the [accreditation standards](#). These are confidential to the visitors and TAC, and are not shared with the head of department, the supervisor of training and other senior staff at the training setting. Themes from the interviews will be communicated to the head of department and supervisor of training.

At the discretion of the visitors and using the same accreditation standards, the visitors may also seek trainee input from the relevant regional or national trainee committee.

A trainee opinion survey may also be requested in other circumstances, for example if concerns have been raised about the training experience in a training setting as part of regular monitoring processes.

8.3. The site visit program

The hospital is required to draft a program for the site visit and upload it to the TSA system; a template for this will be made available to the training setting in due course. The program will be finalised by the lead visitor and forwarded to the training setting prior to the site visit.

9. The site visit

On the day of the visit the team will arrive at the agreed time and will confirm that they have all required information to proceed with the visit. The accreditation team will then conduct the visit as per the agreed timetable.

10. Outcome of the site visit

At the conclusion of the site visit, the accreditation team meets with the director/head of department and supervisor(s) of training, and then with senior hospital management, to outline their assessment and discuss the likely recommendations that the team will make to the TAC, along with the next steps and timeline. This information should be used as a guide only by the training setting.

The accreditation team will prepare a draft accreditation outcome report and include recommendations that relate to published [accreditation standards](#) and [ANZCA professional documents](#). Each criterion will be assessed and given one of the following findings:

Finding against criterion	Definition
Met	There is evidence that the criterion has been fully met.
Substantially met	Some but not all aspects of the criterion have been met. For example, there is alignment of policy/intent but evidence of delivery is not yet available, or there is some misalignment of policy/intent that needs to be addressed.

Not met	The criterion has not been met i.e. there is a gap or significant misalignment of outcome or policy with the criterion.
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The accreditation teams' report will be considered at the next meeting of TAC, unless an issue is identified that requires more urgent consideration for which an earlier meeting will be arranged. TAC may make further amendments to the recommendations, following additional consultation with the accreditation team and the training setting, as necessary.

If a training setting receives a rating of 'substantially met' or 'not met' for any accreditation criteria, a risk assessment will be undertaken using the AMC Accreditation Risk Matrix. This assessment will inform TAC's response and the final accreditation outcome.

Following the TAC meeting, the report and recommendation will be sent to the director/head of department. The training setting/head of department will have up to 10 business days to review the draft report and to provide a response. This can include highlighting any factual inaccuracies that require fixing for the final report. TAC may set a shorter timeframe based on the severity of risk identified under the AMC risk framework or in circumstances where there is immediate risk to patient or trainee safety.

A letter incorporating the final recommendations will then be sent to the Director of Medical Services/Chief Medical Officer and senior hospital management and copied to the director/head of department and the supervisor(s) of training with the outcome, which may be one of the following:

Decision	Alignment to risk framework	Duration of accreditation awarded and any other impacts
Existing training sites/settings		
Accredited	An existing training setting that: <ul style="list-style-type: none"> • meets all of the accreditation criteria OR <ul style="list-style-type: none"> • does not meet all of the accreditation criteria but the overall risk assessment is rated as low and it has been determined conditions are not required. 	Accredited for 5 years, subject to satisfactory routine monitoring submissions.
Conditionally accredited	An existing training setting that: <ul style="list-style-type: none"> • does not meet all of the accreditation criteria and the overall risk assessment is rated as low, medium or high with conditions required. 	Accredited for 12 months (one Hospital Employment Year only) depending on the severity of the risk and: <ul style="list-style-type: none"> • conditions being addressed within the defined timeframe • satisfactory routine monitoring submissions • meeting any other specific monitoring requirements.

<p>Not accredited (revoked)</p>	<p>An existing training setting that:</p> <ul style="list-style-type: none"> • does not meet all of the accreditation criteria and the overall risk assessment is rated as extreme with conditions required. <p><i>Note: this accreditation outcome should only be applied in the final accreditation report if, since the initial accreditation assessment was undertaken, steps to actively manage the training setting to a conditionally accredited pathway have been unsuccessful.</i></p>	<p>Accreditation not granted.</p> <p>Feedback and timeframes for reconsidering reaccreditation will be provided, including what criteria the training setting needs to address.</p> <p>The date the accreditation will be revoked will be set. Prior to this, trainees may continue to complete their training term at the setting unless their safety is at immediate risk. From the revocation date:</p> <ul style="list-style-type: none"> • trainees at the setting will not be able to count training towards their training program unless specific arrangements are made • no new trainees can be appointed. <p>A new application for accreditation must be submitted once requirements have been met (the setting must also be continuing to meet all other accreditation criteria at the time of submitting the application).</p>
<p>New training sites/settings</p>		
<p>Provisionally accredited</p>	<p>A new training setting that:</p> <ul style="list-style-type: none"> • meets all of the accreditation criteria <p>OR</p> <ul style="list-style-type: none"> • does not meet all of the accreditation criteria but has the potential to meet them once trainees are in place. The overall risk assessment is rated as low or medium with conditions required. 	<p>Provisionally accredited for one hospital employment year only, subject to satisfactory routine monitoring submissions.</p> <p>The setting can appoint trainees but will be subject to an assessment within 12 months that will include confirming if any conditions have been met. At this point, training settings will be considered an 'existing training setting' for accreditation purposes.</p> <p>If no trainees are appointed within 12 months, the college will decide if</p>

		provisional accreditation status should lapse or remain in place for a further period of time. If lapsed, the college will determine if the setting is required to submit a new accreditation application before trainees can be appointed.
Not accredited (refused)	A new training setting that does not meet all of the accreditation criteria. The overall risk assessment is rated as high or extreme.	Accreditation not granted. Any requirements that must be met in the future will be outlined. Once requirements have been met, the setting may be required to submit a new accreditation application providing assurance that it continues to meet all other accreditation criteria at the time of reapplication.

10.1 Revoking Accreditation

Accreditation may be revoked if a training setting is unable to comply with ANZCA accreditation standards and criteria, and where this has a significant impact on the quality of training or professional standards, ANZCA may revoke accreditation from that training setting.

Accreditation may also be revoked from a satellite site if no ANZCA trainees have been placed there for a continuous period of two years.

10.1.1 Authority to revoke accreditation:

Accreditation may only be revoked by ANZCA Council, based on the advice and recommendation of the Training Accreditation Committee (TAC). TACs recommendation will be tabled at the next scheduled ANZCA Council meeting.

10.1.2 Notification to jurisdictional Department of Health:

ANZCA will provide reasonable notice to the relevant jurisdictional Department of Health of any intention to limit or revoke accreditation from a training setting. This notice will typically coincide with the referral of the TAC's recommendation to ANZCA Council.

10.1.3 Impact on trainees:

ANZCA will make every effort to ensure that decisions to revoke accreditation do not adversely affect the training progression of current ANZCA trainees.

10.1.4 Training setting obligations:

ANZCA is committed to working closely with training settings to support compliance with accreditation standards. Directors, heads of departments, and relevant staff are encouraged to contact ANZCA to discuss concerns and seek guidance on maintaining accreditation. Once accreditation has been reinstated, the director/head of department must agree to the following:

- To notify ANZCA of any changes to workload or case mix, introduction of new facilities, increases or decrease in number of senior staff and trainees
- Re-visit by representatives when requested by TAC or the ANZCA Council.

10.1.5 Duration of accreditation

Training settings are accredited for a specific number of weeks of training, across introductory, basic and advanced training. It should be noted that satellite accreditation is a specific exception, and that

time spent at a satellite is included in the maximum time allowable at the parent hospital. The duration of accreditation is based on the training opportunities available to trainees at the training site; that is, how much of the training program can be completed in the training setting. A further consideration is the capacity of the department to provide approved training for specialised study units, volumes of practice, the ANZCA roles in practice and ANZCA clinical fundamentals (see the [ANZCA handbook for training](#))

An ANZCA-accredited training setting will be accredited for:

Specified durations of training within the accredited training setting, typically 26 weeks, 52 weeks, 104 weeks or 156 weeks; or

- Extended training with a duration that mirrors the duration of accredited anaesthesia training, up to a maximum of 104 weeks.
- Training setting accredited for 26 weeks will also be accredited for 26 weeks extended training time.
- Training setting accredited for 52 weeks will also be accredited for 52 weeks extended training time
- Training setting accredited for 104 weeks will also be accredited for 104 weeks extended training time.
- Training setting accredited for 156 weeks will also be accredited for 104 weeks extended training time.

Below is a guide to the duration of accreditation that may normally be applicable:

- A training setting which can meet the training requirements of one complete specialised study unit, or a greater number of partial specialised study units (with fractions adding up to at least one in total), that each trainee in the training setting can achieve, may be eligible for up to 26 weeks accreditation.
- A training setting which can meet the training requirements of three complete specialised study units, or a greater number of partial specialised study units (with fractions adding up to at least three in total), that each trainee in the training setting can achieve, may be eligible for up to 52 weeks accreditation.
- A training setting which can meet the training requirements of more than five complete specialised study units, or a greater number of partial specialised study units (with fractions adding up to more than three in total), that each trainee in the training setting can achieve, may be eligible for up to 104 weeks accreditation.
- A training setting which can meet the training requirements of 10 complete specialised study units, or a greater number of partial specialised study units (with fractions adding up to at least 10 in total), that each trainee in the training setting can achieve, may be eligible for up to 156 weeks accreditation.

11. Provisional fellowship training and anaesthesia-related experience

Additional time can be spent at a hospital during provisional fellowship training or in attachments other than clinical anaesthesia, such as intensive care medicine, internal medicine, emergency medicine, pain medicine, other disciplines related to anaesthesia, or a formal research program, noting that some of these will require the prospective approval of the director of professional affairs (assessor), by [email](#). No trainee may complete more than 208 weeks FTE within the accredited site (as outlined in [regulation 37.27.6](#)). Further information on provisional fellowship training can be found on the [ANZCA website](#).

12. Satellite accreditation

Many training settings may choose to enter into partnership arrangements with larger accredited training settings (partner hospitals) to meet the [accreditation standards](#). Often this is in a situation where a hospital offers valuable opportunities that enhance ANZCA vocational training (for example, experience towards specialised study units, exposure of trainees to private hospital settings, experience in regional anaesthesia etc), but would not meet all the requirements for a fully accredited training setting on its own.

Examples of satellite arrangements:

- Co-located private and public hospitals – trainees rotate to the private hospital on a list-by-list basis for subspecialty experience. The supervisor of training is located at the partner hospital.
- Public non-teaching hospital and major teaching hospital – trainees rotate to the satellite for three months in the first year of training to acquire basic skills in anaesthesia. A supervisor of training is located at the satellite as well as at the partner hospital.
- Public hospital and major teaching hospital in same metropolitan area – trainees rotate on a day-by-day basis for specific experience in a subspecialty area of practice. The supervisor of training is located at the partner and a specialised study unit supervisor is located at the satellite hospital.

There are many other acceptable arrangements. ANZCA encourages flexibility, provided all seven ANZCA accreditation standards are met.

13. Accreditation standards for satellites

The following table outlines the ANZCA accreditation standards for satellite facilities. For further information on the accreditation standards and criteria for duration of accreditation see [appendix 1](#).

Standard	Provided by the satellite	Notes
1. Quality patient care	Must meet this standard.	
2. Clinical experience	Must meet this standard through partner relationship.	Partner must belong to an accredited rotation. Trainees work at the satellite site only when supervised by a senior clinician on-site i.e. level four supervision is not permitted at the satellite site. Rotation to the satellite is usually for a short period only and time spent at the satellite is included in the maximum allowable accredited time that can be spent at the partner hospital.
3. Supervision	Must meet this standard for supervision of clinical work at all times, by a nominated supervisor.	
4. Supervisory roles and assessment	Minimum requirement is that the satellite must contribute towards workplace-based assessment.	Formal supervisory roles may be provided by the partner hospital.

5. Education and teaching	Satellite must meet the criteria for clinical teaching.	Formal teaching programs may be provided at the partner hospital.
6. Facilities	Must have a private study space and internet access for access to the training portfolio system.	Other facilities may be provided by the partner hospital.
7. Clinical governance	Must have Australian Council of Healthcare Standards/ HealthCERT (NZ) accreditation (or equivalent).	For private hospitals, issues of employment, patient consent and indemnity of trainees should be outlined in the accreditation application (see 38.2).

14. Additional campus

Some training settings will have an additional campus which is run from the base hospital by the same staff and under the same governance. For example, an ANZCA accredited training setting could hire a theatre which is located within a private hospital to undertake additional work. Having this additional campus accredited by ANZCA and having ANZCA trainees be able to continue training as normal under their site umbrella and gain specific further experience/exposure to a piece of equipment which is not available in the main base hospital is a great benefit to the trainee. The application for accreditation of an additional campus is usually a paper-based application and requires the additional campus to provide evidence of compliance with physical facility standards.

To be granted “additional campus accreditation”, the already ANZCA-accredited hospital must apply for the additional campus to be accredited, and the additional campus must provide evidence confirming:

- ACHS (Australia) or HealthCert (New Zealand) accreditation for the additional campus is provided.
- ANZCA trainees must spend 10 per cent or less of their time at the additional campus.
- That level 1 supervision is provided from a consultant who works at both the ANZCA accredited hospital site, as well as the additional campus site.
- That appropriate indemnity be provided to trainees if required.

15. Private hospitals

Private hospitals may seek accreditation for ANZCA training under independent or satellite arrangements. The same accreditation standards and criteria apply as they would to public hospitals. In addition, TAC will seek specific assurances on the following matters:

- Trainees should be salaried in a manner similar to the local prevailing state or national award.
- Any additional indemnification costs for trainees (additional indemnity beyond the standard membership of a medical defence organisation where indemnity is provided by the state or national government) is borne by the employer.
- Arrangements for patient consent are in place so that patients understand that they may be treated by trainees under supervision.
- Trainees must be “hands-on” practitioners, and not act simply as observers.

16. Rotations

A rotation is a group of ANZCA-accredited training settings that together are able to provide trainees with a comprehensive and integrated training experience covering all essential requirements of the training program ([regulation 37.28](#)). An ANZCA-accredited training setting must be part of one or more accredited rotations. Each rotation is overseen by a rotational supervisor who liaises with the supervisors of training within the rotation and the education officer for the region, monitoring the training delivered and the progress of all trainees within the training program and their access to all necessary training requirements. Each rotation must facilitate part-time training.

While employment relationships, including appointments, exist only between the employing authority and its trainees, it is a condition of ANZCA accreditation that each training setting must work cooperatively, via its supervisor of training, with the rotational supervisors to ensure the optimal allocation of training opportunities and resources to all trainees within the accredited rotation ([ANZCA handbook for training section 4.1](#)).

It is the responsibility of the regional committee/national committee to advise TAC (through the TAC officer), if a hospital wishes to apply for accreditation and the proposed rotation. Explicit support for application must be provided in writing. The regional committee/national committee is also required to notify TAC (through the education officer), of significant changes to hospitals within those rotations, for example supervisors of training concerns regarding poor performance or changes in case volumes/mix.

17. Reconsideration, review and appeal

All ANZCA decisions, including those made by TAC and ANZCA Council, are subject to [ANZCA Regulation 30: Reconsideration, Review and Appeal of Decisions Policy](#).

Appendix 1 – Summary of the criteria underpinning each ANZCA accreditation standard

Note: all ANZCA professional documents are publicly available via [ANZCA's website](#) and can be downloaded as one zip file for ease.

Accreditation criteria	Minimum requirements	How this is assessed
Standard 1 – Quality patient care		
<p>Pre-anaesthetic consultation and consent.</p> <p>It is important that trainees are included in specialist-led pre-anaesthetic assessment clinic sessions.</p>	<p>Compliance with PG07(A) Guideline on pre-anaesthesia consultation and patient preparation and PS26(A) Position statement on informed consent for anaesthesia or sedation</p> <p>There should be one specialist-led pre-anaesthetic assessment clinic (PAC) per week for every year of accredited normal time at the training setting (for example, for a training setting accredited for 104 weeks of normal training, there should be 104 specialist-led PAC sessions per annum).</p>	<p>Self-assessment.</p> <p>Audit data (preadmission rates, cancellation rates, etc).</p>
<p>Adequate facilities and systems for the administration of anaesthesia, major regional anaesthesia, sedation and monitored anaesthesia care, including the management of complications (including MH and anaphylaxis).</p>	<p>Compliance with</p> <p>PG03(A) Guideline for the management of major regional analgesia.</p> <p>PG18(A) Guideline on monitoring during anaesthesia.</p> <p>PS19(A) Position statement on monitored care by an anaesthetist.</p> <p>PG31(A) Guideline on checking anaesthesia delivery systems.</p> <p>PS54(A) Statement on the minimum safety requirements for anaesthetic machines and workstations for clinical practice</p> <p>PS55(A) Position statement on minimum facilities for safe administration of anaesthesia in operating suites and other anaesthetising locations.</p>	<p>Self-assessment.</p> <p>Facilities inspection.</p> <p>Interviews with head of department, senior staff, theatre manager.</p>
<p>Adequate equipment to manage the difficult airway.</p>	<p>Compliance with PG56(A) Guideline on equipment to manage difficult airways.</p>	<p>Self-assessment.</p> <p>Facilities inspection.</p>

Accreditation criteria	Minimum requirements	How this is assessed
Adequate assistance for the anaesthetist.	Substantial compliance with PS08(A) Position statement on the assistant for the anaesthetist .	Self-assessment. Facilities inspection. Interviews with head of department, senior staff, theatre manager.
Compliance with guidelines on sedation.	Compliance with PG09(A) Guideline on sedation and/or analgesia for diagnostic and interventional medical, dental or surgical procedures . In terms of accreditation, this is only assessed in terms of those sedation cases undertaken by the anaesthesia department, although ANZCA recognises that this is the recognised standard for safety in sedation (for example, by the Medical Board of Australia).	Self-assessment. Facilities inspection. Interviews with head of department, senior staff.
Systems in place to ensure the safe administration of injectable drugs.	Compliance with PG51(A) Guideline for the safe management and use of medications in anaesthesia .	Self-assessment. Facilities inspection.
Adequate infection control procedures.	Compliance with PG28(A) Guideline on infection control in anaesthesia .	Self-assessment.
Adequate recording of episodes of care.	Compliance with PG06(A) Guideline on the anaesthesia record .	Self-assessment. Facilities inspection.
Adequate facilities for recovery from anaesthesia.	Compliance with PS04(A) Position statement on the post-anaesthesia care unit .	Self-assessment. Facilities inspection. Interviews with head of department, theatre manager, post-anaesthesia care unit staff.
Adequate systems for handover of care.	Compliance with PS53(A) Position statement on the handover responsibilities of the anaesthetist .	Self-assessment.

Accreditation criteria	Minimum requirements	How this is assessed
Provision of adequate perioperative pain management.	<p>Compliance with PS41(G) Position statement on acute pain management, PS45(PM) Position statement on the patients' rights to pain management and associated responsibilities</p> <p>There should be one specialist-led acute pain service (APS) round per week for every year of accredited normal time at the training setting (for example, for a training setting accredited for 52 weeks of normal training, there should be 52 specialist-led APS sessions per annum).</p> <p>It is important that trainees are included in specialist-led acute pain service sessions.</p>	<p>Self-assessment.</p> <p>Facilities inspection.</p> <p>Interviews with head of department, senior staff, post-anaesthesia care unit staff, acute pain service nurse, trainees.</p> <p>Trainee feedback.</p>
Provision of adequate care in the transport of critically ill patients.	Compliance with PG52 Guideline for transport of critically ill patients .	<p>Self-assessment.</p> <p>Facilities inspection.</p>
Systems and facilities to deal with patients selected for day care surgery.	Compliance with PG15(POM) Guideline for the perioperative care of patients selected for day stay procedures .	<p>Self-assessment.</p> <p>Facilities inspection.</p>
Where relevant to the training site:		
In cases where the hospital does not have a dedicated paediatric facility, adequate systems and facilities to deal with paediatric patients.	Compliance, where relevant, with PG29(A) Guideline for the provision of anaesthesia care to children .	<p>Self-assessment.</p> <p>Facilities inspection.</p>
Where Fellows practice extracorporeal perfusion.	Compliance with PG27(A) Guideline for major extracorporeal perfusion .	Self-assessment.
Where Fellows practice transesophageal and transthoracic echocardiography.	Compliance with PG46(POM) Guidelines on training and practice of perioperative cardiac ultrasound in adults .	Self-assessment.
Standard 2 – Clinical experience		
Clinical caseload and range adequate for training.	Caseload and complexity suitable for defined stages of training offered (see Anaesthesia training program curriculum).	<p>Self-assessment.</p> <p>Trainee portfolios.</p> <p>Trainee opinions.</p>

Accreditation criteria	Minimum requirements	How this is assessed
		Interviews with supervisor of training, trainees.
Specialised study unit experience.	Caseload and complexity suitable for specialised study units offered.	Self-assessment. Trainee portfolios. Trainee opinions. Interviews with supervisor of training, trainees.
Standard 3 – Supervision		
Have sufficient full-time equivalent anaesthesia specialists to provide supervision for all trainees.	Adequate supervision levels. Specialist involvement in post-anaesthesia care. Specialist involvement in acute pain service.	Trainee experience surveys. Feedback from trainees. Trainee portfolios. Interviews with trainees, supervisor of training, senior staff and head of department.
Supervision levels appropriate.	Consistency in supervision between elective and acute/emergency clinical work around the clock, seven days a week. Patterns of supervision that allow trainee progression towards independent practice.	Trainee experience surveys. Feedback from trainees. Trainee portfolios. Interviews with trainees, supervisor of training, senior staff and head of department.
Standard 4 – Supervisory roles and assessment		
Sufficient senior staffing.	A suitably qualified director/head of department. A minimum of one specialist who holds FANZCA. A minimum of two full-time equivalent specialist anaesthesia staff with qualifications acceptable to ANZCA Council. Rostering that minimises the impact of fatigue for both senior staff and trainees (PG43(A) Guideline on fatigue risk management in anaesthesia practice).	Self-assessment (datasheet), Staffing list provided by training setting. Senior and trainee rosters provided by training setting. Trainee experience survey. Senior staff interview. Head of department/director interview.

Accreditation criteria	Minimum requirements	How this is assessed
	Staffing adequate for workload (PS42(A) Position statement on staffing of accredited departments of anaesthesia).	
Appointment of one or more supervisors of training, noting that a supervisor of training cannot be the head of department/director.	Sufficient clinical support session per week for number of trainees. Access to private space for trainee interviews. Internet access. Locked filing cabinet for trainee records. See regulation 37.6.2.	iMIS records. Facility inspection. Feedback from supervisor(s) of training. Feedback from trainees. Completion of in-training assessment process and relevant reviews (training portfolio system).
Appointment of clinical fundamentals tutor, introductory training tutor, specialised study unit supervisors, departmental scholar role tutors and provisional fellow supervisors where appropriate.	Relevant supervisors and tutors appointed for each facet of clinical experience offered. See regulation 37.6.3.	Head of department/director interview. Supervisor of training interview. Feedback from trainees.
Performance of workplace-based assessments including feedback.	Minimum mandatory workplace-based assessments (see anaesthesia training program curriculum) performed including feedback.	Feedback from trainees. Supervisor of training interview. Trainee portfolio system.
Specialists have contemporary standards of practice.	As per PG50(A) Guideline on Return to anaesthesia practice for anaesthetists , PS57(A) Position statement on duties of specialist anaesthetists and PS40(G) Position statement on the relationship between fellows, trainees and the healthcare industry .	Self-assessment. Interviews with head of department, senior staff, trainees. Continuing professional development compliance.

Standard 5 – Education

Accreditation criteria	Minimum requirements	How this is assessed
Teaching program.	Formal teaching program that meets the needs of trainees (relevant to size of training setting). Adequate opportunities must exist for completion of scholar role activities in basic and advanced training.	Copy of education program. Feedback from trainees.
Learning experiences planned.	Planning clinical placement review interviews.	Feedback from trainees. Supervisor of training interviews.
Informal teaching.	Trainees receive informal teaching during clinical work, including pre-anaesthetic assessment clinics and acute pain service rounds.	Interviews with senior staff, trainees. Feedback from trainees.
Standard 6 – Facilities		
Access to private study space for trainees.	Internet access. Desks at which to study. Easily accessible from theatre complex.	Facilities inspection. Feedback from trainees.
Adequate library facilities with information sources appropriate to anaesthesia and its sub-specialties.	Appropriate to size of training setting and specialised study units offered.	Facilities inspection. Feedback from trainees.
Adequate secretarial staff.	Usually at least one full-time equivalent. Larger training setting will require several. See section 4.14 of the ANZCA handbook for training .	Self-assessment. Size of training setting.
Adequate office space for specialist staff.	Specialists able to access space for performance of clinical support duties.	Interviews with head of department, senior staff. Facilities inspection.
Access to a suitable conference room for quality assurance, clinical review and educational activities.		Interview with head of department. Facilities inspection.
Ready access to appropriate computer facilities for specialists and trainees, including infrastructure for on-line completion of training	See section 1.4 on the handbook for training .	Interviews with head of department, supervisor of training, tutors and trainees.

Accreditation criteria	Minimum requirements	How this is assessed
portfolio system (including workplace-based assessments).		Facilities inspection.
Standard 7 – Clinical governance		
Senior staff appointed in a transparent way.	Appointment of staff according to PS02 Position statement on credentialing and defining the scope of clinical practice in anaesthesia with a properly convened committee, with job descriptions in accordance with PS57(A) Position statement on duties of specialist anaesthetists and positions advertised with information that the department is ANZCA-accredited.	Self-assessment. Interview with head of department.
Trainees appointed using a transparent process as outlined in this handbook.	Trainee Selection (see section 3 of the ANZCA handbook for training)	Interviews with head of department, supervisor of training. Confirmation with regional/national committee representative.
Ensure that trainees are adequately indemnified by the employer for their supervised practice on both public and private patients.		Interviews with head of department, senior hospital management.
The hospital has a policy on bullying and harassment that pertains to trainees and their supervisors.		Interviews with head of department, senior hospital management.
Staff administering anaesthesia are suitably qualified.	Credentialing and scope of practice defined for staff as per PS02 Position statement on credentialing and defining the scope of clinical practice in anaesthesia .	Self-assessment. Interviews with head of department, senior hospital management.
The organisation supports the health and wellbeing of its staff.	As per PG49(G) Guideline on the health of specialists, specialist international medical graduates and trainees. The organisation has a policy to prevent bullying and harassment.	Self-assessment. Interviews with head of department, senior hospital management.
The organisation is accredited.	ACHS or HealthCERT (NZ).	Interviews with head of department, senior hospital management.

Accreditation criteria	Minimum requirements	How this is assessed
The department has a quality assurance program.	<p>As per PG58(A) Guideline on quality assurance and quality improvement in anaesthesia.</p> <p>Quality assurance coordinator appointed.</p> <p>Trainees involved in quality assurance activities.</p>	<p>Self-assessment.</p> <p>Interviews with head of department, senior staff, trainees.</p> <p>Feedback from trainees.</p>

Version control register

Version	Author	Approved by	Approval Date	Sections Modified
1.0	Education Unit	ETAEC	September 2016	Creation of the ANZCA handbook for Accreditation
2.0	Education Unit	EEMC	September 2018	17. Rotations
2.1	Education Unit	EEMC	October 2019	11.2.3 updated SSU requirements Appendix 1 – updated professional documents
2.2	Education Unit	N/A	December 2021	Updated professional documents
2.3	Education Unit	EEMC	December 2022	2.1. Accreditation team
2.3	Education unit	Council	October 23	10.4 withdrawal of accreditation
2.4	Education unit	EEMC	October 2024	Introduction was updated to include accreditation descriptors
2.5	Education Unit	EEMC	December 2024	Minor updates
2.6	Education Unit	EEMC	November 2025	The following sections were updated to align with NHPO recommendations: Section 2 - Roles and responsibilities Section 4 – Accreditation inspections Section 10 – Outcome of the inspection visit Update of terminology in alignment with AMC Model Procedures.