

Recognition of prior learning and experience application form

This form should be completed by RGA trainees who seeking an assessment of their eligibility for recognition of prior learning and experience (RPLE). The assessment will be made by the Director of Professional Affairs (DPA) assessor, and you will be notified of the credits for which you are eligible. You will need to pay the award of RPL fee to receive the credits.

For more information, please refer to section 1.6 of the *Rural Generalist Anaesthesia handbook for training*.

Personal details

College ID

First name _____

Surname _____

Recognition of clinical time

Training Site	Start date	End date	Duration (weeks)	Leave taken	FTE (0.5 – 1)
Total:					

Recognition of courses

Course Name	Date completed	Location

Exemption from MCQ

Name of examination	Date completed	Location

Entrustable professional activity (EPA)

Are you applying recognition pathway on EPA 1?	Yes	No
Are you applying recognition pathway on EPA 2?	Yes	No
Are you applying recognition pathway on EPA 3?	Yes	No
Are you applying recognition pathway on EPA 4?	Yes	No
Are you applying recognition pathway on EPA 5?	Yes	No
Are you applying recognition pathway on EPA 6?	Yes	No
Are you applying recognition pathway on EPA 7?	Yes	No

Declaration of trainee

I have discussed this application with my supervisor of training. I solemnly declare that the statements made in this application are true and accurate.

Signature _____ Date _____

Supervisor of training endorsement

I have discussed this application with the trainee, and I support the request.

Name of Supervisor: _____

Signature _____ Date _____

Payment details

Refer to the ANZCA website for current RGA Training fees. You will receive invoice once your application is processed in 5-10 business days. Please email a copy of your completed form along with supporting documents to rga@anzca.edu.au.

For further information contact rga@anzca.edu.au or +61 3 9510 6299.

Supporting Documentation

The following documents should be included with this application.

Requirements	Evidence
<input type="checkbox"/> Time	<p>A supporting letter on original hospital letterhead that confirms the following for each term you have indicated that you wish to have assessed for RPL:</p> <ul style="list-style-type: none"> • Dates of appointment. • Type of experience. • Amount of leave taken. • Accreditation of training by relevant training body. • Anaesthesia training or anaesthesia experience must be in a rural context as defined by Modified Monash Model 3-7 <p>For any terms with part-time training, documentation that shows:</p> <ul style="list-style-type: none"> • Your duties comprised a minimum of 50 per cent of the commitment of a full-time trainee in the same department. • You participated in both in-hours and out-of-hours duties on an FTE-proportional basis. • You participated in the local/regional teaching on at least an FTE-proportional basis.
<input type="checkbox"/> Courses	<p>Please provide a copy of the certificate of any of the following courses: EMST, EMAC, Advanced PLS, CICO, Neonatal Resuscitation</p>
<input type="checkbox"/> Volume of practice and Workplace-base assessments	<p>Please provide an extract of your electronic logbook extract of logbook (with patient names removed) or certificate/letter stating training or experience completed. Evidence for a Multisource Feedback (MsF) in anaesthesia must be provided.</p>
<input type="checkbox"/> Multiple-choice question (MCQ) examination	<p>Please provide certificate of completion of appropriate examination:</p> <ul style="list-style-type: none"> • ANZCA initial assessment of anaesthesia competence MCQ exam • Primary examination or equivalent
<input type="checkbox"/> Entrustable professional activity (EPA) equivalent sign off	<p>A supporting letter from the clinical supervisor of the training confirming competence achieved meets expectation of any RGA EPAs that RPLE is being applied for. If applying for RPLE for the paediatric and obstetric analgesia EPAs where there is a volume of practice requirement, paediatric numbers identifying those in the 5 to 10-year-old age group and epidural numbers must be included in the logbook or the clinical supervisor's letter.</p>
<input type="checkbox"/> Primary qualification	<p>If you are applying for the preliminary assessment, please provide copy of any qualifications achieved</p>

Please note, if previous training experience is more than 3 years ago, Please provide evidence that the knowledge and skills acquired during the training have been maintained (logbook of cases in the last two years; anaesthesia relevant CPD for the last three years; upskilling attachments)