



Workplace Based Assessment Process Hospital Data Sheet

In order to conduct a Workplace Based Assessment (WBA), the Australian and New Zealand College of Anaesthetists (ANZCA) needs to provide the SIMG WBA Assessors with information on the hospital in which the SIMG WBA will be conducted. Please complete the following information and return it to the college.

General Administrative Information

Name of SIMG	_____
Email address	_____
Phone number	_____
Name of hospital	_____
Address of hospital	_____
Name of supervisor	_____
Phone number	_____
Name of director of medical services	_____
Email address	_____
Phone number	_____
Name of administrative contact	_____
Email address	_____
Phone Number	_____

Hospital Status with ANZCA

Is your hospital currently approved for ANZCA Training in Anaesthesia?	Yes	No
Is your hospital currently approved for training in Intensive Care Medicine?	Yes	No
Is your hospital currently approved for training Pain Medicine?	Yes	No
Is your hospital currently approved for training Emergency Medicine?	Yes	No

Please list any other Colleges your hospital currently approved for training with (e.g. RACS, RANZCOG, RACP?)

Hospital Information

Approximate number of
beds/bed state/day stay

Anaesthesia sessions per
week (all staff)

Dental/ ENT

General

Neurosurgery

Gynaecology

Operative Obstetrics

Pain Medicine (Acute/Chronic)

Cardiothoracic/ Vascular

Ophthalmic

Orthopaedic

Paediatric

Plastic

Urology

Emergency (not included
above)

Labour and delivery suite (not
included above)

Endoscopy

Interventional imaging _____

Intensive care _____

Anaesthetising locations,
including names and theatre
numbers _____

Obstetric deliveries per year _____

Epidural rate _____

Caesarean section rate _____

Assistants to anaesthetists –
nurse/technician numbers _____

Rosters- please attach _____

Continuing education/QA
activities available to
anaesthetists _____

Number of Specialist Anaesthetists

Please list the name, type the qualification and year of qualification for each anaesthesia specialist (if there is insufficient room below, please attach a separate list)

Number of Non-Specialists

Please list the name, type the qualification and year of qualification for each non-specialist (if there is insufficient room below, please attach a separate list)

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Number of ANZCA Trainees

Please list the name and year of training and exams completed for each ANZCA Trainee (if there is insufficient room below, please attach a separate list)

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Number of other medical staff providing anaesthesia _____

Please list the name, qualifications, year of qualifications and position title for all other medical staff who provide anaesthesia

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Please indicate half day sessions per week in:

ICU

Pain

Others (if there is insufficient room below, please attach a separate list detailing the type and number of sessions)