RGA

Application for grandparenting - Rural Generalist Anaesthesia

This form should be completed by rural generalist anaesthetists in Australia who wish to be grandparent. Applications close 31 December 2024.

Before completing your application, applicants must:

- be a current fellow of ACRRM or RACGP
- have been issued with a JCCA letter of satisfactory completion of training or a statement of equivalence
- have current credentialing for rural anaesthesia practice
- commitment to Rural Anaesthesia demonstrated by recent Rural Anaesthesia practise
- be current with appropriate CPD for rural anaesthesia

Personal details

| College ID | Leave blank if unknown | | | | |
|------------------|------------------------|---|-------------------|----------------|-------------|
| First name | | | | | |
| Middle name | | | | | |
| Surname | | | | | |
| Date of birth | | | | | |
| Gender identity | М | F | prefer not to say | another gender | |
| Address | | | | | |
| Suburb/State/Po | stcode _ | | | | |
| Country | | | | | |
| Mobile | | | | | |
| Email | | | | | |
| Medical Registra | ation | | | | |
| | | | | | |

ANZCA, in association with the Council of the Presidents of the Medical Colleges, collects workforce data to ascertain the numbers of Indigenous fellows and trainees working in Australia and New Zealand. The following question is voluntary.

Do you identify as any of the following?

Aboriginal Torres Strait Islander

Maori

Pacific Islander







Primary Fellowship

| Primary fellowship: | FRACGP | FACE | RRM |
|---|------------------------------------|----------------------|----------|
| Do you have a JCCA letter of satisfactory completion of to | raining or a statement of e | equivalence? |) |
| | Yes | No | |
| If yes, date of issue of JCCA | | | |
| Please note, if you do not have a JCCA letter of satisfactory completion of trouble to apply for award of the DRGA under this grandparenting process. | aining or statement of equivalence | e, you will not be | eligible |
| Please provide a copy of your primary fellowship and JCC | CA documentation. | | |
| Current credential to practice anaesthesia in | a rural environmen | it | |
| The credentialling must be for a rural location defined as | Modified Monash Model 3 | <u>3-7</u> or above. | |
| Are you currently credentialed to practice anaesthesia in | a rural environment? | Yes | No |
| Please provide a letter from your hospital confirming cred | entialing. | | |
| | | | |

Commitment to rural anaesthesia

At least 12 weeks per year over the last 24 months in a rural environment is required

| Start Date | End Date | FTE | Hospital | Total weeks |
|---------------|-------------|-----|----------|----------------|
| | | | | |
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Please provide evidence of regular practice in a rural environment (see checklist below).

| Conti | inued professional development | | | |
|---------|--|-----------------------|--|--|
| Are yo | u compliant with the CPD requirements set by your primary medical college | e? Yes No | | |
| | the table below, please provide details of at least 2 practice evaluation activit use activities | ies and 2 emergency | | |
| Activi | ty | Date Completed | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Decla | aration | | | |
| I decla | re that: | | | |
| a) | I have read and understood the contents of this applications. | | | |
| b) | The statements made, and the information provided, in this application documents attached are true and completed. | on form and in the | | |
| c) | I have no illness or disability or I have informed the college of any illness or disability that would preclude the safe practice in rural anaesthesia, including dependence on or inappropriate use of alcohol or recreational and / or non-prescribed drugs, and / or treatment with prescribed drugs likely to compromise the safe practice in rural anaesthesia, | | | |
| d) | I have current medical registration and agree to notify the college if my medical registration is withdrawn or suspended, or conditions are placed on my medical registration. | | | |
| e) | I undertake to notify the college if I develop an illness or disability that would preclude the safe practice in rural anaesthesia, including dependence on or inappropriate use of alcohol or recreational and / or non-prescribed drugs, and / or treatment with prescribed drugs likely to compromise the safe practice. | | | |
| f) | I acknowledge that any condition which could preclude the safe practice drug or chemical dependence, may prevent award of my RGA. | e, including personal | | |
| g) | I agree that all communications made by the council of the college or any of its officers, and all answers made and all communications of every kind in relation to this my application for RGA of the college shall for all purposes be absolutely privileged. | | | |
| h) | I give permission for ANZCA to contact my primary college to confirm fell required, other details provided in this form. | owship status and if | | |
| Signat | ure Date | | | |
| Signat | ure Date | | | |

Payment details

You will receive an invoice once your application is processed in 5-10 business days for the non-refundable grandparenting fee.

Payment amount: \$350 (GST inclusive)

Checklist of evidence required

Copy of the applicant's current passport (this must be in English and contain the applicants name, nationality, date of birth, gender, place and country of birth, photograph, expiry date, passport number, signature).

Primary fellowship

JCCA letter of satisfactory completion of training or statement of equivalence.

Credentialing confirmation letter

Commitment to rural anaesthesia.in the form of:

- o A logbook or roster; and
- Other appropriate documentation (Commitment to provide out of hours and emergency services in rural areas)

CPD compliance in rural generalist anaesthesia:

- CPD statement of participation
- o Evidence of current CPD certificate/JCCA CPD standard
 - 2 practice evaluation activities
 - 2 emergency response activities

Please send your completed form and supporting documents to the college:

ANZCA RGA Training & Assessment

Email: rga@anzca.edu.au

For further information, please contact us at +61 3 9510 6299.