ANZCA
FPM

ANZCA Anaesthesia Training Program Handbook

December 2024

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1. Getting started

ANZCA has a two-stage process for trainee application and registration that can occur sequentially or concurrently as follows:

Stage 1: Application to the college may occur at any time after the completion of 52 weeks of prevocational medical education and training (PMET). It may occur prior to applying for an anaesthesia training position in an ANZCA-accredited hospital or other training site.

Stage 2: Registration with the college occurs after the doctor has been successful in their application for a training position in an ANZCA-accredited hospital.

1.1. Applying to ANZCA

Registered medical practitioners wishing to specialise in anaesthesia in Australia or New Zealand may apply to the college. Applicants are provided access to a range of college resources, including:

- Provision of a college ID and password to the ANZCA website.
- Online library resources, such as online journals, online textbooks, databases, resources for research and useful links.
- Learning resources on networks.
- Past exam questions, podcasts and webinars.
- College information via the monthly *ANZCA e-Newsletter* and bi-monthly *Training e-Newsletter* and electronic information about upcoming conferences and activities.
- Receipt of the quarterly *ANZCA Bulletin* magazine.

On processing of the application, an applicant will receive a confirmation email from ANZCA that can be used to show to prospective employers. However, processing of an application for training does not guarantee entry into the training program, nor employment by an accredited training hospital.

A once-off application fee that covers the administration costs of applying to ANZCA is required. The application will remain valid until 31 December of the second calendar year following the year it is lodged, *provided the application maintenance fee is paid.*

Documentation required at application

- The completed application form, including a signed applicant agreement.
- The original or a certified copy of documentation confirming completion of at least 52 weeks prevocational medical education and training.
- A certified copy of the identity page of the applicant's passport or driver's licence.

If the applicant is not registered with Australian Health Practitioner Regulation Agency (AHPRA) or the Medical Council of New Zealand (MCNZ), additional documentation is required. Documentation must be certified copies of:

- The identity page of the applicant's passport or birth certificate.
- The applicant's primary medical qualification.
- The applicant's certificate of current medical registration.

1.2. Registering as a trainee

Registration as a trainee may be undertaken when a training position has been obtained. It is strongly recommended that trainees begin the registration process as soon as they have secured a training position. *Please note the following registration requirements:*

- ANZCA cannot process registrations until it receives all required documentation.
- Registration with ANZCA should occur no later than four weeks after the trainee starts approved vocational training. Any time spent prior to four weeks from the time the application is received will not be counted towards accredited training time.
- A once-off registration fee and the pro rata annual training fee from the calendar month approved training is commenced are required upon registration.

Documentation required at registration

- The completed registration form, including a signed trainee agreement.
- Confirmation of employment and appointment to a training position in an ANZCA-accredited training site, including the start date of employment.
- The original or a certified copy of documentation confirming completion of at least 104 weeks prevocational medical education and training. At least 52 weeks experience must have been in areas outside of clinical anaesthesia, intensive care or pain medicine.
- A certified copy of the identity page of the applicant's passport or driver's licence.

1.3. Change of name

If the doctor's name has been changed from that on the documents, a certified copy of the evidence of change of name must be provided.

1.4. Training portfolio system

During training, trainees are required to log their training experiences in the training portfolio system (TPS). The TPS is an online portfolio system specifically designed for the ANZCA training program which allows trainees and ANZCA supervisors to record and track progress throughout training.

Trainees can access the training portfolio system from the start of training and are responsible for ensuring information within it is kept up-to-date and accurate. Trainees should enter cases within 13 weeks. Time should be recorded within four weeks. Any time not recorded may be marked as leave or interrupted training.

Once a core unit review has been completed, no training events from that core unit can be altered.

TPS support resources, which includes short videos on how to perform key activities on the TPS are available on Learn@ANZCA. Queries regarding the TPS can be sent to the Training & Assessment Team via training@anzca.edu.au.

1.4.1. Data privacy on the training portfolio system

Collecting patient information has important implications:

- Trainees and supervisors should be familiar with relevant jurisdictional privacy legislation. Appropriate consent must be obtained or approved.
- Patient data recorded in the training portfolio system must be de-identified.

- Any patient information recorded in the cases and procedures section must comply with the individual's or hospital's privacy statement, or the patient must have given their consent.

It is also important to note that any reflective comments in the training portfolio system may have potential medico-legal implications.

1.5. Fee structure

ANZCA is a not-for-profit organisation that relies on training fees to provide training, training resources and training enhancements.

The ANZCA training fee structure is outlined in regulation 37. Fees are determined by the ANZCA Council on an annual basis.

1.5.1. Annual training fee

Trainees are required to pay an annual training fee for each calendar year of training. Payment is due by 31 January each year. Trainees who fail to pay by 31 January will be recorded as interrupted training until payment is received.

Trainees who fail to pay by 28 February will not be able to access the training portfolio system, Networks, library and other online services.

Trainees who fail to pay by 31 March (13 weeks after the fee is due) are deemed to have withdrawn from the training program. Trainees who are unable to pay the annual training fee by the due date, refer to section 1.5.5.

1.5.2. Fee reductions

Annual training fee reductions may be applicable for trainees undertaking part-time training or interrupted training.

Part-time training

Trainees undertaking prospectively approved continuous part-time training of at least 52 weeks will pay a pro rata annual training fee. This is based on their full time equivalent (FTE) percentage rounded to the nearest tenth plus a non-refundable administration fee.

For example, if a trainee has prospective approval for part-time training for a continuous period of 52 weeks at 0.5 FTE for the hospital employment year from 2 February to 31 January, they will be invoiced as follows:

- Year one: The annual training fee for January (1 month) and a pro rata 0.5 annual training fee for February to December, plus a non-refundable administration fee.
- Year two: Pro rata 0.5 annual training fee for January (1 month) and the annual training fee from February to December.

Interrupted training

Trainees undertaking a prospectively approved period of continuous interrupted training of at least 13 weeks will pay a pro rata registration maintenance fee for the months spent in interrupted training and a pro rata annual training fee for the rest of the calendar year.

For example, trainees approved for 26 weeks of interrupted training from 2 February to 2 August will be invoiced for 6 months of the registration maintenance fee plus 6 months of the annual training fee for the calendar year.

Trainees who, prior to 1 January, have prospective approval for a future period of interrupted or part-time training, will have the applicable fee reflected on their invoice at the start of the calendar year.

1.5.3. Fee adjustments

Trainees may be required to pay additional annual training fees if they:

- Resume full-time training earlier than initially anticipated after a period of part-time training.
- Come back to training earlier than anticipated after a period of interruption.

Trainees who fail to pay any additional annual training fees within four weeks of being invoiced will have the interval between the invoice due date and the receipt of payment by the college deemed as interrupted training. Trainees who fail to pay any additional annual training fee within 13 weeks of being invoiced are deemed to have withdrawn from the training program.

Trainees eligible to apply for fellowship

Trainees who are admitted to fellowship part-way through the year (after 1 January), will have the unused part of that year's training fee credited towards their fellowship membership and entrance fee.

1.5.4. Fee refunds

All ANZCA training fees, except the annual training fee, registration maintenance fee and examination fee (partial) are non-refundable. A refund may be given in the following circumstances:

- Trainees who undertake approved part-time and/or interrupted training and have already paid the full annual training fee for the same period.
- Trainees who withdraw or are withdrawn from training may be entitled to a pro rata refund of their annual training fee. This pro rata refund is calculated starting from the calendar month following the month in which the trainee withdraws or is deemed withdrawn from training.
- A trainee completes the written section of the primary or final examination and is not invited to the viva. Twenty per cent of the examination fee will be automatically refunded within 4-6 weeks and will be paid directly to the candidates in Australia and New Zealand. It is the responsibility of the New Zealand trainees to advise their hospital of the refund, as the hospitals will be required to seek reimbursement.

1.5.5. Trainee bursary for financial hardship

Registered ANZCA trainees who are suffering financial hardship can apply for a trainee bursary. Each bursary allows a 50 per cent reduction in the annual training fee. The application form is on the website two months prior to the 31 January closing date each year.

1.5.6. Extension to fee payment deadline

Trainees suffering financial hardship can apply prospectively to the director of professional affairs (assessor) for an extension of the payment deadline. The application form can be sent via assessor-requests@anzca.edu.au. Each case will be considered on an individual basis. Applications must be made before the fee is due. Applications for consideration received after 31 January will not be considered.

1.6. Recognition of prior learning

ANZCA allows for recognition of prior learning and appropriate credit towards completion of the anaesthesia training program. This includes allowing trainees to transfer from other anaesthesia and anaesthesia-related training programs with appropriate credit.

1.6.1. Applying for recognition of prior learning

Applications for recognition of prior learning (RPL) must be made to the director of professional affairs (assessor) on the relevant recognition of prior learning form. An ANZCA supervisor of training (SOT) must endorse the application.

Trainees considering applying for RPL are advised to talk with an ANZCA SOT about the implications for their future training. Please note that trainees approaching core unit time limits are unable to disaccredit previously approved RPL if they find themselves with uncompleted core unit requirements, for example the primary exam.

Training time and experiences eligible to be credited as RPL must have been completed after prevocational medical education and training requirements had been met.

Documentation required

- Each RPL application must include supporting documentation that confirms previous training undertaken was recognised as postgraduate vocational training by a specialist college, university or similar authority acceptable to the ANZCA Council.
- Supporting documentation, particularly, qualifications, must be either the original or a copy certified by a justice of the peace or equivalent authority.
- If some or all of the previous training undertaken was part-time, supporting documentation must confirm that it met ANZCA's part-time training criteria:
    - A minimum of 50 per cent of the working hours of a full-time trainee.
    - An appropriate mix of elective and emergency work on a pro rata basis.
    - Participation in local teaching programs on a pro rata basis.
- Trainees applying for RPL must pay a non-refundable recognition of prior learning fee. The fee varies depending on the RPL being applied for. The RPL fee must accompany each application for RPL.
- RPL fees do not apply to applications for recognition of recent anaesthesia experience or RPL for scholar role activities.

1.6.2. Applying for a preliminary assessment

Medical practitioners who are not yet eligible to register as a trainee but are considering commencing training may also apply for a preliminary assessment of their previous experience. A non-refundable preliminary assessment fee will apply. This provides an indication of likely RPL approvals for training time and the primary exam.

Upon subsequent registration as a trainee, the recognition of prior learning fee will also be charged.

1.6.3. Recognition of prior learning in clinical anaesthesia

Trainees may apply for their previous training in clinical anaesthesia to be assessed in one of three categories. The table below shows the maximum possible credits trainees may apply for in each category.

Programs pre-approved for ANZCA RPL are those involving training towards fellowship of:

- The Royal College of Anaesthetists.
- The College of Anaesthesiologists of Ireland.
- The Hong Kong College of Anaesthesiologists.
- The College of Anaesthesiologists, Singapore, within the Academy of Medicine, Singapore.
- The College of Anaesthesiologists within the Academy of Medicine of Malaysia.

Trainees who are not eligible for an exemption from the primary examination should be aware that RPL credits may leave them insufficient time for completion of this exam. This may result in them approaching extended training time limits which may have potential employment and training implications and should be discussed with their supervisor or training or rotational supervisor.

Table 1.3.2 Maximum RPL credits in clinical anaesthesia

	In a program pre-approved for RPL	In a program not pre-approved for RPL	In ANZCA-accredited departments while not registered as an ANZCA trainee
Introductory training	≤ 26 weeks	≤ 13 weeks	≤ 13 weeks
Basic training	≤ 78 weeks	≤ 65 weeks	≤ 39 weeks
Primary Exam	Yes	No	No
Final Exam	No	No	No
Workplace-based assessments	Depending on the supporting documentation provided, retrospective approval may also be granted for requirements of the clinical fundamentals and specialised study units.		
Volume of practice			

1.6.4. Recognition of prior learning in an anaesthesia-related specialty

A trainee who has undertaken vocational training in a specialty recognised by ANZCA as anaesthesia-related may apply to have training time approved for RPL.

If the training was in an intensive care unit recognised by the College of Intensive Care Medicine for general or limited general training, it may be considered for approval as meeting the requirements for the intensive care medicine specialised study unit.

Retrospective approval may be given for up to:

- 19 weeks towards introductory training and basic training combined.

- 19 weeks towards advanced training.

If a fellowship-level postgraduate qualification is held in the specialty in which the training occurred (for example, fellowship of the College of Intensive Care Medicine), up to 42 weeks other clinical time may also be approved retrospectively towards provisional fellowship training.

1.6.5. Recognition of recent anaesthesia experience

Trainees who have at least 13 weeks full-time equivalent clinical anaesthesia experience (including up to two weeks leave) within the 52 weeks immediately prior to the commencement of introductory training may be eligible for recent anaesthetic experience (RAE). Trainees with RAE who have successfully completed the introductory training (IT) workplace-based assessments (WBA) and the multiple choice question assessment (MCQA) for IT may be eligible to undertake the specified emergency scenarios (SES) as early as 13 weeks into IT. If the SES is successfully completed, trainees may work with less than Level 1 supervision; however, they must still complete all IT core unit requirements and the full 26 weeks of introductory training.

A trainee seeking approval for RAE should meet with their supervisor of training during the first six weeks of introductory training.

The trainee must provide sufficient evidence to support a level of competence in knowledge, skills and behaviours appropriate to that required for moving beyond Level 1 supervision, including documentation of caseload and any assessments that occurred during RAE.

Approval of RAE is at the discretion of the supervisor of training. If it is unclear as to whether RAE is applicable for a trainee, the supervisor of training should seek guidance from their education officer.

Recognition of RAE should be recorded by the supervisor of training in the training portfolio system.

1.6.6. Recognition of prior learning for scholar role activities

Recognition of prior learning for scholar role activities is granted at the discretion of the scholar role subcommittee.

Trainees may apply for recognition of prior learning for scholar role activities, except for the audit activity, the critical appraisal of a paper and/or the scholar role meeting requirements, provided the activities meet the following criteria:

- They were completed within five years of commencing the ANZCA training program and not during the primary medical degree.
- Scholar role activity requirements or exemption requirements are met.

1.6.7. Recognition of prior learning for Rural Generalist Training

Medical practitioners who were not registered with ANZCA as trainees, but who have previously completed the Advanced Certificate (formally Diploma) in Rural Generalist Anaesthesia, may be eligible to have the introductory training (IT) period credited.

1.6.8. Transferring from the SIMG pathway to the training program

Specialist international medical graduates (SIMGs) wishing to transfer from the SIMG pathway to the ANZCA or FPM training programs must submit an

application to the DPA Assessor/FPM Assessor who will determine their eligibility.

Time and assessments undertaken while an SIMG will be considered in the assessment for the training program. Any previous exam attempts will count towards the total allowable exam attempts.

1.7. Guidelines on selection for vocational training positions in anaesthesia

ANZCA does not appoint trainees to ANZCA-accredited training sites and rotations. However, ANZCA accreditation requires each training site to demonstrate that they use a selection process consistent with the principles of natural justice and which conforms to the following guidelines. These guidelines are intended to complement employing authority policies and processes and should be used in conjunction with them.

1.7.1. Principles of the selection process

The selection process must support the overall objective of ANZCA training, which is to produce specialist anaesthetists who are prepared for the full scope of practice in a range of clinical settings in Australia and New Zealand.

The selection process must uphold the following principles:

- **Appropriate notice.** Each applicant must have sufficient notice about the timing of selection committee meetings and the information that will be considered.
- **Equal employment opportunity** as required by relevant legislation.
- **Non-discrimination.** The selection committee must demonstrate impartiality and make decisions without prejudice.
- **Formal procedures.** All procedures and deliberations should be formally documented.
- **Lack of bias.** The selection committee should not include any member who has knowledge of a candidate that would prevent them participating with an open mind, or a prior relationship (family, business, and so on) that may be perceived as a conflict.
- **Rules of evidence and relevance.** The selection committee is entitled to obtain relevant information from any source and to determine its significance. The committee must consider only matters that are relevant to the selection process. Any new “adverse” information to be considered by the selection committee must be put to the applicant for comment.
- Access to an **appeals process** must be available.
- The selection process must be subject to **regular evaluation and review.**

1.7.2. Appointment of the selection committee

The selection committee should include representation from ANZCA. This may be a supervisor of training or an education officer. The ANZCA representative monitors compliance with these selection guidelines, as well as providing a college perspective on trainee suitability.

1.7.3. Development of selection criteria

Selection criteria must be determined prospectively, be transparent to applicants and relevant to successful trainee performance.

ANZCA does not regard prior anaesthesia experience as an essential selection criterion.

Examples of selection criteria based upon the ANZCA roles in practice are illustrated in the following table.

Table 1.7.3 Examples of selection criteria based on the ANZCA roles in practice

ANZCA roles in practice	Examples of selection criteria
Medical expert – knowledge, skills and attitudes required to perform as an anaesthetist.	Demonstrate an aptitude and commitment to acquiring the medical knowledge and clinical skills necessary to commence, continue and complete anaesthetic training. Demonstrate an ability to evaluate clinical problems and develop appropriate management plans.
Communicator – communicating with staff, patients and families.	Have good communication skills, both verbal and written, appropriate for an anaesthetist and an ability to effectively facilitate relationships with staff, patients, and their families.
Collaborator – working within a healthcare team.	Demonstrate an aptitude for and commitment to achieving effective interpersonal collaboration and teamwork. Have an aptitude for and commitment to acquiring the skills and professional attitudes to prevent and manage interpersonal conflict.
Leader and manager – management of self, healthcare team and system.	Demonstrate an ability to effectively organise and manage time and resources. Have a comprehensive understanding of the requirements of anaesthesia training. Demonstrate appropriate self-care, ability to cope with stress and willingness to consider feedback.
Health advocate – advancing the health of patients and community.	Demonstrate a commitment to the heath care of patients from all areas of the region/state/country; the wellbeing of individual patients and the community, including metropolitan, rural and indigenous populations.
Scholar – continued self-learning, research and teaching.	Have an appropriate academic history and a commitment to ongoing medical education. Have an understanding of the clinical review process, audit and research.
Professional – ethical practice, personal behaviour and profession-led regulation.	Demonstrate integrity, punctuality, reliability and a high standard of personal behaviour in the conduct of their professional career. Have an understanding of medical ethics and its application to professional anaesthetic practice and profession-led regulation.

1.7.4.Selection process components

All applicants must be assessed against the selection criteria using the components of the following selection process:

- The written application (curriculum vitae and statement addressing selection criteria).
- The interview.
- Referee reports.

1.7.5. Selection process steps

A fair and transparent selection and appointments process includes the following steps:

Step 1: Advertising

Posts should be advertised by the employer. A position description must be available and should detail:

- Duty patterns and leave entitlements including access to flexible training opportunities.
- Available sub-specialty experience.
- Clinical placements and rotations.
- Closing date for applications.

Step 2: Application

Doctors apply for training positions by the advertised deadline.

Step 3: Short-listing

Applicants are short-listed by the selection committee.

Applicants who are unsuccessful at this early stage should be notified in a timely fashion (see step 7).

Step 4: Interviews

Interviews are held using questions and processes based on the ANZCA guidelines, employer policies and advertised selection criteria. Applicants are ranked.

The questions must relate to selection criteria and job requirements only. Questions of a personal or discriminatory nature, including those relating to religion, marital status, sexual orientation, and parenthood, must not be asked.

There should be opportunity for applicants to ask questions and to comment on matters related to the selection process.

A record of proceedings of the selection committee and interview panel(s) should be kept for at least one year or until it is clear that there will be no challenge to decisions made by the committee (see step 8).

Step 5: Consideration of referee reports

Each applicant should be requested to provide the names of at least two referees. Referee reports should conform to employer policies and address the selection criteria.

Step 6: Notifying applicants of the outcome

The employer appoints successful applicants to training positions

Consideration should be given to informing unsuccessful applicants of their status using the following categories:

- Suitable for appointment and training but no post available in current round.
- Not suitable now, but is likely to fulfil selection criteria in the future
- Not suitable for appointment and unlikely to fulfil selection criteria in the future.

Step 7: Opportunity for appeal

Unsuccessful applicants must have access to an appeals mechanism in accordance with the policy of the employing authority.

Step 8: Registration as an ANZCA trainee

Successful applicants can then apply for registration as ANZCA trainees (refer section 1.2).

1.8. Academic honesty and plagiarism

ANZCA upholds the highest standards of academic integrity. ANZCA Academic integrity policy applies to all trainees and fellows. The policy outlines the expectations of the college and procedures for investigating and managing academic misconduct.

Academic dishonesty will not be tolerated. Substantiated academic dishonesty will trigger a trainee performance review as per regulation 37.

1.9. Privacy

As outlined in the training and application agreements, the college collects and holds personal information from individuals when it is reasonably necessary for the performance of college functions and activities. This information is used for administering registration, training and examinations. De-identified information may be used for internal monitoring, evaluation and audit purposes. The information collected and held will not be disclosed to third parties except as required by law.

The reasons for collecting the information and how it is used are outlined in ANZCA's privacy policy.

2. Training program requirements

The anaesthesia training program is undertaken over five years (260 weeks) of supervised clinical placements within ANZCA-accredited training sites. Upon successfully completion of the program, doctors are awarded Fellowship of the Australian and New Zealand College of Anaesthetists (FANZCA).

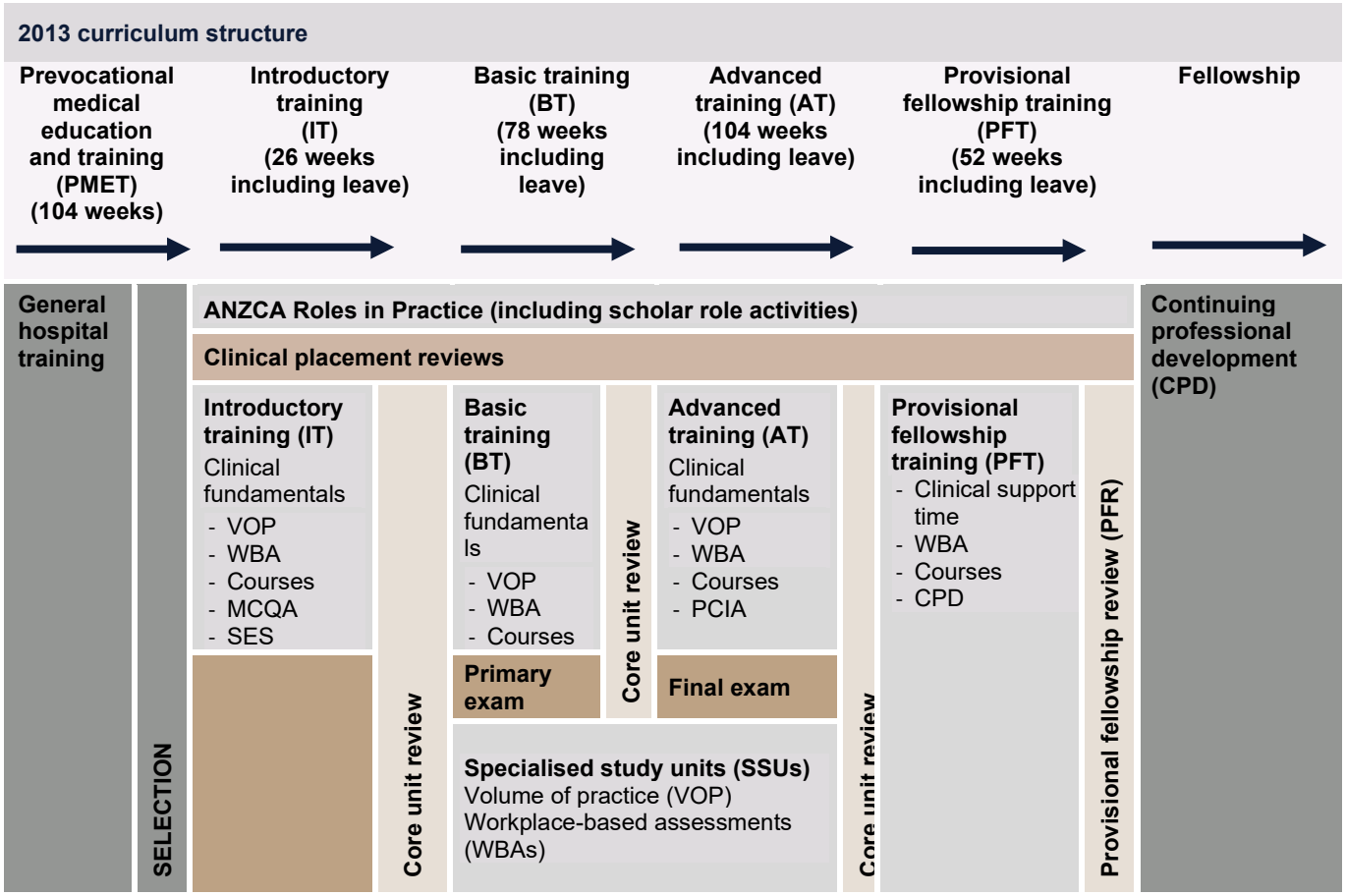
2.1. Summary of the training program

The training program is governed by regulation 37, with the specific requirements detailed in the ANZCA training program curriculum.

The curriculum has three main components:

- **ANZCA roles in practice.** These describe the seven roles of a specialist anaesthetist and how they apply to contemporary practice. Each of these roles spans the entire vocational training program.
- **Clinical fundamentals.** These are the core components that define the fundamental specialty knowledge and skills of specialist anaesthetists that are applicable across all areas of practice. They are specified in the learning outcomes and assessments as shown in the ANZCA anaesthesia training program curriculum.
- **Specialised study units.** These are undertaken alongside the core units and facilitate the acquisition of specialised knowledge, skills and professional attributes required for defined areas of anaesthetic practice.

Diagram 2.1 Curriculum structure overview



2.1.1. Expectations of trainees during training

Upon registration and on an annual basis, all trainees must sign the ANZCA Training Agreement, which outlines the mutual obligations and expectations of ANZCA and the trainee.

Professional and personal development during training requires that trainees:

- Ensure their behaviour during training aligns with the codes of conduct of the Medical Board of Australia or the Medical Council of New Zealand (as relevant).
- Contribute to the work of their training department.
- Set their learning goals for each clinical placement and work towards meeting these goals. This includes planning how training requirements will be met in a timely fashion.
- Actively seek required clinical experience to meet volume of practice requirements.
- Actively plan feedback on performance via workplace-based assessments and supervisor reviews, reflect on feedback received and strive to improve their performance in line with training requirements.
- Reach performance standards appropriate to their stage of training.
- Progress towards necessary levels of responsibility and autonomy, including seeking appropriate guidance and supervision as required for the clinical situation.
- Record training experiences in the training portfolio system in a timely fashion.
- Seek appropriate assistance and support in situations where professional and/or personal difficulty is experienced.
- Sign the training agreement. Trainees who do not sign or abide by the training agreement will be removed from the ANZCA training program.
- Maintain medical registration with the appropriate registration authority.
- Inform the supervisor of training of any limitations to practice, such as those arising from a trainee performance review or trainee support process, when changing placements.

2.2. Core unit requirements

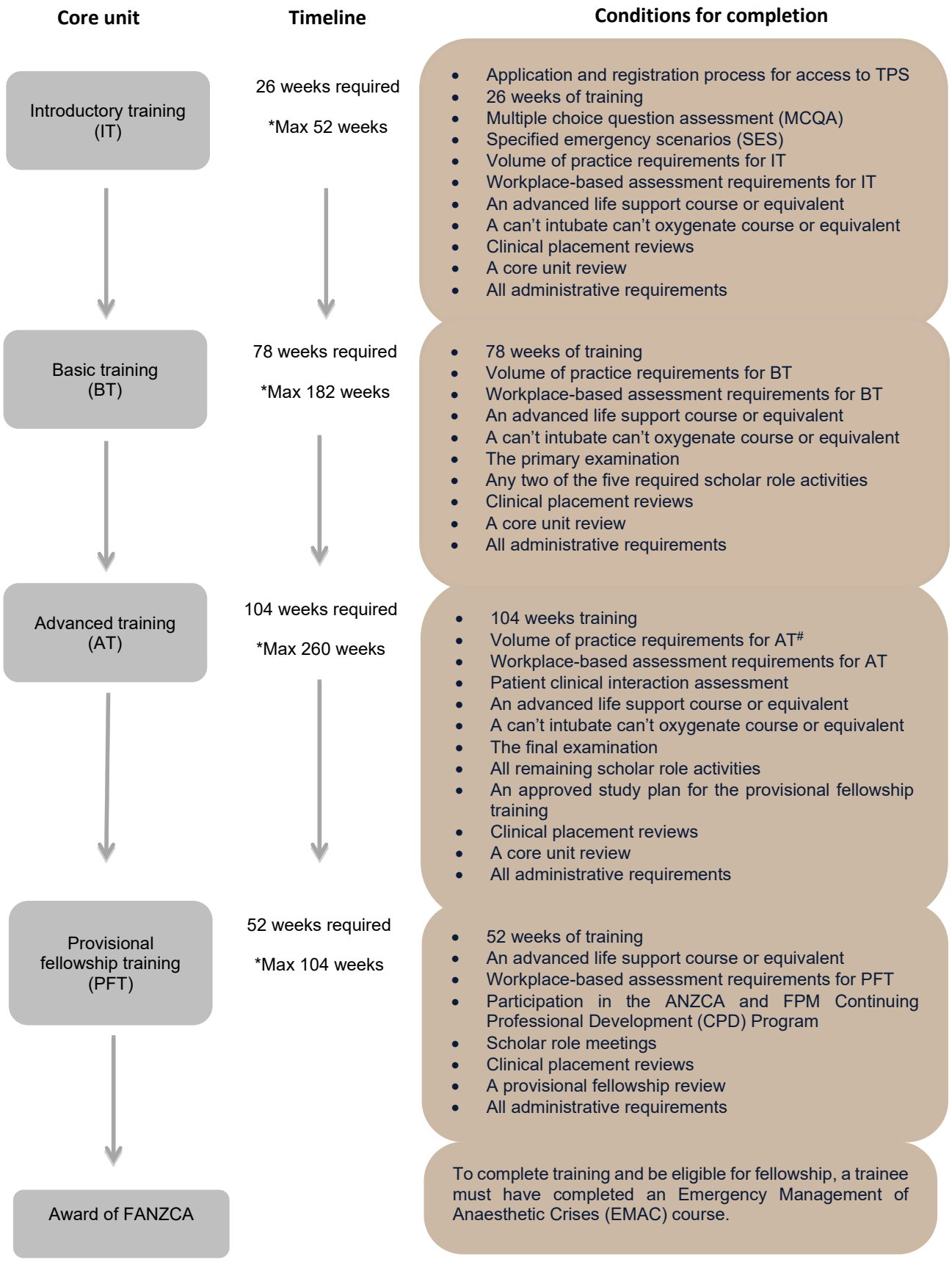
Core units are defined durations of clinical training which must be completed. They enable the acquisition of knowledge, skills and attributes across the seven ANZCA clinical fundamentals, and stipulate the required levels of performance to be attained.

The training program is divided into four core units:

1. Introductory training.
2. Basic training.
3. Advanced training.
4. Provisional fellowship training.

Trainees must complete minimum requirements in each core unit. These requirements include minimum training time, volume of practice, assessments, reviews and courses. There are also maximum training time periods allowed for completion of all the requirements of each unit. These are detailed in diagram 2.2.

Diagram 2.2 Summary of training program



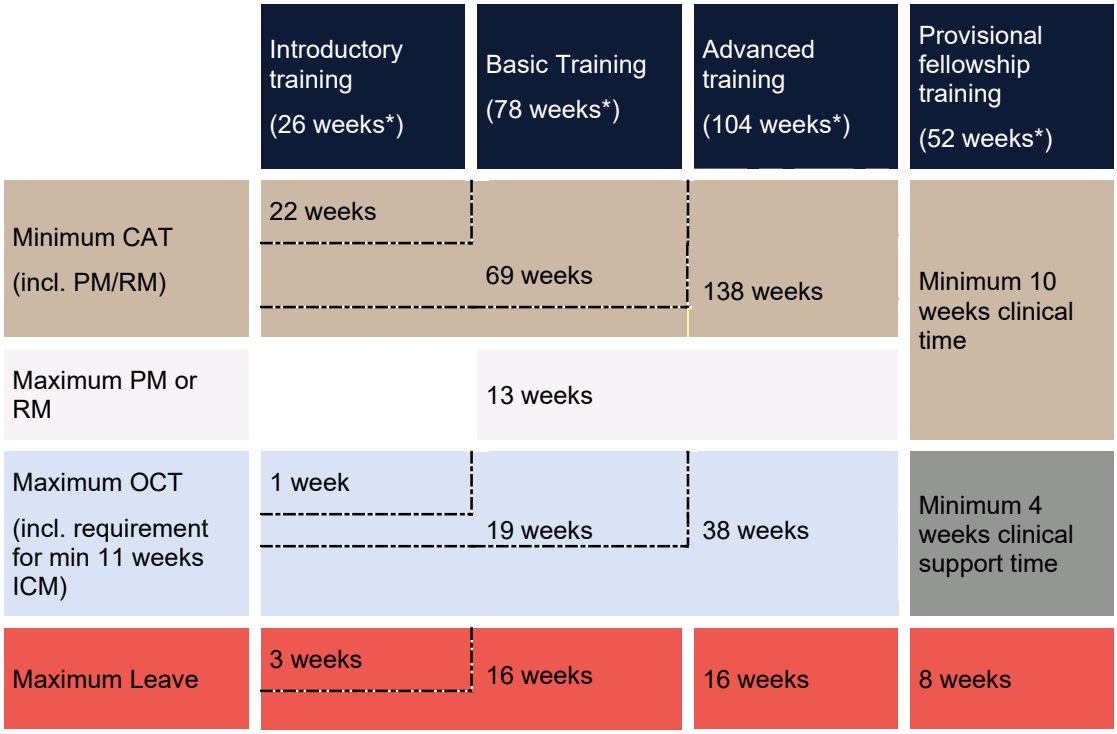
*The maximum total permitted time to complete the core unit.

#An Early Management of Severe Trauma (EMST) course is required, if the volume of practice has not been completed for the resuscitation, crisis management and trauma clinical fundamental.

2.2.1.Training time

Trainees must record all training time in the training portfolio system. Time should be recorded weekly and confirmed by the relevant supervisor of training.

Diagram 2.2.1 Training time requirements



---- A dotted line encloses the cumulative number of weeks (maximum or minimum) that may be accrued for each core unit.

CAT – Clinical anaesthesia time RM – Retrieval medicine

PM – Pain medicine OCT – Other clinical time

Time requirements detailed above are expressed in ‘weeks’. A training week amounts to the average hours required of those employed on a full-time basis in a particular department or training site. This will vary across facilities.

Sessions should be at least three hours and ideally be four hours in duration.

2.2.2. Extended training

Extended training allows trainees who do not complete the requirements of a core unit within the minimum timeframe to continue working toward fulfilling those requirements. A trainee who has not met the requirements of a core unit in the minimum time, will automatically progress into extended training up to the allowable time accredited for that hospital.

The following diagram illustrates the minimum training time required, maximum allowable leave, and maximum extended training time for each core unit.

Diagram 2.2.2 Training and leave durations

		Introductory training	Basic training	Advanced training	Provisional fellowship training
Minimum time requirements (FTE)	Minimum training time	26 weeks	78 weeks	104 weeks	52 weeks
	May include leave of up to	16 weeks		16 weeks	8 weeks
Maximum extended training time allowed (FTE)		26 weeks	104 weeks	156 weeks	52 weeks
Maximum total duration (FTE)		52 weeks	182 weeks	260 weeks	104 weeks

It is the responsibility of the trainee to liaise with their supervisor of training and/or education officer to ensure that their clinical placement plans address all outstanding requirements (assessments, volume of practice and scholar role activities) to ensure the completion of the core unit before the limit of extended training is reached.

If the trainee believes they need additional local support to help complete outstanding requirements and progress to the next core unit, they should contact the rotational supervisor, the education officer and/or the director of professional affairs (assessor) via assessor-requests@anzca.edu.au.

A trainee who has not met the requirements of their core unit within the maximum allowable extended training time will be removed from the training program.

If there are extenuating circumstances that justify a trainee remaining for longer than these maximum durations, they can apply prospectively for retention in extended training as an exception to the regulations. When considering applications for exceptions, each situation will be considered on its individual merits.

Prospective applications need to be made at least 4 weeks prior to reaching maximum time limits for the core unit to allow sufficient time for the application to be considered. Any request for retention should provide full supporting information and be sent to the director of professional affairs (assessor) via assessor-requests@anzca.edu.au.

2.2.3. Time in introductory training

In order to complete introductory training, trainees must complete a total of at least 26 weeks of which 22 weeks (full-time equivalent) must be *continuous* clinical anaesthesia time. The balance beyond the 22 weeks can be made up by clinical anaesthesia time, leave and/or other clinical time (maximum one week).

Clinical anaesthesia time may include preadmission clinic, acute pain rounds, and perioperative medicine clinics or rounds. Time spent in retrieval medicine, outpatient pain clinic work, allergy clinic, clinical support time, administration sessions and intensive care sessions should be recorded as other clinical time.

It is possible for trainees to take a total of up to four weeks leave or other clinical time during IT. The training portfolio system (TPS) only recognises up to three weeks of leave and one week of other clinical time in IT. The college should be notified if four weeks is completed as leave or greater than one week of OCT so appropriate adjustments can be made. If the total of leave and OCT exceeds four weeks, this will result in IT being extended until the continuous requirement is met.

2.2.4. Time in a single clinical fundamental

Up to 13 weeks full-time equivalent (FTE) may be spent exclusively in a single clinical fundamental or part of a single clinical fundamental (for example, pain medicine, retrieval medicine or perioperative medicine) during combined basic and advanced training. This time may be accrued as clinical anaesthesia time and should be recorded in the training portfolio system as either 'CAT – Pain Medicine', 'CAT – Retrieval Medicine' or 'CAT – Perioperative Medicine'. Additional time spent in that clinical fundamental must be accrued as other clinical time.

2.2.5. Retrieval medicine

Trainees may participate in retrieval services on an occasional basis during a clinical anaesthesia or an intensive care medicine placement. However, this retrieval work should not be more than 10 percent of the trainee's total clinical workload.

Trainees who wish to undertake a dedicated placement in retrieval medicine must apply prospectively to the director of professional affairs (assessor) for approval:

- A total of 26 weeks FTE (excluding leave) may be spent in retrieval medicine during BT and/ or AT.
- The first 13 weeks FTE in retrieval medicine will count as CAT and should be recorded as 'CAT-Retrieval Medicine'. Any time beyond this is OCT. This cannot be accrued during extended training.
- A maximum of only four weeks training prior to receipt of an application may be retrospectively approved as AVT.
- Further time may be spent in retrieval medicine during provisional fellowship training as part of an approved provisional fellowship study plan. This requires prospective approval and is not granted in all circumstances.

2.2.6. Other clinical time

Trainees may accrue a maximum of 38 weeks FTE other clinical time (OCT) until the end of advanced training. This time must include the mandatory 11 weeks intensive care medicine.

Up to 19 weeks OCT may be accrued by the end of basic training. Any OCT completed beyond 19 weeks before the end of basic training will be credited to advanced training.

Trainees cannot accrue other clinical time in extended training, unless they are completing the intensive care specialised study unit.

Mandatory intensive care medicine time

Prior to starting provisional fellowship training, trainees must complete a minimum 11 weeks FTE continuous intensive care medicine time as part of the intensive care specialised study unit. This time may only be interrupted by up to two weeks leave.

Intensive care medicine time during anaesthesia training must be completed in a unit that is:

- Accredited for general or limited general training by the College of Intensive Care Medicine (CICM) (www.cicm.org.au).
- Recognised by ANZCA Council for intensive care medicine training towards FANZCA.

Time spent in neonatal intensive care does not count towards this requirement.

Time in an anaesthesia-related specialty

Trainees who wish to undertake training in an anaesthesia-related specialty (i.e. outside of clinical anaesthesia, intensive care medicine or pain medicine) must apply prospectively to the director of professional affairs (assessor) to ensure the position is suitable for training. This includes any period in neonatal intensive care. This time will count as other clinical time.

A maximum of four weeks training prior to receipt of an application may be retrospectively approved as approved vocational training.

Diving and hyperbaric medicine

Trainees who wish to undertake training in diving and hyperbaric medicine must apply prospectively to the director of professional affairs (assessor) for approval:

- Up to a total of 26 weeks FTE (excluding leave) may be spent in diving and hyperbaric medicine during BT and/ or AT.
- This time will count as other clinical time. It cannot be accrued during extended training.
- A maximum of four weeks training prior to receipt of an application may be retrospectively approved as approved vocational training.
- Further time may be spent in diving and hyperbaric medicine during PFT as part of an approved PF study plan.

Trainees who wish to undertake further training in diving and hyperbaric medicine may consider completing the ANZCA Advanced Certificate in Diving and Hyperbaric Medicine.

2.3. Provisional fellowship training

On successful completion of advanced training, trainees must commence working in an approved provisional fellowship position.

Trainees who do not start a provisional fellowship position immediately after completion of advanced training will be in ‘PFT pending’. Trainees will still be able to enter time, courses, scholar role meetings, cases, procedures and WBAs. However, they will not accrue credit towards exclusive provisional fellowship training (PFT) requirements.

At least 10 weeks of provisional fellowship time (excluding leave) must comprise clinical time, which may be clinical anaesthesia time or other clinical time, unless the director of professional affairs (assessor) has approved an exception. This time may be focused solely, or in part, on any of the ANZCA roles in practice, ANZCA clinical fundamentals or specialised study units.

Provisional fellowship trainees are required to submit a study plan for their PFT year. There are two types of study plans:

- **Pre-defined study plans**: A range of pre-approved study plans is available here.
- **Individualised study plans**: Trainees may put forward their own individualised proposals for prospective approval by the Provisional Fellowship Program Sub-Committee.

Trainees must prospectively apply for an individualised study plan or notify ANZCA that they are undertaking training in a pre-defined study plan. No more than four weeks prior to receipt of required documentation will count as approved vocational training.

At the start of provisional fellowship training, trainees will automatically be enrolled into the ANZCA continuing professional development (CPD) program and given access to the CPD portfolio. The CPD portfolio, handbook and related resources can be found here.

Following completion of all training requirements, the trainee can apply for admission to fellowship of ANZCA (section 2.18).

2.4. Leave

Leave consists of all time not spent in training and includes annual leave, bereavement leave, sick leave, parental leave, study leave, examination leave, industrial action and any other time away from training. Trainees who intend to take more than 12 continuous weeks of leave should prospectively apply for interrupted training (section 3.1.3). Leave taken in excess of that allowable for their current core unit will not count towards training time.

Basic training (BT) trainees who have completed all the requirements of BT but have taken excess leave in IT/BT may apply to have up to 2 weeks leave taken during BT to be counted towards their permitted leave in AT (use the exemptions to the regulations form). This provision is to assist trainees to remain in synchronisation with the hospital employment year (HEY).

2.5. Supervision of clinical experience during ANZCA training

Supervision of clinical experience allows trainees to provide an appropriate standard of safe patient care and to learn in safety as they progress towards independent specialist practice.

As part of ANZCA accreditation, supervision levels provided by each department to trainees are audited from TPS data, trainee survey results and departmental rostering practices and processes. Departments must comply with the following supervision requirements.

2.5.1. Supervision principles

1. All clinical work undertaken as part of ANZCA vocational training must be supervised at a level appropriate to the trainee's clinical experience, the patient's condition and the clinical situation.
2. The same standards of supervision must apply at all times.
3. Direct clinical supervision of any trainee must be provided by a supervisor with appropriate experience in the particular area of anaesthesia or

relevant discipline who meets the ANZCA guidelines for being a clinical supervisor (section 2.5.3).

4. Supervision of trainees must occur in all areas where trainees work. This includes the operating theatre as well as all other areas such as pre- and post-anaesthesia consultations, pain rounds, clinics and other remote locations.
5. Trainees must be encouraged to seek advice and/or assistance as early as possible whenever they are concerned about a patient's condition or their own ability to manage a clinical situation.
6. Experience in emergency cases is an essential component of training. It is recognised that emergency experience includes all non-elective cases, both in and out-of-hours, and can occur at any time of the day or night. Out-of-hours experience is essential for trainees to develop an understanding of working under a resource-constrained environment. It is essential that some emergency experience is obtained out-of-hours, although this proportion is not specified. Trainees may require increased supervision when undertaking unfamiliar emergency cases.
7. Part-time training is subject to the same supervision requirements as for full-time training (regulation 37).

2.5.2. Supervision levels

ANZCA recognises four levels of supervision:

Level 1 – the ability to intervene immediately

Requires the supervisor to be:

- Exclusively available to that trainee, with no other duties, and immediately able to provide assistance or assume direct patient care.
- Usually present, remains physically close so able to attend and intervene within 1-2 minutes if briefly absent.
- Fully aware of the details of the case or procedure and the anaesthesia plan, its progress and the dynamic situation.

Requires the trainee to:

- Negotiate with the supervisor what role they will have in the case.
- Know the location of the supervisor and how to get their immediate help.
- Only undertake significant interventions with the supervisor's knowledge.

All trainees must be supervised at level 1 in any area in which they are unfamiliar. Trainees in introductory training must be supervised at level 1 until they have successfully completed the multiple choice questions assessment (MCQA), the specified emergency scenarios (SES), and all workplace-based assessments

Level 2 – the ability to intervene quickly

Requires the supervisor to be:

- Available without delay, undertaking other duties only if it is anticipated that they can be immediately abandoned.
- In relatively close proximity so can attend and intervene within 5 minutes.

- Fully aware of the details of the case or procedure and the anaesthesia plan.
- Level 2 supervision can be provided to one or two trainees.

Requires the trainee to:

- Know how to contact the supervisor for assistance or advice.
- Be able to initiate management of a complication or change in patient condition.
- Be aware of their limitations and the need for help.

Level 3 – available on site

Requires the supervisor to be:

- Available to a trainee after only a short delay and always available for consultation.
- Within the same institution so no travel is required to attend and intervene.
- May be unaware of the case or procedure.
- Level 3 supervision can be provided to more than 1 trainee.

Requires the trainee to:

- Know who the supervisor is and how to contact them.
- Know how to manage a complication or change in patient condition and be able to commence and continue treatment until help arrives.
- Recognise patient, anaesthetic and surgical factors that increase risk to inform decisions about planning and the need for help.

Level 4 – available off-site

Requires the supervisor to be:

- Always available for consultation and free of commitments that would prevent their attendance if needed.
- Exclusively on call for the institution and able to attend within a reasonable travel time, (usually 30mins, dependent on local guidelines).
- May be unaware of the case or procedure.

Requires the trainee to:

- Know who the supervisor is and how to contact them.
- Be able to manage a complication or change in patient condition, direct others to assist if needed, and continue until the issue is resolved or supervisor help is provided.
- Be able to accurately anticipate risk or deterioration.

As trainees progress through the core units, it is important to encourage greater levels of independent practice i.e. at supervision levels 3 and 4. Where there is concern about trainee performance the supervisor of training must advise the head of department on appropriate levels of supervision.

Supervision levels, consultation and attendance by consultants must also comply with local department guidelines.

2.5.3. Acceptable supervisors of ANZCA trainees' clinical experience

The following may supervise ANZCA trainees' clinical work:

- Anaesthetists who hold a FANZCA.
- Anaesthetists employed as specialists in ANZCA-approved hospital departments and other training sites, who hold a specialist qualification in anaesthesia and are a specialist registered with APHRA, or a medical practitioner vocationally registered with the MCNZ in anaesthesia.
- Any specialist international medical graduate (SIMG) assessed under regulation 23 who is appointed to a senior staff or a provisional fellowship post by an ANZCA-accredited department must be holding a qualification that is:
    - Substantially comparable to FANZCA, or
    - **Partially comparable** to a FANZCA and was assessed as required to undertake a SIMG Performance Assessment. (Noting that the regulation (23) changed on 3 April 2017, with significant implications for the above, and that the interview outcome is documented in the Report 1 to the Australian Medical Council (in Australia), or ANZCA written confirmation to applicants (in New Zealand) regarding progression to FANZCA.)
- Pain medicine experience can be supervised by pain specialists who hold the fellowship of the Faculty of Pain Medicine of ANZCA or those who are employed as specialists in a pain clinic or pain service.
- For intensive care medicine and other anaesthesia-related specialty experience, those who are approved by the relevant training organisation (for example, for intensive care medicine, those approved by the College of Intensive Care Medicine to supervise College of Intensive Care Medicine trainees).
- Provisional fellowship trainees may supervise more junior trainees.

Provisional fellows can only be supervised by those employed as specialists and should not supervise other trainees at the same level of training.

Anaesthetists without any anaesthesia specialist qualification (for example, GP anaesthetists) cannot act as supervisors of the clinical work of ANZCA trainees.

2.5.4. Supervision levels and emergency/elective workload for different core units

The following table is a guide to the appropriate supervision levels of trainees for emergency and elective workload:

Table 2.5.3 Supervision levels

	Introductory training before MCQA, SES and WBAs	IT following completion of MCQA, SES and WBAs	Basic training	Advanced training
Level 1 and 2	100% Level 1	Minimum 50%	Minimum 50%	Minimum 30%
Level 4		Maximum 10%	Maximum 20%	Maximum 40%
Emergency workload*	15 – 30%	25 – 50%	25 – 50%	25 – 50%

Note: All percentages in the above table relate to percentage of hours worked.

*During specific clinical placements with a high emergency case mix, such as retrieval medicine and obstetrics, the proportion of emergency work may be greater than the required 50%, although the overall requirement for the whole of training must still be met.

2.5.5. Supervision levels for amount of experience in clinical anaesthesia

Trainees must be encouraged to seek advice and/or assistance as early as possible whenever they are concerned about a patient's condition or their ability to manage a particular clinical situation. Trainees must also adhere to local department guidelines regarding supervision and notification of consultants. During any stage of training, trainees must advise their supervisor of any seriously ill patients, any patients posing special problems for anaesthesia, and all unfamiliar clinical situations. A supervisor must attend in person whenever a trainee requests them to be present.

Training level alone may not be a good indicator of the level of supervision required. The appropriate level of supervision a trainee requires will depend on their prior experience, skill level in the area of practice they are undertaking and the location of the care being undertaken. The overall standard of supervision however must be consistently applied at all times.

First and second years of supervised clinical experience

Introductory training must be supervised at level 1 until the multiple choice question assessment (MCQA), specified emergency scenarios (SES) and all workplace-based assessments (WBAs) are successfully completed.

After the initial period of level 1 supervision, the supervisor should in general be notified of all cases.

After 12 months of supervised clinical experience, it may be appropriate for trainees to undertake uncomplicated cases without discussing the case with their supervisor, although this must be in accordance with local departmental guidelines.

The supervisor should attend in the following situations:

- Patients requiring major resuscitation.
- Patients with serious medical illness.
- Non-obstetric procedures on pregnant patients.
- Surgery that poses special anaesthesia problems.
- Any patient who has a potential or known difficult airway.
- Any other high-risk patient.
- Any clinical situation with which the trainee is unfamiliar.

Subsequent years of clinical experience

In the **first year of AT,** supervision at level 3 may be appropriate for many cases except where new areas of practice are encountered. In some subspecialty areas, such as cardiothoracic anaesthesia, level 1 supervision is normally appropriate.

In the **second year of AT**, consultation can be at the discretion of the trainee although consultation (and where necessary direct supervision) remains essential for unfamiliar clinical situations.

During provisional fellowship training, consultation and appropriate supervision must be available at all times. It is expected that some level 1 and 2 supervision will be available for provisional fellows to allow for regular teaching and feedback.

Supervision in paediatric anaesthesia

Supervision of trainees providing anaesthesia to children, like all subspecialty areas, will depend on trainees' experience and skill level in that area of practice. Trainees will gain experience in paediatrics at different stages of their training.

Individual workplaces should provide guidelines for trainees and supervisors about expected levels of supervision for paediatric patients in their workplace. These guidelines should consider trainees' experience and the overall minimal standard expected of FANZCA trainees reflected in the paediatric specialised study unit.

Without further training in paediatric anaesthesia, trainees are not expected to have the ability to provide anaesthesia for children:

- Less than two years of age.
- With significant co-morbidities.
- Having complex procedures.

2.5.6. Supervision and the trainee in the trainee support process

On occasion, trainees may need to be more closely supervised than the recommended minimum levels outlined in the preceding sections.

For more information on assessment and management when a trainee is in the trainee support process, see section 3.4.

2.6. Volume of practice

Volume of practice (VOP) refers to the minimum number of actual cases and procedures to be undertaken by a trainee during the first four years of training. These are considered core for every trainee, occurring frequently in practice. All trainees should be able to access exposure without significant difficulty.

Each assigned VOP is the minimum required to achieve learning outcome requirements as specified in the curriculum. For some cases and procedures it is expected that trainees will complete more than the minimum to achieve proficiency. Trainees need to plan to maximise the opportunities to fulfil their VOP requirements.

Trainees are encouraged to log *all* their clinical experiences into the training portfolio system, especially cases, procedures and sessions logged for required VOP where the trainee has gained meaningful experience. This is ideally entered on the day of the case/session.

Any case may have aspects which count towards various VOP requirements. For example, anaesthesia for a craniotomy in a child may count towards:

- The neurosurgery and neuroradiology specialised study unit requirements
- Paediatric case requirements in the paediatric anaesthesia specialised study unit
- Arterial line insertion for the general anaesthesia and sedation clinical fundamental.

A trainee may be unable to meet the minimum required VOP, for example because of limitations on their rotation and placement opportunities. In these circumstances, the trainee may apply to the director of professional affairs (assessor) for consideration. Support for this application from the supervisor of training will be required. This decision will take into consideration the trainee's particular circumstances and whether the balance of their training will provide them with sufficient clinical experience.

Applications should be forwarded to assessor-requests@anzca.edu.au

2.7. Specialised study units

Experience in the specialised study units (SSUs) can be accumulated from the beginning of training. Learning outcomes are assessed by:

- Examinations.
- Workplace-based assessments.
- Courses (section 2.15).

The curriculum document provides specific examples of how the ANZCA roles in practice may apply in these study units.

While trainees in introductory training can gain some SSU experience, they are not permitted to undertake workplace-based assessments for SSUs.

Care of the newborn (obstetric SSU)

As part of the obstetric anaesthesia and analgesia SSU trainees are required to complete five episodes of care of the newborn following delivery. Trainees are recommended to spend a block of time with an obstetrician or neonatal paediatrician:

- To assist with and participate in the care of newborn babies.
- To learn more about the care and management decisions that are provided immediately following birth.
- To learn about the opportunities for collaboration with colleagues from paediatrics, obstetrics and other specialties.

This experience may involve a variety of tasks including neonatal resuscitation, medical examination of the newborn and ongoing neonatal care.

Paediatric cases (paediatric SSU)

Trainees who complete or have completed at least five cases where the age of the patient is less than six months are exempt from the requirement to complete a CbD for "anaesthetic management of an infant under two years of age". This credit is automatically applied in the training portfolio system when the relevant cases are recorded.

2.8. Clinical placement reviews

It is each trainee's responsibility to ensure that clinical placement reviews (CPRs) occur as part of their training. Trainees who do not complete their clinical placement plan in a timely manner are not meeting learning outcomes of both the scholar and professional roles. They are also in breach of their training agreement.

There are three types of CPR:

- **Planning CPR**: performed at the beginning of each clinical placement.
- **Interim CPR**: as required.
- **Feedback CPR**: performed at the end of a clinical placement.

If the duration of a clinical placement is longer than 26 weeks, an interim or feedback CPR must be performed at least every 26 calendar weeks. This provides opportunities for a trainee to receive regular formal feedback to make learning plans for the remainder of the clinical placement.

Additional CPRs may occur part way through the placement at the instigation of either the trainee or the supervisor of training (SOT).

2.8.1. Planning clinical placement review

A clinical placement plan should be developed by the trainee within the first four weeks of starting a placement.

The SOT will review the plan with the trainee at a planning CPR meeting and make suggestions and changes as appropriate. The SOT must then confirm the plan for the placement to be completed.

Developing a planning CPR

When developing a planning CPR, trainees:

- Must be familiar with the learning goals of their current core unit and of any specialised study unit opportunities available at the placement.

- Should identify their learning needs.

A plan to achieve the relevant learning goals during the placement should be prepared. It should also outline:

- The workplace-based assessments, volume of practice and scholar role activities that the trainee will focus on during the placement.
- Specific knowledge, skills and attitudes they wish to acquire during the placement.

The plan should be based upon the trainee's current practice and learning style and the training program aims. Trainees should refer to their plans and revise them as necessary. Revisions can be added in interim CPRs.

Time management is an essential component of training. This includes allocating appropriate time to acquire the knowledge, skills and attitudes associated with the training program. Trainees should consider the time they will devote to achieving their learning aims in their clinical placement plans. Trainees should take into account their abilities and the opportunities available to them in relation to their specific learning aims.

Self-assessment is an essential skill for effective medical specialists. Self-assessment is periodic self-review by the trainee in order to improve their ability as an anaesthetist. It is extremely valuable for trainees to develop this skill during training as it is a critical part of continuing professional development. In its simplest form, self-assessment requires the trainee to ask:

- What were my goals for the last 26 weeks?
- Which goals did I achieve?
- What goals did I not achieve? Why? How could I address this in the future?
- What are my strengths?
- What are my weaknesses?
- How can I improve my areas of weakness?
- What are my goals for the next 26 weeks?

With practice, self-assessment becomes intuitive and can be performed more effectively.

2.8.2. Interim clinical placement review

If a trainee is on a placement longer than 26 weeks, an interim CPR must occur. Trainees are advised to prepare for the interim CPR by reviewing their planning CPR and their progress against training program requirements prior to meeting with the SOT. A trainee may require more than one interim CPR during a placement.

More frequent interim CPRs may be required for those trainees who are experiencing difficulties during their clinical placement. This may be initiated by either the trainee or SOT and need not just relate to performance issues (for example, an interim CPR may be requested due to difficulties obtaining the required volume of practice or workplace-based assessments).

2.8.3. Feedback clinical placement review

The **feedback CPR** must occur at the end of each clinical placement.

If considered appropriate, a feedback CPR can be completed part-way through a placement that is longer than 26 weeks so the trainee can receive more structured feedback. Another planning CPR will be required for the remainder of the placement.

Trainees need to ensure that all compulsory CPRs are scheduled and completed, as the review of formative assessments contributes towards the core unit reviews. The trainee support process (TSP) may be triggered if:

- A trainee cannot demonstrate that they have satisfactorily completed CPRs for each placement.
- CPRs confirm unsatisfactory or borderline performance.

SOTs should also monitor trainees' completion of regular CPRs and assist in reminding trainees if these are overdue.

Review of progress against the planning CPR

Trainees prepare for the feedback CPR by reviewing their planning CPR and their progress against training program requirements prior to meeting with the SOT. The feedback CPR requires the SOT to review the trainee's progress against their clinical placement plan. This review will be informed by the trainee's workplace-based assessments, volume of practice progress, specialised study unit reviews and logged scholar role activities, courses and exams which will be reviewed with the trainee at this time.

CPR questions

During the feedback CPR, the SOT may ask the trainee questions that cover a broad spectrum of the learning outcomes in the ANZCA roles in practice that are not covered in other activities and assessments. The SOT must ask the trainee at least one and up to three **clinical placement review questions**.

The SOT may use questions that the trainee has not been asked before, or has had difficulty in answering in the past, or that have relevance to specific experiences the trainee has had during the placement. The CPR questions are within the CPR form on the training portfolio system, and are listed in appendix two. The learning outcomes that the questions assess are identified in the ANZCA roles in practice section of the curriculum document, with the code 'CPRQ' in the assessments column.

Feedback summary

The SOT will provide a feedback summary and global assessment indicating whether the trainee has met the expectations for their level of training. Any outstanding elements that will need to be addressed in the current or subsequent clinical placements will be noted. The SOT may also document the trainee's progress towards achieving the learning goals of the core unit for reference when completing the core unit review.

If the trainee is identified as underperforming during the CPR then the trainee support process should be considered.

The SOT may consider a **borderline** rating if the trainee:

- Has not completed a clinical placement plan within four weeks of the start of the placement.
- Has not completed an appropriate number of WBAs during the placement.
- Has performed poorly on specific items on several WBAs completed by multiple assessors.

- Does not action feedback as documented on WBA forms.
- Lacks progress toward the learning goals of the relevant core unit.
- Disregards the agreed learning goals within the clinical placement plan.
- Has not logged an appropriate number of cases, procedures or sessions during the placement.
- Has demonstrated poor attitude or consistent issues with communication.
- The supervisor of training may consider an **unsatisfactory** rating if the trainee:
- Had a borderline rating in the previous CPR and has not demonstrated improvement.
- Does not complete any WBAs or the total number of WBAs is significantly lower than expected for the core unit.
- Demonstrates poor performance on several WBAs completed by multiple assessors.
- Shows lack of focus or disregard for training program requirements relevant to the core unit.
- Has logged an insufficient number of cases, procedures or sessions during the placement.
- Has performed consistently below expectation for the level of training in any of the ANZCA roles in practice.

A trainee support process (TSP) must be initiated when a trainee receives an unsatisfactory CPR rating or two borderline ratings within a 52-week period. The SOT may consider the merit of initiating a TSP after one borderline assessment in order to provide the trainee with additional support.

SOTs may also be aware of the early signs for a trainee requiring more support and consider whether the trainee may be at risk. Refer to the early indicator checklists for more information.

2.9. Specialised study unit review

The accrual of assessments towards the specialised study units (SSUs) as a whole will occur throughout basic and advanced training. The timing of completion will vary across different training locations. For some SSUs these assessments will be spread over a number of years while other SSUs may be completed in a short time frame associated with a single clinical placement in a specific area of practice.

Trainees starting a new clinical placement are encouraged to make early contact with the SSU supervisor or supervisors at that training site in order to establish both the opportunities for SSU accrual, and the requirements and expectations for completion of any SSU that may be achievable during the placement.

Completing the SSU review

- Prior to the sign off of a SSU the trainee must review their progress against the required workplace-based assessments, volume of practice (cases and/or procedures) and courses with the SSU supervisor.
- The SSU supervisor will have access to the training portfolio system to complete the SSU review form but does not have independent access to the trainee's training record. The trainee can show the SSU supervisor their full training record on request.

- The SSU supervisor will ask the trainee three questions and indicate if the questions have been satisfactorily answered. The aim is to assess the trainee's general ability across that SSU and their understanding of management of relevant cases. A question bank based on the relevant learning outcomes have been developed for each SSU to assist supervisors.
- If the trainee has not met the learning goals for that SSU and/or is not at the standard described, then they should not be signed off. The SSU supervisor should outline what further actions are required to meet SSU requirements. This may include additional WBAs or teaching and learning cases as evidence that the learning goals have been met.
- If the trainee has met all the requirements of the SSU then the SSU supervisor will provide a feedback summary, complete and submit the SSU review in the training portfolio system.
- A supervisor of training must verify the SSU review. They will confirm that the consultant completing the SSU review is the training site's appointed SSU supervisor.

In the situation where a trainee is unlikely to complete a SSU during the relevant placement, the trainee or the SSU supervisor is advised to contact the supervisor of training as early as possible. A plan for addressing any outstanding training requirements should be made with the trainee.

2.9.1. Intensive care specialised study unit

The intensive care medicine (ICM) SSU has requirements for completion that are different from the other specialised study units.

The assessment components for this SSU are:

- Time requirements.
- Multi-source feedback (MSF).
- ICM feedback clinical placement review (CPR).

These will be completed by a designated ICM supervisor, who has been and approved by the training site's ANZCA SOT. The ICM supervisor will have access to the TPS to confirm time undertaken in ICM, collate MsF responses, confirm the trainee's planning CPR and complete the feedback CPR with the trainee.

2.10. Core unit reviews and the provisional fellowship review

A core unit review (CUR) is a summative assessment which occurs at the end of each core unit, and marks progression between the core units. The provisional fellowship review (PFR) is also a summative assessment which occurs at the end of training.

Depending on the timing of completion of the core unit, the CUR or PFR may coincide with the clinical placement review.

Completing the CUR or PFR

When completing the CUR or PFR, the supervisor of training (SOT) must select a core unit end date. This date will normally be the **first Sunday after the date of completion of the last outstanding requirement.** The review can be completed up to four weeks prior to finishing the placement, provided the minimum time requirements have been confirmed and all other requirements have been met.

During the meeting with the trainee, the SOT checks all components of the relevant core unit have been completed and confirms that the trainee meets the expected level of

training for the relevant core unit to progress to the next period of training or to apply for fellowship.

CURs can also be conducted retrospectively if the meeting with the trainee does not occur on or before the date when all requirements (including time) have been met. Any workplace-based assessments, volume of practice and time accrued in the intervening period will be automatically credited towards the following core unit once the CUR is submitted.

Outstanding requirements

If any of the core unit requirements are outstanding, the SOT should discuss this with the trainee and save the CUR for future completion. If the trainee has met all the training requirements of the core unit but has not met the learning goals, the SOT should specify the goals that the trainee must focus on and suggest a timeframe for the trainee to request another meeting.

A further CUR or PFR interview will then be required once all components of that core unit are completed.

If the trainee is not satisfied with the outcome of a CUR or PFR, they can approach the education officer for advice and a decision.

Once the PFR is satisfactorily completed, the trainee is eligible to apply for fellowship. Completion of a PFR does not automatically confer fellowship. The ANZCA Executive ultimately determines progression to fellowship on recommendation from the director of professional affairs (assessor).

2.11. Workplace-based assessments

Workplace-based assessments (WBAs) provide trainees with regular, structured and actionable feedback to aid learning and development as they progress towards independent specialist practice. WBAs also inform the clinical placement review process and assist supervisors of training (SOTs) to provide meaningful suggestions to trainees, for their progression through training. WBAs foster a culture of feedback and support, while providing transparency for trainees, WBA assessors and other supervisors.

The curriculum requires a minimum number of WBAs for each core unit. Assessment tools have been matched specifically to the types of learning outcomes (knowledge, skills and attitudes/behaviours). The learning outcomes are mapped to the curriculum to ensure that trainee progression throughout the curriculum is adequately monitored and assessed. This promotes learning and ensures that graduates of the program have all the necessary attributes for specialist practice.

The following four WBA tools each have a different function. Collectively, they contribute to providing a bigger picture for supervisors to monitor trainee performance:

- Multi-source feedback (MSF).
- Direct observation of procedural skills (DOPS).
- Mini-clinical evaluation exercise (mini-CEX).
- Case-based discussion (CbD).

The tools can be used from the start of each core unit.

For a WBA, a case is defined as any observed interaction with a patient that can be assessed, however short or long. This may focus on a specified component and does not have to cover the complete anaesthetic.

As part of the WBA process, the assessor will complete an assessment of the level of supervision required by the trainee for that case. Trainees will also need to complete a self-assessment on the level of supervision they required and reflect on the feedback conversation with the assessor. Using this feedback and their reflections, trainees will need to document specific actions to improve their practice during future encounters.

2.11.1. Mandatory workplace-based assessment numbers

Mandatory WBAs has been designed to assess specific skill-based learning outcomes in the curriculum. These specific learning outcomes describe the level of achievement expected of the trainee according to either the core unit they are in, or by the end of a specialised study unit. Many will also describe the level of complexity and supervision required. Learning outcomes that link to one of the mandatory WBAs is identified in the assessment column of the curriculum document by either M-DOPS, M-CEX or M-CbD.

The ANZCA curriculum specifies the minimum number of WBAs required, but trainees should be encouraged to do more than the minimum to assist them towards achieving the knowledge, skills and behaviours expected of a specialist anaesthetist. However, there are circumstances where additional assessments may be required.

Trainees should familiarise themselves with the required WBA run rate set out in the curriculum document and ensure that they maintain this during basic, advanced and any period of extended training.

2.11.2. Monitoring of workplace-based assessments

Supervisors of training (SOTs) can monitor performance by reviewing WBAs with the trainee at each clinical placement review. This will enable the SOT to provide appropriate assistance with the aim of assisting the trainee to satisfy the requirements for the core unit review.

The trainee dashboard on the training portfolio system will show the SOT if the trainee has or has not met the minimum requirements. However, supervisors of training will need to review the detail of the trainee records to ensure the trainee is performing at the expected level.

If trainee performance is not at the level expected for the stage of training additional WBAs above the minimum requirement should be undertaken. The SOT can mandate extra WBAs using the training portfolio system to increase WBA targets. This process should be seen as providing specific constructive advice to the trainee to assist them in addressing areas where improvements can be made.

It is recommended that the SOT, WBA leads and department WBA advocates maintain communication with WBA assessors in order to ensure the overall process is constructive and promotes trainee development and improvement. ANZCA provides training for WBA assessors.

2.11.3. Guidelines for selecting cases/procedures for workplace-based assessments

Not specified WBAs

The trainee or assessor can select the focus for many WBAs and these should be for cases and procedures in areas where the trainee is working towards independent practice. These should be “stretch” cases, where the trainee can manage most aspects of the interaction but will have some level of challenge that will allow them to receive helpful feedback to advance their skills and

decision making. The learning outcomes of the core unit, particularly those in the skills sections and identified by DOPS, CEX or CbD in the assessment column, will guide what the trainee should be aiming to achieve by the end of that core unit.

Repeated problems with WBAs

Supervisors of training may encourage trainees who have identified problem areas and weaknesses to do additional WBAs in those areas to assist them. If the trainee is repeatedly receiving the same feedback in the same area(s) and is unable to demonstrate improvement despite this feedback, it may indicate that they are experiencing difficulty and intervention may be required (see section 3.4 on the trainee support process).

2.11.4. Multi-source feedback

The multi-source feedback (MsF) is a formative assessment, which is undertaken at least once in each core unit. The feedback received in the MsF should be considered with those of other WBAs towards each core unit review.

The MsF should be completed by both specialist anaesthetists and other team members (for example, provisional fellows, surgical registrars and specialists, senior recovery, pain and intensive care unit nursing staff and anaesthesia assistants) with whom the trainee has worked.

The trainee is responsible for co-ordinating the distribution of the MsF forms to feedback providers, allowing sufficient time for them to be returned to the SOT. **The SOT can make recommendations on specific assessors** and/or the roles of assessors (surgeon, theatre nurse, and so on) that must be invited to provide feedback. While the SOT cannot request responses directly from the assessors, they can delay the collation of feedback until the specified assessors have been included.

To ensure the minimum seven feedback forms are returned, the trainee should use their judgement on how many forms to circulate, perhaps assuming a response rate of 50 per cent.

The feedback forms are returned to the SOT who reviews and collates the information into summary response for discussion with the trainee. This process ensures confidentiality and allows the SOT to give the trainee a global assessment rather than focusing on individual comments. The SOT can also exclude responses that they deem inappropriate but must provide a justification within the TPS for not including the feedback, for example, inappropriate assessor such as a fellow registrar who would not have worked with the trainee.

It is recommended that the MsF is undertaken towards the end of each core unit and during the intensive care medicine placement. This allows enough time for the feedback providers nominated by the trainee, to observe them in training and to be able to comment on various aspects of their performance.

The following are recommended timeframes for completion of the MsF. However, trainees will need to allow sufficient time for their SOT to collate and review the forms in the training portfolio system:

- Introductory training (IT) – within the four weeks before the IT core unit review.
- Basic training (BT) – within the eight weeks before the BT core unit review.

- Advanced training (AT) – within the 12 weeks before the AT core unit review.
- Provisional fellowship training (PFT) – within the six weeks before the provisional fellowship review.
- Intensive care medicine – within the last three to four weeks of the placement.

2.11.5. Direct observation of procedural skills

Direct observation of procedural skills (DOPS) assesses and provides structured feedback about both knowledge and technical proficiency regarding a discrete procedural skill. The procedure may be done as part of usual clinical work or by simulation (for example, on a part task trainer). Simulated settings in this context do not include the Emergency Management of Anaesthetic Crisis (EMAC) course and trainees will not be provided with opportunities to complete WBAs during this course.

DOPS has seven components:

- **Focus for learning**: this is considered by the trainee and outlined to the assessor prior to the DOPS being performed and observed.
- **Discussion:** regarding relevant anatomy, indications, contraindications, complications and side-effects, equipment required, patient positioning and monitoring, and consent. It is useful to ask the trainee to outline how they will perform the procedure and what precautions they will take, before they start the procedure. Consideration should be given as to whether this discussion should occur in the presence of the patient.
- **Observation:** of the consent process and the procedure.
- **Documentation by the assessor of their observations:** this will provide the evidence the assessor will use to support their feedback and should include sufficient specific detail to allow for later reflection by the trainee and provide SOTs with an understanding of the trainee's performance. Identification of good performance as well as areas for improvement is important.
- **Trainee self-assessment**: of the level of supervision they felt was required.
- **Global assessment and feedback:** this is the most important aspect of the process. Feedback should be provided verbally as soon after the observation as possible. The setting should be private and free from interruption.
- The assessor will need to make a global assessment on the level of supervision the assessor believes the trainee requires when performing the procedure. This decision should be based on questioning and direct observation of the trainee's performance. It does not depend on how many times the trainee has performed the procedure or the level of training of the trainee.

  If the trainee is assessed as still requiring direct supervision for the procedure the assessor is required to provide feedback to the trainee on what they need to do in order to do the procedure without direct supervision.

- **Trainee reflection and comments with development of an action plan:** this will assist the trainee to progress towards independent practice by incorporating feedback and develop their skills for self-reflection and continuous improvement.

2.11.6. Mini-clinical evaluation exercise

The mini-clinical evaluation exercise (mini-CEX) provides supervisors and trainees with a structured assessment and feedback format for clinical knowledge (including reasoning and understanding), skills (technical and non-technical) and behaviours related to the trainee's management of a single clinical case.

The trainee and the supervisor should agree on an appropriate case before the assessment starts. The case should be one that the trainee is able to comprehend and manage reasonably without direct intervention by the supervisor (this is referred to as being at the trainee's 'learning edge'). Trainees should be mindful of the need to ask for help as required, and that appropriate guidance seeking will be viewed positively in the assessment. The supervisor should clarify their role, including the circumstances in which they would intervene in the case.

The mini-CEX has six components:

- **Focus for learning:** this is considered by the trainee and outlined to the assessor prior to the mini-CEX being performed and observed.
- **Discussion:** regarding relevant clinical knowledge, understanding and reasoning related to the case. The trainee should be able to articulate and justify a management plan, at their expected training level. Consideration should be given as to whether this discussion should occur in the presence of the patient.
- **Observation:** of the trainee managing the case. It is important that the trainee is 'in the driver's seat'. The supervisor may need to intervene from time to time for reasons of safety and work efficiency. The supervisor should record what supervisory interventions were required and why. This forms the basis of the constructive feedback to assist the trainee attain greater autonomy. The supervisor should also note when no intervention was required and discuss this in the feedback (see Mini-CEX form).
- **Documentation by the assessor of their observations and overall performance on this case (level of supervision required):** this provides the evidence the assessor uses to support their feedback and should include sufficient specific detail to allow for later reflection by the trainee and provide SOTs with a clear idea of the trainee's performance. Identification of good performance as well as areas for improvement is important.
- **Trainee self-assessment:** of the level of supervision they felt was required.
- **Global assessment and feedback:** this is the most important aspect of the process. Feedback should be given verbally as soon after the observation as possible. The setting should be private and free from interruption.
- **Trainee reflection and comments with development of an action plan:** this will assist the trainee to progress towards independent practice by

incorporating feedback and develop their skills for self-reflection and continuous improvement.

2.11.7. Case-based discussion

The case-based discussion (CbD) is primarily designed to assess and coach trainees in the skill of reasoning through discussion of decision-making, interpretation and application of evidence to real clinical cases. It assesses self-reflection and the ability to verbally present a case. It is also an opportunity to assess and give guidance on relevant clinical knowledge, understanding and documentation. A CbD is similar to conducting a trial viva however it uses a real case that the trainee has managed fairly independently as the stem.

A CbD is particularly useful for cases that the trainee has managed under level 3 or 4 supervision and is a powerful tool for assessing decision-making, particularly during the later stages of training. It is not mandatory for the case to have been managed at level 3 or level 4 supervision as this may not always be possible and there is still value in assessing the trainee's understanding of why the patient was managed in a particular fashion. However, cases done with greater levels of supervision are more appropriate for a mini-CEX.

The CbD has two components:

- **Case selection and de-identification**. The trainee brings copies of the anaesthetic records of at least three cases they have dealt with reasonably independently (ideally at level 3 or 4 supervision) and the assessor chooses the most appropriate one for discussion.

  Occasionally the SOT may direct a trainee to have a particular case assessed and in this case the trainee needs to take a copy of that specific anaesthetic record along to the assessment.

  All anaesthetic records should be de-identified for privacy and confidentiality reasons.

- Presentation, discussion, assessment, feedback.
  - **Presentation:** the trainee presents the case to the assessor and enters a brief summary in the field 'Case details' in the training portfolio system.
  - **Discussion:** the trainee should include the headings of the foci discussed in the field 'Focus for learning'. An estimate of the complexity of the discussion should be documented. This is also an opportunity to explore how the trainee would manage the patient if events unfolded differently, or what issues they might have anticipated for this patient during the procedure.
  - **Trainee self-assessment**: of the level of assistance they felt was required to assist with decision making.
  - **Global assessment**: the assessor rates the trainee according to how much prompting is required to demonstrate adequate reasoning and other skills for safe care.
  - **Assessor feedback**: this should be provided at the time of the assessment. It should be specific and constructive in order to guide the trainee on areas they should focus on in future study, and structures they may find helpful for approaching tasks such as formulating plans.

- **Trainee reflection**, comments **and action plan:** this includes what the trainee plans to do in the future as a result of the discussion and feedback that has occurred.

CbD should only require 10 to 20 minutes of discussion, and the whole process should take 30 to 45 minutes.

2.12. Assessments

2.12.1. Multiple choice question assessment in Introductory Training

The multiple choice question assessment (MCQA) in introductory training (IT) is a series of questions selected from knowledge-based learning outcomes for the IT core unit of the anaesthesia training program curriculum document.

The MCQA consists of 60 questions to be completed within 60 minutes, and trainees must achieve 80% to successfully complete the assessment. Trainees can attempt the MCQA at any time after commencing IT and are permitted unlimited attempts, until the end of the 16th week, to successfully complete the MCQA. The ANZCA training program administrators and the supervisor of training (SOT) will be notified after three unsuccessful attempts. Three unsuccessful attempts at the MCQA may signal a need for additional trainee support.

After the third unsuccessful attempt of the MCQA, access to the assessment (on the college's learning management system) will be reset by a training program administrator to allow three further attempts to successfully complete the assessment.

The MCQA must be successfully completed by the sixteenth week, full time equivalent (FTE), of IT and is a requirement to progress to the next core unit of anaesthesia training. If the MCQA is not successfully completed by week sixteen FTE, the SOT is notified and consideration may be given to initiating a trainee support process (TSP).

Trainees will receive immediate notification of successful completion of the MCQA through the learning management system, Learn@ANZCA. Trainees must present the certificate of completion to the SOT. The SOT is responsible for marking the MCQA as complete in the TPS.

2.12.1.1. MCQA practice resource

Introductory trainees have access to an MCQA practice resource which provides an opportunity to practice the MCQA with questions from the same question bank used for the MCQA.

The MCQA practice resource can be used as a learning resource, as it provides the correct responses to questions answered incorrectly by the user.

Trainees have unlimited access to the MCQA practice resource until the MCQA is successfully completed.

2.12.2. Specified emergency scenarios

The Specified emergency scenarios (SES) assessment is conducted during introductory training (IT) by the supervisor of training (SOT), and/or an approved delegate, to assess an introductory trainee's medical knowledge and application of clinical reasoning, problem-solving and decision making, with a focus on safe management of emergency situations.

The SES assessment will normally be completed during the last weeks of IT and should be signed off as part of the IT core unit review. However, it may be completed earlier if the trainee has approved recent anaesthetic experience (section 1.6.5).

The SES assessment is comprised of 6 scenarios selected from six core topic areas from the IT Core Unit learning outcomes of the anaesthesia training program curriculum document. There is no limit to the number of attempts allowed for a trainee to successfully complete the six core topics that make up the SES assessment, however, all core topic areas must be successfully passed to progress at the core unit review.

Successful completion of each of the six core topics scenarios that form the SES assessment will be recorded in the TPS by the SOT.

2.12.3. Patient clinical interaction assessment

The Patient clinical interaction assessment (PCIA) is an assessment conducted by a PCIA assessor and undertaken in the workplace during Advanced Training (AT). Trainees are observed interacting with a patient to elicit a medical history, undertake a physical examination and present relevant findings to a workplace assessor.

The purpose of the PCIA is to determine if the trainee can be entrusted to provide pre-operative care for patients with significant co-morbidities, including pre-operative assessment and risk stratification, preparation and optimisation prior to surgery, without supervisory input.

The assessment can be undertaken at any time within AT and must be successfully completed and documented to progress to the Provisional Fellowship Year (PFY) at the core unit review.

- The PCIA will be a requirement for all trainees entering Advanced Training (AT) from 2025 Hospital Employment Year. Trainees who commenced AT prior to 2025 are not required to complete the PCIA.

There is no limit to the number of PCIA attempts that can be undertaken with a PCIA assessor to reach the required standard. The successful completion of the PCIA is not a prerequisite to sit the FEx.

The SOT is responsible for marking the PCIA assessment as complete in the TPS and for ensuring the completed successful assessment forms are submitted to training program administrators for inclusion in the trainee record.

2.13. Scholar role activities and assessments

Scholar role activities facilitate the development of trainees as teachers and learners.

All doctors have a role in the teaching and supervision of medical students, junior colleagues and other health professionals, so trainees are expected to develop proficiency as teachers.

In addition, trainees need to learn how to critically evaluate information and its sources and apply this appropriately to practice decisions. As such, trainees should understand how evidence is generated, how to evaluate it and determine its applicability to their patients and clinical setting. This requires a sound knowledge of audit, quality improvement, research methods and critical appraisal.

Finally, scholar role activities set the foundation for trainees to participate in regular practice review when they become specialists.

2.13.1. Scholar role activity requirements

To fulfil the requirements of the scholar role, all trainees must complete the following activities:

- Teach a skill.
- Facilitate a group discussion/running a tutorial.
- Critically appraise a paper published in a peer-reviewed indexed journal.
- Critically appraise a topic.
- Complete an audit, including a written report.

To progress from basic to advanced training, trainees must have completed any two of the five activities. To progress from advanced to provisional fellowship training, all activities must have been completed. Trainees completing a course to receive an exemption from scholar role activities must also complete the course by the end of AT.

By the end of PFT, trainees must have:

- Attended 2 regional or greater conferences/meetings.
- Participated in 20 existing quality assurance programs, which may include audit, critical incident monitoring, morbidity and mortality meetings.

Trainees who were in the ANZCA training program prior to the 2017 HEY have had their scholar role activities requirements adjusted appropriately in the training portfolio system to reflect the transitional arrangements.

2.13.2. Evaluation of scholar role activities

The departmental scholar role tutor (DSRT) can nominate fellows to evaluate any of the scholar role activities except the audit activity. The DSRT must be confident that the nominee has appropriate skills and experience to evaluate the activity.

The steps for assessment of scholar role activities, except the audit are:

- The **trainee develops a plan** to discuss with the DSRT or nominee prior to commencing the activity.
- The **DSRT or nominee observes the trainee completing the activity** and evaluates the trainee's performance using the relevant form. The DSRT considers each of the items on the form and determines whether significant improvement is required; whether the item has been addressed, though some improvement is required; or, whether the item has been satisfactorily addressed. If multiple items require significant improvement, it may be helpful for the trainee to be observed and evaluated again.
- The DSRT or nominee provides the trainee with specific feedback on their performance. This should be done as soon as possible after the observation.
- The **trainee reflects on their performance** and develops an action plan for what they will do next time.

While trainees are usually only required to complete each activity once, it is recommended that trainees continue to request feedback throughout training to continually refine their skills.

Complete an audit and provide a written report

The expected time to complete the audit is between 25 to 50 hours of work. This equates to one to two hours activity per week for a six month period.

Trainees may complete an audit of personal practice. However, for those trainees who are contributing to a department or group audit, each trainee is expected to:

- Make a significant contribution across multiple components of the audit in terms of planning, design, implementation, and/or final write-up as assessed by the department scholar role tutor (DSRT). This does not require a significant contribution to every component of the audit.
- Demonstrate a familiarity with the audit process and its relevance to quality improvement in the healthcare setting.

Ethics approval is not a mandatory requirement for satisfactory completion of this scholar role activity. However, trainees are strongly recommended to be aware of local regulations regarding conducting audits and ethics committee requirements within that jurisdiction. This applies even if the trainee does not intend to publish the results of the audit outside their department. In case of uncertainty, advice should be sought from the relevant ethics committee.

To complete this activity the trainee is required to:

- Select the audit topic and **create an audit plan in consultation with the DSRT prior to commencing work on the audit.** This ensures the topic is clinically relevant to the department and/or trainee.
- Provide a written report in the form outlined by the Standards for Quality Improvement Reporting Excellence (SQUIRE) 2.0 guidelines.

The trainee should consider each item listed on the evaluation form, but it may be inappropriate or unnecessary to include every SQUIRE element in the report.

The written report should be approximately 1500 words.

Evaluation forms and guidelines

Scholar role evaluation forms and guidelines are available on the ANZCA website.

The below table describes the process of signing off scholar role activities in the TPS.

Activity	Confirmation of completion and recording in the TPS
• Teach a skill • Facilitate a small group discussion/ running a tutorial • Critically appraise a paper • Critically appraise a topic	• Trainee records the activity and uploads the evaluation form in the scholar role activities section. • The DSRT reviews the information recorded and confirms the trainee has completed the activity satisfactorily.
• Complete an audit and provide a written report	• Trainee uploads audit plan to the TPS. • DSRT reviews and confirms if audit plan is appropriate. • DSRT reviews and confirms if audit report is appropriate. • The final audit report or audit evaluation form does not need to be uploaded to the TPS.

2.13.3. Scholar role meeting requirements

Meetings and conferences are defined as any meeting relevant to the practice of anaesthesia, pain medicine or related fields.

Regional meetings are held at the local health region or state. Greater meeting/conferences are those convened at a national or international level.

To satisfy the scholar role meeting requirements, the trainee must:

- Attend a meeting that is one full day (minimum of seven hours).
- Complete an additional seven hours of meetings (this can be met by either attending multiple short meetings (minimum of 1.5 hours each) or by attending one full-day meeting.

Meetings cannot be routine departmental educational sessions.

Online participation in meetings is permitted, however, a minimum of 3.5 hours must be attended in person.

Trainees must record these meetings in the TPS for the approval by their DSRT or SOT. Recording the amount of time spent at the meeting is encouraged.

Meetings covering non-clinical topics such as career guidance or employment issues and opportunities are not considered appropriate for meeting this volume of practice activity.

Activity	No.	Confirmation of completion and recording in the TPS
Attend regional or greater conferences/meetings	2	• Trainee records each meeting as a separate entry in the courses and events section • The DSRT or SOT confirms the entries
Participate in existing quality assurance programs May include clinical audit, critical incident monitoring, morbidity and mortality meetings	20	

2.13.4. Exemption from scholar role activities

Exemption from scholar role activities is granted at the discretion of the SRSC. There are no exemptions from the audit activity, the critical appraisal of a paper and/or the scholar role meeting requirements

Teach a skill and facilitate a group discussion/running a tutorial

Trainees who complete the following ANZCA Educators Program modules and post course activity will be given credit for the 'teach a skill' and 'facilitate a group discussion/running a tutorial' activities:

1. Planning effective teaching and learning.
2. Facilitating learning in the clinical setting 1.
3. Facilitating learning in the clinical setting 2.
4. Teaching in non-clinical settings.
5. Assessment and evaluation in medical education.

Trainees who complete a postgraduate certificate or equivalent in teaching during training or up to five years prior to commencement of the training program may apply to the SRSC for exemption from both the teaching a skill and facilitating a group discussion/running a tutorial activities.

Trainees considering the completion of a postgraduate certificate (or equivalent) in teaching during training may apply to the SRSC for prospective approval of the course to achieve an exemption from these activities. Prospective approval is not mandatory but is suggested so trainees know whether an exemption will be granted prior to spending time completing a course. On completion of the prospectively approved course, evidence should be sent to the college via training@anzca.edu.au.

Recognition of prior learning or exemptions will only be granted for courses completed at a recognised university that include:

- A minimum time commitment of 200 hours or six months full-time/12 months part-time.
- A minimum of 24 credit points.
- An observation of the trainee's competency to teach a skill.

All courses should be at Australian or New Zealand Qualifications Framework level 8 or above.

Teach a skill

Trainees who are trained instructors for EMAC, EMST, APLS, or ALS2 or other equivalent courses (for example, EMSB) and have instructed a course during the training program are eligible for exemption from the teach a skill activity. Eligible trainees should add a "teach a skill" scholar role activity in the TPS, enter the course details and provide the evidence to their DSRT or SOT who is responsible for confirming the activity.

Trainees who facilitate a small group discussion while instructing on a course and are observed by the DSRT or nominee can be evaluated using the evaluation form for facilitating a group discussion/running a tutorial.

Critical appraisal of a topic

- Trainees who complete a postgraduate certificate or equivalent in research during training or up to five years prior to commencement of the training program may apply to the SRSC for exemption from the critical appraisal of a topic activity.

  Trainees considering the completion of a postgraduate certificate or equivalent in research during training may apply to the SRSC for prospective approval of the course to be considered for an exemption from the critical appraisal of a topic activity. Prospective approval is not required but is suggested so trainees know if an exemption will be granted prior to spending time completing a course. On completion of the prospectively approved course, evidence should be sent to the college via training@anzca.edu.au.

  Recognition of prior learning or exemption will only be granted for courses completed at a recognised university that include:

  - A minimum time commitment of six months full-time/12 months part-time.
  - At least one unit (notionally 100 hours) in research methods.

    All courses should be at Australian or New Zealand Qualifications Framework level 8 or above.

- Trainees who have made a significant contribution to a research project during training or who have completed a research project may apply to the SRSC for exemption from the critical appraisal of a topic activity.

  In order to be eligible for exemption or RPL the trainee must have:

  - Completed the project within five years prior to commencement of the training program (either the date forwarded for publication or if not published, the date the manuscript was complete).
  - Been involved in most phases of the research project.
  - Been named as a co-investigator on the ethics application or named on a subsequent ethics committee amendment form.
  - Made a significant contribution to the majority of the literature review.
  - Had some form of supervision (for example from the DSRT).

    Trainees should include evidence of acceptance by a peer-reviewed journal of a paper reporting the research with the trainee listed as a co-investigator, a copy of the published paper with the trainee's name on it, or confirmation from the DSRT that the work is of a publishable standard.

- Trainees who have completed a systematic review to a publishable standard during training or up to five years prior to commencement of the training program may apply to the SRSC for exemption from the critical appraisal of a topic activity. Activities completed during the primary medical degree are not eligible.

  In order to be eligible for exemption or RPL, the trainee must have:

  - Been the major contributor.
  - Had some form of supervision (for example from the DSRT).

  Trainees must include evidence of completion such as acceptance by a peer-reviewed journal of the review with the trainee listed as the first author, a copy of the published paper with the trainee as first author, or confirmation from the DSRT that the work meets the critical appraisal of a topic activities criteria.

2.13.5. Scholar role support resources

Self-paced e-learning modules on the specific requirements, skills and knowledge required to complete each of the core scholar role activities are on Learn@ANZCA. Further reading and resources are also available for both trainees and DSRTs.

Audit resources

- The scholar role support resources including audit exemplars and DSRT evaluation examples.
- CPD Clinical audit samples and ANZCA CPD guidelines for clinical audit.
- General information on audit: Principles for best practice in clinical audit. NICE, London March 2002.
- Specific audit "recipes": Raising the standard: A compendium of audit recipes for continuous quality improvement in anaesthesia.

2.14. Examinations

Trainees are required to successfully complete the primary examination (to complete basic training) and the final examination (to complete advanced training). Examinations can be undertaken while in interrupted training provided the trainee has been in training within the 52 weeks prior to the date of the written section.

These examinations are conducted by the Primary Examination Sub-committee and the Final Examination Sub-committee, respectively.

Dates and venues for both examinations are available on the ANZCA website.

Regulation 37 establishes limits to the **maximum number of examination attempts** permitted.

Trainees are permitted five attempts at the primary examination.

From the 2018 hospital employment year (HEY), trainees are permitted five attempts at the final examination. After these attempts, they become ineligible to re-sit examinations and to remain in the ANZCA vocational training program.

Trainees who commenced AT prior to the 2018 HEY are permitted seven attempts at the final examination as part of the transitional arrangements.

The examinations are conducted to ensure fairness to all candidates and with rigorous standards of intellectual and process integrity. See also section 1.8.

2.14.1. Primary examination

The purpose of the primary examination is to assess the scientific foundations of clinical anaesthesia. Broadly, the curriculum covers applied physiology, pharmacology, anatomy, measurement, equipment, and quality and safety. The primary examination subject areas are integrated into one examination.

Learning outcomes assessed by the primary examination are located within the introductory training and basic training core units of the curriculum document and are indicated by a 'PEx' in the assessment column. Learning outcomes relating to maternal and paediatric physiology and pharmacology are also assessed in the primary examination as indicated by a 'PEx' for the associated learning outcomes in their respective specialised study units.

Description of the primary examination

The primary examination is held twice each year. The written components may be undertaken in regional locations in Australia and New Zealand. The vivas are held in Melbourne on dates and times determined by ANZCA Council and publicised well ahead of time.

The primary examination consists of:

1. **A multiple-choice question (MCQ) paper:** 150 minutes, 150 questions. It is a pass/fail component. From the start of the 2020 HEY, a pass in the MCQ section may be carried forward if the candidate has been invited to the viva component of the examination. The MCQ component may be carried forward for one subsequent attempt. That subsequent attempt must be at one of the two next primary examinations.

2. **A short-answer question paper (50 per cent)**: 150 minutes, 15 questions.

3. **Three viva voce ('vivas') (50 per cent).**

To be invited to the vivas a candidate must obtain a mark of at least 40 per cent in the short answer question and a pass in the multiple-choice question sections of the exam.

Each viva has mixed curriculum content, is undertaken by two examiners and runs for 20 minutes each.

Requirements to pass the primary examination

Total marks are 100. A pass mark is 50.0.

Eligibility to sit the primary examination

Trainees are eligible to sit the primary examination once they have completed introductory training. Trainees in interrupted training who have been in approved vocational training within 52 weeks of the date of the written examination are also eligible to sit. A trainee who has been in interrupted training for over 52 weeks is not eligible to sit the examination.

While all components of introductory training must be completed prior to sitting the primary examination, a trainee can register to sit the primary examination during introductory training.

Candidates are allowed five attempts at the primary examination.

Preparation for the primary examination

Trainees are strongly advised to structure their exam preparation approach with particular attention to time management, study skills and study environment. This is a detailed exam that requires a significant depth of understanding and as such, candidates are encouraged to allow plenty of time to adequately prepare.

Exam candidates are recommended to refer to the primary examination section of the website prior to starting exam preparation. Examination reports are published on the website after each examination and discuss each examination in detail.

Most trainees benefit from participation in formal or informal study groups with other primary examination candidates. The formation of these groups can be facilitated by supervisors of training and may include trainees from different hospitals to ensure sufficient numbers to form an effective study group. It is suggested that these groups be formed early in the examination preparation process.

2.14.2. Final examination

The focus of the final examination is on the practical integration and application of knowledge in clinical practice. **Learning outcomes** assessed by the final examination are located within the ANZCA roles in practice, the ANZCA clinical fundamentals in all core units and in all specialised study units in the curriculum document. They are indicated by a ‘FEx’ in the assessment column.

Description of the final examination

The final examination is held twice a year, with the written components held at venues in Australia and New Zealand as determined by ANZCA Council. The anaesthesia and medical vivas are held on consecutive days at a later time in Melbourne for the first sitting and either Sydney or Brisbane for the second sitting, as determined by ANZCA Council.

The final examination assesses knowledge outcomes via written and oral components and consists of:

1. **A multiple-choice question paper (weighting 20 per cent)**: 150 minutes, 150 questions.
2. **A short answer question paper (20 per cent)**: 150 minutes, 15 questions.
3. **Two medical viva voce ('medical vivas') (12 per cent):** each of 15 minutes (detailed below).
4. **Eight anaesthesia vivas (48 per cent)**: each of 15 minutes.

Key areas to be examined within the medical viva include:

- The ability to demonstrate an understanding of relevant history for the specified medical condition.
- A demonstration of the understanding of the expected physical signs and their relevance in the context of the specified medical condition.
- The ability to integrate this information to form a diagnosis, assess the functional status of the patient and to grade the severity of the disease process.
- The interpretation of several investigations in the context of the scenario.
- Integration of the investigations to stratify disease severity and to show an understanding of the medical condition and its treatment.
- Pathophysiology of the medical condition and the implications for anaesthesia and surgery.
- Medical optimisation in the perioperative period.

At least one medical viva will be based on patient with a cardiovascular or respiratory condition. Other systems that may be examined include neurological, gastrointestinal or renal as well as multisystem disorders.

Examples of clinical conditions that may be in the viva include but are not limited to:

- Valvular heart disease.
- Ischaemic heart disease.
- Cardiomyopathies.
- Chronic obstructive pulmonary disease.
- Bronchiectasis.
- Cystic fibrosis.
- Diabetes mellitus.
- Connective tissue diseases.

Examples of possible investigations include but are not limited to:

- Electrocardiograms.
- Chest X-rays.
- Echocardiograms.
- Pulmonary function tests.
- Blood tests.

The anaesthesia vivas cover a broad range of topics. An introductory case scenario is often used to start a viva. This enables the candidate to gather their thoughts. In designing structured vivas, the examiners aim to assess candidates' ability to synthesise their factual knowledge.

The following qualities are assessed:

- Clinical judgment.
- The application of the principles of acceptable and safe anaesthetic practice.
- Prioritisation.
- Interpretation of complex clinical situations.
- An ability to make decisions based on a changing clinical situation.
- Anticipation of clinical actions and their sequelae.
- Effective communication.

Requirements to pass the final examination

To achieve a pass in the final examination the candidate must:

1. Achieve a mark of at least 50% in the anaesthesia vivas.
2. Achieve a mark of at least 50% in one of the MCQ, SAQ or medical vivas.
3. Achieve a mark of at least 50% in the final examination overall.
4. Pass (achieve a score of 5 or more out of 10) at least four (4) out of the eight (8) anaesthesia vivas.

A candidate who scores three (3) marks or less (3 or less out of 10) in three (3) or more anaesthesia vivas will be deemed to have failed the final examination.

All candidates will be notified as soon as possible after the written and medical sections (approximately three weeks prior to the anaesthesia vivas) of their eligibility to attend the anaesthesia viva exams.

Candidates who achieve a score of 50% or more in both the multiple-choice and short-answer question components of the exam at one sitting but fail the anaesthesia viva component at that sitting may re-sit the anaesthesia and medical viva components at the subsequent exam only without resitting the written component of that exam. The score from the previous written exam will carry over to the subsequent exam only.

Eligibility to sit the final examination

Trainees are eligible to sit the final examination once they have completed at least:

- 26 weeks full-time equivalent of approved vocational training in advanced training.
- 88 weeks full-time equivalent clinical anaesthesia time as part of approved vocational training.

Trainees should be in approved vocational training at the time of the examination, however trainees in interrupted training who have been in approved vocational training within 52 weeks of the starting date of the written examination are also eligible to sit. A trainee who has been in interrupted training for over 52 weeks is not eligible to sit the examination.

As of the 2018 HEY candidates are allowed five attempts at the final examination. Trainees who commenced AT prior to the 2018 HEY are allowed seven attempts.

Preparation for the final examination

Trainees are advised to begin their preparation for this examination at least 12 months prior to their intended sitting date. They are strongly advised to have a structured approach to exam preparation and to pay particular attention to time management, study skills and study environment.

Candidates are recommended to refer to the final examination section of the website early in their preparation for the final examination. Examination reports are published on the website after each examination and discuss each examination in detail.

Many trainees benefit from participation in formal or informal study groups with other final examination candidates. The formation of these groups can be facilitated by local supervisors of training and may include trainees from different hospitals to ensure sufficient numbers to form an effective study group.

2.14.3. Examination application

Information regarding examination dates and venues is available on the ANZCA website.

- Trainees seeking to present for an examination are required to submit an application form. All outstanding training fees including the exam application fee must be paid by the closing date.
- Applications will not be accepted after the closing date.
- Applicants must have fulfilled all eligibility requirements at the date of application or by the date of the first component of the written section.
- Any trainee seeking exceptions relating to the above examination rules should contact the director of professional affairs (assessor) via email assessor-requests@anzca.edu.au.

2.14.4. Examination withdrawal

Any candidate may withdraw their application in writing, before the closing date of the examination. After this date, a fee will be charged for withdrawal from the examination.

A candidate may also withdraw on medical or compassionate grounds before the examination date by making a written application.

Provisions for the refund of examination fees under exceptional circumstances are outlined in regulation 37.

2.14.5. Special consideration at examinations

Refer to Special consideration Policy. This policy applies to formally scheduled summative assessments (including examinations) and mandatory scheduled workshops which can't be altered.

Any candidate may withdraw their examination application in writing, before the date of the examination (regulation 36.17.4). A candidate may withdraw on medical or compassionate grounds before the examination. If on medical or compassionate grounds a candidate is unable on the day to present for the examination, they must submit a written notice and provide evidence of cause.

Candidates should not be disadvantaged as a result of events outside their control. Nevertheless, in seeking to redress any disadvantage, no action should be taken that might be held to be unfair to other candidates. If an examiner or invigilator becomes aware that a candidate is ill, they should notify the chair of the court, who will determine whether the illness is incapacitating and, if appropriate, will reschedule the candidate's program within the examination or advise the candidate to withdraw. No special consideration will be given to a candidate who elects against advice to continue with the examination.

2.14.6. Examination results

Primary examination

Candidates are advised of their examination results through a variety of mechanisms for each section of the examination as follows:

- **Written results:** Candidates are advised via email and the college website. Only successful candidate examination numbers are posted on the website.
- **Viva results:** An email containing the overall examination result will be sent to the candidate and allocated SOT on the day of the examination. Successful candidate numbers are displayed on a board at the presentation following the examination and on the ANZCA website. Results will be posted on the website as soon as possible.
- Successful candidates will receive a certificate of completion and unsuccessful candidates will receive feedback letters. These will be sent, within four weeks of the conclusion of the examination.
- If a candidate discovers a discrepancy in the result, they are advised to seek clarification from the college (primaryexam@anzca.edu.au).

Final examination

Candidates are advised of their examination results through a variety of mechanisms for each section of the examination as follows:

- **Written results:** Candidates are advised via email and the college website. Only successful candidate examination numbers are posted on the website.
- **Anaesthesia viva results:** An email containing the overall examination result will be sent to the candidate and allocated SOT on the day of the examination. Successful candidate numbers are displayed on a board at the presentation following the examination and also on the college website. Results will be posted on the website as soon as possible.
- Successful candidates will receive a certificate of completion. Letters containing details of their results are sent to all unsuccessful candidates via email within four weeks of the examination.
- If a candidate discovers a discrepancy in the result, they are advised to seek clarification from the college (finalexam@anzca.edu.au).

2.14.7. Examination failure and feedback process

Examination reports are available on Learn@ANZCA (password protected) after each exam. Trainees are encouraged to review the exam reports and the exam feedback received with their SOT.

Feedback interviews

Examination reports are available on Learn@ANZCA after each exam. Unsuccessful trainees are sent feedback letters that include information on their performance. Trainees are encouraged to review the exam reports and the exam feedback received with their SOT.

Primary exam: The SOT may request an exam feedback interview in consultation with their trainees to primaryexam@anzca.edu.au

Final exam: A trainee may request an exam feedback interview after consultation with their SOT to finalexam@anzca.edu.au

Feedback interviews are based on the individual candidate's results for the most recent examination sitting only.

It is strongly recommended that trainees who are close to completing other requirements of the basic or advanced core units but have not yet passed the relevant examination should discuss their situation with their SOT, seek mentorship and also a remediation interview.

Remediation interviews

Trainees will be required to attend a remediation interview if they have been unsuccessful at their third and fourth attempt of either examination.

Any trainee who commenced AT prior to the 2018 HEY will be required to attend a remediation interview for the final examination if they have been unsuccessful at their third and sixth attempt.

Objectives of remediation interviews

The interview is intended to be interactive and supportive. The aim is to improve the trainee's chance of success in their next attempt at the examination by:

- Identifying factors relating to examination difficulty.

- Reviewing the trainee's preparations for the examination and facilitating positive study habits. An examination resource list can be accessed in Learn@ANZCA.
- Formulating an action plan to improve capacity to pass the examination at a subsequent sitting.

Any issues relating to employment, misconduct or where patients and/or the trainee are at risk of harm are beyond the scope of the RI. However, should these be identified during the course of the interview, referral to the appropriate channels will be made.

The exam remediation process

Remediation interviews (RIs) will be led by the education officer or their nominee and are held with the trainee and their supervisor of training. The trainee is also encouraged to bring along a support person, who can be a mentor or partner. An examination representative may also attend the interview.

Trainees who are required to attend a remediation interview will be notified, after three or four unsuccessful examination attempts.

- The remediation interview is expected to take place within six weeks of notification.
- Failure to attend a remediation interview may affect the trainee's eligibility to attempt the exam again. Trainees prevented from attending a remediation interview by exceptional circumstances should apply to the director of professional affairs, assessor, for an exception to the regulations within one week of receiving the notification to attend the RI. Applications should be supported by the education officer or supervisor of training.
- Once the trainee has received the written feedback on their performance in each section of the examination, they should reflect on their examination preparation with the SOT.
- Study habits of the candidate will form the focus of the interview and trainees are strongly advised to reflect on this prior to attending the remediation interview. A checklist has been developed to aid reflection and analysis of past exam effort.
- The SOT may also guide the trainee through identifying other factors impacting on their study. The trainee should be coming to the remediation interview prepared and actively participate in driving the process. For trainees who do not have a current SOT, they may consider getting help from a previous supervisor or mentor.
- During the remediation interview, an action plan must be developed to help the trainee prepare for their next attempt. This must be submitted by the EO to the college via the relevant examinations team within two weeks of the interview.
- Any recommendations during the interview for a trainee to delay a subsequent exam attempt should take into consideration the limits on extended training and interrupted training in regulation 37.

- The trainee, with assistance from the SOT where appropriate, can follow the action plan and strategies developed from the remediation interview, and work towards success in the next exam attempt.

Partial examination fee refund

Trainees who complete the written section of an examination but are not invited to the viva section may be entitled to a partial refund of the examination fee, as determined by ANZCA.

2.14.8. Examination awards

Primary examination

The Renton Prize is open to candidates admitted to each primary examination sitting. The prize takes the form of a medal and was established by the Faculty of Anaesthetists, Royal Australasian College of Surgeons, in 1956.

Eligible candidates are those who have reached a standard considered by the examiners to be sufficiently high to justify the award. This prize is awarded to the eligible candidate, if any, who obtains the total highest mark at each sitting of the primary examination.

Final examination

The Cecil Gray Prize is open to candidates admitted to each final examination sitting. The prize takes the form of a medal and was established by the Faculty of Anaesthetists, Royal Australasian College of Surgeons, in 1978.

The prize is awarded to the eligible candidate who obtains the highest marks at each sitting of the examination and has reached a standard considered by the examiners to be sufficiently high to justify the award of the prize. To be eligible, candidates must have passed all sections of the examination.

Merit awards

Merit awards are given at the discretion of the court of examiners and recognise candidates who have shown excellence in their examination results but have not achieved sufficient marks to be awarded the relevant prize. A certificate recognising a pass with merit in the appropriate examinations is presented to the meritorious candidates. A merit list for each examination will be published in the *ANZCA Bulletin*.

2.15. Courses

Trainees are required to undertake several mandatory courses throughout the ANZCA training program.

Trainees are encouraged to register early for these courses as some externally run courses have long waiting lists.

2.15.1. Recording course completion

Time spent completing mandatory courses may be recorded as clinical anaesthesia time in the training portfolio system (TPS). Time spent travelling to and from mandatory courses and time spent completing non-mandatory courses should be recorded as leave in the TPS.

Completed courses must be recorded in the TPS for confirmation by a SOT. A course completion certificate may be uploaded to the TPS as evidence but is not mandatory.

2.15.2. The Effective Management of Anaesthetic Crises course

The Effective Management of Anaesthetic Crises (EMAC) course provides training in the assessment and management of anaesthetic emergencies. It consists of five modules run over two and a half consecutive days at a simulation centre accredited by ANZCA to provide the course. Topics covered include:

- Airway management.
- Cardiovascular emergencies.
- Anaesthetic emergencies.
- Trauma management.
- Human performance.

The course is a valuable educational opportunity and a requirement of the curriculum.

The EMAC course may be undertaken at any time after completion of introductory training. It is strongly recommended that trainees undertake EMAC prior to commencing provisional fellowship training.

Trainees who complete an EMAC course within BT, AT or PFT will be automatically exempt from the ALS course and CICO course (if applicable) requirement in the same core unit.

Trainees will not be able to complete workplace-based assessments during the course.

2.15.3. Advanced life support courses

Advanced Life Support (ALS) courses enable trainees to develop advanced skills in managing cardiac arrest and other medical emergencies. While the courses cover advanced resuscitation skills, they are also designed to develop leadership and team skills in managing such emergencies. Advanced life support courses teach skills that are required during training and by specialist anaesthetists, as indicated in the learning outcomes for the resuscitation, trauma and crisis management clinical fundamental (IT_RT 2.1; BT_RT 2.4; AT_RT 2.5).

An advanced life support course or equivalent (where competency in resuscitation and defibrillation is assessed) must be completed in each core unit, with the exception that it may be completed within the 52 weeks prior to the completion of introductory training.

From the start of the 2019 hospital employment year (HEY), all trainees must complete an ALS course or equivalent in each core unit, including PFT, regardless of any certification issued by a course provider that refers to other validity periods.

If trainees do not attend a specific advanced life support course, their hospital department may organise a similar course as approved by the supervisor of training. The supervisor of training is not responsible for organising the course but should assist trainees in obtaining required experience.

Such courses may be run within departments, hospitals, rotations or externally and can take any format including self-directed learning and practice. In all circumstances, trainees must be able to demonstrate, through performance, the following **minimum skills:**

Recognise cardiopulmonary arrest and summon help:

- Describe or identify features of cardiopulmonary arrest
- Describe when and how to get assistance and equipment

Commence effective CPR:

- Demonstrate the correct position, technique and depth of compressions
- Demonstrate the recommended rate of compressions
- Demonstrate the recommended ratio and timing of ventilations
- Demonstrate minimal interruptions to compressions

Distinguish shockable versus non shockable rhythms:

- Identify key arrest rhythms
- Identify when defibrillation is required

Correctly apply the resuscitation guidelines:

- Demonstrate the correct timing of CPR and defibrillation (if required)
- Discuss the timing of airway and vascular access interventions
- Demonstrate the use of the correct dose and timing of adrenaline
- Demonstrate the use of the correct dose and timing of amiodarone
- Demonstrate the correct timing and method of assessment for return of spontaneous circulation

Identify possible reversible causes:

- Discuss the identification and management of the four H's (hypoxia, hypovolaemia, hypo/hyperkalaemia and hypothermia) and four T's (thrombosis (coronary or pulmonary), tamponade (cardiac), toxins and tension pneumothorax)
- Discuss the role of other drugs in the management of cardiopulmonary arrest

Safe and effective use of the defibrillator:

- Demonstrate the correct positioning of pads
- Demonstrate how to set and use the defibrillator
- Discuss and demonstrate the measures to ensure the safety of all team members and the patient during defibrillation

Identify peri-arrest situations:

- Describe or identify features of critically unstable patients
- Identify peri-arrest rhythms
- Describe or demonstrate how to perform cardioversion on a patient who is anaesthetised (not in introductory training)
- Describe or demonstrate how to perform external pacing (not in introductory training)

Discuss the variations required in special circumstances such as pregnancy, paediatrics, newborn and trauma (where relevant).

- Discuss immediate goals and management of the post resuscitation care of patients (not in introductory training)

Performance of ALS proficiency may be done by a process of sampling from peri-arrest or arrest scenarios. It is not a requirement that each trainee demonstrates their ability to manage all possible arrest or peri-arrest situations.

Airway management, including bag mask ventilation and securing of the airway, do not need to be specifically assessed as part of the ALS proficiency. These competencies are embedded within the curriculum and addressed by several WBAs to ensure the trainees have acquired these particular skills.

Many hospitals require clinical staff members to undertake and demonstrate their ability to deliver effective basic life support (BLS) and cardio-pulmonary resuscitation (CPR) as part of their annual mandatory training requirements. While this may be used to demonstrate these basic skills, it would be considered insufficient for credit of the ALS course requirement as many of the minimum skills required would not be taught or demonstrated.

Exemption from ALS course requirement

Trainees who complete any of the following activities within a core unit are exempt from completing the ALS course required for that core unit:

- Instruct on all components of an ALS course.
- Complete an ALS instructor or instructor re-accreditation course.
- Complete an EMAC course.

In order to receive credit, trainees must enter details of the activity in the courses section of the TPS and provide evidence to their SOT, who will confirm the activity.

Please note EMST courses will not be accepted as satisfying this minimum standard.

2.15.4. Can’t Intubate, Can’t Oxygenate course

A Can’t Intubate, Can’t Oxygenate (CICO) course or equivalent must be completed once during each core unit and replaces the CICO-related MS-DOPS required within introductory training (IT), basic training (BT) and advanced training (AT).

The airway management clinical fundamental tutor or SOT should oversee the development of the CICO course content and conduct of sessions. The tutor does not necessarily need to facilitate or attend the sessions in person, unless they also take on the role of lead facilitator.

This course is designed to meet the learning outcomes of the anaesthesia training program curriculum in relation to CICO situations.

Definitions and terms

No universally agreed definitions exist for much of the nomenclature around CICO. For the purposes of clarifying terms that are used below, the following definitions are provided. Alternative definitions may be used in CICO sessions however, providers should make note of the equivalent meaning.

Can’t Intubate Can’t Oxygenate (CICO): Where airway obstruction exists in the upper airway (including the larynx) that cannot be relieved by airway management interventions delivered above the point of obstruction (i.e.:

supraglottic), and which results in an inability to oxygenate the patient with low or falling oxygen saturations.

Infraglottic airway access/Front-of-neck access: Airway management techniques performed below the larynx via the anterior surface of the neck aimed to maintain or restore airway patency. This includes techniques such as needle or surgical cricothyroidotomy or tracheostomy.

Lead facilitator: The doctor who conducts the CICO course. Needs to be at a level of provisional fellowship or higher and be appropriately skilled and experienced to deliver the content of the session. Ideally the lead facilitator will have medical education experience and/or credentials. A lead facilitator should be present for the full duration of a course.

Instructor: A doctor with relevant anaesthesia skills and experience who conducts the individual "hands-on" skills stations/scenario rehearsals with guidance from the lead facilitator. Ideally the instructors will have medical education experience and/or credentials.

Recognised emergency algorithms

ANZCA does not endorse any one emergency algorithm for CICO situations but recognises the need for clinicians to be familiar with at least one. The following algorithms are recommended as being suitable for use in infraglottic airway access/front-of-neck access and should be read in conjunction with the accompanying background articles:

- Frerk C, Mitchell VS, McNarry AF, Mendonca C, Bhagrath R, Patel A, O'Sullivan EP, Woodall NM, and Ahmad I, Difficult Airway Society intubation guidelines working group. Difficult Airway Society 2015 guidelines for management of unanticipated difficult intubation in adults. *British Journal of Anaesthesia*. 2015 115 (6): 827–848.
- CICV Algorithm. Heard AM, Green RJ, Eakins P. The formulation and introduction of a 'can't intubate, can't ventilate' algorithm into clinical practice. *Anaesthesia*. 2009; 64(6):601-8.

Highly recommended pre-reading for participants:

Greenland KB, Acott C, Segal R, Goulding G, Riley RH and Merry AF. 2011. Emergency surgical airway in life-threatening acute airway emergencies – why are we so reluctant to do it? *Anaesthetic Intensive Care* 39(4): 578-584

Heard A. *Percutaneous Emergency Oxygenation Strategies in the "Can't Intubate, Can't Oxygenate" Scenario.*

Canadian Difficult Airway Focus Group. Law J et al. The difficult airway with recommendations for management – Part 1 – Difficult tracheal intubation encountered in an unconscious/induced patient. *Canadian Journal Anaesthesia*. 2013 (60): 1089-1118.

Chrimes N, Fritz P. The vortex approach: management of the unanticipated difficult airway http://vortexapproach.com

Transition from supraglottic to infraglottic rescue in the "can't intubate can't oxygenate" (CICO) scenario. Report from the ANZCA Airway Management Group, Nov 2014. http://anzca.edu.au/Front-page-news/Transition-to-CICO-report

ANZCA professional document – *PS61 Guidelines for the Management for Evolving Airway Obstruction: Transition to the Can't Intubate Can't Oxygenate*

Airway Emergency. April 2016. http://www.anzca.edu.au/Resources/Professional-documents.

Learning objectives

The primary purpose of this course is to teach the technical skill of infraglottic airway access/front-of-neck access. As a minimum, courses must provide the opportunity for participants to meet the learning objectives listed below.

By the end of the course, participants will be able to:

1. Describe the location and type of available equipment required for a CICO situation specific to the area in which they are working.
2. Explain the steps and decision-making points in one of the recognised difficult airway algorithms that addresses CICO (refer to list of recognised algorithms above).
3. Be fluent with equipment and procedures relevant to the preferred algorithm.
4. Implement the chosen emergency CICO algorithm including demonstration of infraglottic airway access / front-of-neck access.
5. Discuss the 'human factors' that have a negative impact in evolving CICO crises, and strategies to overcome them.

Optional

- Course providers may elect to expand the focus of teaching to include additional objectives if deemed that this would facilitate more effective teaching for the particular target audience. Suggestions for consideration include:
- Recognise the relationship of CICO to anaesthesia related mortality, and the major risk factors for CICO.
- Recognise the arguments for and against scalpel or needle cricothyroidotomy techniques.
- Recognise when awake intubation or tracheostomy is indicated.
- Consider how management of acute airway obstruction would differ in patients with a tracheostomy.
- Lead the team or actively participate in an emergency response for CICO simulation, including transition to CICO.
- Recognise the dangers of transport and extubation of the difficult airway and discuss strategies that may mitigate this.

Structure of the course

The course is required to:

- Provide pre-course reading that refers to the selected CICO algorithm used in the session and provides relevant foundation knowledge of the session content.
- Be delivered as a continuous session.
- Provide a small group teaching strategy to ensure key non-technical learning objectives are met.
- Provide knowledge of local equipment.
- Provide familiarity with the chosen CICO algorithm.

- Provide stations to familiarise with technical skills relevant to the chosen algorithm.
- Be conducted by a lead facilitator and provide at least one instructor per four participants. Facilitators need to observe each participant and provide verbal feedback to ensure they are achieving the objectives of the session.

Recognition of equivalent learning

Trainees who have completed an external CICO course that meets the learning objectives documented above during a core unit may be granted an exemption from participating in the CICO course for that period.

The trainee must provide a detailed outline, which shows the learning objectives of the program, and certificate of completion of the course. The SOT must be provided with sufficient evidence to confirm that the trainee met the learning objectives, and that the trainee had the opportunity to demonstrate and obtain feedback on the minimum skills required.

2.15.5. Paediatric life support course

A paediatric life support (PLS) course or equivalent must be completed once during training, where possible while the trainee is completing the Paediatric Anaesthesia or Obstetric Anaesthesia and Analgesia Specialised Study Unit (SSU).

The paediatric anaesthesia SSU supervisor should oversee the development of the PLS course content and conduct of sessions, at the accredited training site. The SSU supervisor does not necessarily need to facilitate or attend the sessions in person.

This course is designed to meet the following learning outcomes of the anaesthesia training program curriculum:

SS_PA 2.8 Demonstrate advanced life support in neonates and children consistent with Australian Resuscitation Council/New Zealand Resuscitation Council guidelines.

Definitions and terms

As per the Australian and New Zealand Committee on Resuscitation (ANZCOR) guidelines, the term ‘infant’ is used to refer to ages zero to 12 months (up to their first birthday), and ‘child’ to refer to ages one (after their first birthday) to 18 (up to their 18th birthday).

Recognised emergency algorithms

The ANZCOR guidelines released in January 2016, replace earlier Australian Resuscitation Council /New Zealand Resuscitation Council guidelines.

Guideline 4 – Airway, including foreign body airway obstruction (choking) algorithm.

Guidelines 12.1-12.6 – Paediatric Advanced Life Support.

Participants should be familiar with these guidelines prior to attending the course.

Highly recommended pre-reading for participants:

Bhananker SM, et al. Anesthesia-Related cardiac arrest in children: update from the Pediatric Perioperative Cardiac Arrest Registry. *Anesthesia & Analgesia,* 2007 105(2): 344-350.

Learning objectives

As a minimum, courses must provide the opportunity for participants to meet the learning objectives listed below and to actively engage in hands-on activities to practise skills during the session.

By the end of the course, participants will be able to:

- Recognise clinical features of cardiac arrest in a (simulated) child.
- Institute Basic Life Support (BLS) according to ANZCOR guidelines and apply the foreign body airway obstruction (choking) algorithm.
- Institute Advanced Life Support (ALS) according to ANZCOR guidelines.
- Demonstrate and practice paediatric cardiac massage (compression) with correct technique(s) as per the size of the particular paediatric patient.
- Demonstrate simultaneous non-intubated bag mask ventilation and cardiac compression according to the recommended ratio.
- Recognise ventricular fibrillation (VF), pulseless electrical activity (PEA) and asystole in different paediatric scenarios.
- Recognise the need for early defibrillation in a shockable rhythm.
- Demonstrate the safe use and correct voltage of a defibrillator on a (simulated) child.
- Demonstrate the appropriate selection, timing and administration of drugs in paediatric cardiac arrest. Where possible, emphasise dosing and dilution of drugs commonly used in paediatric emergency.
- State the appropriate timing and role of endotracheal intubation in APLS (successful intubation need not necessarily be demonstrated).
- Demonstrate ventilation and cardiac compression according to the recommended ratio in an intubated (simulated) child.
- Describe reversible causes of cardiac arrest in any setting: 4H’s and 4T’s.
- Recognise causes of cardiac arrest that are relatively more specific to the perioperative and paediatric setting, including but not limited to: massive haemorrhage, anaphylaxis, local anaesthetic toxicity, gas embolism and high-spinal (reference may be made to peri-operative cardiac arrest data).
- Recognise the return of spontaneous circulation in a child.
- Describe the fundamentals of post-resuscitation care in a child.

Optional

Course providers may elect to expand the focus of teaching to include additional objectives if deemed that it would facilitate more effective teaching for trainees. Suggestions for consideration include:

- Demonstrate intraosseous cannulation.
- Demonstrate leadership, including clear instruction of resuscitation priorities to a team.
- Explain ventilation strategies, including need to recognise life-threatening auto- PEEP.

- Recognise and manage peri-arrest rhythms. This may include recognition of critically unstable child, management of SVT, prolonged QT and VT, and external pacing.
- Discuss the appropriate time and manner in which to cease resuscitation efforts.
- Discuss non-technical factors that contribute to poor outcome during management of arrests and strategies to manage.

Structure of the course

- It is recommended that a suitable number of facilitators are available to conduct the session so that all participants can be observed while they are working through scenarios. Verbal feedback should be provided to ensure all participants will achieve the learning objectives of the session. A guideline is a minimum of one facilitator for every five participants.
- A facilitator must observe each trainee demonstrating activities and provide confirmation of their ability to demonstrate the required skill or corrective instruction to improve performance.
- Various age and weight ranges should be practiced.
- Where numbers permit, a variety of team-based scenarios, including shockable and non-shockable rhythms, should be included to allow demonstration of 2-4 person resuscitation.
- It is expected that the session will provide trainees with the opportunity to utilise the following equipment:

  - Mannequin that can:
    - Be ventilated via bag-mask.
    - Be intubated.
    - Have CPR performed on it.
    - Be defibrillated.
  - Self-inflating bag plus face mask.
  - Endotracheal tube plus laryngoscope.
  - Defibrillator.
  - Ability to display relevant arrhythmias, either on a monitor or in hard copy.

Recognition of equivalent learning

Trainees who complete any of the following activities within a core unit are exempt from completing the PLS course:

- Complete or instruct on all components of an Advanced Paediatric Life Support (APLS) course accredited by the Australian or New Zealand Resuscitation Council.
- Complete an APLS instructor reaccreditation course or equivalent course accredited by the Australian or New Zealand Resuscitation Council.

In order to receive credit, trainees must enter details of the activity in the courses section of the TPS and provide evidence to their SOT, who will confirm the activity.

Please note EMAC and ALS courses will not be accepted as satisfying this minimum standard.

2.15.6. Neonatal Resuscitation course

A neonatal resuscitation course or equivalent must be completed once during training, and where possible while the trainee is completing the obstetric anaesthesia and analgesia specialised study unit (SSU).

The obstetric anaesthesia and analgesia SSU supervisor should oversee the development of the neonatal resuscitation course content and conduct of sessions at the accredited training site. The SSU supervisor does not necessarily need to facilitate or attend the sessions in person.

This course is designed to meet the following learning outcome of the anaesthesia training program curriculum:

SS_OB 2.7 Demonstrate basic and advanced life support of the newborn

Definitions and terms

As per the Australian and New Zealand Committee on Resuscitation (ANZCOR) guidelines, the term ‘newborn’ refers to the infant in the first minutes to hours following birth. In contrast, the neonatal period is defined as the first 28 days of life. Infancy includes the neonatal period and extends through the first 12 months of life.

Recognised emergency algorithms

The ANZCOR guidelines released in January 2016, replace earlier Australian Resuscitation Council /New Zealand Resuscitation Council guidelines.

Guidelines 13.1-13.10 and the Newborn Life Support algorithm are specifically for the care of infants during the neonatal period, and particularly for newborn infants.

It is expected that all trainees have read and are familiar with the ANZCOR guidelines prior to attending the course.

Learning objectives

As a minimum, courses must provide the opportunity for participants to meet the learning objectives listed below and to actively engage in hands-on activities to practice skills during the session.

By the end of the course, participants will be able to:

- Describe the circumstances (maternal, foetal and intrapartum) that place a newborn infant at risk of needing resuscitation.
- Demonstrate initial assessment of the newborn and recognise the compromised newborn.
- Correctly apply the ANZCOR newborn life support algorithm.
- Demonstrate the positioning of the newborn for effective ventilation.
- Discuss the indications for tracheal intubation and ventilation.
- Demonstrate effective airway management and ventilation of the newborn.
    - Demonstrate use of recommended ratio and timing of ventilations.
    - Demonstrate bag-mask ventilation.
    - Demonstrate correct use of the t-piece (neo-puff) and other ventilation devices.

- Discuss the indications for starting chest compressions.
- Demonstrate the correct position, rate, and technique of chest compressions.
- Describe the correct use of medication and fluids in resuscitation of the newborn.

- Discuss vascular access in the newborn.
- Demonstrate the correct dose and timing of adrenaline.
- Discuss the role of blood and fluids in the resuscitation of the newborn.
- Discuss the role of other drugs in the resuscitation of the newborn.

Optional

Course providers may elect to expand the focus of the session to include additional objectives if deemed that it would facilitate more effective teaching for trainees. Suggestions for consideration include:

- Describe the continuing care and monitoring of the infant once adequate ventilation and circulation have been established.
- Discuss the guidelines for resuscitation of the newborn in special circumstances, for example, prematurity.
- Discuss ethical issues that may be encountered when initiating or discontinuing resuscitation of the newborn infant.

Structure of the course

- It is strongly recommended that a suitable number of facilitators are available to conduct the session so that all participants can be observed while they are working through scenarios. Verbal feedback should be provided to ensure all participants achieve the learning objectives of the session. A guideline is a minimum of one facilitator for every five participants.
- A facilitator must observe each trainee demonstrating the activities and provide confirmation of their ability to demonstrate the required skill, or corrective instruction to improve performance.
- It is expected that the session will provide trainees with the opportunity to utilise the following equipment:

- Effective airway management and ventilation:
    - T-piece infant resuscitator (Neopuff) and self-inflating bag.
    - Neonatal facemasks (range of sizes from premature to term infants).
    - Airway adjuncts (Oropharyngeal airway 00, 0, 1).
    - Suctioning equipment (Yankauer suction catheter and tubing).
    - Laryngoscope with infant blades (Straight blade 00, 0, 1).
    - Endotracheal tubes (sizes 2.5, 3, 3.5, and 4mm ID).
    - Endotracheal stylet or introducer.
    - Supplies for securing endotracheal tubes (e.g., scissors and tapes).

- Exhaled CO2 detector (colorimetric end-titdal detector).
- Infant oximeter.

- Vascular access:
  - Adrenaline solutions.
  - Fluids for dilutions and flush.
  - Syringes.
  - Intraocceous Access Kit^.
  - Umblical vein catheter^.
- Simulation Environment^:
  - Newborn mannequin (Sim Baby or ALS Baby)^.
  - Pregnant mannequin^ (SimMom).
  - Mannequin control module and connected software^.

  ^ optional

Recognition of equivalent learning

Trainees who have completed an external neonatal resuscitation course during the training program, that meets the learning objectives documented in this standard, may be granted an exemption from participating in a neonatal resuscitation course.

The trainee must provide a detailed outline, which shows the learning objectives of the program and certificate of completion of the course. The SOT must be provided with sufficient evidence to confirm that the trainee met the learning objectives, and that the trainee had the opportunity to demonstrate and obtain feedback on the minimum skills required.

2.15.7. The Early Management of Severe Trauma course

ANZCA recommends that all trainees undertake the Early Management of Severe Trauma (EMST) or an equivalent course during training. However, it is not compulsory unless the trauma volume of practice in the resuscitation, trauma and crisis management clinical fundamental cannot be completed.

All trainees should endeavour to complete as many procedure sessions as a trauma team member and WBA requirements as possible for the resuscitation, trauma and crisis management clinical fundamental, even if they have completed the EMST or equivalent course.

EMST is a two-and-half-day intensive course adapted from the Advanced Trauma Life Support (ATLS®) course of the American College of Surgeons. It emphasises life-saving skills and a systematic clinical approach to the early management of severe trauma.

Pre-approved equivalent courses are listed on the ANZCA website. Trainees wishing to undertake a course that is not pre-approved must prospectively apply to the director of professional affairs (assessor) via assessor-requests@anzca.edu.au.

2.16. Applying for fellowship

Trainees who have completed all requirements of the vocational training program can submit an application for admission to fellowship of ANZCA. Medical practitioners

admitted to fellowship of the Australian and New Zealand College of Anaesthetists and who maintain their ANZCA membership are entitled to use the post-nominals 'FANZCA'.

Tips for timely admission to fellowship:

- All requirements for each core unit are completed and the training portfolio system is up to date and accurate. All documentation will be checked and verified by the college prior to the application proceeding to the ANZCA Executive Committee for approval. Trainees who are in a trainee support process are required to complete this process successfully prior to being admitted to fellowship.
- Completed application forms can be sent to training@anzca.edu.au. Submission of an application for fellowship and associated documentation will be accepted up to four weeks prior to the anticipated completion date for all training requirements. Leave can be taken during those four weeks, provided such leave is recorded in the TPS and does not exceed the allowed eight weeks for PFT.
- Applications for admission to fellowship are considered and approved on a weekly basis by the ANZCA Executive Committee. The application cannot be considered by the executive until after the date that all training requirements have been met.
- On approval of the fellowship application by the ANZCA Executive Committee, a letter from the president of ANZCA and a provisional certificate for fellowship will be sent to the new fellow. These documents can be used to apply for specialist registration and other related processes. The diploma will be sent within three months of the admission date, after receipt of the required fees.

Registration as a specialist

In Australia: ANZCA will notify Medicare Australia and the Australian Health Practitioner Regulation Agency that Australian citizens and permanent residents of Australia have attained fellowship. Temporary residents of Australia, including New Zealand citizens wishing to practise in Australia, will need to make a written application to Medicare Australia.

In New Zealand: Trainees need to advise the Medical Council of New Zealand that they have completed training and then apply for registration in a vocational scope.

New fellows should note that there are other processes required before becoming registered as a specialist, such as securing appropriate professional indemnity insurance.

Fees: Following admission, new fellows will receive credit for the unused duration of the annual training fee (on a pro rata monthly basis) on their invoice for the fellowship subscription and entrance fee.

2.17. Voluntary withdrawal from the training program

Trainees may voluntarily withdraw from the training program at any time but are encouraged to speak to their SOT and education officer first to explore their options.

Trainees should advise the college in writing via training@anzca.edu.au.

The withdrawal letter will be placed on the trainee's file for future reference should the trainee reapply to the training program. The director of professional affairs (assessor) will assess re-registrations on an individual basis.

Trainees who withdraw from training may be entitled to a pro rata refund of the annual training fee.

2.18. Removal from the training program

Trainees can be removed from the program if they:

- Are non-compliant with the ANZCA training agreement.
- Have five unsuccessful attempts at the primary examination.
- Have five unsuccessful attempts at the final examination, or for trainees who commenced AT prior to the 2018 HEY, have seven unsuccessful attempts at the final examination.
- Fail to achieve relevant training requirements within the training time limits.
- Have more than 104 weeks continuous leave or interrupted training.
- Fail to pay relevant fees by the due date.
- Do not accept a trainee performance review (TPR).
- Are withdrawn by the ANZCA Council as a result of the TPR process.
- Have not advised ANZCA that they wish to return to approved vocational training within 26 weeks of the date of their medical registration suspension being lifted.
- Are removed from the medical register.

2.19. Re-registration as a trainee

Trainees who withdraw from the training program voluntarily may re-register as an ANZCA trainee. All such applications are considered on an individual basis by the director of professional affairs (assessor) who will take into account previous performance in the training program.

Any individual who has been removed from the program as an outcome of a trainee performance review (TPR) or due to reaching the maximum number of unsuccessful exam attempts is not permitted to re-register. Trainees who voluntarily withdraw during a TPR or trainee support process (TSP) before it has been concluded may re-register on the condition that the TPR or TSP process is completed.

3. Special circumstances

3.1. Flexible training options

ANZCA is committed to the provision of flexible training options for all trainees. ANZCA recognises that not all trainees will complete their training over five consecutive full-time years and that trainees may wish to undertake some training outside ANZCA recognised training regions. The following flexible training options are available:

- Part-time training.
- Overseas training.
- Interrupted training.

Under most circumstances, use of flexible training options requires prospective approval from the director of professional affairs (assessor) via assessor-requests@anzca.edu.au, see details below.

3.1.1. Part-time training

Part-time training allows trainees to work for fewer hours per week than is required of a trainee working full-time in the same department or other training sites. ANZCA supports part-time training, however negotiations for part-time employment are between the trainee and the employer. Applications for part-time training must be made in advance to the director of professional affairs (assessor) and must:

- Be at least 0.5 FTE of the commitment of a full-time trainee in the same department, including participation in both elective and emergency/acute duties.
- Include participation in the local/regional teaching programs on at least a pro rata basis.

Applications must be made in advance to ensure the position is suitable for training. Applications received later than four weeks prior to the start of part-time training will not be eligible for reduced annual training fees for any period prior to processing.

All training time and leave are expressed as full-time equivalents (FTE) and therefore part-time training must be adjusted on a pro rata basis for the relevant approved period of training.

The part-time training fraction should be calculated using the average of both in and out of hours work undertaken by the trainee. The total FTE fraction should be confirmed by the SOT.

3.1.2. Overseas training

Overseas training is supported by ANZCA and allows training to be undertaken outside Australia and New Zealand.

Overseas training is not permitted during introductory training and is limited to a maximum of 52 weeks full-time equivalents (FTE) in any other core unit. At the time of admission to ANZCA fellowship, trainees must have completed at least 156 weeks FTE approved vocational training in Australia and/or New Zealand.

Applications for overseas training must be made prospectively to the director of professional affairs (assessor) and must meet the requirements of regulation 37 on overseas training. This includes arrangements for supervision, performing workplace-based assessments, undertaking and recording volume of practice, and clinical placement reviews.

Late applications for overseas training may result in interrupted training. No more than four weeks will be retrospectively counted towards approved vocational training from the date of receipt of the application and supporting documentation.

An ANZCA supervisor of training (SOT) must be nominated to provide guidance and support to the overseas supervisor on matters relating to the ANZCA training program. The overseas supervisor is required to sign off on the assessments of the trainee; however, the ANZCA SOT is not required to counter sign any assessments submitted. The ANZCA SOT and overseas supervisor should discuss and determine who is most suitable to complete the required assessments.

Overseas supervisors should complete workplace-based assessments online via the training portfolio system (TPS) but will need to complete the hardcopy version of the clinical placement review, core unit review or provisional fellowship review. Completed forms should be submitted to the training and assessments team for transcription into the TPS via training@anzca.edu.au.

Additional workplace-based assessment assessors can be nominated by the overseas supervisor using the workplace-based assessor nomination form.

3.1.3. Interrupted training

Interrupted training allows a trainee to pause their training. During this time, they remain a registered trainee but cannot accrue time, volume of practice or workplace-based assessments towards training.

Assessments permitted during interrupted training:

- Trainees who are in interrupted training but have been in approved vocational training within 52 weeks of the date of the written section of the relevant examination are permitted to sit the examination.
- Trainees are permitted to undertake all scholar role activities and mandatory courses during interrupted training.

All periods of interrupted training must be applied for prospectively and advice obtained from the supervisor of training and/or rotational supervisor. Applications must be submitted to the director of professional affairs (assessor) for consideration and advice on the consequences for subsequent training. Up to a maximum of 104 weeks interrupted training may be undertaken continuously.

Trainees practising in New Zealand have an obligation to inform the New Zealand Medical Council at pc@mcnz.org.nz if they take interrupted training for a period of longer than 13 weeks.

Trainees should be aware of the impact of interrupted training on the remainder of their approved vocational training. For example, interrupted training or leave in excess of the maximum permitted for one or more core units will result in an extension to their training.

Training interruption greater than 52 weeks

If training is interrupted for a continuous period of leave and/or interrupted training of more than 52 calendar weeks, subsequent training must include at least 52 weeks full-time equivalents (FTE) continuous training time, which may include a maximum of eight weeks of leave. The purpose of this requirement is to ensure the trainee is appropriately prepared to commence independent specialist practice.

Application timing

If unforeseeable circumstances make it impossible to submit an application prospectively, an application for interrupted training should be made at the earliest opportunity. Under exceptional circumstances, the supervisor of training may notify the college on behalf of the trainee. Late applications may not be eligible for reduced annual training fees.

Approved interrupted training

A trainee may apply for a period of interrupted training for reasons such as:

- Completing a higher degree or other studies.
- Working in an anaesthetic department not accredited by ANZCA.
- Working in other clinical time during extended training.
- Working in an ANZCA-accredited department beyond the duration of training for which it is accredited.
- Working in a department during a period of other clinical time, where that department is not accredited by the relevant specialty college.
- Choosing to take periods of 13 or more weeks of extended leave, including personal reasons, illness or injury.
- Failure to obtain a position suitable for training.

While trainees may be permitted to sit the primary and final examinations during periods of interrupted training, it is recommended they attempt the examinations while in approved vocational training so they can prepare for the examination in a supportive training environment.

Trainees continuing to work in clinical anaesthesia in a department approved for training should not apply for interrupted training as they approach the end of the extended training. They may apply for retention in extended training as an exception to the regulations.

Interrupted training taken for any of the reasons listed above is deemed to have concluded when the trainee re-enters training. The trainee may also seek prospective approval for a further period of interrupted training from the director of professional affairs (assessor). If neither of these occur by the time the initial period of interrupted training elapses, the trainee will be deemed to have withdrawn from training.

Deemed interrupted training

Training may also be interrupted if the trainee fails to fulfil assessments, fee or documentation requirements by the due date. Interrupted training is deemed to have commenced from Monday of the week when, for example, a trainee:

- Fails to complete the required training agreement.
- Fails to pay outstanding college fees.
- Fails to record time in the TPS within four weeks.
- Has conditions placed upon their practice by a medical registration authority.

These interrupted training occurrences are deemed to have concluded on the Sunday of the week when the problem is resolved. If the problem is not resolved by the stated deadline, this may result in the withdrawal of the trainee from the training program.

Queries about interrupted training can be directed to assessor-requests@anzca.edu.au.

3.2. Re-entry to training in clinical anaesthesia

Trainees must complete a re-entry to training process if they are absent from training in clinical anaesthesia for:

- 26 weeks or longer in basic training.
- 52 weeks or longer in advanced and provisional fellowship training.

A trainee or supervisor of training can also initiate this process after a shorter period of absence if required.

This process applies to all ANZCA trainees, including those completing a return to practice process that is mandated by a regulatory authority.

A return to practice plan must be tailored to each trainee's needs and ensure appropriate supervision, support and monitoring. The overall goal is for the trainee to reach a level of confidence and performance consistent with their level of training prior to the interruption, while providing safe and up-to-date care.

A regulatory authority may require a re-entry program following a shorter period of absence. In these cases their timeframe is set by the regulatory authority who are responsible for final approval of the program.

3.2.1. Principles

- Trainees should complete a learning needs analysis and discuss this with their supervisor of training. This should be done prior to commencing any after-hours work or being rostered to work:
  - For junior trainees: beyond level 1 supervision.
  - For more senior trainees: beyond level 3 or 4 supervision.
- If significant concerns arise during the process about clinical performance, these should be managed in accordance with the trainee support process (section 3.4) or trainee performance review (section 3.5).

- The program and associated processes should be underpinned by the principles of natural justice.
- Personal and/or professional support may be helpful for the trainee during the process as it can be a stressful period. For trainee support resources, refer to the ANZCA website.

3.2.2. Re-entry into training in clinical anaesthesia process

Pre-leave planning and keeping in touch

It is recommended that trainees meet with their supervisor of training or mentor before taking leave to discuss options for keeping in touch during their absence.

Trainees and supervisors of training should also note requirements of the relevant regulatory authorities (i.e., Medical Board of Australia or Medical Council of New Zealand) for periods of extended leave from clinical practice.

Returning to training

The duration of the process will be determined by the learning needs analysis. The duration may be shortened or lengthened depending on the trainee's level of performance, level of confidence and progress. This process must be documented in the return to practice section of the planning clinical placement review (CPR), which will be triggered in the trainee's training portfolio system (TPS), following a period of interrupted training.

Trainees returning from an intensive care unit rotation of 26 weeks or more in basic training or 52 weeks or more in advanced and provisional fellowship training, must also complete the re-entry to training process. The outcome of their learning needs analysis will determine if the trainee is required to proceed with the process.

The supervisor of training should monitor the trainee regularly and make an assessment of their ability and confidence to practice with progressively less supervision.

The re-entry to practice process will count as training time consistent with the provisions of regulation 37.

Completing the process

Once the trainee has satisfactorily completed the re-entry to training process, the supervisor of training will confirm this in an interim or feedback CPR.

If the supervisor of training is unable to confirm satisfactory completion of the re-entry to training process in clinical anaesthesia, the process should be extended until satisfactory completion can be confirmed. A trainee support process (TSP) may also be considered.

3.3. Trainee illness or disability

The college recognises that trainees may not be able to perform their duties adequately due to illness or disability or may need special assistance as a result of an existing or acquired disability.

3.3.1. Appointing trainees with illness or disability

The process of selection of medical graduates into anaesthesia training and their reselection during training must be based on equal opportunity without prejudice, regardless of gender, race, religion, age, pregnancy, disability or other personal attribute.

However, a trainee must have the ability to meet the reasonable and genuine requirements of the position and the training program. ANZCA will endeavour to arrange special measures or special accommodation for training. However, ANZCA cannot guarantee that any employer or training site will meet any particular arrangements. If there is doubt, the trainee should seek appropriate advice and guidance from an occupational health specialist or other appropriate health professional.

3.3.2. Fitness to practise

Trainees are required to make a declaration regarding fitness to practise as part of the annual training agreement. An expanded declaration is required upon application for admission to fellowship.

Trainees have a responsibility to ensure that they are fit to practise and must seek medical advice if they are uncertain about this. Individuals working with a trainee who is ill or disabled must ensure that patients are not put at risk and the trainee is not disadvantaged.

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.

ANZCA must be notified of any illness or disability that would preclude the safe practise of anaesthesia, intensive care medicine and pain medicine by contacting the chief executive officer (ceo@anzca.edu.au). This includes dependence on or inappropriate use of alcohol, recreational and/or non-prescribed drugs, and/or treatment with prescribed drugs likely to compromise safe practice. ANZCA will review each notification, taking into account all the particular circumstances.

3.3.3. Confidentiality and privacy

Maintenance of confidentiality and protection of privacy of trainees with illness and/or disability must not be breached except in the case of appropriate reporting requirements to external regulatory authorities, and/or where patient safety is at risk. In cases where patient safety is at risk, ANZCA reserves the right to notify medical boards/councils or other appropriate authorities.

The reporting requirements with regard to illness and/or disability of the jurisdiction within which the trainee is working must be met.

3.3.4. Training options

If a trainee is adversely affected by illness and/or disability it may be appropriate to take leave from training or make use of the flexible training options available.

Trainees with chronic illness or disability may apply for special consideration at examinations (section 2.15.5).

3.3.5. Other resources

Some jurisdictions have specific programs to assist doctors with impairment. Where appropriate, these or other doctors' health programs should be accessed to assist with trainee illness or disability.

ANZCA fellows may provide advice but should not treat a trainee therapeutically unless they have the relevant specialist skills and treatment is conducted in a standard clinical setting as a formal consultation process.

See also ANZCA professional document *PS49 Guidelines on the Health of Specialists and Trainees*.

3.4. Trainee support process

There are many situations throughout training when trainees may require more support. The trainee support process (TSP) assists trainees during these times. It uses a staged response by providing structured feedback to the trainee.

3.4.1. Identifying trainees requiring support

Trainees who are not making appropriate progress in training may require more support. This may occur within one or more requirements of the program. Typically, there is a repeated pattern rather than a single incident.

More support may be required for one or more the following reasons:

- Clinical performance in any of the ANZCA roles in practice below that are expected for the stage of training, as reflected in assessments.
- Three unsuccessful attempts by an introductory trainee at the MCQ assessment (MCQA) or failure to successfully complete the MCQA by the sixteenth week FTE of IT.
- Failure to pass ANZCA examinations.
- Personal problems, illness and/or disability that interfere (temporarily or permanently) with training and/or performance of duties.
- Mental health issues (for example, depression, anxiety, personality issues) that impair professional communication, teamwork or other aspects of performance.

A TSP must not to be used as a disciplinary measure or where issues relate to employment, misconduct or where patients and/or the trainee are at risk of harm. In these instances, the head of department must be notified immediately and advice sought from the employer's human resources department. You may wish to notify ANZCA in these situations.

The processes for dealing with trainees under medical board/council conditions, suspension or removal from a medical register are outlined in regulation 37.30.

Substance misuse or dependence requires a specific investigation and management process outside the scope of the trainee support process. See Wellbeing of Anaesthetists SIG resource document 20, *Suspected or Proven Substance Abuse (Misuse*). It is essential to seek professional advice and comply with regulatory requirements, especially appropriate reporting requirements, of the Medical Board of Australia or the Medical Council of New Zealand.

3.4.2. Early identification of trainees requiring more support

If there are any concerns about a trainee's performance, these should be discussed with the supervisor of training and/or head of department. Concerns about trainee performance may be identified at any time including, during workplace-based assessments, at the time of clinical placement review (CPR) or core unit review (CUR). Trainees may also self-report difficulties.

If concerns about a trainee are expressed, the supervisor of training (SOT) should act on these concerns. Early detection and local intervention increase the likelihood of improved performance and may prevent future problems. Effective completion of this process is often rewarding.

A series of checklists has been developed to assist SOTs to initiate management a TSP.

When a TSP has been initiated, the supervisor of training (SOT) must advise the education officer (EO), rotational supervisor and ANZCA as soon as practicable.

3.4.3. The trainee support process

The initial meeting between the trainee and SOT, should include the following:

Before the meeting

- The SOT may schedule a time with the trainee in advance to have the discussion. Adequate time should be allowed to consider all issues and the meeting should be held in a private place.
- Trainees should be made aware of the concerns to allow them to prepare a self-assessment.
- The trainee is entitled to, and should be actively encouraged to, contribute to the discussion.
- The trainee should be offered the opportunity to bring a support person.
- The supervisor may consider possible solutions and plans of action before the meeting. They should be prepared with all relevant documentation and resources at hand.

During the meeting

- The SOT may identify barriers to training progress and/or wellbeing issues impacting on the trainee.
- The trainee should provide a self-assessment, including an explanation about their performance and the difficulty (or difficulties) they are experiencing.

- The SOT should outline clear expectations about required performance, training progress and wellbeing.
- The SOT and trainee should develop and implement an action plan.
- The action plan should be documented using the trainee support process, guidelines and meeting template. This may include:

- Who was present at the meeting, the date, time and duration?
- The nature of the issues discussed.
- Specific, measurable, attainable, realistic and timely (SMART) goals should be set, together with practical suggestions to achieve them. A timeframe for the trainee to access relevant resources and achieve goals should be agreed.
- Follow-up meeting dates can be scheduled.
- Possible further actions if agreed goals are not met.

After the meeting

- The SOT may consider informing the head of department of the outcome of the meeting.
- Trainees should acknowledge the action plan.
- Completed forms must be forwarded to ANZCA via traineesupport@anzca.edu.au.

Monitoring progress

Review dates need to be set to assess the success of the TSP action plan. The SOT should look for signs of improvement and give feedback to the trainee.

Further discussions with the trainee must be documented. SOTs can either use the interim CPRs on the TPS or the meeting template. The SOT should provide regular updates to the education officer (EO) and ANZCA.

Monitoring should continue until the trainee's performance returns to a level expected for their stage of training.

Once the trainee has achieved all the set goals, the SOT should advise the trainee, the EO and the manager, Training and Assessment that the TSP is completed.

If the trainee does not engage with the process or make reasonable improvement during the expected timeframe, the SOT should discuss this with the EO and/or Manager, Training and Assessment. A trainee performance review (TPR) process may need to be considered.

Trainees who are undertaking a TSP will be required to successfully complete this process prior to being admitted to fellowship.

3.4.4. Advice and support

The TSP can be stressful and trainees should ensure they are supported professionally and personally throughout. Support may come from many sources including family, friends, your GP, a pastoral carer, colleagues, a mentor or a more senior trainee 'buddy'.

Trainees are strongly encouraged to select a mentor, if they do not already have one. Trainees are free to select their own mentor, although the supervisor may assist if the trainee is having difficulty identifying a suitable person.

A mentor or support person should have no formal involvement with the trainee's appointment, reappointment or formal assessment. A fundamentals of mentoring course is available on Learn@ANZCA.

Assistance from mentors should be limited to advice and support. Treatment, if required, should be from relevant qualified practitioners in a therapeutic (not a supervisory or mentor) relationship with the trainee.

A spectrum of health professionals from GP, psychologist, physiotherapist, dietician, performance psychologist, life coach and psychiatrist may be considered for assistance. An occupational health physician's advice may also be useful for chronic health problems. The trainee's GP should co-ordinate the management of the trainee's health including referral as appropriate.

Assistance and more information about the trainee support process may be sought from:

- The relevant education officer.
- The director of professional affairs (assessor) (via traineesupport@anzca.edu.au).
- The manager, training and assessment (traineesupport@anzca.edu.au or +61 3 9510 6299).

3.5. Trainee performance review

The trainee performance review (TPR) is a formal assessment by independent reviewers used by ANZCA to determine whether a trainee should remain in the training program or be withdrawn.

Any questions about the TPR process can be sent to the manager, training and assessment via traineesupport@anzca.edu.au

3.5.1. Initiating a trainee performance review

The process can be initiated when any of the following apply:

- Local measures (e.g., TSP) have failed to resolve a trainee's problems.
- The trainee has been suspended or has conditions or undertakings on registration by the relevant registration body.
- The TPR subcommittee has concerns about a trainee's performance.
- A trainee perceives workplace relationships are preventing a fair and valid assessment.

Requests to initiate a TPR must be put in writing to the Manager, Training and Assessment via traineesupport@anzca.edu.au. Where local measures have failed to resolve a trainee's problems, the education officer should request a TPR after consultation with the trainee's supervisor of training.

The decision to commence a TPR is made by the TPR subcommittee. The membership and the terms of reference of the subcommittee are available on the ANZCA website.

Trainees who are subject to a trainee performance review process are not eligible for admission to fellowship until the trainee performance review process is completed.

3.5.2. Trainee performance review process

Every TPR process will have a review team convened to review the trainee's situation. The panel will conduct a series of interviews with the trainee and other relevant persons. Following the interviews, the panel will write a report detailing their findings and make a recommendation on the outcome of the review to the TPR subcommittee.

TPR review team membership

The TPR subcommittee will select a review team of at least three members. No review team member may have any conflict of interest with regard to the trainee under review (refer to the ANZCA Conflict of Interest Policy).

The membership of the review team shall be as follows:

- Three members shall be senior fellows of ANZCA familiar with all aspects of the training program, and willing to be appointed for a period of time sufficient to enable continuation of the 'corporate knowledge' of the review process.
- Two further members may be co-opted to the review team according to the specific needs of each case. For example, to supplement the knowledge of the core team members with regard to:
    - Local knowledge about the hospital(s), where the problem was identified.
    - Expertise pertinent to the problem (including, educational, psychological, and medical).

TPR notification

Once the membership of the review team has been finalised, the trainee, the SOTs and other interviewees will be given notice of:

- The initiation and purpose of the review.
- The reasons for the review, especially any information relating to the adverse performance or conduct of the trainee.
- The membership of the review team.
- The date of the interview(s).
- The venue of the interview(s), which should be held at a site away from the hospital in which the trainee is working to provide privacy and confidentiality.
- The purpose of the interview(s).

- The date and location of any site visit(s), and disclosure of materials, if applicable.
- The process of the review.
- The process after completion of the interview.

When the trainee is informed of the composition of the review team, they may raise concerns with ANZCA about potential conflicts of interest with any member of the review team (see ANZCA Conflict of Interest Policy). If these concerns are substantiated, a substitute appointment will be made.

The trainee will also be informed that their failure to comply with the requirements of the trainee performance review may constitute a breach of training requirements and may result in removal from the training program.

TPR interview

The purpose of TPR interviews is to allow the review team to gather information for the review process. During an interview, the trainee must be given a reasonable opportunity to comment on any information that is or may be adverse to them.

The review team may interview the trainee, past and present supervisor(s), other relevant past and present clinical supervisors, colleagues, other trainees, hospital staff, and anyone else deemed appropriate by the review team. The trainee may bring a support person to the interview(s), but is not entitled to have legal representation, unless the review team has given prior consent (who may act as an adviser to the trainee, not as an advocate).

If deemed necessary by the review team, they may also undertake one or more site visits to hospitals that the trainee is working or has worked at, to gather further information relevant to the review process.

Any documentation relating to the situation that gave rise to the review must be available to both the review team and to the trainee.

TPR report

Following the interviews, the TPR panel will write a report and make a recommendation on the outcome of the TPR. A TPR will have one of three outcomes:

- The trainee continues training without conditions.
- The trainee continues training subject to meeting certain conditions or requirements.
- The trainee is removed from the ANZCA vocational training program.

All members of the review team will review this report prior to finalisation. Before finalising the written report, the trainee will have an opportunity to respond to any information and allegations contained in the report. Following this, the TPR panel may choose to amend the report. All trainee comments will be included as an appendix to the report. The finalised report must remain confidential except for communication to the trainee, supervisor(s) of training and other individuals and bodies as appropriate (including, for example, hospitals and medical boards).

Finalisation of TPR recommendation

Once the TPR report is finalised, it is reviewed and endorsed by the TPR sub-committee. It is the responsibility of the TPR Sub-committee to make a decision on the actions to be taken as a result of the trainee performance review.

If the outcome is for the trainee to continue training with or without conditions, the report is then considered and approved by the Education Executive Management Committee (EEMC), or if significant concerns arise, considered and approved by ANZCA Council.

If the outcome is that the trainee is to be removed from the training program, the report will need to be considered by the EEMC and approved at ANZCA Council.

At the time the TPR subcommittee, EEMC and ANZCA Council are reviewing the report, they may alter the outcome, the conditions or recommendations within the report at their discretion. If appropriate, the TPR subcommittee will amend the recommendations to ensure it complies within the requirements of ANZCA regulations and/or any regulatory requirements.

Notification of TPR recommendation

The trainee, their employing department and other relevant bodies will be informed of the outcome of the TPR.

If the trainee is dissatisfied with the outcome of the TPR, they will have access to the reconsideration, review and appeal processes (section 3.7).

3.5.3. Continuing training with conditions

If the trainee is permitted to continue in the training program with conditions, they will be monitored by the TPR sub-committee.

- The trainee will be required to agree in writing to the recommendations of the final TPR report and to achieve the outcomes and timelines specified. Failure to agree with the recommendations and the process will result in removal from the training program.
- The trainee's employing department may need to make changes to accommodate the trainee's TPR conditions, although the trainee is obliged to ensure they comply with the conditions.
- If the trainee changes employment during a TPR, it is their responsibility to inform prospective employers that they are subject to a TPR and what the conditions are.
- The national or regional education officer, in consultation with the supervisor of training and the trainee, will be responsible for submitting progress reports to the TPR subcommittee. Progress report will typically be due every three months.
- Once all the conditions of the TPR have been met the education officer will submit a final report to the TPR subcommittee which makes a recommendation to the EEMC for a final decision on the outcome of the TPR. The final report should include a global assessment based on clinical placement reviews and other assessments, indicating whether the trainee has achieved the desired level of performance within the prescribed timeframe.
- The TPR Subcommittee considers the final report before it is sent to the Education Executive Management Committee for approval.

If the trainee has not met the desired level of performance or has not satisfactorily complied with the recommendations, the TPR subcommittee may recommend that the trainee be removed from the training program. This will need to be considered by the Executive Education Management Committee and approved at ANZCA Council.

If the trainee has satisfactorily completed the recommendations and has achieved the desired level of performance within the specified timeframe, they may resume training without conditions after the TPR Subcommittee and the Education Executive Management Committee have approved the final report from the education officer.

3.6. Medical registration authority interventions

Medical practitioners may have conditions or undertakings placed on their registration to limit practice or be suspended or removed from registration by the relevant registration authority. This may relate to health-related issues or be the outcome of a disciplinary process.

Trainees subject to agreed undertakings to limited practice, the imposition of conditions, suspension or removal by a relevant registration authority, have an obligation to inform ANZCA.

When ANZCA is advised by the trainee or otherwise becomes aware of registration issues the following will occur (regulation 37.32):

- If **conditions, undertakings or limitations** are placed on a trainee's practice, the trainee will be placed in ***interrupted training*** from the date the conditions are imposed.

A trainee performance review (TPR) (regulation 37.31) must be undertaken at the earliest possible opportunity. ANZCA will advise the trainee of any concerns it has regarding the regulatory authority's decision and the trainee will have the opportunity to respond. The TPR will determine whether the trainee may resume training while the regulatory authority's agreed conditions, undertakings or limitations are in place and, if so, whether any should be imposed in addition to those determined by the regulatory authority. This may include a possible requirement for special supervision.

- If a trainee is suspended from the medical register they will be placed in ***interrupted training*** from the date of such suspension (regulation 37.32.2.2).

Should the suspension be lifted, if the trainee wishes to return to practice and to resume training, they must advise ANZCA of this in writing within 26 weeks of the suspension being lifted. A TPR must be undertaken to determine ANZCA's requirements to resume training. If ANZCA is not advised within 26 weeks of the lifted suspension, the trainee will be deemed to have withdrawn from the training program.

- If a trainee is **removed** from the medical register they will removed from the ANZCA training program and not permitted to continue training (regulation 37.32.2.3).

If a trainee has completed all requirements of the training program and is applying for admission to fellowship at the time the regulatory authority's decision is imposed, the following apply:

- The applicant will not be eligible for admission to fellowship if they do not hold current registration to practise.

- If the applicant has conditions, undertakings or limitations imposed on their practice by a relevant registration authority, a trainee performance review (regulation 37.31) must be undertaken to determine whether admission to fellowship may proceed or be deferred until the agreed undertakings or imposed conditions are lifted.

Further information on the processes for trainees in interrupted training due to conditions imposed or suspension from a registration authority can be found in section 3.5 (trainee performance review).

3.7. Reconsideration, Review and Appeal

Any trainee who is dissatisfied with a decision under regulation 37 and this handbook 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.

Reconsideration, Review and Appeal for workplace-based assessments

Regulation 30 does not address matters relating to workplace-based assessments (WBA). The supervisor of training (SOT) should address a trainee's concerns about a WBA or clinical placement review locally, and if necessary, involve the education officer. Generally, the WBA should be repeated. It may also be appropriate for local grievance measures or bullying, discrimination and harassment policies to be applied.

The ANZCA policy on bullying, discrimination and harassment for Fellows and trainees acting on behalf of the College or undertaking College functions.

The ANZCA feedback management policy.

For more information contact the director of professional affairs (assessor) at assessor-requests@anzca.edu.au.

4. Training program roles

4.1. Departmental roles

Formal supervisor and tutor roles

ANZCA-accredited departments are required to provide trainees with supervisors and tutors to support training and to implement the ANZCA curriculum in their hospital or other training site.

In any department an individual may fulfil more than one supervisory role. Larger departments may have more than one person in any role. The head of department cannot be a supervisor of training or the education officer due to potential conflicts of interest. Heads of department need to consider supervisor workloads in the allocation of these roles.

ANZCA maintains appropriate insurance arrangements for acts of fellows, in good faith, in accordance with ANZCA requirements for supervision, mentoring and administration of training.

Supervision of clinical experience and workplace-based assessment assessors

In addition to the formal ANZCA supervisory roles, any specialist or ANZCA provisional fellow within a department can supervise trainees' clinical work and should be encouraged to act as an assessor for workplace-based assessments (WBA assessor).

Extra-departmental roles

- At least one education officer (EO) will be appointed to each region within Australia and New Zealand. The second and subsequent education officers will have the title deputy education officer.
- At least one patient clinical interaction assessment (PCIA) assessor is appointed by the Head of Anaesthesia at training sites with advanced trainees and noted by the state or national EO. The PCIA assessor is responsible for conducting PCIA assessments at their site and are required to have experience in the management of patients with complex comorbidities, an active interest and experience in perioperative medicine and highly regarded patient communication skills.
- A rotational supervisor (ROTS) will be appointed to co-ordinate the allocation of trainees to departments within each accredited rotation (ANZCA handbook for accreditation). ROTS should have an understanding of the training needs of each trainee in the accredited rotation and the capability of each department within the accredited rotation to meet these needs.

The ANZCA EOs, ROTSs, supervisors of training and PCIA assessors in each of jurisdictions and ANZCA-accredited sites can be found on the ANZCA website.

Departments must notify ANZCA about any changes to appointments via email to training@anzca.edu.au.

4.2. Head of department

The head or director of an ANZCA-accredited department should:

- Ensure that the department continues to comply with the ANZCA accreditation standards and criteria as outlined in the ANZCA handbook for accreditation. This includes working with hospital management to secure adequate equipment, facilities, staffing and other resources to support a high quality of training.

- Nominate supervisors of training to the relevant education officer who formally appoints and reappoints supervisors of training on behalf of ANZCA.
- Appoint patient clinical interaction assessor(s) to ANZCA to coordinate the appointment and to the relevant state or national education officer (EO) for noting.
- Work with the supervisor of training to appoint other supervisors and tutors in the department and to develop a succession plan for all supervisory and tutor roles.
- Consider and review other roles in ANZCA training including ensuring that an orientation program is in place and assisting, if required, in clinical placement allocation within the hospital.
- Assist in the management of trainees in the trainee support process as indicated and requested by the supervisor of training.

4.2.1. Duties of heads of department

Succession planning for supervisory roles

Each department should have an up-to-date succession plan for the various supervisory and tutor roles.

The supervisor of training is pivotal to the success of training in the department. It is essential that they are allocated sufficient clinical support and other administration time to perform their duties.

The head of department in conjunction with the supervisor of training will allocate all the other supervisory and training roles in the department. The department should have a list of these people readily available for the information of trainees and the rest of the department.

- Supervisor of training.
- Introductory training tutor.
- Clinical fundamental tutors.
- Specialised study unit supervisor.
- Departmental scholar role tutor.
- Provisional fellowship supervisor.
- Patient clinical interaction assessor(s).

Access to clinical support services, including adequate clinical support time, should be provided to those in supervisory roles.

Accreditation

The head of department should be familiar with the requirements for ANZCA accreditation of the department, as outlined in the ANZCA handbook for accreditation.

Clinical placement organisation

If the head of department has a role in the allocation of trainees within the hospital, it is important to organise clinical placements and rotations early to allow each trainee to progress appropriately through the training program.

Allocation of trainees to intensive care medicine is of particular relevance as this cannot be done until the trainee has completed 26 weeks of clinical anaesthesia time to fulfil the requirements of introductory training. For the first

26 weeks of training, trainees should be allocated to positions that will facilitate completion of the core unit requirements.

It is a requirement that introductory training is completed as a continuous period of anaesthesia training of 26 weeks with a maximum of four weeks leave and/or other clinical time (other clinical time maximum one week).

Provisional fellowship training

Heads of department are required to have prior approval of fixed provisional fellowship training positions from the provisional fellowship program subcommittee or, where a trainee has developed an individualised training program for provisional fellowship training, prospective approval from the provisional fellowship program subcommittee prior to commencement of this provisional fellowship training. The head of department will be required to complete documentation on either proposed recurrent positions with fixed characteristics or on individualised provisional fellowship training for specific trainees. Any re-approvals required for predefined PF positions should be submitted in a timely manner.

The trainee requiring more support

There is a well-defined pathway to follow if a trainee requires more support (section 3.4). This will be managed in the first instance by the supervisor of training. However, the head of department should be familiar with this process and may be required to assist the supervisor of training in this management role.

Orientation to the department

Each department should provide a structured trainee-orientation program. Such formal orientation will ensure smooth and safe running of the department and maximise the efficiency of trainees in the workplace. It will also help trainees to develop sound routines to familiarise themselves with new working situations encountered throughout their professional life.

The following checklist (table 4.3.6) provides a guide to some of the areas that may be part of the orientation program. Each department should ensure that the orientation process is relevant to the local setting.

Table 4.3.6 Orientation checklist

Personnel	Supervisor of training. PCIA assessor. Director/head of department. Specialist staff. Operating theatre and department office staff. Senior anaesthetic assistant(s). Senior recovery room and preadmission clinic staff. Pain service nurses. Hospital administration. Human resources personnel.	Emergency contact numbers (for example, duty anaesthetist). Email or telephone contacts where appropriate.
Environment	Physical layout of the department and the hospital.	Theatres. Wards, intensive care unit, labour ward. Meeting rooms. Office space for trainees and specialists. Library. Cafeteria. Car parks. Information on the services available around the clock or on a limited basis e.g. within business hours
Equipment	Location and function of anaesthesia equipment.	Anaesthesia machines. Cardiac arrest trolleys and defibrillators. Difficult intubation equipment. Anaesthesia crisis drugs and equipment (for example, MH, LA toxicity). Anaesthesia drugs and other equipment. Pain service equipment.
Relevant policies and procedures – location and access	Hospital protocols. Department policies and procedures. Emergency procedures.	Cardiac arrest and resuscitation. Difficult intubation. Massive transfusion. Calling for assistance. Preoperative assessment. Recovery protocols and discharge criteria. Pain service protocols.
Administrative	Identity/access cards. Computer and internet access including pathology, radiology and blood bank.	
	Office procedures.	Rosters, leave requests, timesheets, paging and switchboard, mail, photocopying.
Anaesthesia training	Expectations during the clinical placement. Meetings with supervisor of training and other supervisors/tutors.	

4.3. Supervisor of training

Supervisors of training (SOTs) are broadly responsible for anaesthesia training at each ANZCA-accredited training site. They have a strong understanding of and experience in ANZCA activities. They oversee each trainee's clinical performance and confirm progression of trainees through the various stages of the training program.

Depending on the demands of their workload, SOTs may also provide oversight to trainees from other colleges who are working in their department, although their primary responsibility is to ANZCA trainees.

4.3.1. Duties of supervisors of training

SOTs have a range of responsibilities. Some duties must be directly undertaken by the SOT themselves while other duties may be performed by fellows in other roles with oversight from the SOT.

Trainee supervision and management

- Advocate for trainees in matters related to organisation of clinical duties.
- Ensure that rosters for trainees comply with PS43 Statement on Fatigue and the Anaesthetist.
- Timely submission of data into the training portfolio system (TPS). Instructional videos on how to enter and complete specific activities are in the supervisor's orientation and support resources network.
- Perform planning clinical placement review (CPR) interviews:
  - Review and update relevant information on the TPS.
  - Review the TPS to identify issues raised by previous SOTs, including areas of practice and performance requiring particular attention. It may be appropriate at this time to contact previous SOTs to seek additional information.
  - Review trainee progress in each of the specialised study units (SSUs), examinations, courses, clinical fundamentals and scholar role activities. Provide advice and assistance if a trainee is having difficulty completing any requirements in a timely manner.
  - Assist trainees to develop a clinical placement plan. The SOT should review this plan and make suggestions or changes as appropriate to ensure that the goals are realistic and measurable for that clinical placement.
  - Discuss any wellbeing issues with the trainee and provide advice and support, if necessary.
    - During each clinical placement, oversee trainee progression and performance:
  - Confirm the trainees' time entered into the TPS.
  - Oversee the progression of the required volume of practice (VOP) for the clinical fundamentals and scholar role activities for each core unit, and work with other relevant supervisors and tutors to assist trainees who are having difficulties achieving these within the required time.

- Oversee trainee progression towards the minimum and mandatory workplace-based assessments (WBAs) for the clinical fundamentals and core units.
- Review all WBAs to ensure that trainees are meeting training requirements and work with other supervisors to identify trainees who are showing any areas of consistent underperformance for their level of training.
- While it is the responsibility of the trainee to complete the requirements of the training program in the required time, each SOT can monitor and facilitate acquisition of volume of practice and WBAs for trainees as they progress through both core units and specialised study units.
    - Complete feedback and interim CPR:
- These are opportunities for the SOT to review trainee progress against clinical placement plans and note any outstanding elements that need to be addressed in subsequent clinical placements.
- Review the trainee's submitted workplace-based assessments and ask the trainee set questions, covering learning outcomes in the ANZCA roles in practice (refer Appendix 2, Clinical Placement Review Questions.
- Based on all this information, provide a feedback summary and global assessment indicating whether the trainee has met the expectations for their level of training during that clinical placement.
    - Verify completion of SSUs .
- The SOT must confirm that the fellow who has completed the SSU review is the training site's appointed SSU supervisor. The SOT reviews the SSU WBAs to confirm satisfactory performance and can cross-check that all the requirements of the study unit are met.
    - Complete core unit reviews (CURs) and provisional fellowship reviews (PFRs):
- An interview is held with the trainee to confirm that all components of the core unit have been completed and feedback about the core unit multi-source feedback assessment is provided.
- The trainee must meet the expected level to progress to the next core unit or to fellowship.
- If the trainee is identified as underperforming during the CUR or PFR, the trainee support process (TSP) should be considered. If the decision is unclear, the education officer may be approached for further advice.
- There is a formal process for a trainee to request a reconsideration, review or appeal of the outcome of any assessment.
    - Provide oversight and support to trainees on an overseas or other clinical experience placement for whom they are acting as the nominated ANZCA SOT.

Managing and assisting trainees requiring more support

- If a trainee is found to be underperforming or experiencing other difficulties at any stage during training, then a process of remediation should be initiated.
- If required, initiate and implement a TSP, which may include the need to:

- Perform additional interim interviews. These are encouraged for trainees who require additional support during their clinical placement and may be initiated by either the trainee or SOTs. They should be arranged in a timely manner to allow for issues to be explored and resolved during the clinical placement if possible.
- Assign additional WBAs for a trainee to further investigate any perceived issues and provide structured feedback and guidance.
- Revise required VOP and/or WBAs targets for trainees with confirmed difficulties, as the first step in a remediation process.
- Liaise with subsequent SOTs regarding the trainee's TSP after the trainee has been appointed to a different department. The trainee should be encouraged to let their new supervisor of training know their TSP requirements.

Education

- Co-ordinate the provision of tutorial programs within the department.
- Ensure access to examination tutorial programs and courses.
- Facilitate training of new provisional fellows and specialists in the department in the performance of WBAs and giving feedback. Workplace-based assessment resources and an e-learning module on fundamentals of feedback are available in Networks.
- Assist trainees in locating suitable advanced life support courses within the local area to meet this course requirement during each core unit. The SOT will need to ensure that the course chosen has an element of assessment of competence in performing advanced life support and defibrillation.

General

- Appoint supervisors and tutors in consultation with the head of department.

- Intensive care medicine supervisors and departmental scholar role tutors need to be formally appointed and notified to the college (training@anzca.edu.au), so that they can be given access to TPS to complete the assessments for trainees relevant to these areas.

- Attend training courses for SOTs
- Oversee the following:

- Orientation of trainees (section 4.3.6).
- Monitoring of senior staffing levels and workload changes, which may impact on training.
- Monitoring availability of cases and procedures in their hospital and providing advice to trainees and the rotational supervisors about the specialised study units which may be completed in that hospital or training site.
- Advising current and potential trainees on training requirements, registration, fees, exam dates, support resources and courses.
- Liaise with others in supervisory roles:

- Advise head of department regarding trainee duties, required supervision levels, rest and study time.
- Notify the education officer (EO) of any trainee requiring more support.
- Liaise with the EO regarding staffing or workload changes likely to impact on training.
- Advise the rotational supervisor if a trainee will benefit from changes within the rotation to facilitate timely completion of training.
- Discuss any potential changes in specialised study unit availability with the rotational supervisor due to workload changes.

4.3.2. Selection, appointment, tenure and reappointment

Selection criteria

- Must hold a FANZCA or a comparable qualification acceptable to the ANZCA Council (refer Section 2.17.3).
- Must not be a candidate for any college examination (including examinations of the Faculty of Pain Medicine).
- Have an interest in education and demonstrates a commitment to acquiring and maintaining necessary skills in teaching and feedback.
- Have a good understanding of the current training program.
- Must not be the head/director of the department. Deputy directors may undertake dual roles as supervisors of training. However, conflicts of interest should be declared and appropriate steps to manage them must be taken where required.

Appointment process

- Prospective SOTs for each ANZCA-accredited training site are nominated by the head of department to the EO for formal approval. The EO will then notify the ANZCA Training and Assessments team of the appointment (training@anzca.edu.au).
- On appointment, and re-appointment, SOTs are required to sign an agreement that outlines mutual obligations between ANZCA and the SOT.
- Initial appointment is for a three-year term.

Number of supervisors of training per department

- In smaller departments only one SOT may be required. In larger departments, more than one SOT may be necessary. This is a decision for each department.
- There is no minimum amount of post-fellowship experience required before taking on the role of SOT.
- If a department has multiple supervisors of training, it is advisable to clearly delineate the responsibilities of each SOT within a department so that there is no confusion for trainees.

Reappointment

- SOTs may be reappointed for a total of four three-year terms.

- The college will notify the EO when a SOT is nearing the end of a three-year term, for review and consideration regarding reappointment for a further three years.
- Reappointment will usually be automatic and encouraged. However, this may be an opportunity for the supervisor of training to move on to other roles within their department, the broader hospital environment or the college.
- It is anticipated that this process of review will also provide an opportunity to consider succession planning and ways to encourage and assist other members of the department to take on supervisory roles.
- In extenuating circumstances, SOTs may be appointed for more than 12 years.

4.3.3. Resources and support for supervisors of training

Departmental requirements

As a condition of ANZCA accreditation, SOTs must be provided with appropriate clinical support time, physical facilities and other resources to undertake their roles. These include:

- Regular, scheduled clinical support time for the duties outlined in section 4.4.1. A guide is one clinical session per week allocated per five vocational trainees. This could be averaged over the year depending on the workload. It is expected that the workload would peak at the start and completion of clinical placements, and when managing trainees support process.
- Access to appropriate facilities, a private space to meet with trainees with internet and computer access to enable regular (daily) updates to the TPS and ANZCA website.
- Support from other departmental members for WBAs, other supervisory and tutor functions, and the TSP.

College resources and support

The college provides resources for those undertaking supervisory roles.

The ANZCA Educator Competency Framework describes the competencies required of educators for specialty training. It is designed to be in medical specialty training to map the competencies required of educators. The ANZCA Educator Competency Framework is available on the website.

The EO for the region or country (see section 4.12) is available for assistance as necessary to enable SOTs to fulfil their duties. This is recommended if remediation is required for a trainee, especially if the remediation occurs as part of a core unit review. For more information see the TSP (section 3.4).

4.3.4. Access to trainee information via the trainee portfolio system

Supervisors of training are provided with online access via the training portfolio system to the training records of all trainees at their training site and at accredited satellites, as relevant. Details for trainees in satellite hospitals are recorded against the main training partner site. For details of the training portfolio system refer to section 2.16.

4.4. Introductory training tutor

The introductory training tutor oversees introductory training (IT) within the department. This is a critical role as IT introduces trainees to the ANZCA roles in practice and focuses on the development of basic knowledge and skills across the ANZCA Clinical Fundamentals for safe, patient-centred practice.

During introductory training, trainees will receive level one supervision until the multiple choice question assessment (MCQA), the specified emergency scenario (SES) assessment and all WBAs for IT are successfully completed. However, they should develop the ability to manage suitable cases beyond level one supervision, which may involve progressively reducing the physical proximity of the supervisor. The supervisor must remain immediately available to provide hands-on assistance if needed.

It is strongly recommended that a SOT take on the introductory training tutor role as they will have access to the trainee's training portfolio system.

4.4.1. Duties of introductory training tutors

- Ensure familiarity with the curriculum requirements for IT as outlined in the anaesthesia training program curriculum.
- Work with the SOTs and other departmental tutors and supervisors to ensure that resources and opportunities are available for trainees to meet the learning outcomes of introductory training.
- Coordinate the completion of the core unit requirements.
    - Oversee the workplace-based assessment requirements.
    - Identify trainees with recent anaesthetic experience who are eligible to complete the specified emergency scenarios earlier within introductory training.
- Help trainees identify when they are ready for their IT core unit review.
- Identify trainees who are not progressing through IT within the required time and work with the SOT to support the trainee with more specific training and remediation strategies as required (see section 3.4).
- Provide advice to trainees on balancing the demands of study for the primary examination with the need to develop a solid foundation in clinical anaesthesia.

4.4.2. Selection and appointment of introductory training tutors

Selection criteria

- Must hold a FANZCA or a comparable qualification acceptable to ANZCA Council (refer Section 2.17.3).
- Must not be a candidate for any college examination (including examinations of the Faculty of Pain Medicine).

SOTs, in collaboration with the head of department, identify likely candidates, orient them to the requirements of the role, confirm their willingness to be appointed and circulate an up-to-date list of supervisor contact details for the information of trainees and others within the department.

4.4.3. Resources and support for introductory training tutors

Departmental requirements

All introductory training tutors must be provided with appropriate clinical support time, physical facilities and other resources and support to undertake their roles. These include:

- Clinical support time for the duties as specified in section 4.4.1.
- Physical facilities including a private space for meetings with trainees, secure document storage and a computer with internet access.
- Support from other departmental members for their role.

ANZCA resources and support

ANZCA provides resources for those undertaking supervisory roles. The SOT, head of department and education officer will be available for guidance, assistance and any input necessary to enable an introductory training tutor to fulfil their duties.

4.4.4. Access to trainee information via the training portfolio system

In the situation where the introductory training tutors does not have access to trainee data in the TPS, they will need to liaise with the SOT to update the completion of the IAAC into the TPS.

4.5. Clinical fundamental tutor

There are seven clinical fundamentals in the ANZCA curriculum which are core components underpinning all areas of anaesthesia practice. Clinical fundamental tutors are experts and primary resources within their department for particular clinical fundamentals.

Clinical fundamental tutors are not formally appointed and in smaller departments, the supervisor of training (SOT) may also act as a clinical fundamental tutor. This can be determined by the supervisor of training depending on local requirements. However, clinical fundamental tutors must hold a FANZCA or a comparable qualification acceptable to ANZCA Council.

4.5.1. Duties of clinical fundamental tutors

- To be familiar with the curriculum requirements of the clinical fundamental for each period of training as outlined in the anaesthesia training program curriculum.
- To work with the SOTs and other departmental tutors and supervisors to ensure that resources and opportunities are available for trainees to meet the learning outcomes and assessment requirements of the relevant clinical fundamental.
- To identify trainees who are not progressing through their training in a timely and appropriate manner. This should lead to discussion with the trainee and, where necessary, the SOT.

- To assist trainees to progress towards the volume of practice requirements for their clinical fundamental for each core unit (IT, BT, AT) and work with the SOTs to assist trainees having difficulties achieving these requirements in a timely manner.
- To facilitate and perform workplace-based assessments relating to the required clinical fundamental. Completing the case based discussions required for the clinical fundamental will specifically assess the trainee's understanding and decision-making in relation to the relevant learning outcomes, and allow the clinical fundamental tutor to provide clear and appropriate feedback to the trainee.

4.5.2. Resources and support

Departmental requirements:

All tutors must be provided with appropriate clinical support time, physical facilities, resources and other support to undertake their roles. These include:

- Clinical support time for the duties as specified in section 4.5.1
- Physical facilities including a private space for meetings with trainees, secure document storage and a computer with internet access.
- Support from other departmental members for their role.

ANZCA resources and support:

ANZCA provides resources for those undertaking supervisory roles. Those specific to the clinical fundamental tutor include:

- Clearly defined learning outcomes for each clinical fundamental (refer to the anaesthesia training program curriculum).
- Clearly defined volume of practice and assessment requirements for each clinical fundamental.
- ANZCA teaching and learning cases that assist teaching in important areas or where clinical exposure is less likely. The clinical fundamental tutors may wish to develop other teaching cases for use within their department.
- Online and face-to-face training in the performance of the various workplace-based assessments will be provided by ANZCA at various local and regional and national meetings, and also facilitated within a department or region by the SOT or education officer (EO).

The SOT, head of department and EO will be available for guidance, assistance and any input necessary to enable a clinical fundamental tutor to fulfil their duties.

4.5.3. Access to trainee information via the training portfolio system

No specific access to trainee information within the TPS is required.

4.6. Specialised study unit supervisor

Each specialised study unit (SSU) supervisor oversees training in one of the 12 specialised study units to assist trainees to meet its training requirements. This requires liaison with the departmental supervisor(s) of training (SOT).

The intensive care medicine (ICM) supervisor is the SSU supervisor for the intensive care medicine SSU. The duties for the intensive care medicine supervisor are detailed in section 4.6.2.

4.6.1. Duties of specialised study unit supervisors

- To be familiar with the curriculum requirements of the relevant SSU.
- To ensure that ANZCA trainees have access to appropriate experience and resources for the SSU within their department. Where there are large numbers of trainees and limited opportunities for clinical experience in a particular SSU, it may be appropriate for a SSU supervisor to liaise with the SOT and the rotational supervisor to allocate these limited opportunities fairly within their department or accredited rotation.
- To guide trainees in setting goals and gaining appropriate clinical experience for the relevant SSU. Trainees who wish to gain clinical experience in a particular SSU should contact the SSU supervisor before commencing or early -in a clinical placement to establish the requirements and expectations of that SSU and to formulate a plan for its completion, as appropriate.
- To oversee the timely completion of workplace-based assessments (WBAs) relevant to the SSU. Although many individuals can perform WBAs, the SSU supervisor should take an active role in facilitating and performing WBAs relating to the relevant SSU. Completing any case-based discussions (CbD) required for the SSU will particularly allow the SSU supervisor to assess the trainee's understanding and decision-making in relation to the learning outcomes for the SSU.
- To review a trainee's progress against the required WBAs and volume of practice cases and/or procedures (see curriculum). This can be done by asking the trainee to present the evidence recorded in the TPS and also review the trainee's SSU data which will be prepopulated in the SSU review form. WBAs performed during that clinical placement and also those relevant to the SSU performed earlier in training will help the SSU supervisor to assess completion of that unit.
- To ask the trainee three questions based on the learning outcomes for the SSU. A bank of questions is available on the college website.
- To complete the SSU review form if the trainee has met all the requirements of the SSU. This will generate a notification to the SOTs for verification.
- To ensure that the trainee has attained the learning goals of the SSU. If the SSU supervisor feels they do not have enough information to determine whether the learning goal has been met, even if the volume of practice or WBA requirements have been met, they can request the trainee completes additional WBAs or teaching and learning cases.

- If the requirements have not been completed, the SSU supervisor should not sign off the SSU review. They should discuss how the requirements will be met with the trainee. The trainee can use this information to plan completion of that SSU during subsequent clinical placements. It may also be relevant to discuss this with the SOT prior to a clinical placement review (CPR), particularly if completion of that SSU was part of the trainee clinical placement plan.
- If there is a dispute between the SSU supervisor and the trainee regarding completion of a SSU, the SSU supervisor should request the trainee's SOT to review the TPS records and other relevant information and provide advice. Progression from one clinical placement to the next is not dependent on SSU completion.

4.6.2. Duties of intensive care medicine supervisors

- To be familiar with the ANZCA curriculum requirements of the intensive care medicine (ICM) SSU.
- To guide trainees in setting goals and gaining appropriate clinical experience for the ICM SSU.
- To oversee the completion of the ICM multi-source feedback (MsF).
- To ensure timely submission of all required training data in the TPS.
- To review and if appropriate sign off satisfactory completion of the SSU.
- To review and confirm the trainee's progress against the time and multi-source feedback requirements as part of this process.
- To complete the ICM CPR for the trainee.
- To ensure that the trainee has attained the learning goals of the SSU. If the ICM supervisor does not feel they have enough information to determine whether the learning goal has been met, the ICM supervisor can request the trainee completes additional WBAs or teaching and learning cases as evidence that learning goals have been met.
- If the requirements have not been completed, the intensive care medicine supervisor should not sign off the ICM CPR. The ICM supervisor should discuss with the trainee what further requirements are still to be completed and record this in the TPS. The trainee can use this information to plan completion of the intensive care medicine SSU in a subsequent placement.

If there is a dispute between the ICM supervisor and the trainee regarding completion of the SSU, then the trainee ICM supervisor can ask the SOT at that hospital to review the TPS and other relevant information and provide advice.

4.6.3. Selection, appointment, tenure and reappointment of specialised study unit supervisors

Selection criteria

- Must hold a FANZCA or a comparable qualification acceptable to ANZCA Council (for example, Fellow of the College of Intensive Care Medicine, refer section 2.4.3).

- Should have broad experience in their particular SSU and a strong understanding of the requirements of the ANZCA curriculum in that area.

On appointment, and re-appointment, ICM supervisors are required to sign a mutual agreement that outlines mutual obligations between ANZCA and the ICM supervisor. This enables the ICM supervisor to access the trainee's TPS records. Other SSU supervisor are not required to sign an agreement as they will only have limited access to the trainee's record.

In smaller departments the SOTs may also fulfil the role of the SSU supervisor, while in larger departments there may be a need for more than one supervisor for a particular SSU. One fellow may take on more than one SSU supervisor role, particularly in smaller departments. The clinical fundamental tutor role can also be undertaken with the SSU role(s). The SOT can determine this depending on local requirements.

SOT, in collaboration with their heads of department, identify likely candidates, describe the requirements of the role, confirm their participation and keep an up-to-date list of supervisors and tutors for access by trainees and others in the department. Trainees should consult the SOT if they are unaware of who performs a particular departmental supervisory role.

In the case of an ICM supervisor, the College of Intensive Care Medicine SOT can act as the ANZCA ICM supervisor, or can nominate an individual to perform the role for ANZCA trainees. SOTs must notify the college of appointments to the intensive care medicine supervisor role to ensure they have access to the TPS (training@anzca.edu.au). Appointments to the other SSU roles do not require a formal process.

Appointment, tenure and reappointment

Appointments are for three years, with the possibility of reappointment for a maximum of 12 years. Appointments should be reviewed every three years to allow the SSU supervisor to determine if they wish to continue in the role. This review will also provide an opportunity to consider succession planning and ways to encourage and assist other members of the department to take on supervisory roles.

4.6.4. Resources and support

Departmental requirements

All supervisors must be provided with appropriate clinical support time, physical facilities, resources and other support to undertake their roles. These include:

- Clinical support time for the duties as specified in section 4.6.1.
- Physical facilities including a private space for meetings with trainees, secure document storage and a computer with internet access.
- Support from other departmental members for their role.

ANZCA resources and support

ANZCA provides resources for those undertaking supervisory roles. Those specific to the specialised study unit supervisors include:

- Clearly defined learning outcomes for each SSU.
- Clearly defined volume of practice and assessment requirements for each SSU.

- ANZCA teaching and learning cases, which assist teaching in important areas or where clinical exposure is less likely. The SSU supervisor may wish to develop other teaching cases for use within their department.
- Online and face-to-face training in the performance of the various WBAs will be provided by ANZCA at various local and regional and national meetings, and also facilitated within a department or region by the SOT or education officer (EO).

The SOT, head of department and EO will be available for guidance, assistance and any input necessary to enable a SSU supervisor to fulfil their duties.

4.6.5. Access to trainee information via the training portfolio system

The SSU supervisor will have access to the TPS to complete the SSU review form. The specialised study unit supervisor will not have direct access to trainee records. At the time of assessment, the trainee will need to log onto the training portfolio system and show the SSU supervisor the relevant data on volume of practice and WBA requirements.

The ICM supervisor will also have access to the training portfolio system, but at a different level to the SSU supervisor, to complete the relevant assessments for the ICM SSU.

4.7. Departmental scholar role tutor

The scholar role is one of the seven ANZCA roles in practice. Development of this role is essential to lifelong learning and to teaching others. It is also fundamental to the provision of high-quality care by defining the evidence that underpins clinical practice through research and audit.

4.7.1. Duties of departmental scholar role tutors

- To assist the trainee to identify appropriate opportunities to undertake the scholar role activities (SRAs). For example, assisting trainees in selecting an appropriate paper and topic to critically appraise.
- To provide ongoing feedback and guidance to trainees to assist them with the completion of SRAs to fulfil expected requirements.
- To provide advice to trainees on jurisdictional regulations relevant to conducting audits and research, and ethics approval requirements.
- To observe and/or evaluate trainees completing the SRAs as outlined in the ANZCA curriculum framework.
- To ensure timely submission of all required training data in the training portfolio system (TPS).
- To provide support and guidance to trainees seeking exemption from SRAs.
- To liaise with the supervisor of training (SOT) regarding additional work that may be required by trainees to successfully complete SRAs.

4.7.2. Selection, appointment, tenure and reappointment

Selection criteria

- Must hold a FANZCA or a comparable qualification acceptable to ANZCA Council.
- Must not be a candidate for any college examination (including examinations of the Faculty of Pain Medicine).
- Should have broad experience in scholarly activities and a strong understanding of the requirements of the ANZCA curriculum in this area.

On appointment, and re-appointment, departmental scholar role tutors (DSRTs) are required to sign an agreement that outlines mutual obligations between ANZCA and the DSRT.

Appointment process

- DSRTs with particular expertise can be appointed in a department to assist trainees and evaluate the various SRAs. SOTS, in collaboration with their head of department, identify likely candidates, describe the requirements of the role, confirm their participation and keep an up-to-date list of supervisors and tutors for access by trainees and others in the department.
- SOTs must notify the ANZCA Training and Assessments team of appointments to the DSRT role (training@anzca.edu.au).
- Appointments are for three years, with the possibility of reappointment for a maximum of 12 years. Regular review will give the DSRT an opportunity to consider other roles within their department, and plan and encourage others to take on the role in the future.

4.7.3. Resources and support

Departmental requirements

All tutors must be provided with appropriate time, physical facilities and support to undertake their roles. These include:

- Clinical support time for the duties as specified in section 4.8.1.
- Physical facilities including a private space for meetings with trainees, secure document storage and a computer with internet access.
- Support from other departmental members for their role.

ANZCA resources and support

ANZCA provides resources for those undertaking supervisory roles. Those specific to DSRTs are:

- Section 2.13 on SRAs and assessments.
- Structured forms for assessing teaching sessions and critical appraisals and conducting audits.
- Guidelines on conducting an audit.
- Network of DSRTs that are linked to the Scholar Role Sub-committee.
- Nominated members of the Scholar Role Sub-Committee to provide support and advice.

- Professional development activities including the ANZCA Educators Program.
- Scholar role support resources including clinical audit samples in Networks.

The SOT, head of department and education officer will be available for guidance, assistance and any input necessary to enable a DSRT to fulfil their duties.

4.7.4. Access to trainee information via the training portfolio system

DSRTs will have access to the TPS to complete and confirm SRAs.

4.8. Provisional fellowship supervisor

Provisional fellowship supervisors oversee the specific training requirements of provisional fellows working in their department.

4.8.1. Duties of provisional fellowship supervisors

Each provisional fellow will have their own plan for the provisional fellowship (PF) core unit, and this may cover any of the specialised study units, clinical fundamentals, ANZCA Roles in Practice or a combination of these, and must include research or other clinical support activities. Provisional fellowship training (PFT) must have a clinical component of at least 10 weeks, unless otherwise approved by the assessor.

4.8.2. Selection, appointment, tenure and reappointment

- Selection criteria
- Must hold a FANZCA or a comparable qualification acceptable to ANZCA Council.
- Must not be a candidate for any college examination (including examinations of the Faculty of Pain Medicine).
- Should be experienced in the particular area of the trainee's PF plan and able to offer assistance with the development of knowledge and skills at a more advanced level than covered in the general specialised study units.

In smaller departments supervisors of training (SOTs) may also fulfil the role of the PF supervisor, or it may be appropriate to have one or more PF supervisor providing oversight to all the provisional fellows in a department. In larger departments, there may need to be more than one PFS to cover the various sub-specialty areas at that training site. Specialised study unit supervisors and clinical fundamental tutors may also act as the PF supervisor for trainees working in their area. The SOTs can determine this depending on local requirements.

Appointment, tenure and reappointment

Appointments to these roles do not require a formal process. SOT, in collaboration with their heads of department, identify likely candidates, describe the requirements of the role, confirm their participation and keep an up-to-date list of supervisors for access by trainees. Trainees should consult the supervisor of training if they are unaware of who performs a particular department supervisory role.

Appointments are for three years, with the possibility of reappointment for a maximum of 12 years. Regular review will give the PF supervisor an opportunity to consider other roles within their department, and an opportunity to plan and encourage others to take on the role in the future.

4.8.3. Resources and support

Departmental requirements

All supervisors must be provided with appropriate time, physical facilities and support to undertake their roles. These include:

- Clinical support time for the duties as specified in section 4.8.1.
- Physical facilities including a private space for meetings with trainees, secure document storage and a computer with internet access.
- Support from other departmental members for their role.

ANZCA resources and support

ANZCA provides resources for those undertaking supervisory roles.

The SOT, head of department and education officer will be available for guidance, assistance and any input necessary to enable a provisional fellowship supervisor to fulfil their duties.

Provisional Fellowship Program Sub-committee

The Provisional Fellowship Program Sub-committee (PFSC) will review applications with at least 10 weeks clinical anaesthesia time (CAT). Those planning less than 10 weeks CAT will be reviewed by the director of professional affairs (assessor). The PFSC to the Training Accreditation Committee and Education Executive Management Committee. Further information about the committee is available on the ANZCA website.

4.8.4. Access to trainee information via the training portfolio system

No specific access to online trainee information is required.

4.9. Workplace-based assessment assessor

Workplace-based assessments (WBA) are formative assessments (assessment for learning). They involve an assessor providing structured, actionable feedback to the trainee after observing them perform procedural skills and providing care to patients. The college assessment strategy incorporates four types of WBAs which include mini-clinical evaluation exercise (mini-CEX), direct observation of procedural skills (DOPS), case-based discussion (CbD) and multi-source feedback (MsF).

WBA assessors are not formally selected, and every supervisor of ANZCA trainees is encouraged to engage in workplace-based assessments. Suitable supervisors for ANZCA trainees are listed in section 2.4.

WBA assessors should work regularly in the subject area appropriate for that WBA.

Any ANZCA fellow will be automatically given access to the training portfolio system (TPS) to complete WBAs. Trainees in their provisional fellowship year can be a WBA assessor and will also be automatically given access as a WBA Assessor in the TPS. Departmental supervisors of training (SOTs) must forward the name of non-ANZCA fellows who assess WBA to the college. These are usually other specialists working in an ANZCA-accredited department.

Multi-source feedback can and should be provided by WBA assessors, but should also be requested from patients, nursing staff, non-anaesthesia specialists or any other individuals who observe the trainee at work.

4.9.1. Duties of workplace-based assessment assessors

The WBA assessor is responsible for observing the trainee at work, and providing formative, contemporaneous and actionable feedback to the trainee about their performance.

The WBA assessor should identify areas where the trainee can improve, highlighting how they might access that experience and suggesting ways they can increase their knowledge in the area.

They will also need to enter feedback for the WBA into the TPS in a timely manner, to allow the trainee an opportunity to reflect and comment on the assessment while it is still fresh in their mind.

4.9.2. Resources and support

Departmental requirements

All assessors must be provided with appropriate time, physical facilities and support to undertake their roles. These include:

- Physical facilities including a private space for meetings with trainees, secure document storage and a computer with internet access.
- Support from other departmental members for their role.

ANZCA resources and support

ANZCA provides online resources to assist those performing workplace-based assessments:

- WBA support resources
- Fundamentals of feedback course
- ANZCA Educators Program: Feedback to enhance learning

More information about the different types of assessment and how to give feedback is available in the ANZCA curriculum document.

The SOT, head of department, education officer and regional WBA lead will be available for guidance, assistance and any input necessary to enable a WBA assessor to fulfil their duties.

4.9.3. Access to trainee information via the training portfolio system

No specific access to online trainee information is required. However, WBA assessors will be able to lodge WBA via the TPS.

4.9.4. ANZCA workplace-based assessment leads

ANZCA workplace-based assessment leads (WBA leads) support the delivery of WBA workshops across the ANZCA community and undertake their roles in accordance with their terms of reference.

The ANZCA Educators Subcommittee is responsible for the appointment, reappointment and support of ANZCA WBA Leads.

4.10. Patient clinical interaction assessment (PCIA) lead

The PCIA assessor role is a formal ANZCA position, appointed by the Head of Department and noted by the relevant state or national Education Officer. Each training department will require one or more PCIA assessors, one of whom will be identified for the role of PCIA assessor lead. The PCIA assessor is responsible for conducting PCIA assessments at their site. The PCIA lead will have overall oversight of communication with trainees regarding the assessment and coordination of assessments.

The PCIA assessor is responsible for conducting the PCIA assessment and includes:

- Selection of the PCIA case in conjunction with the local departmental policies and procedures and the patient eligibility criteria.
- Explaining the purpose of the assessment to the patient.
- Determining and obtaining the correct patient consent
- Communication with trainees regarding the scheduling and coordination of the PCIA and general advice on preparedness.
- Explaining the components comprising the assessment to the trainee
- Outlining the sequence of three components with the trainee: Observation, Case Discussion, Feedback Conversation and whether these will occur continuously, or with a break to allow for the preanaesthetic consultation to be completed
- Clarifying any questions or concerns from the trainee or patient.
- Conducting the assessment including facilitation, scoring and feedback to the trainee.
- Ensuring the assessment form for a successfully completed PCIA is provided to the SOT to record in the trainee e-portfolio the date the PCIA was successfully completed and to submit the form to ANZCA training program administrators as evidence of completion.
- Advising the Supervisor of Training (SOT) of the outcome of the assessment.
- Notifying the SOT and Clinical Director of issues, as relevant.

4.10.1. Selection, appointment, tenure and reappointment

Selection criteria

A PCIA assessor is required to:

- Hold a FANZCA or a comparable qualification acceptable to ANZCA Council.
- Have experience in the management of patients with complex comorbidities.
- Have completed the mandatory PCIA assessor training and comply with the requirements of the PCIA as per the PCIA implementation guide.

And is *preferred* to:

- Have an active interest and experience in perioperative medicine.

- Have highly regarded patient communication and trainee facilitation and feedback skills.

Appointment, tenure and reappointment

Appointments are for three years.

- On appointment, and re-appointment, PCIA assessors are required to sign an agreement that outlines mutual obligations between ANZCA and the PCIA assessors

Appointments should be reviewed every three years to determine if the PCIA lead wishes to continue in the role.

4.10.2. Resources and support

ANZCA provides resources for those undertaking supervisory roles. The EO will be available for guidance, assistance and any input necessary to enable a PCIA assessor to fulfil their duties.

4.11. Rotational supervisor

Rotational supervisors (ROTS) co-ordinate the training and rotation of ANZCA trainees among the various hospitals within their accredited rotation.

4.11.1. Duties of rotational supervisors

The ROTS is responsible for:

- Allocation of trainees to clinical placements within the accredited rotation. They should consider issues such as trainee preferences, the need for trainees to complete specific clinical fundamentals or specialised study units, and maintaining an appropriate mix of junior and senior trainees within a training site. Finding the right balance between these factors can be challenging, and advice and assistance may be required from the education officer (EO) and supervisors of training (SOTs).
- Liaison with participating hospital departments (see head of department) regarding the rotation of trainees in order to meet any changes in service requirements.
- Oversight of the training program within their accredited rotation.
- Monitoring the types of clinical experience and volume of practice availability at the various training sites within the accredited rotation
- Monitoring the progress of trainees and their access to volume of practice cases, procedures and time for each of the clinical fundamentals and specialised study units. The ROTS should notify the EO if there are any real, potential or perceived problems with access to training opportunities to allow timely completion of the curriculum requirements.
- Ensuring trainees have been allocated to the correct rotations and placements in the training portfolio system (TPS) in advance of hospital term changeovers.

The role of the ROTS does not include:

- Representing ANZCA in the selection and appointment of trainees. However, the ROTS may be a member of a selection committee or panel

that acts on behalf of a hospital or other employing body (selection of trainees).

- Matters involving employment issues, rostering or leave, unless it relates to training or trainee wellbeing, or the allocation of trainees to a particular clinical placement.

4.11.2. Selection, appointment, tenure and reappointment

Selection criteria

- Must hold a FANZCA or a comparable qualification acceptable to ANZCA Council.
- Must not be a candidate for any college examination (including examinations of the Faculty of Pain Medicine).
- Must not be the head/director or a deputy head/director of the department.
- Should have a strong understanding of the requirements of the current ANZCA curriculum.
- On appointment, and re-appointment, ROTSs are required to sign an agreement that outlines mutual obligations between ANZCA and the ROTS.

Appointment, tenure and reappointment

The process of appointment is nomination by the EO, following consultation with SOTs and head of department within the accredited rotation. The relevant regional or national committee must approve the appointment and notify the college of the appointment (training@anzca.edu.au).

The ROTS may be a full or co-opted member of the regional or national committee (see regulation 3) however this is not essential. The ROTS should be available to the regional or national committee for consultation and reporting.

Appointments are for three years, with the possibility of reappointment for a maximum of 12 years. Regular review will give the ROTS an opportunity to consider other roles within their department, and an opportunity to plan and encourage others to take on the role in the future.

4.11.3. Resources and support

Departmental requirements

All supervisors must be provided with appropriate time, physical facilities and support to undertake their roles. These include:

- Adequate clinical support time for the duties as specified in section 4.11.1
- Physical facilities including a private space for meetings with trainees, secure document storage and a computer with internet access.
- Support from other departmental members for their role.

ANZCA resources and support

ANZCA provides resources for those undertaking supervisory roles. The EO will be available for guidance, assistance and any input necessary to enable a ROTS to fulfil their duties.

The Training and Assessments team (training@anzca.edu.au) can also assist with entering rotation and placement information for trainees in the TPS during the hospital employment year changeover.

4.11.4. Access to trainee information via the training portfolio system

ROTS can view the training records of all trainees in their training rotation and are able to manage the placement of trainees.

4.12. Education officer

The education officer (EO) occupies an important position within the ANZCA educational framework, overseeing training within an Australian region or New Zealand.

If workload requires, more than one EO may be appointed, but a lead EO must be identified and will be responsible for overall co-ordination. All second and subsequent education officers within a training region will have the title 'deputy education officer' (DEO).

4.12.1. Duties of education officers

Co-ordination and liaison

- To act as a central co-ordinator of ANZCA training and education within a region or nation.
- To act as a liaison between trainees, supervisors, members of the relevant regional or national committee (see regulation 3) and head of departments with the central administration of ANZCA.
- To fully understand the training program, the regulations that govern it and this handbook.
- To understand the processes to be followed by supervisors of training and other supervisors, tutors and WBA assessors.
- To provide advice and guidance to supervisors, head of departments, administrators, trainees, and prospective trainees, as required.
- To be aware of college examinations dates.

Facility monitoring

- To assist supervisors of training (SOTs) to monitor staffing and supervision in each ANZCA-accredited hospital, including satellites. This also involves notifying the relevant ANZCA regional or national committee and the Education Executive Management Committee (EEMC) (via training@anzca.edu.au) of any changes to senior anaesthesia staffing levels or department workload that have the potential to affect the training program.
- To provide advice to new training sites in the region seeking accreditation and report to the relevant regional or national committee on any developments in this area. This may have the potential to affect the training program or trainee numbers in an accredited rotation.
- To liaise with the rotational supervisors (ROTS), the relevant ANZCA regional or national committee and the Training Accreditation Committee (via tac@anzca.edu.au) to develop and maintain accredited rotations within their region, aiming to allow all trainees to fulfil the clinical and volume of practice requirements of the ANZCA curriculum.

Trainee management

- To manage disputes between trainees and supervisors where inter-departmental relationships have broken down.
- To provide advice and assistance to trainees if they have concerns or issues that cannot be raised with the supervisor of training.
- To provide advice and assistance to supervisors of training regarding the assessment of trainees, especially if there is a borderline or unsatisfactory assessment.
- To assist the supervisors of training in the management of trainees in the trainees support process, and provide guidance regarding implementation of formal remediation processes and the progression to a formal trainee performance review if warranted.
- To organise and lead exam remediation interviews for trainees with the supervisor of training.

Education

- To co-ordinate and facilitate education for supervisors and tutors within a region or country.
- To ensure that primary and final examination courses are available to trainees within a region or country.
- To convene and chair a forum for all rotational supervisors and supervisors of training to share experiences and discuss issues relevant to the delivery of training within the jurisdiction. The education officer will report on these discussions to the relevant regional or national committee.
- To attend and report on regional/national activities and issues at the Education Officers Network (EON). A DEO should be nominated to participate if the education officer is unable to attend the EON.

The role of the education officer does NOT include:

- Representing ANZCA in the selection and appointment of trainees to an anaesthesia training program. However, the education officer may be a member of a selection committee or panel, which acts on behalf of a hospital or other employing body.
- Matters involving employment issues, rostering or leave unless these also relate to training or trainee wellbeing.

4.12.2. Selection, appointment, tenure and reappointment

Selection criteria

- Must hold a FANZCA or a comparable qualification acceptable to ANZCA Council.
- Must not be a candidate for any college examination (including examinations of the Faculty of Pain Medicine).
- Must not be the head/director of a department. In some regions it may be necessary or appropriate for the head/director or deputy head/director to fulfil the role of education officer.
- Must have significant experience in undertaking a departmental supervisory role or equivalent.

EOs are nominated by regional and national committees and appointed by EEMC, according to the process outlined in regulation 3.

On appointment, and re-appointment, EOs are required to sign an agreement that outlines mutual obligations between ANZCA and the EO.

4.12.3. Resources and support

Departmental requirements

All EOs must be provided with appropriate time, physical facilities and support to undertake their roles. These include:

- Clinical support time for duties specified in section 4.11.1.
- Access to appropriate facilities including a private space for meetings with trainees and information technology to allow regular training portfolio system access and access to the ANZCA website.
- Support from other departmental members for their role.

4.12.4. Access to trainee information via the training portfolio system

EOs can view the TPS training records of all trainees within their jurisdiction.

4.13. Trainee representative role

The Trainee Representative is an optional role within a department. However, in some circumstances, the position may be suited to a regional role, depending on the number and size of departments within a region.

The Trainee Representative requires an understanding of the department and region they represent. They will promote trainee wellbeing and address important trainee issues within a department. They will also work with senior departmental staff, wellbeing advocates and supervisors of training to resolve identified trainee issues.

4.13.1. Duties of a trainee representative role

The duties of the trainee representative are broken down into core and optional roles:

4.13.1.1. Core roles

- Point of contact for trainees.
- Gathering trainee feedback for the department and/or region.
- Liaising with supervisors of training to highlight frequent or significant training issues on behalf of trainees.
- Collaborating with trainees and senior staff to improve communication and trainee satisfaction.

4.13.1.2. Optional roles

- Liaising with other trainee representatives to address regional trainee issues to be presented to regional/national trainee committees.
- Attending departmental meetings to give trainee feedback and address trainee issues.
- Arranging trainee social events/activities outside of work.

4.13.1.3. Roles not included

- Ongoing support of trainee wellbeing issues (including psychological support) is not appropriate role for the Trainee Representative; it is better suited to a wellbeing advocate or supervisor of training in the department.
- Rostering is not an expected part of this position.

4.13.2. Selection, appointment and tenure

The role of trainee representative would be best suited to a trainee in advanced or provisional fellowship training. If there are no advanced or provisional fellowship trainees are available for the role the department may consider appointing a trainee who is nearing the end of basic training.

It is recommended that the trainee representative is appointed by:

- a nominated consultant group within the department. The group may include departmental director(s) and/or supervisors of training.; or
- a peer nomination process (ensuring support for the trainee to the role); or
- a combination of the two; or
- self-nomination with election and appointment by trainees.

The above processes may not be appropriate for all departments and can be varied to suit the department. This position would be best suited to a trainee whose placement is 6 or more months in that department. In departments where shorter placements occur a shorter-term position may be appropriate.

4.13.3. Resources and support

The Trainee Representative will collaborate with senior staff of the department including directors and supervisors of training. It is important that they:

- have sufficient time to dedicate to the role; this may include not having an exam during the rotation. There should be consideration to the provision of non-clinical time if required.
- are confident in addressing trainee issues, enthusiastic and committed to the role.

4.14. Secretarial and other support

All departments of anaesthesia require assistance from secretarial and other support services to allow the medical, nursing and technical officers within the department to perform their duties effectively. ANZCA-accredited departments will require the appointment of appropriate staff within the department. The number of administrative staff should be adequate to fulfil all required duties. Large departments may require more than one full-time staff member.

4.14.1. Duties of secretarial and other support staff

The duties of secretarial and other support staff will fall into three main areas: Individual support duties, departmental administrative support and departmental educational support.

- Individual support duties include:

- Provision of general secretarial services to individual specialists, trainees and other members of the department, including the handling of correspondence, filing, appointments and telephone answering.
- Assistance with the operation of online and data processing services.

  - Administrative support duties include:

- Preparation, circulation and updating of departmental duty rosters, maintenance of departmental and medical records, and general administration.
- Preparation and distribution of operating lists and facilitation of the deployment of medical officers for service and other requirements.

  - Educational support duties:

- Co-ordination of the administrative aspects of continuing professional development, clinical review, research and quality assurance activities.
- Preparation and distribution of material for departmental meetings, including tutorials, peer review, clinical audit and quality assurance meetings.
- Facilitation of correspondence between trainees and supervisors of training and the college.
- Maintenance of the departmental library including books, journals and other audio-visual material, and preparation of visual display material.
- Provision of secretarial and administrative assistance to the supervisors of training and other supervisory roles in the performance of their duties.

  Depending on other facilities and support at the hospital, secretarial assistance may also be required for performance of literature searches, photocopying and circulation of documents.

Version control register

Version	Author	Approved by	Approval Date	Sections Modified
1.0 - 1.9	Please contact the college for information on these versions of the handbook.			
2.0	Education Unit	EEMC	October 2019	Handbook adapted into plain English, redundant sections and duplications removed and sections reordered. Redundant appendices removed.
2.1	Education Unit	EEMC	November 2019	Removal of incorrect content in section 2.14 relating to limiting exam candidate numbers.
2.2	Education Unit	EEMC	November 2020	2.2.4 – changes to clinical fundamentals to align with TPS recording. 2.5.2 – changes to supervision levels 2.14.1 – changes to multiple choice section of the primary examination 3.4 – name change to trainee support process
2.3	Education Unit	EEMC	January 2021	2.14.2 – changes to the medical viva voce for the final examination
2.4	Education Unit	EEMC	March 2021	2.14.2 – changes to allow carrying forward final examination scores. 2.14.5 – changes to special consideration for examinations
2.5	Education Unit	EEMC	December 2021	1.6.7 – transferring from the SIMG pathway 2.13.4 – changes to scholar role activity exemptions
2.6	Education Unit	EEMC	December 2022	1.6.7 – Applying for RPL 2.13.4 – Exemption from scholar role activities 2.14.1 – Requirements to pass the primary examination 2.14.2 – Description of the final examination 2.15.5 – Paediatric Life Support course 4.3.3 – Resources and support for SOTs 4.12 – trainee representative role (NEW)
2.7	Education unit		February 2023	Course links and references updated - Networks to Learn@ANZCA
2.7	Education unit	EEMC	October 2023	1.6.6 – recognition of prior learning 2.4 – leave 1.5.4 – partial examination fee refund 2.14.7 – examination failure and feedback process 1.6.1 – applying for recognition of prior learning 1.6.6 – recognition of prior learning for scholar role activities

Version	Author	Approved by	Approval Date	Sections Modified
				2.13.4 – exemption from scholar role activities
2.8	Education unit	EEMC	As part of the 2024 update	Throughout document – updated the title of the document from 'ANZCA Handbook for Training' to 'ANZCA Anaesthesia Training Program Handbook.'Inclusion of section 1.6.7 Change to section 2.14.2 – information relating to passing the final examination Changes to sections 2.14.6 and 2.14.7 – clarification around how PEx and Fex results are released. Change to section 2.14.5 to align with updates to the Special Consideration Policy. Change to section 3.7 to align with updates to the Reconsideration, Review and Appeals Policy. Changes made throughout document to: - capture the introduction of the MQC assessment, SES and PCIA, and - remove reference to the IAAC
2.9			2-12-24	Addition of section 4.10 Patient clinical interaction assessment lead