

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		
Pre-anaesthetic consultation and consent. It is important that trainees are included in specialist-led pre-anaesthetic assessment clinic sessions.	Compliance with PS07 Guidelines on Pre-Anaesthesia Consultation and Patient Preparation and PS26 Guidelines on Consent for Anaesthesia or Sedation There should be one specialist-led pre-anaesthetic assessment clinic (PAC) per week for every year of accredited normal time at the department (for example, for a department accredited for 104 weeks of normal training, there should be 104 specialist-led PAC sessions per annum).	Self-assessment. Audit data (preadmission rates, cancellation rates, etc).
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).	Compliance with PS03 Guidelines for the Management of Major Regional Analgesia , PS18 Guidelines on Monitoring During Anaesthesia , PS19 Recommendations on Monitored Care by an Anaesthetist , PS31 Guidelines on Checking Anaesthesia Delivery Systems , PS54 Statement on the Minimum Safety Requirements for Anaesthetic Machines and Workstations for Clinical Practice and PS55 Recommendations on Minimum Facilities for Safe Administration of Anaesthesia in Operating Suites and Other Anaesthetising Locations .	Self-assessment. Facilities inspection. Interviews with head of department, senior staff, theatre manager.
Adequate equipment to manage the difficult airway.	Compliance with PS56 Guidelines on Equipment to Manage a Difficult Airway During Anaesthesia .	Self-assessment. Facilities inspection.

Accreditation criteria	Minimum requirements	How this is assessed
Adequate assistance for the anaesthetist.	Substantial compliance with PS08 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 PS09 Guidelines 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 PS51 Guidelines for the Safe Management and Use of Medications in Anaesthesia .	Self-assessment. Facilities inspection.
Adequate infection control procedures.	Compliance with PS28 Guidelines on Infection Control in Anaesthesia .	Self-assessment.
Adequate recording of episodes of care.	Compliance with PS06 The anaesthesia record, recommendations on the recording of an episode of anaesthesia care .	Self-assessment. Facilities inspection.
Adequate facilities for recovery from anaesthesia.	Compliance with PS04 Recommendations for the post-anaesthesia recovery room .	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 Statement on the handover responsibilities of the Anaesthetist .	Self-assessment.

Accreditation criteria	Minimum requirements	How this is assessed
Provision of adequate perioperative pain management.	Compliance with PS41 Guidelines on Acute Pain Management , PS45 Statement on the patients' rights to pain management and associated responsibilities and PS38 Statement relating to the relief of pain and suffering and end of life decisions . There should be one specialist-led acute pain service (APS) round per week for every year of accredited normal time at the department (for example, for a department accredited for 52 weeks of normal training, there should be 52 specialist-led APS sessions per annum). It is important that trainees are included in specialist-led acute pain service sessions.	Self-assessment. Facilities inspection. Interviews with head of department, senior staff, post-anaesthesia care unit staff, acute pain service nurse, trainees. Trainee feedback.
Provision of adequate care in the transport of critically ill patients.	Compliance with PS52 Guidelines for Transport of Critically Ill Patients .	Self-assessment. Facilities inspection.
Systems and facilities to deal with patients selected for day care surgery.	Compliance with PS15 Guidelines for the Perioperative Care of Patients Selected for Day Stay Procedures .	Self-assessment. Facilities inspection.
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 PS29 Statement on anaesthesia care of children in healthcare facilities without dedicated paediatric facilities .	Self-assessment. Facilities inspection.
Where Fellows practice extracorporeal perfusion.	Compliance with PS27 Guidelines for Major Extracorporeal Perfusion .	Self-assessment.
Where Fellows practice transesophageal and transthoracic echocardiography.	Compliance with PS46 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 anesthesia training program curriculum).	Self-assessment. Trainee portfolios. Trainee opinions. Interviews with supervisor of training, trainees.

Accreditation criteria	Minimum requirements	How this is assessed
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 (PS43 Statement on fatigue and the anaesthetist). Staffing adequate for workload (PS42 Statement on Staffing of Accredited Departments of Anaesthesia).	Self-assessment (datasheet), Staffing list provided by department. Senior and trainee rosters provided by department. Trainee experience survey. Senior staff interview. Head of department/director interview.

Accreditation criteria	Minimum requirements	How this is assessed
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 anesthesia training program curriculum) performed including feedback.	Feedback from trainees. Supervisor of training interview. Trainee portfolio system.
Specialists have contemporary standards of practice.	As per PS50 Guidelines on Return to Anaesthesia Practice for Anaesthetists , PS57 Statement on Duties of Specialist Anaesthetists and PS40 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		
Teaching program.	Formal teaching program that meets the needs of trainees (relevant to size of department). 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.

Accreditation criteria	Minimum requirements	How this is assessed
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 department and specialised study units offered.	Facilities inspection. Feedback from trainees.
Adequate secretarial staff.	Usually at least one full-time equivalent. Larger departments will require several. See section 18.3 of the ANZCA handbook for training.	Self-assessment. Size of department.
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 portfolio system (including workplace-based assessments).	See section 10 on the Training Portfolio System .	Interviews with head of department, supervisor of training, tutors and trainees. Facilities inspection.
Standard 7 – Clinical governance		

Accreditation criteria	Minimum requirements	How this is assessed
Senior staff appointed in a transparent way.	Appointment of staff according to PS44 Guidelines to fellows acting on appointments committees for senior staff in anaesthesia with a properly convened committee, with job descriptions in accordance with PS57 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 the 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 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 PS49 Guidelines on the health of specialists 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.	As per <i>PS58 Guidelines on Quality Assurance and Quality Improvement in Anaesthesia</i> . Quality assurance coordinator appointed. Trainees involved in quality assurance activities.	Self-assessment. Interviews with head of department, senior staff, trainees. Feedback from trainees.