



# Application for accreditation as a training site for ANZCA vocational training

## Training site details

Name of training site \_\_\_\_\_

Address \_\_\_\_\_

Name of person applying \_\_\_\_\_

Role of person applying \_\_\_\_\_

Date \_\_\_\_\_

## 1. Purpose of application

Please select the purpose of this application:

- New stand-alone accreditation\*  Yes  No
- Increase in duration of accreditation  Yes  No
- Satellite accreditation (complete section 6)  Yes  No
- Additional campus (complete section 7)  Yes  No

*\*For new stand-alone accreditation, please attach a copy of the letter of support from your regional/national committee in regards to joining a rotational training scheme.*

## 2. Duration of accreditation sought

26 weeks  52 weeks  104 weeks  156 weeks  PF only

## 3. Hospital and staff details

Which training rotational scheme do you intend to become a part of?

\_\_\_\_\_

What is the total FTE of specialist staff in anaesthesia?

\_\_\_\_\_

Is there at least one specialist who holds FANZCA?

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Approximate number of beds available for occupancy at your hospital

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List the approximate number of procedures requiring anaesthesia per year

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How many theatres does your department service?

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How many other locations are equipped for the provision of anaesthesia? (e.g., radiology/endoscopy)

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Please provide the volume of practice for the last 12 months for the following specialized study units that can be completed at this training site in the table below:

Specialised study unit	Number completed
Cardiac Surgery and Interventional Cardiology	
General Surgical, Urological, Gynaecological and Endoscopic Procedures	
Head and Neck, ENT, Dental Surgery and ECT	
Intensive Care	
Neurosurgery and Neuroradiology	
Obstetric Anaesthesia and Analgesia	
Ophthalmic Procedures	
Orthopaedic Surgery	
Paediatric Anaesthesia	
Plastic, Reconstructive and Burns Surgery	
Thoracic Surgery	
Vascular Surgery and Interventional Radiology	

#### 4. Experiences

Please provide a brief overview of the particular types of experience that your hospital (or other institution) has to offer for ANZCA vocational training:

#### 5. Additional information

Please provide any additional information you would like us to know below:

#### 6. Satellite hospital accreditation details (if applicable)

Name of parent hospital \_\_\_\_\_

Contact person at parent hospital \_\_\_\_\_

Role of contact person \_\_\_\_\_

Distance from parent hospital \_\_\_\_\_

How will the trainees be rotated between the two hospitals? (e.g. one day per week, block rotations of x weeks etc.)

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How will supervision be provided? \_\_\_\_\_

How will in-training assessment (ITA), educational programs and other education support (e.g. Supervisor of Training) be provided?

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## 7. Additional campus accreditation (if applicable)

To be granted “additional campus accreditation”, the ANZCA accredited training site must submit the application and provide evidence of the following:

- Confirmation of ACHS (Australia) or HealthCert (New Zealand) accreditation for the additional campus (Copy to be provided).
- ANZCA trainees will spend 10% or less of their time at the additional campus.
- That level 1 supervision is provided from a consultant who works at both the ANZCA accredited hospital site, as well as the additional campus site.
- That appropriate indemnity will be provided to trainees if required.

Please attach confirmation of the above to this application and provide further details below

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Please send your completed form to the college:  
Training Accreditation team  
Email: [tac@anzca.edu.au](mailto:tac@anzca.edu.au)

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

Your application will be considered at the next meeting of the Training Accreditation Committee (TAC), at which time further information may be required or a visit will be recommended.