



Recognition of prior learning

This form should be completed by ANZCA trainees who wish to apply for Recognition of Prior Learning.

Personal details

College ID

First name

Surname

Email

Mobile

Section A: Recognition of Clinical anaesthesia training time

Please tick only one of the following to specify which category you wish to apply for

- In a program pre-approved for RPL (Regulation 37.7.1.3.)
- In a program not pre-approved for RPL (Regulation 37.7.1.4)
- In ANZCA-accredited departments while not registered as an ANZCA trainee (min.52 weeks) (Regulation 37.7.1.5.)

Please list the most relevant terms for each training period and provide a supporting letter on original hospital letterhead.

	Start date	End date	Hospital/facility	Leave taken (in weeks)	FTE (0.5 – 1)
IT (up to 26 weeks)					
BT (up to 78 Weeks)					

Are you applying for an exemption from the primary exam? Yes No

If yes, please provide a certified copy of the FRCA or FCAI certificate.

Are you submitting a logbook in the provided template for credits towards volume of practice and workplace-based assessments? Yes No

Period covered by logbook:

0-26 weeks 27-52 weeks 53-104 weeks

For the following courses, please provide the course certificate:

- | | |
|---|--|
| Advanced life support course (ALS) | Early Management of Severe Trauma (EMST) |
| Neonatal resuscitation | Advanced Paediatric Life support course (APLS) |
| Can't intubate, can't oxygenate (CICO) course | |

Section B: Recognition of Other clinical time

Which anaesthesia-related speciality are you applying for? _____

Please list the most relevant terms for each core unit period you want recognition for.

	Start date	End date	Hospital/facility	Leave taken (in weeks)	FTE (0.5 – 1)
IT (up to 1 weeks intensive care only)					
BT (up to 19 Weeks OCT)					
AT (up to 38 weeks OCT)					
PFT (up to 42 weeks OCT)					

Are you applying for an exemption from the ICM specialised study unit review? Yes No

Please provide a supporting letter from clinical supervisor confirming performance meets expectation.

Are you submitting a logbook in the provided template for credits towards volume of practice and workplace-based assessments? Yes No

Period covered by logbook:

- | | | |
|------------|-------------|--------------|
| 0-26 weeks | 27-52 weeks | 53-104 weeks |
|------------|-------------|--------------|

Declaration of trainee

I have discussed this application with my supervisor of training and 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

Each application will incur a non-refundable application fee. Once assessment has been completed, you will need to pay the recognition of prior learning assessment (RPL) fee depending on the RPL you have applied for. If you are not a registered ANZCA trainee, a preliminary assessment will be completed and only the application fee will be charged.

Please tick to indicate which fee(s) you intend to pay:

	Australia	New Zealand (GST incl.)
RPL Application fee / Preliminary Assessment Fee (all applications)	\$A 675.00 (GST incl.)	\$NZ 795.00

Assessment fee

RPL Assessment – Clinical Time	\$A 1030.00	\$NZ 1325.00
RPL Assessment – VOP/WBA Logbook (0-26 weeks)	\$A 1030.00	\$NZ 1325.00
RPL Assessment – VOP/WBA Logbook (27-52 weeks)	\$A 2060.00	\$NZ 2640.00
RPL Assessment – VOP/WBA Logbook (53-104 weeks)	\$A 3090.00	\$NZ 3965.00
RPL Assessment – Primary Examination	\$A 2575.00	\$NZ 3305.00
RPL Assessment – ICM SSU	\$A 1030.00	\$NZ 1325.00

Payment amount _____

Credit card type Visa Mastercard

Credit card number _____ Expiry date _____

Name on card _____

Signature _____

Please send your completed form to the college:

ANZCA Training

Email: assessor-requests@anzca.edu.au

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

Supporting Documentation

More information on the supporting documents can be found below

DPA assessor request form – application notes

Time

A supporting letter on original hospital letterhead that confirms the following for each term you have indicated in section 2 that you wish to have assessed for RPL:

- Date of appointment
- Type of experience
- Amount of leave taken
- Accreditation of training by relevant training body

For terms with part-time training, documentation that shows:

Your duties comprised a minimum of 50 percent 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

IAAC

If you have completed the Initial Assessment of Competence, please provide a copy of the certificate

Examination

For an exemption from the primary exam, you will need to attach a certified copy of the FRCA or FCAI Certificate

Volume of Practice and Workplace-based Assessments

Please provide an extract of your electronic logbook in the provided template.

Please enter the number of cases you wish to be credited as RPL and label the case with the relevant code. Please note, only cases labelled with requirement codes will be assessed. If appropriate, you may label one case with multiple codes.

Speciality experience

This should be a college Certificate/Letter stating training completed to date

Scholar role activities

Recognition of prior learning or exemption is available for four of the core scholar role activities, but not the audit activity. All trainees must complete the audit activity, noting the improved audit requirements.

The following forms can be used to prospectively apply for an activity to be completed during training, or to apply for recognition of a completed activity. Detailed requirements for RPL and exemptions

- Teach a skill and facilitate a group discussion.
- Critical appraisal of a paper and critical appraisal of a topic