Australian Medical Council Limited

Accreditation Report: The Education and Training Programs of the Australian and New Zealand College of Anaesthetists

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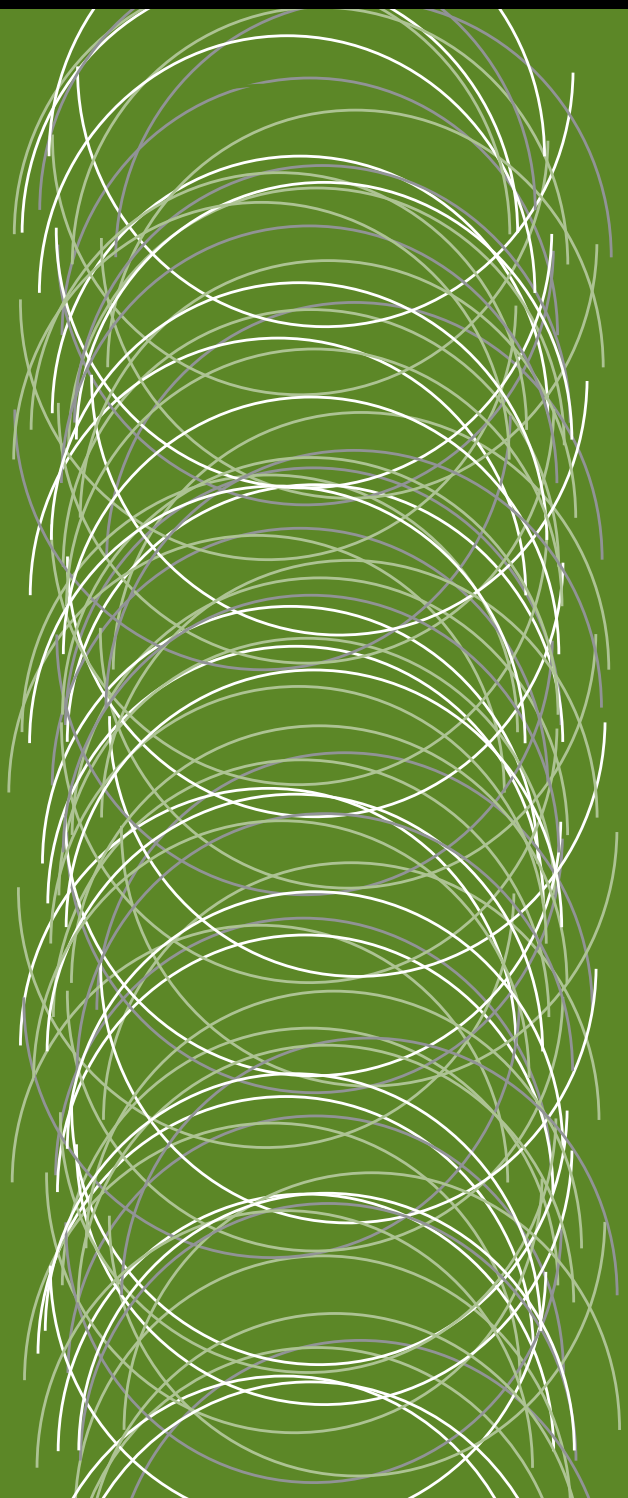

Specialist Education Accreditation Committee
December 2012

August 2016

Edition 1 – Digital

ABN 97 131 796 980

ISBN 978-1-938182-32-7

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Executive Summary: Australian and New Zealand College of Anaesthetists

The Australian Medical Council (AMC) document, *Procedures for Assessment and Accreditation of Specialist Medical Education Programs and Professional Development Programs by the Australian Medical Council 2011,* describes AMC requirements for accrediting specialist programs and their education providers.

The Australian and New Zealand College of Anaesthetists joined the AMC accreditation process for specialist medical colleges when it began in 2002. It was the first College to undertake a full accreditation assessment with an AMC team. At the time, the College included the Joint Faculty of Intensive Care Medicine and the Faculty of Pain Medicine. The 2002 assessment resulted in accreditation for six years, the maximum period, with a requirement for annual progress reports to the AMC. The period of accreditation was extended to December 2012, on the basis of a comprehensive report submitted in 2007.

In 2009, the Joint Faculty of Intensive Care Medicine indicated it would become a separate College, independent of the Australian and New Zealand College of Anaesthetists. In January 2010, the College of Intensive Care Medicine of Australia and New Zealand became the body responsible for training and certification of intensive care medicine specialists.

In 2012, an AMC team completed the reaccreditation assessment of the Australian and New Zealand College of Anaesthetists' training programs in anaesthesia and the Faculty of Pain Medicine's training programs in pain medicine. The Team reported to the 6 December 2012 meeting of Specialist Education Accreditation Committee. The Committee considered the draft report and made recommendations on accreditation to AMC Directors within the options described in the AMC accreditation procedures.

This report presents the Committee's recommendations, as presented to the December 2012 meeting of AMC Directors, and the detailed findings against the accreditation standards.

Decision on accreditation

Under the *Health Practitioner Regulation National Law Act 2009*, the AMC may grant accreditation if it is reasonably satisfied that a program of study and the education provider meet an approved accreditation standard. It may also grant accreditation if it is reasonably satisfied that the provider and the program of study substantially meet an approved accreditation standard, and the imposition of conditions will ensure the program meets the standard within a reasonable time. Having made a decision, the AMC reports its accreditation decision to the Medical Board of Australia to enable the Board to make a decision on the approval of the program of study for registration purposes.

The AMC's finding is that, overall, the education and training program in anaesthesia and the continuing professional development program of the Australian and New Zealand College of Anaesthetists, and the education and training program in pain medicine and the continuing professional development program of the Faculty of Pain Medicine meet the accreditation standards. The College is introducing the revised anaesthesia training program in 2013. The AMC Team visited the College at a time of transition. The Team reviewed the College's plans for the implementation of the revised curriculum including how well the plans are understood by trainees and supervisors, the transition arrangements, supervisor preparation

for their new roles, the capacity to deliver the revised curriculum in the training environment, the resources available to support the implementation of the curriculum.

The Team commends the plans for the implementation of the revised curriculum. These are well-developed and build on the College's existing strengths as an education provider. This accreditation report includes conditions concerning reporting on the implementation of the curriculum. A revision of the pain medicine curriculum is underway and the revised curriculum is expected to be implemented in 2015. The Faculty will draw on the College's processes to inform the curriculum review.

The December 2012 meeting of the AMC Directors resolved:

(i) That the Australian and New Zealand College of Anaesthetists' training programs in anaesthesia and the Faculty of Pain Medicine's training programs in pain medicine including the continuing professional development programs be granted accreditation to 31 December 2018, subject to satisfactory progress reports to the AMC.

(ii) That this accreditation is subject to the conditions set out below:

(a) By the 2013 progress report, evidence:

That the College has addressed the following conditions from the accreditation report:

3 Develop and implement a system to monitor the implementation of the revised anaesthesia curriculum, paying particular attention to the increased workplace-based assessment load. (Standard 3.2)

5 Obtain regular feedback from trainees and supervisors of training during the implementation of the revised curriculum. (Standard 3.2)

15 Develop an evaluation plan and use it to monitor the implementation of the revised anaesthesia curriculum. (Standard 6.1)

21 Develop recommended weightings for the various components of the selection process and publish this information in a publicly accessible place to assist employing authorities. (Standard 7.1.3)

25 Develop formal processes to ensure direct liaison with supervisors of training, particularly during the introduction of the revised anaesthesia curriculum, to assess progress with supervision and assessment, in particular focusing on the implementation of the new in-training assessments (ITAs), workplace-based assessments (WBAs), and the associated workload. (Standard 8.1.1)

That the Faculty of Pain Medicine has addressed the following conditions from the accreditation report:

8 Finalise and formally adopt the Faculty's cultural competency document. (Standard 3.1)

24 Establish a formal structure to include pain medicine trainees or newly qualified fellows in the governance structure and educational committees of the Faculty. (Standard 7.2)

31 Develop mechanisms to assess and recognise continuing professional development activities of all FPM fellows, including those not undertaking the ANZCA/FPM CPD program. (Standard 9.1.4)

(b) By the 2014 progress report, evidence:

That the College has addressed the following conditions from the accreditation report:

1 Develop formal structures to effectively promote the College's education, training and professional development activities with jurisdictions. (Standard 1.4)

4 Monitor the volume of practice requirements, and ensure the learning curve is only undertaken where the public stands to have ongoing benefit. It is important that the College ensure that trainees only engage in learning, with its attendant risks to the public, if there is a reasonable expectation that ongoing use of these skills will benefit the public. (Standard 3.2)

6 Set up processes to monitor the recognition of prior learning policy to ensure the policy is applied in a clear, consistent and timely manner. (Standard 3.4)

7 Set up processes to monitor the recognition of prior learning policy for independent trainees, to ensure that their training times are not unnecessarily prolonged. (Standard 3.4)

11 Provide a means for independent trainees to satisfy the specialist practice requirements of the anaesthesia training program. (Standard 4.1.1)

14 Calibrate the anaesthesia primary examination to ensure the examination is of known difficulty and raise the pass mark to ensure the examination has greater face validity. (Standard 5.3)

22 Establish an on-going system to monitor the consistent application of the College's published selection criteria across all training sites. (Standard 7.1.5)

26 Implement methods for more frequent systematic, confidential trainee feedback on the quality of supervision, training, and clinical experience, including the performance of anaesthesia supervisors. (Standard 8.1.3)

27 Enhance methods for more frequent and systematic feedback on the performance of examiners in anaesthesia. (Standard 8.1.5)

30 Address the range of issues experienced by independent trainees, particularly in relation to them accessing the required range of specialty experience and by working closely with the jurisdictions. (Standard 8.2)

That the Faculty of Pain Medicine has addressed the following conditions from the accreditation report:

2 Develop formal structures to effectively promote the Faculty's education, training, and professional development activities with jurisdictions. (Standard 1.4)

12 Develop mechanisms for closer supervision of pain medicine trainees who enter training without a prior specialist qualification. (Standard 4.1.1)

13 Develop a more explicit syllabus and learning resources for pain medicine trainees. (Standard 4.1.2)

23 Establish an on-going system to monitor the consistent application of the Faculty's published selection criteria across all training sites. (Standard 7.1.3)

28 Implement methods for frequent and systematic, confidential trainee feedback on the quality of supervision, training, and clinical experience, including the performance of pain medicine supervisors. (Standard 8.1.3)

29 Enhance methods for more frequent and systematic feedback on the performance of examiners in pain medicine. (Standard 8.1.5)

32 Develop policies to ensure that fellows remain up to date in the area of pain medicine. (Standard 9.1)

(c) By the 2015 progress report, evidence:

That the College has addressed the following conditions from the accreditation report:

16 Develop and implement a process to collect qualitative information from newly graduated ANZCA fellows and demographic data from practicing fellows. (Standard 6.2.1)

17 Implement processes to engage health care administrators in the evaluation of the anaesthesia training program and in workforce planning. (Standard 6.2.2)

That the Faculty of Pain Medicine has addressed the following conditions from the accreditation report:

9 Complete the review of the pain medicine curriculum, including the development of a curriculum framework. (Standard 3.1)

10 Incorporate research requirements into the revised pain medicine curriculum. (Standard 3.3)

18 Develop a monitoring process that will be implemented as part of the pain medicine curriculum review. (Standard 6.1)

19 Develop and implement a process to collect qualitative information from newly qualified FPM fellows. (Standard 6.2.1)

20 Engage with health care administrators, other health care professionals, and consumers in the evaluation of the pain medicine training program. (Standard 6.2.2)

This accreditation decision relates to the College's programs of study and continuing professional development program in the recognised medical specialty of anaesthesia and the Faculty of Pain Medicine's programs of study and continuing professional development program in the recognised medical specialty of pain medicine.

In 2018, before this period of accreditation ends, the AMC will seek a comprehensive report from the College. The report should address the accreditation standards and outline the College's development plans for the next four to five years. The AMC will consider this report and, if it decides the College is continuing to satisfy the accreditation standards, the AMC Directors may extend the accreditation by a maximum of four years (to December 2022), taking accreditation to the full period which the AMC may grant between assessments, which is ten years.

At the end of this extension, the College and its programs will undergo a reaccreditation assessment by an AMC team.

Overview of findings

The findings against the nine accreditation standards are summarised below. Only those sub-standards which are not met or substantially met are listed under each overall finding.

Conditions imposed by the AMC so the College meets accreditation standards are listed in the accreditation decision (pages 2 to 4). The Team's commendations in areas of strength and recommendations for improvement are given below for each set of accreditation standards.

1. The Context of Education and Training (governance, program management, educational expertise and exchange, interaction with the health sector and continuous renewal)	Overall, this set of standards is MET

Commendations

A The College's commitment to strategic planning and governance reviews, which has resulted in outcomes such as the establishment of the College's Education Development Unit and the creation of the position of Dean of Education.

B The College's extensive contribution to national and international educational exchange.

C The College's significant efforts to engage all levels of the College structure in the current curriculum review and redesign.

Faculty of Pain Medicine commendations

D The appointment of the Faculty's education and training advisor to drive the curriculum revision for implementation in 2015.

Recommendations for improvement

Refer to condition 1.

2. The Outcomes of the Training Program (purpose of the training organisation and graduate outcomes)	Overall, this set of standards is MET

Commendations

E The College's comprehensive consultation and communication plan used to introduce the revised curriculum including the comprehensive website and "frequently asked questions" section.

Faculty of Pain Medicine commendations

F The Faculty's expansion of the seven CanMEDS (Canadian Medical Education Directives for Specialists) framework roles in the course of its curriculum review to include the additional roles of Clinic Team Leader, Teacher-Coach-Mentor, and Change Agent.

Recommendations for improvement

AA Report on progress with the College's planned survey to measure community perceptions about anaesthesia. (Standard 2.2.1)

BB Implement a formal strategy for assessing whether the anaesthesia training program prepares the newly graduated fellow for practice. (Standard 2.2.2)

Faculty of Pain Medicine recommendations for improvement

CC Report on progress with the Faculty's planned survey to measure community perceptions about pain medicine. (Standard 2.2.1)

DD Implement a formal strategy for assessing whether the pain medicine training program prepares the newly graduated fellow for practice. (Standard 2.2.2)

3. The Education and Training Program – Curriculum Content (framework; structure, composition and duration; research in the training program and continuum of learning)	Overall, this set of standards is SUBSTANTIALLY MET

Commendations

G The College's transition structure for communicating with each trainee regarding their own status and achievements in relation to the revised curriculum.

H The comprehensive anaesthesia curriculum review and re-design including an innovative approach to the development of research skills.

I The College's support and approach to flexible and interrupted training.

J The development of the comprehensive ANZCA Handbook for Training and Accreditation.

Faculty of Pain Medicine commendations

K The Faculty's commencement of a major curriculum revision project and the clear and thoughtful approach to the recognition of prior learning.

Recommendations for improvement

EE Set up processes to monitor the application of the College's appeals process as documented in the ANZCA Handbook for Training and Accreditation. (Standard 3.4)

FF Monitor the issue of bottle-necks in the anaesthesia training program identified by the Education and Training Committee and address the problems resulting from them. (Standard 3.2)

4. The Training Program – Teaching and Learning	Overall, this set of standards is MET

Commendations

L The overall quality of the anaesthesia training program featuring the extensive involvement of fellows in teaching.

M The high quality of the College's educational courses and the impressive range of e-learning programs including podcasts and interactive webinars to provide education and monitor the progress of trainees.

N The College's explicit process for graded acquisition of independence in anaesthesia practice.

Faculty of Pain Medicine commendations

O The pain medicine training program encourages rapid development to independence of practice.

Recommendations for improvement

GG Ensure all independent trainees have exposure to and experience in large hospital practice and training schemes. (Standard 4.1.1)

5. The Curriculum – Assessment of Learning (assessment approach, feedback and performance, assessment quality, assessment of specialists trained overseas)	Overall, this set of standards is MET

Commendations

P The assessment methods for the revised anaesthesia curriculum are well constructed and the tools well supported by supervisor and assessor teaching.

Q The College's IT support for many aspects of the revised curriculum, in particular the electronic flagging system to monitor trainee compliance with volume of practice, and its plans to review these targets in light of these data.

R The structure and detailed nature of the College's feedback to candidates after the examination.

S The Introductory Assessment of Anaesthetic Competence which will improve alignment between educational objectives and clinical assessment.

T The College's rigorous and transparent process for assessment of overseas-trained specialists.

Recommendations for improvement

HH Improve the provision of timely focused feedback for candidates who fail the anaesthesia primary examination. (Standard 5.2)

6. The Curriculum – Monitoring and Evaluation (Monitoring, outcome evaluation)	Overall, this set of standards is SUBSTANTIALLY MET

Commendations

U The College's recent comprehensive review of its curriculum has led to a high level of awareness by stakeholders of the training program.

Recommendations for improvement

II Develop methods for providing trainee feedback to supervisors of training. (Standard 6.1.3)

Faculty of Pain Medicine recommendations for improvement

JJ Report on the outcome of the exit questionnaire process to inform improvements in the training program and individual training sites. (Standard 6.1)

7. Implementing the Curriculum - Trainees (admission policy and selection, trainee participation in governance of their training, communication with trainees, resolution of training problems, disputes and appeals)	Overall, this set of standards is MET

Commendations

V The extensive involvement of trainees in the development of the revised curriculum and the active encouragement of trainees in all aspects of College governance.

W The introduction of the Training Portfolio System (TPS) as a valuable tool to enable trainees to easily track their progress through the training program.

Recommendations for improvement

KK Continue to work with training sites and jurisdictions to ensure that the College's role in appointing trainees is clear and selection processes follow the documented guidelines. (Standard 7.1.5)

Faculty of Pain Medicine recommendations for improvement

LL The Faculty is encouraged to strengthen the processes of communication with trainees, particularly in regard to curriculum review. (Standard 7.3)

8. Implementing the Training Program – Delivery of Educational Resources (Supervisors, assessors, trainers and mentors; and clinical and other educational resources)	Overall, this set of standards is MET

Commendations

X The College's engagement with supervisors of training in developing and introducing the revised curriculum and the assessment requirements.

Y The College's staged approach to introducing the workplace-based assessments (WBAs) as part of the revised curriculum.

Recommendations for improvement

MM Consider options for obtaining anonymous trainee feedback on supervisor performance, in particular, ensuring anonymity for trainees in smaller hospitals. (Standard 8.1.3)

NN Monitor the implementation of the in-training assessment process (ITA) particularly in smaller health services with proportionately more basic trainees in introductory training, in order to ensure 100 per cent compliance with the revised curriculum. (Standard 8.1.3)

OO Consider including jurisdictional representatives on College accreditation site visits. (Standard 8.2)

PP Closely monitor the volume of practice that anaesthesia trainees are receiving to ensure that they are able to meet the minimum requirements in the context of an employment environment with reducing weekly hours. (Standard 8.2)

QQ The College and the Faculty consider streamlining their accreditation processes to assist organisations required to participate in two separate inspections. (Standard 8.2)

Faculty of Pain Medicine recommendations for improvement

RR Consider including jurisdictional representatives on Faculty accreditation site visits. (Standard 8.2)

9. Continuing Professional Development (programs, retraining and remediation)	Overall, this set of standards is MET

Commendations

Z The College's well regarded Continuing Professional Development (CPD) program with high compliance rate.

Recommendations for improvement

SS Develop continuing professional development programs that support individuals to address areas of weakness and maintain critical skills. (9.1.1)

Faculty Pain Medicine recommendations for improvement

TT Monitor compliance with the Faculty's continuing professional development requirements for all fellows. (Standard 9.4)

Introduction: The AMC accreditation process

The Australian Medical Council (AMC) was established in 1985. It is a national standards body for medical education and training. Its purpose is to ensure that standards of education, training and assessment of the medical profession promote and protect the health of the Australian community.

The process for accreditation of specialist medical education and training

The AMC implemented the process for assessing and accrediting specialist medical education and training programs in response to an invitation from the Australian Government Minister for Health and Ageing to propose a new model for recognising medical specialties in Australia. A working party of the AMC and the Committee of Presidents of Medical Colleges was established to consider the Minister's request, and developed a model with three components:

- a new national process for assessing requests to establish and formally recognise medical specialties;
- a new national process for reviewing and accrediting specialist medical education and training programs;
- enhancing the system of registration of medical practitioners, including medical specialists.

The working party recommended that, as well as reviewing and accrediting the training programs for new specialties, the AMC should accredit the training and professional development programs of the existing specialist medical education and training providers – the specialist medical colleges.

Separate working parties developed the model's three elements. An AMC consultative committee developed procedures for reviewing specialist medical training programs, and draft educational guidelines against which programs could be reviewed. In order to test the process, the AMC conducted trial reviews during 2000 and 2001 with funding from the Australian Government Department of Health and Ageing. These trial reviews covered the programs of two colleges.

Following the success of these trials, the AMC implemented the accreditation process in November 2001. It established a Specialist Education Accreditation Committee to oversee the process, and agreed on a forward program allowing it to review the education and training programs of one or two providers of specialist training each year. In July 2002, the AMC endorsed the guidelines, *Accreditation of Specialist Medical Education and Training and Professional Development Programs: Standards and Procedures*.

In 2006, as it approached the end of the first round of specialist medical college accreditations, the AMC initiated a comprehensive review of the accreditation guidelines. In June 2008, the Council approved new accreditation standards and a revised description of the AMC procedures. The new accreditation standards apply to AMC assessments conducted from January 2009. The relevant standards are included in each section of this report.

A new National Registration and Accreditation Scheme for health professions began in Australia in July 2010. The Ministerial Council, on behalf of the Medical Board of Australia, has assigned the AMC the accreditation functions for medicine.

From 2002 to July 2010, the AMC process for accreditation of specialist education and training programs was a voluntary quality improvement process for the specialist colleges that provided training in the recognised specialties. It was a mandatory process for bodies seeking recognition of a new medical specialty. From 1 July 2010, the *Health Practitioner Regulation National Law Act 2009* makes the accreditation of specialist training programs an essential element of the process for approval of all programs for the purposes of specialist registration. Similarly, the Medical Board of Australia's registration standards indicate that continuing professional development programs that meet AMC accreditation requirements meet the Board's continuing professional development requirements.

From 1 July 2010, the AMC presents its accreditation reports to the Medical Board of Australia. Medical Board approval of a program of study that the AMC has accredited forms the basis for registration to practise as a specialist.

Assessment of the programs of the Australian and New Zealand College of Anaesthetists

The AMC first assessed the education, training and continuing professional development programs of the Australian and New Zealand College of Anaesthetists (ANZCA) in 2002. The College included the Joint Faculty of Intensive Care Medicine and the Faculty of Pain Medicine (FPM). The accreditation covered the training programs in anaesthesia, pain medicine and intensive care medicine. The 2002 assessment resulted in accreditation of the College and Faculties for six years, the maximum period, with a requirement for satisfactory annual reports to the AMC.

In 2007, the College and the Faculties submitted a comprehensive report to the AMC. AMC accreditation procedures provide for colleges to submit this report in the last year of their accreditation. In the report, the College is required to provide evidence that it continues to meet the accreditation standards and outlines its plans for development for the next four to five years. If on this basis the AMC considers that the College continues to meet the accreditation standards, it may extend the accreditation. On the basis of the comprehensive report, the AMC extended the accreditation until December 2012. During this time, the College introduced a new training program in anaesthesia, and in Australia, pain medicine was recognised as a medical specialty.

Between formal accreditations, the AMC monitors developments in education and training and professional development programs through annual progress reports from the accredited colleges. The College has provided annual progress reports since its accreditation in 2002. These reports have been reviewed by a member of the AMC team that assessed the program in 2002, and the reviewer's commentary and the progress report is then considered by the AMC progress reports working party. The AMC has considered these reports to be satisfactory.

In 2008, the Joint Faculty of Intensive Care Medicine advised the AMC it would become a separate College, independent of the Australian and New Zealand College of Anaesthetists. The AMC regarded this as a major change to the intensive care medicine training program, but not as a major change to ANZCA. In 2010, the College of Intensive Care Medicine of Australia and New Zealand became the training organisation in the Specialty of intensive care medicine.

In 2010, the AMC noted the significant work being undertaken by the College in the review of its curriculum, teaching and learning approaches, assessment of trainee progress, and

support for clinical teachers. A significant review of the anaesthesia training program was underway with a revised program for implementation in 2013. The AMC considered these developments and decided that these did not constitute a major change but represented evolutionary change to the program, in line with AMC accreditation standards.

In 2011, on the advice of the Specialist Education Accreditation Committee, the AMC appointed Mr Ian Civil to chair the 2012 assessment of the College's programs. The AMC and the College commenced discussions concerning the arrangements for the assessment by an AMC team.

The AMC assesses specialist medical education and training and continuing professional development programs using a standard set of procedures. For this assessment, the timing of these steps was as follows:

- The AMC asked the College to lodge an accreditation submission encompassing the three areas covered by AMC accreditation standards: the training pathways to achieving fellowship of the Australian and New Zealand College of Anaesthetists and the Faculty of Pain Medicine; College processes to assess the qualifications and experience of overseas-trained specialists; and College processes and programs for continuing professional development.
- The AMC appointed an assessment team (called 'the Team' in this report) to complete the assessment after inviting the College to comment on the proposed membership. A list of the members of the Team is provided as Appendix 1.
- The Team met on 1 June 2012 to consider the College's accreditation submission and to plan the assessment.
- The AMC gave feedback to the College on the Team's preliminary assessment of the submission, the additional information required, and the plans for visits to accredited training sites and meetings with College and Faculty committees.
- The AMC surveyed trainees and supervisors of training in anaesthesia and pain medicine. The AMC also surveyed overseas trained anaesthetists whose qualifications had been assessed by the College in the last three years.
- The AMC invited other specialist medical colleges, medical schools, health departments, professional bodies, medical trainee groups and health consumer organisations to comment on the College's programs.
- The Team met by teleconference in late September 2012 to finalise arrangements.
- The Team held site visits and meetings in New South Wales, Queensland, Victoria and New Zealand between September and October 2012. Teleconferences were held with trainees and supervisors from Western Australia.

The assessment concluded with a series of meetings with the College and Faculty office bearers and committees from 16 to 18 October 2012. On the final day, the Team presented its preliminary findings to College representatives.

Australian Medical Council and Medical Council of New Zealand relationship

Since most of the specialist medical colleges span Australia and New Zealand, the Medical Council of New Zealand (MCNZ) has been an important contributor to AMC accreditation assessments.

In November 2010, the AMC and the MCNZ signed a Memorandum of Understanding to extend the collaboration between the two organisations. The two Councils are working to streamline the assessment of organisations which provide specialist medical training in Australia and New Zealand. The AMC continues to lead the accreditation process and assessment teams for bi-national training programs will continue to include New Zealand members, site visits to New Zealand, and consultation with New Zealand stakeholders. In future, these processes will specifically address New Zealand requirements. While the two Councils use the same set of accreditation standards, legislative requirements in New Zealand require the bi-national colleges to provide additional New Zealand–specific information.

Appreciation

The Team is grateful to the fellows and staff who prepared the accreditation submission and managed the preparations for the assessment. It acknowledges with thanks the support of fellows and staff in Australia and New Zealand who coordinated the site visits, and the assistance of those who hosted visits from Team members.

The AMC also thanks the organisations that made a submission to the AMC on the College's training programs. These are listed at Appendix 2. Summaries of the program of meetings and visits for this assessment are provided at Appendix 3.

1 The context of education and training

The accreditation standards concerning the context in which education and training are delivered are as follows:

- The education provider's governance structures and its education and training, assessment and continuing professional development functions are defined.
- The governance structures describe the composition and terms of reference for each committee, and allow all relevant groups to be represented in decision-making.
- The education provider's internal structures give priority to its educational role relative to other activities.
- The education provider has established a committee or committees with the responsibility, authority and capacity to direct the following key functions:
    - planning, implementing and reviewing the training program(s) and setting relevant policy and procedures;
    - setting and implementing policy and procedures relating to the assessment of overseas-trained specialists;
    - setting and implementing policy on continuing professional development and reviewing the effectiveness of continuing professional development activities.
- The education provider's education and training activities are supported by appropriate resources including sufficient administrative and technical staff.
- The education provider uses educational expertise in the development, management and continuous improvement of its education, training, assessment and continuing professional development activities.
- The education provider collaborates with other educational institutions and compares its curriculum, training program and assessment with that of other relevant programs.
- The education provider seeks to maintain constructive working relationships with relevant health departments and government, non-government and community agencies to promote the education, training and ongoing professional development of medical specialists.
- The education provider works with healthcare institutions to enable clinicians employed by them to contribute to high quality teaching and supervision, and to foster peer review and professional development.
- The education provider reviews and updates structures, functions and policies relating to education, training and continuing professional development to rectify deficiencies and to meet changing needs.

1.1 Governance

1.1.1 Australian and New Zealand College of Anaesthetists

The Australian and New Zealand College of Anaesthetists (ANZCA) is the professional medical body in Australia and New Zealand that conducts the education, training and continuing professional development of specialist anaesthetists and specialist pain medicine physicians. The training of specialist anaesthetists began in Australia and New Zealand in 1952 with the establishment of the Faculty of Anaesthetists within the Royal Australian

College of Surgeons (RACS). In 1992, ANZCA became an independent College and in the same year formed a Joint Advisory Committee in Pain Medicine, with representatives from five specialist medical colleges and faculties to discuss developing a formal certification in pain management.

In 1998, the ANZCA Council approved the establishment of a Faculty of Pain Medicine (FPM) with its own interim board. Pain medicine was recognised as a medical specialty by the Australian Government Minister for Health and Ageing in November 2005 and the Medical Council of New Zealand in December 2012. The Faculty liaises with, and has input from, five specialist medical colleges and faculties: ANZCA, the Royal Australasian College of Physicians (RACP), the Royal Australasian College of Surgeons (RACS), the Royal Australian and New Zealand College of Psychiatrists (RANZCP), and the Australasian Faculty of Rehabilitation Medicine.

Until January 2010, the College also included the Joint Faculty of Intensive Care Medicine (JFICM). JFICM was established in 2002 as a collaboration of ANZCA and RACP. This organisation now operates as an accredited specialist college; the College of Intensive Care Medicine of Australia and New Zealand (CICM). CICM is responsible for training and certification of intensive care medicine specialists.

The College, including the Faculty of Pain Medicine, has over 5000 fellows (300 pain medicine fellows) and approximately 2000 trainees (60 pain medicine trainees) worldwide. In 2011, of the 4617 ANZCA fellows in active clinical practice, 3612 practised in Australia and 542 practised in New Zealand. Of the 291 FPM fellows who were in active clinical practice, 219 practised in Australia and 23 practised in New Zealand.

In Australia, ANZCA is a company limited by guarantee, with its registered office in Melbourne. In New Zealand, the College is registered as an overseas company with the New Zealand Companies Office. The ANZCA constitution defines the purpose, objectives and operations of the College. The College is governed by the ANZCA Council comprised of 14 Directors: 12 elected fellows, a new fellow councillor, (within three years of fellowship, also elected by new fellows) and the Dean of the Faculty of Pain Medicine.

The College governance also permits observers on Council. The co-Chairs of the ANZCA Trainee Committee have been observers since 2010. Other co-opted observers include the Chair of the New Zealand National Committee, and the Presidents of the Australian Society of Anaesthetists, New Zealand Society of Anaesthetists, RACS and CICM. Chairs of the Regional Committees rotate through Council meetings with one Chair observing each meeting. The Chief Executive Officer and Executive Director of Professional Affairs also attend Council meetings but have no voting rights.

The committees of Council provide oversight of College activities in education, training, accreditation of training sites, trainee affairs, International Medical Graduate Specialist (IMGS) assessment, continuing professional development, research, overseas aid, indigenous health and quality and safety.

The principal committees of Council relevant to the management of education, training, and continuing professional development, are:

- Executive Committee;

- Education and Training Committee;
- Training Accreditation Committee;
- Continuing Professional Development Committee;
- Fellowship Affairs Committee;
- International Medical Graduate Specialist Committee;
- Trainee Committee.

The Assessments Committee, Workplace-based Assessments Committee, and Examinations Committee all report to the Education and Training Committee. The Primary and Final Examinations Subcommittees report to the Examinations Committee.

The College structure includes regional and national committees in each state of Australia and New Zealand, and regional training committees in Hong Kong, Malaysia and Singapore. These committees support the Council and deliver training, supervision, and continuing medical education in their regions. They have a role in trainee selection, workplace-based assessments for International Medical Graduate Specialists (IMGS), and accreditation site visits. The committees in Asia are solely focused on training activities.

Reporting to the New Zealand National Committee is the Education Sub-committee and the panel for vocational registration to assess IMGS seeking registration and/or fellowship. The New Zealand branch is a member of the Council of Medical Colleges in New Zealand and a branch advisory body of the Medical Council of New Zealand.

In 2005, the College Council undertook a governance review. Significant outcomes of the review included developing a Council charter, increasing the frequency of Council meetings, decreasing the size of the Executive Committee, with a smaller group (comprising the President, Vice-President, Chief Executive Officer and Executive Director of Professional Affairs) and establishing a Finance, Audit and Risk Management Committee. Council has reviewed and amended the College Constitution as necessary to reflect changes in governance structures, for example, when the Joint Faculty of Intensive Care Medicine separated from the College.

The College recently finalised its Strategic Plan which articulates its priorities for 2013–2017. The College plans to focus its resources to advance its standards through training, education, accreditation, and research; build engagement, ownership, and unity; develop and maintain strong external relationships; and ensure the College is a sustainable organisation.

1.1.2 Faculty of Pain Medicine

The ANZCA Council has delegated certain powers and functions to the Faculty of Pain Medicine. The Board of the Faculty holds responsibility for administration of the education, training, and continuing professional development of specialist pain medicine physicians. The ten-member elected Board, is comprised of at least four fellows of ANZCA, two fellows of RACP, one fellow of RACS, and one fellow of RANZCP. The remaining two fellows can be any fellows of the Faculty. The Faculty's General Manager and the Director of Professional Affairs attend each Board meeting. ANZCA has a voting representative on the FPM Board and ANZCA's Chief Executive Officer and President have a standing invitation.

The Dean and office bearers are elected by the Board. The Faculty regulations define the

composition and functions of the Board and committees, and requirements of the training and assessment program.

Six principal committees, with appropriate terms of reference, report to the Board. The Faculty also has representation on College committees relevant to the management of education and training.

The principal committees of the Faculty Board are:

- Executive Committee;
- Education Committee including the:
  - Curriculum Revision Sub-Committee;
  - Supervisors of Training Sub-Committee;
- Examination Committee;
- Training Unit Accreditation Committee;
- Continuing Professional Development Committee.

The Faculty has established regional committees in five Australian states: Queensland, New South Wales, Western Australia, South Australia, and Victoria. These committees are supported administratively by the College's regional staff and meet at least three times a year. They support the recruitment of trainees, deliver pre-examination courses and supervisor training, and run educational meetings and examinations on a rotational basis.

The Faculty has recently finalised its Strategic Plan for 2013-2017. The key priorities for the Faculty are to build its fellowship; its curriculum and knowledge; and advocacy and access.

1.2 Program management

1.2.1 Australian and New Zealand College of Anaesthetists

The College has a number of principal committees involved in training, assessment, and continuing professional activities.

The ***Education and Training Committee*** is a committee of Council responsible for all matters pertaining to the College's vocational training program in anaesthesia. The committee oversees the implementation and monitoring of strategic goals and policies; development and revision of the curriculum; appointment, training and support for supervisory roles; assessment processes; development of educational resources; trainee engagement; stakeholder consultation; and monitoring of educational developments.

The College has been reviewing its curriculum since 2008, and has established a range of curriculum development and design groups to support this project. The Curriculum Redesign Steering Group, E-Learning Working Group, Clinical Teacher Development Working Group, and Training and Education Document Development Group report to this committee. The Curriculum Project Governance Group, which is made up of a number of key groups involved in the implementation of the revised curriculum in 2013, reports to Council.

Reporting to the Education and Training Committee:

The ***Assessments Committee*** reports on blue-printing and coordination of policies and procedures relating to assessment tools within the anaesthesia training program. This committee will advise the Workplace-based Assessment Committee where appropriate.

The ***Workplace-based Assessments Committee*** reports on evidence-based resolutions and policy and procedures relating to workplace based assessments in the anaesthesia training program.

The ***Examinations Committee*** is responsible for resolutions, policy and procedures relating to the governance of examinations within the anaesthesia training program, and its associated professional examinations. The Committee is supported by the Primary Examination and Final Examination Sub-committees.

The ***ANZCA Trainee Committee*** represents the interests of trainees and reports to Council on issues related to education and training as described in *Regulation 16 Trainee Committees of the College*. The Committee is co-chaired and consists of the chairs of the regional and national Trainee Committees.

The ***Training Accreditation Committee*** implements Council policy in relation to the accreditation of approved training sites and rotational training programs in anaesthesia.

The ***Continuing Professional Development Committee*** reports to Council and is responsible for the structure and operations of the College's continuing professional development program. It ensures the program complies with jurisdictional requirements and monitors compliance amongst College fellows.

The ***Fellowship Affairs Committee*** reporting to Council is responsible for all matters pertaining to College fellows including continuing professional development, engagement, professional issues, new fellows, and liaison with relevant external bodies.

The ***International Medical Graduate Specialist Committee*** reports to Council on the assessment of International Medical Graduate Specialists (IMGS) for practice in both Australia and New Zealand.

The ***Joint Consultative Committee on Anaesthesia (JCCA)*** is a tripartite committee with representatives from ANZCA, the National Rural Faculty of the Royal Australian College of General Practitioners (RACGP), and Australian College of Rural and Remote Medicine (ACRRM). The Committee oversees the training program and accreditation of general practitioner anaesthetists.

A supervisor of training, who is a College appointed fellow, supports the College's training activities at each accredited training site. Supervisors of training oversee the educational program for trainees, workplace-based assessments, clinical placement reviews, and confirm the trainees' progression through the training program. They are responsible for liaising with hospital representatives on training matters as well as education officers, rotational supervisors, and central College administration.

In 2011, the College reviewed and reorganised its organisational structure. The College's

Training and Fellowship Department consists of four units: Education Development, Fellowship Affairs, Training and Assessments including Records Management, and the Australian regions. In the past five years, the College has doubled its staffing levels to 110 full-time equivalent staff. The College now has additional capability within its head office in Melbourne, the New Zealand National Office, and regional offices.

1.2.2 Faculty of Pain Medicine

The Faculty's governance structure has been strengthened to give priority to its educational role through the Trainee Affairs Portfolio and the Fellowship Affairs Portfolio, assisted by resources within the Faculty and the College. The Trainee Affairs Portfolio, created as part of a Board restructure in 2008, consolidated committees involved with education and training under the responsibility of a senior Board member.

Reporting to the Trainee Affairs Portfolio are the following committees:

The ***Education Committee*** is responsible for the planning, implementation, and review of the pain medicine training program, and setting relevant policy and procedures. The Supervisor of Training Sub-Committee reports to this Committee. The Faculty has also recently established a Curriculum Revision Sub-Committee to support the design and development of the Faculty's revised curriculum, which it plans to implement in 2015.

The ***Examination Committee*** oversees all examination activities including exam setting and appropriate venue selection. With respect to the assessment of overseas-trained specialists, the Faculty has determined in principle to follow the College's processes.

The ***Training Unit Accreditation Committee*** is responsible for the assessment of resources within training units against the criteria outlined in the document *PM2 Guidelines for Units Offering Training in Multidisciplinary Pain Medicine*. This Committee ensures trainees have access to the appropriate resources.

The Fellowship Affairs Portfolio is responsible for continuing professional development. The ***Continuing Professional Development Committee*** devises and reviews relevant CPD activities, and along with the Research Committee, reports to the Fellowship Affairs Portfolio.

The Faculty employs four full-time administrative staff, a part-time education and training advisor, and a part-time director of professional affairs. In 2011, an additional full-time administrator was employed to support accreditation activities and co-ordinate Faculty communications. The College's Information Technology, Education Development, and Continuing Professional Development Units provide support to the Faculty.

1.2.3 Team findings

The Team congratulates ANZCA on its twentieth year as an independent College. ANZCA is a mature organisation with governance and committee structures appropriately aligned to guide its training, education, and continuing professional development functions. The College established an appropriate committee structure for the development of the revised curriculum.

The terms of reference for the committees, sub-committees, and working groups are readily available on the College's website. The College developed terms of reference for the major

roles undertaken by fellows and these were approved by Council in April 2012. The College has a comprehensive reference manual to assist members and staff who provide support to College committees.

The Faculty, which has been in existence for a shorter period of time and is much smaller, has less developed structures than is the case for the College. The Faculty's governance structures continue to develop. It has appropriate committees and terms of reference to provide oversight to its educational activities.

The Faculty sits as a separate body from the College Council with a separate committee structure; however, there are appropriate means of information sharing between the two organisations. The Dean of the Faculty sits on the College Council, and the College has representation on the Faculty's Board and committees. ANZCA Council has delegated certain powers and functions to the Faculty including:

- Matters relating to the Faculty structure, fellowship affairs, training program and training requirements, as established in the Faculty Regulations;
- Financial matters, as set out in the College budget, including subscriptions and fees. The Faculty participates in the College's budget process each year.

The Faculty's budget and strategic plan are approved by College Council. However, on all other matters the Faculty operates independently with no requirement for sign-off by College Council. The Faculty works collaboratively with the College and has representation on College committees. The College supplies considerable support for various activities of the Faculty and where relevant, the Faculty utilises the College's policies and procedures.

ANZCA trainees have an active role in all levels of College governance. The ANZCA Trainee Committee is the primary mechanism used to engage trainees, and the co-Chairs of this Committee sit on College Council in an advisory role.

Pain Medicine trainees are less well engaged in the governance structure of the Faculty and this is substantially related to the short duration of the training program and the workload faced by trainees in relation to examination requirements in their structured year. Despite these hindrances, it is important that the Faculty develop a strategy to include trainees into the governance structure and educational committees of the Faculty. The Team suggested that if some form of election were held towards the end of the structured year, a newly qualified fellow could provide considered input on matters related to trainees. This is discussed further in Section 7 of this report.

Both the College and the Faculty undertake a wide range of activities on behalf of their fellows. Both clearly recognise their training and continuing professional development programs as the primary priority in relation to funding and staff time.

The College's new organisational structure has reduced the burden on fellows and strengthened its capacity in education, information technology, finance, communications, strategy and policy, and human resources. The College has recruited and maintained an impressive group of staff and fellows with educational and organisational expertise. This is evident when considering the process of development of the revised curriculum. In particular, the IT resources available for distance learning and records maintenance are particularly impressive. Variable levels of access ensure trainees, supervisors, and College staff, are able

to view those records relevant to their positions and status, and modify them as appropriate. The new curriculum is supported by IT resources that allow trainees to track volumes of practice and achievement of all relevant goals in real time.

As a smaller organisation, the Faculty understandably has fewer resources to devote to the development of its educational programs. However, it has well qualified staff with adequate resources for the task.

The College has devoted considerable resources to articulating its strategic direction, its organisational and governance structure. The Team commends the College for its ongoing commitment to governance reviews and supports the plans to undertake a review of the Council's educational committee structure on completion of the curriculum redesign project.

1.3 Educational expertise and exchange

1.3.1 Australian and New Zealand College of Anaesthetists

Since 2002, the College has developed and strengthened its Education Development Unit. This unit comprises of a number of educational professionals and has a strong link to the Education and Training Committee and its sub-committees. The Dean of Education, a position established in 2010, oversees these activities.

As part of the curriculum review, the College contracted external expertise to undertake specific tasks and provide advice on developments in medical education. International collaborations have included work with the Royal College of Anaesthetists in the UK. The two colleges share a similar training structure and there was close collaboration during the review process. In 2009, a number of external stakeholders provided feedback to the College on its curriculum review, and this was integrated into the curriculum redesign project.

The College's accreditation submission outlines many examples of collaborative links with other educational organisations that share an interest in anaesthesia. The College President sits on the Councils of Royal Australasian College of Surgeons and Australian Society of Anaesthetists, the executive of the New Zealand Society of Anaesthetists, and the Board of College of Intensive Care Medicine. The chair of the Education and Training Committee sits on the College of Intensive Care Medicine Education Committee. The College is represented on the Australian Society of Anaesthetists' sub-committees.

ANZCA is a member of the Committee of Presidents of Medical Colleges (CPMC), and its Education Sub-Committee, and National Medical College Educators Network. The College is also represented at the CPMC chief executive officers' forum. This is a collaboration between colleges at the CEO level and enables information sharing. In New Zealand, the College is a member of the Council of Medical Colleges in New Zealand (CMC). The Chair of New Zealand Panel for Vocational Registration sits on the Board of Studies of the Division of Rural Hospital Medicine of New Zealand, a sub-faculty of the Royal New Zealand College of General Practitioners.

The College is collaborating with the Royal Australasian College of Surgeons' project on Indigenous health, funded by the CPMC Rural Health Continuing Education Program.

The College has 17 special interest groups that are jointly managed by ANZCA, the Australian Society of Anaesthetists, and the New Zealand Society of Anaesthetists. Any

anaesthetist, including trainees, with an interest in these areas, can join together to study, report, and develop educational events such as continuing medical education meetings on specific areas of anaesthesia. The groups have a role in curriculum development and continuing professional development activities and are open to fellows, trainees, and associate members.

1.3.2 Faculty of Pain Medicine

The Faculty has access to the expertise and resources of the College's Education Development Unit. In 2011, the Faculty appointed an education and training advisor to coordinate the activities of the curriculum review. The Faculty has recently consulted with ANZCA, the Royal Australian and New Zealand College of Psychiatrists, and the Australasian Faculty of Rehabilitation Medicine on the curriculum revision project. The Faculty is planning discussions on topics of mutual interest with the Royal Australian College of General Practitioners and the University of Sydney's Masters program in pain management.

In 2008, a Memorandum of Understanding (MOU) between the five participating bodies of the Faculty was developed to facilitate collaboration. The five organisations exchange educational expertise through regular reporting of key issues from Faculty Board meetings and providing opportunities to observe examinations and attend relevant meetings. The MOU will be reviewed every five years, or at the request of any of the participating bodies.

The Faculty has links with education providers in palliative medicine, addiction medicine, general practice, and gynaecology. Reciprocal training arrangements are in place with palliative medicine and rehabilitation medicine. A number of pain medicine trainees have taken advantage of access to the Australasian Faculty of Rehabilitation Medicine Bi-national Training Program. In 2011, following successful collaboration between the Faculty and the Royal Australasian College of Surgeons (RACS), a pain medicine section was formed within RACS. Communication between the Faculty and the pain medicine section has commenced.

In 2011, the Faculty and the Royal Australian College of General Practitioners made a successful submission to the BUPA Health Foundation and received funding to develop an online modular educational program for primary healthcare professionals.

The Faculty describes a number of examples of international collaborations in its accreditation submission. The Faculty has a close association with the American Academy of Pain Medicine. *Pain Medicine,* the academy's journal, has been adopted as the official journal of the Faculty. The Faculty also has representation on the editorial board, and Academy representatives have observed the Faculty's examinations.

The Faculty maintains strong links with the pain medicine faculties of the Royal College of Anaesthetists of UK, College of Anaesthetists of Ireland, and the Royal College of Physicians and Surgeons of Canada. The Faculty has benefited from significant sharing of information relating to curriculum development, training and examination processes. In 2011, Irish and UK pain medicine faculty observers joined the Faculty's examination process.

1.3.3 Team findings

Since the last AMC accreditation, there has been significant growth in the College's education and training activities. The College employs a range of senior anaesthetists with

educational expertise and professional educationalists to support its activities. Since 2002, the College has developed and expanded its Education Development Unit and in 2010, the College established the role of Dean of Education. As the College identified gaps in the curriculum development, it contracted appropriate external expertise. The College places high priority on its educational roles relative to other activities.

The Faculty shares educational expertise with the College, and collaborates with pain medicine specialists with educational expertise. The Faculty and the College have a number of co-badged professional documents and a number of College documents have been adopted by the Faculty. The Faculty is included in the review process for these documents. This ensures consistency between the College and Faculty processes and reduces duplication of effort.

The Faculty has contributed to the review and development of the revised anaesthesia training program. The Faculty will draw on this involvement to inform the pain medicine curriculum review process. The Team commends the Faculty's appointment of the education and training advisor to drive the curriculum revision for implementation in 2015.

The Team commends the College's contribution to national and international educational exchange. The College collaborates constructively with other colleges and universities and has been at the forefront of collaborative efforts with other colleges in relation to professionalism in particular. The Faculty also appropriately collaborates with other colleges and educational activities.

1.4 Relationships to promote education, training and professional development of specialists

1.4.1 Australian and New Zealand College of Anaesthetists

The College's accreditation submission outlines ANZCA's engagement with governments, medical councils and boards, and health workforce bodies. Through the ANZCA policy team, the College regularly engages with these stakeholders via written submissions and workshops.

The College has funding through the Australian Government Department of Health and Ageing Specialist Training Program. In 2012, funding has been allocated for 37 trainee positions in anaesthesia, pain medicine, and intensive care medicine in private, rural, and regional hospitals. Funding will also contribute to the continued development of e-learning activities and teacher training workshops, as well as support for IMGS via the Overseas Trained Specialists Anaesthesia Network (OTSAN). The College has received a grant to develop Indigenous health podcasts from the Rural Health Continuing Education Program and participates in a joint college Indigenous health and cultural competency online portal initiative being developed by the specialist colleges.

Queensland Health recently provided funding to the College to assist with the provision of training and development for fellows and trainees in Queensland. The project will help expand the availability of education resources using various technology solutions.

The College has provided advice to the Australian parliamentary inquiry into overseas trained doctors and the Australian Government Department of Health and Ageing on an array of issues. The College provides data and regularly collaborates with Health Workforce

Australia. The College continues to advocate for dedicated clinical supervision support time with Health Workforce Australia and other government bodies.

The College initiated discussions with the NZ Minister of Health, the Chief Medical Officer, and government officials on the revised curriculum, strategic planning, and the issue of alternative anaesthesia providers. The College recently released its New Zealand Anaesthesia Workforce Report, which will underpin future discussions on workforce issues.

In June 2010, the College launched its community representation policy. The College has community representatives on the Education and Training, International Medical Graduate Specialist, Quality and Safety, Research, and Training Accreditation committees, and the International Medical Graduate Specialist interview panels. Through the Faculty, the College has close links with Pain Australia and Chronic Pain Australia which promote advocacy in pain management.

In 2010/11 the New Zealand National Committee chair led a New Zealand 'road show' of 26 anaesthesia departments to increase engagement with fellows and trainees. In Australia, the CEO conducted a series of hospital site visits meeting fellows and trainees and identifying areas for improvement. Site visits will be continued in 2013.

1.4.2 Faculty of Pain Medicine

The Faculty contributes to health policy through its representation on a number of state and national bodies, submissions to government and other agencies and regular reporting. The Faculty's Director of Professional Affairs and General Manager work with the College's Policy Unit when liaising with stakeholders.

The Faculty has received funding through the Department of Health and Ageing Specialist Training Program, to support an additional pain medicine trainee in a private setting, and three additional positions for 2013.

The Faculty has representation on and has contributed to several government agencies. The Faculty has a close working relationship with the Australian Pain Society and the New Zealand Pain Society. There have been opportunities for joint collaboration on a range of initiatives, including the Global Year Against Pain, and National Pain Outcomes Initiative. Since its formation in 2011, the Faculty has had representation on the Australian Pain Society Relationship and Communications Committee. A Faculty initiative for a National Pain Outcomes Database has been broadened to also include participation of the Australian Pain Society and New Zealand Pain Society.

1.4.3 Team findings

The College has an important role in stakeholder interaction to promote the education, training and professional development programs in anaesthesia. The Faculty has experienced an increased number of opportunities for consultation since the recognition of pain medicine as a medical specialty in Australia in 2005. The Team commends the College and Faculty for their significant input into various government-sponsored projects. The College has engaged well with the Department of Health and Ageing to secure funding through the Specialist Training Program. This has contributed to the growth of the training program.

Comments to the AMC by representatives of state health departments indicated there is strong support for the implementation of the revised training curriculum. Health Workforce Australia and Health Workforce New Zealand both commended the College on its flexible clinical training program.

Feedback to the Team during the assessment indicated stakeholders respect the responsiveness of the College, its staff, and office-bearers, but that direct links and formal communication with both jurisdictional staff and the community were variable. The Faculty is not well known in the health sector and has less well developed relationships with health sector agencies than the College. The Faculty's accreditation submission indicates that the Faculty's training unit accreditation process allows for communication with healthcare institutions about the requirements of training.

The Team recommends that the College and the Faculty continue to work to develop a formal process for effectively engaging jurisdictions. During AMC site visits, state health departments suggested the inclusion of a jurisdictional representative on College and Faculty accreditation site visits could be a positive development. The Team also encourages this initiative. This is further detailed in Section 8.2 of this report.

In its submission to the AMC, the Consumers Health Forum of Australia congratulated the College on its efforts to involve consumer views in the work of College committees. The College utilises consumer representation to provide a broad community perspective and enable a wider consideration of College activity.

During site visits, the Team heard that both the College and the Faculty have constructive relationships with employers of anaesthetists, pain medicine specialists, and trainees. The Team noted many examples of fellows contributing to high quality teaching, supervision and continuous professional development. During the assessment, the Team heard positive feedback from Queensland fellows on the hospital visits initiated by the College's CEO.

1.5 Continuous renewal

1.5.1 Australian and New Zealand College of Anaesthetists

In recent years, the focus of the College's educational development and governance groups has been on the developments of the revised curriculum. The College recognises that a robust evaluation process to support the curriculum will be required. The evaluation process will include all components of the training program, learning outcomes, teaching and learning tools, assessment methods and resources.

In 2011, the Training and Education Document Development Group was formed to revise the regulations and professional documents to support the curriculum revision. In September 2012, the College released the *ANZCA Handbook for Training and Accreditation,* available on the College's website. The handbook provides a "one stop shop" for all users of the new curriculum. The handbook concept was chosen by the College following feedback from trainees.

The College has consulted extensively with the ANZCA Trainee Committee regarding the curriculum review. In addition to formal consultation with the Trainee Committee, all trainees were invited to submit a response to the College's curriculum survey.

The development of the new strategic plan for the College, commencing in 2013, coincides with the curriculum redevelopment. This process involved comprehensive internal and external stakeholder consultation to inform the future priorities for the College.

1.5.2 Faculty of Pain Medicine

In addition to re-designing the curriculum, the Faculty is significantly revising the process for accreditation of training units to expand opportunities for pain medicine training. The Faculty is also making improvements to the in-training supervision and end-of-training examination processes.

The Board and committees have a continuous process of review of its processes, functions and policies in response to emerging needs. The Board was restructured to divide the responsibilities of the Education and Training Committee. The Education Committee now focuses on trainee education and assessment and the Continuing Professional Development Committee has been set up to focus on the needs of fellows.

The Faculty introduces new professional documents as required. Professional documents are reviewed at least once every five years and circulated to the Faculty's regional committees for input.

1.5.3 Team findings

The College has demonstrated a strong commitment to adapting its governance structures to meet future challenges. The College regularly reviews its policies and procedures in relation to education, training and continuing professional development.

Since the 2002 assessment, the AMC has monitored the College's developments in education and training through annual progress reports. The College has been consistently commended on the high quality strategic planning and sound organisational framework underpinning education and training activities.

The Team commends the College's efforts to engage all levels of the College structure in the current curriculum review. Similarly, the Faculty has engaged in a thorough and ongoing review of all its processes as it continues to develop in size.

Commendations

A The College's commitment to strategic planning and governance reviews, which has resulted in outcomes such as the establishment of the College's Education Development Unit and the creation of the position of Dean of Education.

B The College's extensive contribution to national and international educational exchange.

C The College's significant efforts to engage all levels of the College structure in the current curriculum review and redesign.

Faculty of Pain Medicine commendations:

D The appointment of the Faculty's education and training advisor to drive the curriculum revision for implementation in 2015.

Conditions to satisfy accreditation standards

1 Develop formal structures to effectively promote the College's education, training and professional development activities with jurisdictions. (Standard 1.4)

Faculty of Pain Medicine conditions:

2 Develop formal structures to effectively promote the Faculty's education, training, and professional development activities with jurisdictions. (Standard 1.4)

2 Organisational purpose and outcomes of the training programs

The accreditation standards are as follows:

- The purpose of the education provider includes setting and promoting high standards of medical practice, training, research, continuing professional development, and social and community responsibilities.
- In defining its purpose, the education provider has consulted fellows and trainees, and relevant groups of interest.
- The education provider has defined graduate outcomes for each training program including any sub-specialty programs. These outcomes are based on the nature of the discipline and the practitioners' role in the delivery of health care. The outcomes are related to community need.
- The outcomes address the broad roles of practitioners in the discipline as well as technical and clinical expertise.
- The education provider makes information on graduate outcomes publicly available.

2.1 Organisational purpose

2.1.1 Australian and New Zealand College of Anaesthetists

The ANZCA Constitution sets out the purpose and objectives of the College. The mission of the College has been reviewed in 2012. The mission is "to serve the community by fostering safety and quality patient care in anaesthesia, perioperative medicine and pain medicine". The mission statement guides College activities including training, examinations, assessment, and hospital and training program accreditation.

The College's objective is to cultivate and maintain the highest principles and standards in the training, practice and ethics of anaesthesia, intensive care, pain medicine and related sciences and branches of medicine.

The definition of general anaesthesia is a drug-induced state characterised by absence of purposeful response to any stimulus, loss of protective airway reflexes, depression of respiration and disturbance of circulatory reflexes. It requires the exclusive attention of an anaesthetist, or other appropriately trained and credentialled medical specialist within his/her scope of practice.

The scope of practice is defined in the College's revised curriculum 2013. Specialist anaesthesia practice requires a unique range of clinical knowledge and skills. These include knowledge and skills in anaesthesia and sedation, regional anaesthesia, airway management, pain medicine, perioperative medicine, resuscitation, trauma and crisis management and quality and safety in patient care. Anaesthetists in Australasia work in a range of clinical environments from isolated rural environments to large metropolitan teaching hospitals in both public and private practice and the armed services. Anaesthetists apply their knowledge and skills to caring for patients in a variety of clinical contexts, providing anaesthesia and sedation for surgery and other procedures, providing pain management and periprocedural care, working in resuscitation, trauma and retrieval teams and working with specialists in intensive care medicine. There are sub-specialised areas of practice based around patient

groups such as paediatric anaesthesia and obstetric anaesthesia or surgical sub-specialties such as anaesthesia for cardiac or neurosurgery.

In the revised curriculum, the range of clinical knowledge and skills, specialist anaesthesia practice requires are defined as ANZCA Clinical Fundamentals. Clinical fundamentals thread through sub-specialised and all areas of practice. The specialised study units cover specialised knowledge and skills required for the anaesthetic management of patients in specific contexts. Anaesthetists have a range of ANZCA roles in practice which, like other medical specialties, are based on the CanMEDS (Canadian Medical Education Directives for Specialists) framework. Further detail is provided in Section 3 of this report.

The College indicates that the scope of anaesthesia practice is continuously evolving. Anaesthetists are being involved more and more in activities and procedures undertaken outside the operating suite, for example, interventional cardiology and radiology, acute pain rounds, and postoperative care. The changing demographics of the population, public health screening and programs, advances in medical and surgical technology such as robotic surgery, and pharmaceutical development all impact on the quality of anaesthesia provision.

The College's website explains the role of the College and contains useful information for the community as a whole. A section of the website is specifically for patients, providing information on anaesthesia and pain medicine and including a 'contact us' form which directs queries to the relevant area of the College. The College has also included a 'quick link' to direct users to information on the curriculum redesign. The College also communicates with internal and external stakeholders through several publications including e-newsletters and bulletins.

2.1.2 Faculty of Pain Medicine

Pain medicine is a multidisciplinary field of specialist medical practice. The specialty recognises that the assessment and management of severe pain problems requires the skills of more than one medical discipline. These problems include:

- acute pain including post-operative, post-trauma, and acute episodes of pain in 'medical conditions';
- cancer pain including pain directly due to tumour invasion or compression; pain related to diagnostic or therapeutic procedures; pain due to cancer treatment;
- persistent (chronic) pain including over 200 conditions described in the International Association for the Study of Pain (IASP) Taxonomy of Chronic Pain 2nd Ed, such as phantom limb pain, post-herpetic neuralgia, mechanical low back pain.

The scope of pain medicine is the biopsychosocial assessment and management of persons with complex pain, especially when an underlying condition is not directly treatable. Pain medicine supplements that of other medical disciplines, and uses interdisciplinary skills to promote improved quality of life through improved physical, psychological and social function.

Specialist pain medicine physicians work with a large degree of autonomy, but in the context of a multidisciplinary group with a team approach to the diagnosis and management of challenging pain problems. Those involved in the management of chronic and cancer pain, accept major responsibility for continuity of care. This is done in collaboration with the

referring medical practitioners, other specialist medical and allied healthcare professionals.

The Faculty indicated it has been difficult to codify the features that distinguish a specialist pain medicine physician from other physicians. It aims to address this issue in the curriculum revision. In addition, the CanMEDS roles are being expanded. There will be emphasis on the roles of clinician, professional, communicator, collaborator, and scholar during the training process. The roles of health advocate, manager, clinical team leader, teacher-coach-mentor, and change agent will be added as part of continuing professional development. All of these competencies contributing to a medical expert in pain medicine.

The Faculty website also explains its role and purpose and has a section for patient information.

2.1.3 Team findings

The purpose of the College is well defined and strongly promoted. The Constitution clearly defines the objects of the College in relation to medical practice, training, research, continuing professional development and the social and community responsibilities. The College sets high standards across all areas of education, training, and professional development. During site visits, the Team heard that the College is meeting its overall objective of producing safe, skilled, and competent anaesthetists and pain medicine physicians. There is large amount of information about the purpose and role of the College and Faculty on their websites.

Both the College and the Faculty have recently finalised their Strategic Plans (2013-2017). The process, which included a review of the College's mission statement, involved comprehensive consultation of both internal and external stakeholders. The resulting mission statement "to serve the community by fostering safety and high quality patient care in anaesthesia, perioperative medicine and pain medicine" is shared by the College and the Faculty.

During the Team's site visits, directors of anaesthesia, supervisors of training, and trainees were consistently positive about their relationship with the College. In particular the College is to be commended for its significant consultation and communication in relation to the introduction of the revised curriculum. The updated College website is comprehensive and has extensive information relating to the revised curriculum in the form of factual information and "frequently asked questions".

The scope of anaesthesia practice is clearly defined in the revised curriculum and aligned with the ANZCA roles in practice. One of the College's key principles in redesigning the curriculum was to emphasise a trainee's development in all seven of the ANZCA roles in practice: medical expert (central role), communicator, collaborator, manager, health advocate, scholar, and professional.

In 2010, the College undertook a comprehensive fellowship survey seeking views on a range of issues and activities. Fifty per cent of the fellowship responded. The College effectively used this information to inform a number of improvement activities including redesign of the College website, acknowledgement of the voluntary activities of its fellows, and enhancements to its continuing professional development program.

2.2 Graduate outcomes

2.2.1 Australian and New Zealand College of Anaesthetists

The revised curriculum defines the graduate outcomes for the specialty of anaesthesia. The College has defined its curriculum framework as an organised set of learning outcomes which describe the content to be learned and what needs to be taught and assessed. All learning outcomes have been mapped to one or more assessments.

The learning outcomes build on knowledge and skills initially developed during medical school and postgraduate medical education and training. These outcomes also promote continuing professional development after fellowship is attained. The revised graduate learning outcomes are publicly available on the College website.

2.2.2 Faculty of Pain Medicine

The objectives of training describe the outcomes expected for a pain medicine graduate in four main sections of sociobiology of pain; neurobiology of pain; principles of pain medicine; and practice of pain medicine.

Each section is divided into subsections with objectives and specific capabilities. Each part of the objectives is referenced to major texts, journals and websites. These objectives are also cross-referenced to the core curriculum of the International Association for the Study of Pain (IASP). The IASP is the professional forum for science, practice, and education in the field of pain. IASP provides curricula outlines for teaching courses in acute, chronic, and cancer pain at both undergraduate and graduate level.

2.2.3 Team findings

The graduate outcomes for the anaesthesia training program are clearly defined with the award of Fellowship of the Australian and New Zealand College of Anaesthetists (FANZCA) on completion of all the requirements. Trainees receive a formal fellowship qualification on successful completion of training. There are no sub-specialty programs. Information relating to outcomes, including de-identified examination results is readily available. The curriculum clearly articulates to trainees, fellows, other professional groups, and the community at large, the learning outcomes to be met by trainees through clinical experience and educational activities.

Graduates of the pain medicine fellowship are awarded a Fellowship of the Faculty of Pain Medicine, Australian and New Zealand College of Anaesthetists (FFPMANZCA). Similarly, examination results are readily available. The Faculty is to be commended for expanding the seven CanMEDS roles in the course of its curriculum review to include the additional roles of Clinic Team Leader, Teacher-Coach-Mentor, and Change Agent. The Team notes the scope of pain medicine practice is evolving; however, the current scope is clearly articulated by the Faculty.

Anaesthetists work as members of a team, enabling and facilitating care by other health professionals. Graduate outcomes should be related to the needs of the community at large. The Team notes the College's plans to conduct a survey to measure community perceptions about anaesthesia and pain medicine.

Commendations

E The College's comprehensive consultation and communication plan used to introduce the revised curriculum including the comprehensive website and "frequently asked questions" section.

Faculty of Pain Medicine commendations:

F The Faculty's expansion of the seven CanMEDS (Canadian Medical Education Directives for Specialists) framework roles in the course of its curriculum review to include the additional roles of Clinic Team Leader, Teacher-Coach-Mentor, and Change Agent.

Recommendations for improvement

AA Report on progress with the College's planned survey to measure community perceptions about anaesthesia. (Standard 2.2.1)

BB Implement a formal strategy for assessing whether the anaesthesia training program prepares the newly graduated fellow for practice. (Standard 2.2.2)

Faculty of Pain Medicine recommendations for improvement:

CC Report on progress with the Faculty's planned survey to measure community perceptions about pain medicine. (Standard 2.2.1)

DD Implement a formal strategy for assessing whether the pain medicine training program prepares the newly graduated fellow for practice. (Standard 2.2.2)

3 The education and training program – curriculum content

The accreditation standards are as follows:

- For each of its education and training programs, the education provider has a framework for the curriculum organised according to the overall graduate outcomes. The framework is publicly available.
- For each component or stage, the curriculum specifies the educational objectives and outcomes, details the nature and range of clinical experience required to meet these objectives, and outlines the syllabus of knowledge, skills and professional qualities to be acquired.
- Successful completion of the training program must be certified by a diploma or other formal award.
- The training program includes formal learning about research methodology, critical appraisal of literature, scientific data and evidence-based practice, and encourages the trainee to participate in research.
- The training program allows appropriate candidates to enter research training during specialist education and to receive appropriate credit towards completion of specialist training.
- The program structure and training requirements recognise part-time, interrupted, and other flexible forms of training.
- There are opportunities for trainees to pursue studies of choice, consistent with training program outcomes, which are underpinned by policies on the recognition of prior learning. These policies recognise demonstrated competencies achieved in other relevant training programs both here and overseas, and give trainees appropriate credit towards the requirements of the training program.
- The education provider contributes to articulation between the specialist training program and prevocational and undergraduate stages of the medical training continuum.

3.1 Anaesthesia curriculum framework, structure and duration

The current anaesthesia training program was introduced in 2004. The training program is five-years, divided into two years of basic training and three years of advanced training. During the five-year program trainees must complete 12 curriculum modules. Trainees enter the program once they have graduated from an approved medical school and have completed 24 months, full-time equivalent, in hospital posts. During the 24 months, no more than 12 months can be spent in clinical anaesthesia, intensive care medicine, and/or pain medicine.

During the two years of basic training, trainees must:

- complete 24 months of approved training;
- complete Modules 1 and 3;
- complete at least one other clinical module (that is, modules 4 through 10);
- pass the primary examination.

In the three years of advanced training, trainees are required to:

- complete remaining clinical modules (4 to 10) not completed during basic training;
- complete Module 11 (Education and Scientific Enquiry), including formal project;
- complete Module 12 (Professional Practice);
- pass the final examination.

In either basic or advanced training, trainees must also complete:

- Module 2 (Professional Attributes);
- Effective Management of Anaesthetic Crises (EMAC) or Early Management of Severe Trauma (EMST) course or equivalent.

Trainees may take the primary examination after completing 12 months of prevocational medical training. The final examination may be undertaken after 12 months of advanced training, and completion of 24 months of clinical anaesthesia experience. The in-training assessment of work-place skills and attitudes occurs at least at 26 week intervals. Trainees who complete 48 months of training, pass the final examination, and complete all clinical modules, may apply to undertake provisional fellowship in advanced training, year three.

3.1.1 Revised anaesthesia curriculum 2013

In late 2008, the College commenced a curriculum review project to address a number of issues facing the medical systems in which anaesthetists work and train. As a result of this project, the College has redesigned its training program and will implement the revised program in the 2013 hospital employment year (December 2012 in New Zealand; January-February 2013 in Australia). Hong Kong, Malaysia and Singapore will continue with the current curriculum until 2019 to allow existing trainees there to complete ANZCA training, following which ANZCA training in Asia will cease. The curriculum is delivered in accordance with the *ANZCA Handbook for Training and Accreditation* and *Regulation 37 Training in Anaesthesia Leading to FANZCA, and Accreditation of Facilities to Deliver this Curriculum*.

Under the revised curriculum, trainees will complete their training over four training periods. These are introductory (minimum 26 weeks), basic (78 weeks), advanced (104 weeks), and provisional fellowship training (52 weeks). The total duration of training remains at a minimum of five years (260 weeks). Eligibility to enter the training program has not changed.

The introductory training, basic training, and advanced training stages are core study units. The provisional fellowship training year is defined by the trainee as they make plans for their future as a specialist. The core study units cover clinical fundamentals for each stage of training. Specialised study units can be undertaken in any of the three training periods. Trainees will undertake training in the anaesthesia roles in practice and learning outcomes have been developed for each role. The key sections of the curriculum are ANZCA Roles in Practice, ANZCA Clinical Fundamentals, and specialised study units.

The ANZCA Roles in Practice describe the practice of specialist anaesthetists and have been developed from the CanMEDS educational framework. They are:

- Medical expert;

- Communicator;
- Collaborator;
- Manager;
- Health advocate;
- Scholar; and
- Professional.

ANZCA Clinical Fundamentals define the fundamental specialty knowledge and skills of anaesthetists applicable across all areas of practice. They are:

- Airway management;
- General anaesthesia and sedation;
- Pain medicine;
- Perioperative medicine;
- Regional and local anaesthesia;
- Resuscitation, trauma and crisis management;
- Safety and quality in anaesthetic practice.

The 12 specialised study units defined the further specialised knowledge and skills required for the anaesthetic management of patients in specific contexts. They are:

- Cardiac surgery and interventional cardiology;
- General surgical, urological, gynaecological and endoscopic procedures;
- Head and neck, ear, nose and throat, dental surgery and electroconvulsive therapy;
- 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.

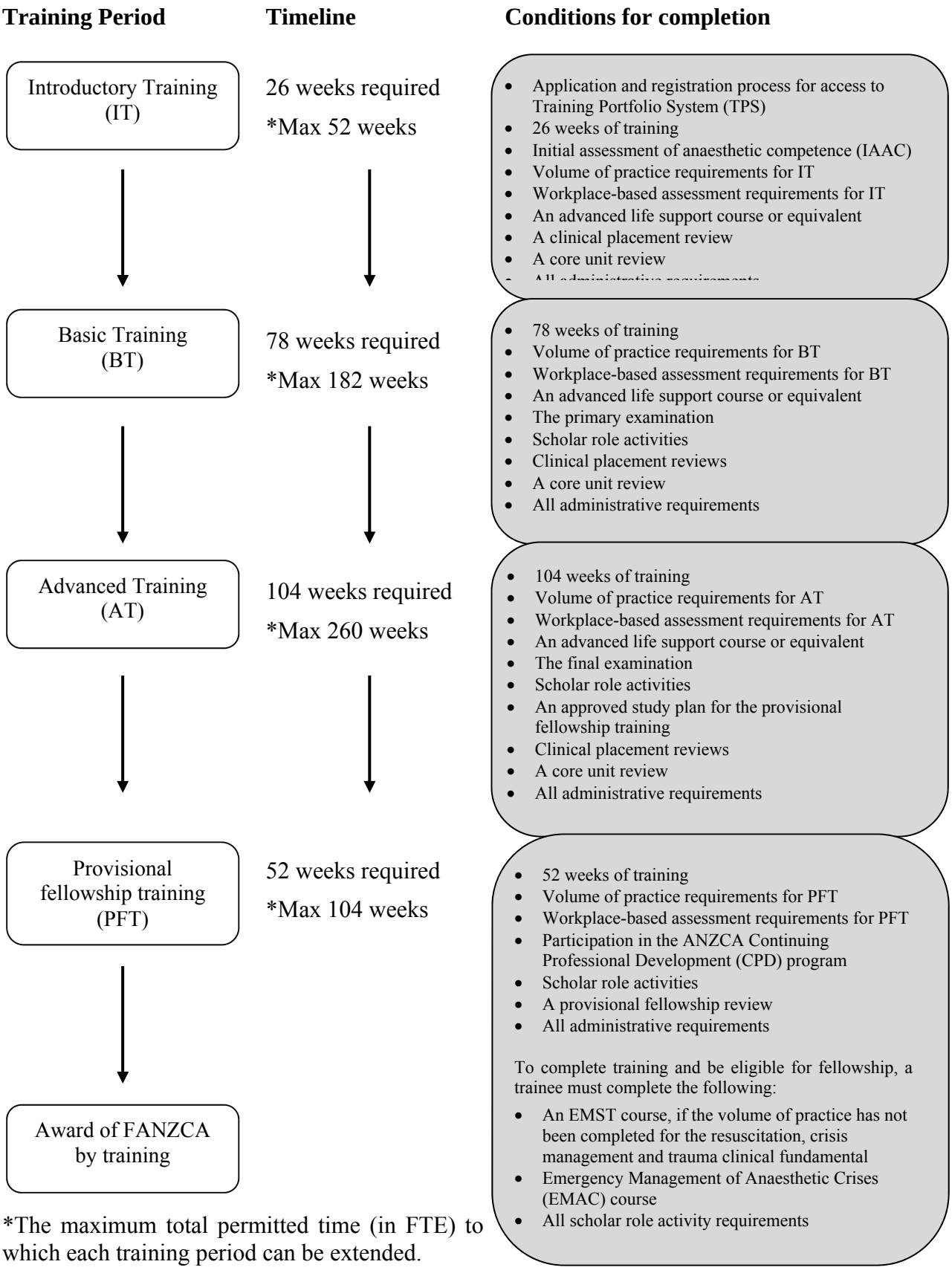
The training program includes volume of practice requirements for each training period. Volume of practice refers to actual cases and procedures undertaken by a trainee during the first four years of training. Volume of practice is recorded via the online trainee logbook and training portfolio system. If a trainee is unable to achieve the volume of practice, time and assessment requirements for each training period, they will enter extended training.

As part of the training program there is also a requirement for the completion of three Advanced Life Support courses, and compulsory Effective Management of Anaesthetic Crises (EMAC). In the revised curriculum, trainees who do not gain exposure to a trauma

unit must attend the Early Management of Severe Trauma (EMST) course, which is an intensive course in the management of injury victims in the first two hours following injury.

The revised anaesthesia curriculum includes learning outcomes that pertain to cultural competence. The College is developing case studies that will test cultural competency. The aim is to provide a practical approach to considering issues when treating Indigenous or non-English speaking patients. These competencies can be assessed in the final examination, through teaching and learning cases, case-based discussions and part of the in-training assessment process by direct questions. The College is also developing an online portal for practitioners working with Indigenous patients. The focus of the topics is on consent, communication, pain management, and working with children. The College will expand the range of resources over time.

A summary of the 2013 training program is detailed in the following diagram:



*The maximum total permitted time (in FTE) to which each training period can be extended.

3.1.2 Team findings

The anaesthesia curriculum of 2004 appears to have served trainees well. The Team commends the College for its comprehensive revision of the curriculum. Following the work of the Curriculum Redesign Steering Group, the revised curriculum will be introduced in 2013. In 2011, the AMC considered the College's curriculum developments and decided it did not constitute a major change but represented evolutionary change to the program, in line with AMC accreditation standards.

The College's activities working towards the introduction of the revised curriculum have been complex and engaging. As with all substantial reviews of training curricula there have been challenges in engaging trainees and informing fellows and trainers. While in large part this has been successful there is a degree of apprehension amongst fellows about their ability to contribute the additional work necessary to deliver the curriculum. Trainees too have had their apprehensions about what it will mean for them. Some have delayed various training goals so that they will be clear about the structure before they progress, whereas others have expressed concerns about their ability to complete assessments in the workplace.

Despite these challenges, the College has made significant efforts to inform trainees and supervisors about the revised curriculum. The College has developed a transition structure to communicate to each trainee regarding their own status and achievements in relation to the new curriculum. The Team commends this significant achievement of the College.

The College has developed a web-based training portfolio system (TPS) for recording trainee progress. Trainees can access the system once they have registered with the College. The TPS has been extensively tested in Australia, New Zealand and elsewhere overseas. Mechanisms are in place to enable the College's IT Team to address any issues that may arise during the system implementation. The Team viewed the TPS during the assessment visit. The implementation of the TPS will provide a practical mechanism to document cases, procedures and enable the collation of data for the evaluation of workplace based assessments by the trainee and assessor when formally implemented in the 2013 hospital employment year. The system will also collect de-identified data on types of surgery and anaesthesia, patient co-morbidities, anaesthetic procedures, outcomes, and complications.

The revised curriculum is divided into introductory, basic training and advanced training. The curriculum framework is clearly structured around the ANZCA Roles in Practice. Trainees will be required to undertake 104 weeks of general hospital training prior to entering introductory anaesthesia training. A maximum of 52 weeks of this prevocational medical education and training (PMET) can be in clinical anaesthesia, intensive care medicine, or pain medicine. This is followed by a 26 week introductory training core study unit, covering clinical anaesthetic fundamentals. The trainee is required to complete an introductory assessment of anaesthetic competence prior to proceeding with basic training. Basic training lasts a minimum of 78 weeks, covers clinical fundamentals, and is assessed by the primary examination and workplace based assessments. Advanced training lasts a minimum of 104 weeks. During basic and advanced training, trainees must complete 12 specialised study units.

There is debate about the value of requiring all trainees to undertake all 12 specialised study units, as some of them are associated with bottle necks in training arising from a shortage of sub-specialty experience. The most difficult issue relates to experience in anaesthesia in children under the age of six months. The College has acknowledged the issue of anaesthesia

experience in children less than six months, and has dealt with this issue by keeping the volume of practice requirement low. There is also more flexibility allowed as trainees may achieve this volume of practice anywhere and it does not have to be in a specific paediatric hospital. This will need to be carefully monitored by the College. The College should examine whether this is required. If it is an absolute requirement, the College will need to establish mechanisms to ensure all trainees can achieve this experience. This is potentially more of an issue for 'independent' trainees[1], who have previously experienced difficulties in gaining experience in sub-specialty areas of anaesthesia.

Each period of training has been assigned a volume of practice requirement. These have been debated amongst fellows and trainees and will require review. The volume of practice requirements of the revised curriculum allow more flexibility for areas such as paediatrics as they do not need to be undertaken in a specific paediatric rotation or tertiary level paediatric hospital. There is no robust data to determine what volume of practice should be, but the Team recommends that the College monitor the requirements. In particular, the Team recommends that the College further considers the requirement for trainees to undertake rare procedures, unless there is a reasonable expectation that the public stands to benefit. The risk of patient harm is increased when a novice first starts to undertake a procedure. It is important that the College ensure that trainees only engage in learning, with its attendant risks to the public, if there is a reasonable expectation that ongoing use of these skills will benefit the public.

The expectation that trainees and fellows attain cultural competence is clearly reflected throughout the anaesthesia curriculum and also in continuing professional development requirements.

The final 52 weeks of training is a provisional fellowship year which aims to extend practice and begin career direction. This is associated with an optional set of units for extension of practice in a variety of defined areas. This study plan is defined by the trainee and approved by the College.

3.2 Research in the anaesthesia training program

In the current curriculum, trainees complete a formal project. This may consist of a research project, critical review of literature or a formal research qualification. During the curriculum review process, the College has debated whether the formal project met the objectives of the scholar role as well as the consistency of assessment of projects around the regions. The research projects are assessed by regional and national formal project officers.

The revised curriculum contains revisions to the scholar role activities. The requirements are documented in the *ANZCA Handbook for Training and Accreditation* and comprise two teaching sessions; teaching a skill; and facilitating a small group discussion or running a tutorial and either option A or option B. Option A consists of three assignments which will provide formal learning about research methodology, critical appraisal of the literature,

[1] Most trainees are appointed following employment by a hospital or regional structure that allows completion of all aspects of the anaesthesia training program. Some trainees are appointed after employment in smaller hospitals that do not offer the full range of opportunities necessary to complete the training program. Such trainees are known as 'independent' trainees and by definition these trainees need to apply for, and be selected by, subsequent hospitals that offer additional training opportunities for them to have the possibility of completing the anaesthesia training program.

practice audit, or critical appraisal of a topic (which may incorporate assessment of scientific data and evidence based practice). Option B provides trainees with the opportunity to undertake formal coursework in research or education, undertake research that results in a peer reviewed publication, or other approved activity in research, teaching or management.

Research methodology learning has been enhanced in the revised curriculum to include: case-based discussion assessments; problem-based learning sessions; small group teaching sessions; online lectures, podcasts and webinars; journal and book reading, authorship or review; guideline reading, self-directed e-learning; lectures and courses. Trainees now have the option of spending up to 12 months in full-time research, subject to the Director of Professional Affairs (DPA) assessor's approval, prospectively. The Anaesthesia and Pain Medicine Foundation is working to increase the number of scholarships available and the level of salary support. The College has also endorsed the PhD programs of the University of Sydney and Monash University which will train clinical researchers.

3.2.1 Team findings

The revised curriculum provides a range of options for trainees to meet the requirements of the role of "scholar". A research project will no longer be compulsory for all trainees, which is seen as positive as currently the quality is very variable. The new approach will provide more flexibility for trainees. The College has a strong commitment to engaging its trainees in research. The scholar role incorporates both education and research.

The College's two options allow for a process of familiarisation with research methods (Option A) while not precluding a formal research project leading to a higher degree (Option B). The Team commends the College on the thoughtful approach taken to the scholar role. It also commends the College on the provision of extensive educational support for trainees to meet the research learning outcomes.

The College supports research grants, including provision of PhD scholarships. These scholarships are usually awarded to fellows rather than trainees as it is more feasible to undertake a PhD from the provisional fellowship stage onwards. Part-time training is permissible and could allow concurrent research and clinical training. Two universities (Sydney and Monash) have advertised PhD and College collaborative programs but these have not yet been taken up.

3.3 Flexible training in anaesthesia including recognition of prior learning

The College allows four options for flexible training: part-time training, overseas training, interrupted training, and extended training. The regulations indicate that any requests for flexible training must be prospectively approved by the DPA assessor.

Part-time training requires a minimum commitment of 50 per cent of the duties of a full-time trainee, including after-hours work. In 2011, a total of 53 women and 11 men were in part-time training. A trainee can suspend their progress in the training program. Any period of leave longer than normal leave is considered interrupted training. Reasons can include extended parental leave or sick leave. The process is outlined in Regulation 15 and has been transitioned to Regulation 37. In 2011, there were 177 trainees in interrupted training of which 57 per cent was female and 43 per cent male.

The College recognises prior learning. It considers both recency and duration of training

experience as part of the approval process. The Recognition of Prior Learning (RPL) policy is being reviewed as part of the revised curriculum. The College identified a number of principles to assist in developing the policy on recognition of prior learning. Decisions are subject to demonstration of satisfactory performance over a 12 month period. The total training will never be less than five years.

The College has established guidelines concerning the maximum number of weeks that will count towards introductory, basic, and advanced training. Prior experience in clinical anaesthesia, and experience in an anaesthesia related specialty may be credited under recognition of prior learning. Experience during prevocational training will count towards volume of practice requirements. The only prior experience considered for provisional fellowship training is in clinical anaesthesia for trainees who hold a postgraduate qualification by examination in an affiliated training region. The DPA assessor will assess each application. The majority of applications are accepted by the College, with only 5 per cent per annum unsuccessful. Decisions are subject to reconsideration, review and appeal.

3.3.1 Team findings

The College has clear policies and procedures in place to support interrupted and part-time training. Part-time training is predominantly utilised by female trainees. Currently, there are approximately 65 trainees working part-time. In terms of interrupted training, the female to male ratio is similar. During the assessment visit, fellows of the College argued that part-time trainees must do at least 50 per cent of the full-time load to maintain procedural skills. The Team commends the College for its support of part-time and interrupted training, which was highly regarded by trainees.

At present, there are limited opportunities for recognition of prior learning. However, the College has developed principles relating to recognition of prior learning, and is currently reviewing policy against these principles. While ANZCA has clear guidelines around this issue, some trainees have found this process to be disorganised, slow and inconsistent. The College's proposed changes will make a more consistent process but while only one assessor is delegated this responsibility, it will remain a significant workload. The selection of trainees' guidelines now articulates that departments should recognise all training that has been approved by the College. The recognition of prior learning for previous training completed in an ANZCA accredited department while not registered as an ANZCA trainee is detailed in *ANZCA Handbook for Training and Accreditation*. The College provided evidence to the Team to show that independent trainees on average finish training in a similar time to those in rotations. The Team recommends that recognition of prior learning for independent trainees continues to be carefully monitored, to ensure that all independent trainees finish training in a timely fashion.

The Team commends the College on the development of the new training handbook, which should provide clarity for trainees around a number of issues.

3.4 The continuum of learning in anaesthesia

The College contributes to articulation between the specialist training program and prevocational and undergraduate stages of the medical training continuum. The College is committed to the continuum of medical experience and the value of this continuum to the specialty. There is clear articulation between anaesthesia and pain medicine programs within the continuum of learning.

In 2009, the College contributed to the Australian Curriculum Framework for Junior Doctors review and development of a Prevocational Medical Accreditation Framework by the Confederation of Postgraduate Medical Education Councils (CPMEC). The College's Dean of Education represents the Committee of Presidents of Medical Colleges Education Sub-Committee on the CPMEC Portfolio for Australian Curriculum Framework for Junior Doctors. This portfolio was responsible for the development of the framework.

The College is proactively promoting the alignment between the anaesthesia curriculum learning outcomes and the Australian Curriculum Framework for Junior Doctors.

Commendations

G The College's transition structure for communicating with each trainee regarding their own status and achievements in relation to the revised curriculum.

H The comprehensive anaesthesia curriculum review and re-design including an innovative approach to the development of research skills.

I The College's support and approach to flexible and interrupted training.

J The development of the comprehensive *ANZCA Handbook for Training and Accreditation.*

Conditions to satisfy accreditation standards

3 Develop and implement a system to monitor the implementation of the revised anaesthesia curriculum, paying particular attention to the increased workplace-based assessment load. (Standard 3.2)

4 Monitor the volume of practice requirements, and ensure the learning curve is only undertaken where the public stands to have ongoing benefit. It is important that the College ensure that trainees only engage in learning, with its attendant risks to the public, if there is a reasonable expectation that ongoing use of these skills will benefit the public. (Standard 3.2)

5 Obtain regular feedback from trainees and supervisors of training during the implementation of the revised curriculum. (Standard 3.2)

6 Set up processes to monitor the recognition of prior learning policy to ensure the policy is applied in a clear, consistent, and timely manner. (Standards 3.4)

7 Set up processes to monitor the recognition of prior learning policy for independent trainees, to ensure that their training times are not unnecessarily prolonged. (Standard 3.4)

Recommendations for improvement

EE Set up processes to monitor the application of the College's appeals process as documented in the ANZCA Handbook for Training and Accreditation. (Standard 3.4)

FF Monitor the issue of bottle-necks in the anaesthesia training program identified by the Education and Training Committee and address the problems resulting from them. (Standard 3.2)

3.5 Pain medicine curriculum framework, structure and content

The structure and duration of training in pain medicine is detailed in *FPM Regulation 4* and is publicly available on the Faculty's website. Training requirements vary from two to three years, depending on a trainee's primary qualification and previous exposure to pain medicine and experience. Training can commence during, or currently with, a training program towards a primary specialist qualification acceptable to the Faculty Board. These specialties are anaesthesia, medicine, surgery, psychiatry, rehabilitation medicine, and more recently accepted, general practice, obstetrics and gynaecology, and occupational medicine.

Trainees must undertake at least one structured training year in a Faculty-accredited pain management unit as outlined in Faculty document *PM2 Guidelines for Units Offering Training in Multidisciplinary Pain Medicine*. An additional year of experience with direct relevance to pain medicine is also required. Trainees are required to spend 90 per cent of their full-time equivalent employment in pain medicine activities.

All trainees must undertake training and experience in the broad areas of acute, chronic, and cancer pain. It is highly recommended that trainees are exposed to pain management in palliative care and paediatric pain management. The Faculty will make arrangements to ensure trainees access appropriate experience.

The specific educational objectives, outcomes, and experience required for each stage of the training program is specified in the *FPM Trainee Support Kit Objectives of Training* document. The training program builds on the parent college program to ensure that trainees develop the necessary knowledge, skills and attitudes.

The Faculty is in the early stages of its curriculum review. A two-year comprehensive training program for all trainees, regardless of their primary specialty background is being proposed for implementation and consisting of two streams:

- Structured training stream that is run centrally comprising of theoretical training provided by experts and summative assessments;
- In-clinic training stream focusing on skill development within the practice setting and includes elements of summative assessment.

Recognition of cultural competence has been identified by the Faculty as a key attribute of the specialist pain medicine physician. A cultural competency document has been developed by the Education Committee and will go to the Faculty Board for approval in 2012.

3.5.1 Team findings

Currently, pain medicine trainees have their learning guided by a series of learning objectives, a trainee support kit, electronic resources, past examination papers, and a list of suggested reading. As there is only a small number of trainees, the level of interaction between the Faculty and trainees is commendable. Trainees had a variable understanding of what they needed to learn.

The Faculty is embarking on a curriculum development process, with an implementation plan for 2015. This work is directed by the Curriculum Re-design Committee and is based on a professional instructional design process. The Faculty is drawing on the experience and

exemplary processes used by the College to introduce their new curriculum. The Team supports the Faculty's planned process.

The Faculty have conducted a blueprinting exercise to identify the core competencies required of a specialist in pain medicine. This will inform the development of the knowledge, skills and professional qualities required of a pain medicine specialist. The Faculty will use the information to develop learning objectives and assessment methodologies, and e-learning modules, webinars, and other educational resources. The Team commends the Faculty on the initiation of this effort, and recommended that progress is closely monitored.

Learning objectives, structure and duration of training are all publicly available on the Faculty's website. All Faculty trainees entering this training program have completed or are currently enrolled either in the anaesthesia or another college training program. Training is organised around one to two years of structured training, followed by a further year in an area of clinical practice related to pain medicine. Training is one to three years, depending on recognition of prior learning. The Team recommends that the training program requirements are closely linked to the new curriculum.

3.6 Research in the pain medicine training program

There is currently no requirement to undertake research as part of the pain medicine training program. It was deemed that since this is a post specialist qualification, research skills should already be developed. No credit is given for research training.

This deficiency is being addressed in the 2015 curriculum revision and will be placed in a "block" of requisite pre-learning. Resources will be modified to facilitate this learning which will be tested summatively, early in the course of formal pain medicine training. The Team recommends that the Faculty closely examine their approach to the support of research within the training program.

3.7 Flexible training in pain medicine including recognition of prior learning

The Faculty allows part-time and interrupted training as detailed in Regulations 4.4 and 4.5. In 2011, one trainee was undertaking part-time training and two trainees were undertaking interrupted training. Part-time and interrupted training is considered on an individual basis. Trainees are allowed to undertake part-time training, which must be a minimum of 50 per cent of the commitment of a full-time trainee.

Trainees from the five participating bodies of ANZCA, Royal Australasian College of Physicians, Australasian Faculty of Rehabilitation Medicine, Royal Australian and New Zealand College of Psychiatrists, and Royal Australasian College of Surgeons are automatically credited for the elective period of training. This is based on their pain medicine experience in primary specialty training. The position with respect to trainees of general practice, obstetrics and gynaecology, occupational medicine, and addiction medicine is under review. These trainees are required to submit documentation of prior learning and experience for assessment. In 2011, 25 applications for recognition of prior learning were processed by the Faculty and all applications were granted. The Team commends the Faculty's thoughtful approach to recognition of prior learning.

3.8 The continuum of learning in pain medicine

The Faculty contributes to articulation between the specialist training program and

prevocational and undergraduate stages of the medical training continuum. The Faculty's Education Committee has established an annual prize to encourage medical schools to develop a curriculum in pain medicine. The inaugural book prize was awarded in 2011 to the best medical student in pain medicine. Several medical schools have taken up this offer including Otago, Newcastle, Wollongong, Notre Dame, Adelaide, and Sydney.

In early postgraduate training, the Faculty suggests there is a lack of supply and delivery of core pain medicine content. The Education Committee developed a document, *Designing a Curriculum for Knowledge/Skills in Pain Medicine in Postgraduate Years 1 and 2 (PGY 1 and 2)*. The document was submitted to the Prevocational Medical Accreditation Framework in Australia, and to the Medical Training Board of New Zealand. Positive feedback was received from Health Workforce New Zealand and the Confederation of Postgraduate Medical Education Councils.

The Faculty also contributed to the development of the revised anaesthesia training program. Faculty fellows were on both the Curriculum Review Steering Group and the Curriculum Redesign Steering Groups. The Faculty contributed to the authorship and review of the pain medicine learning outcomes and module. Pain medicine will be a clinical fundamental in the revised anaesthesia curriculum.

Commendations

K The Faculty's commencement of a major curriculum revision project and the clear and thoughtful approach to the recognition of prior learning.

Conditions to satisfy accreditation standards

8 Finalise and formally adopt the Faculty's cultural competency document. (Standard 3.1)

9 Complete the review of the pain medicine curriculum, including the development of a curriculum framework. (Standard 3.1)

10 Incorporate research requirements into the revised pain medicine curriculum. (Standard 3.3)

4 Teaching and learning methods

The accreditation standards are as follows:

- The training is practice-based involving the trainees' personal participation in relevant aspects of the health services and, for clinical specialties, direct patient care.
- The training program includes appropriately integrated practical and theoretical instruction.
- The training process ensures an increasing degree of independent responsibility as skills, knowledge and experience grow.

4.1 Practice-based teaching and learning

4.1.1 Australian and New Zealand College of Anaesthetists

Anaesthesia trainees are employed by public and private hospitals around training regions. The College accredits these sites on a seven-year cycle. The College's accreditation process requires an onsite inspection in order to assess the training sites' ability to provide training and supervision of the required standard. Further information is provided in Section 8.2.

Trainees make direct contribution to patient care. Clinical training time is structured at a hospital, rotational, and regional level, and according to the anaesthesia curriculum. Trainees are supervised as described in the College policy *TE03 Policy on Supervision of Clinical Experience for Vocational Trainees in Anaesthesia*. As part of the curriculum implementation, the College has provided clinical teachers with the orientation, information, training, and support necessary. In 2010, the College developed an online Foundation Teacher Course. The online course is divided into eight modules, each of which can be sub-divided into topics and a variety of activities. The course is flexible but can be divided into weekly modules in order to facilitate learning sessions for participants.

4.1.2 Team findings

The teaching of anaesthesia is largely undertaken in clinical practice which is a key strength of the program. Some teaching takes place in online courses and via simulation which is appropriate for the materials delivered through these methods. The vast majority of training is practice-based and there is no foreseeable risk of this being compromised. The move to place the primary examination within the training program addresses the issue of this material being learned in isolation from anaesthesia practice. The Team commends the College on this change.

The College has made a substantial investment in systems for educating fellows about the principles of teaching and supervision. These include regular face to face courses and a pilot online learning platform to cater for those unable to attend the intensive teaching courses.

Trainees in anaesthesia are pleased with the level of teaching in large programs. The experience in smaller hospitals is variable. Where exposure occurs as part of a rotation from a large central hospital any local shortfalls are well covered by the parent institution.

Training works less well when candidates are primary employees of smaller institutions and do not have a place in a parent training program. These trainees report difficulty in gaining access to all the specialised clinical experiences they need to complete their requirements of

training. The majority of trainees employed in smaller hospitals are there because they have been unable to find a place in a large program during the competitive entry program. The College should establish mechanisms to assist these independent trainees to complete their practical training requirements.

The anaesthesia curriculum defines the required learning, teaching, and assessment of the training program. The curriculum articulates the learning outcomes to be met by trainees through supervised clinical experience, courses, scholar activities, self-directed learning and other education activities. There are no requirements for completion of a university or other formal programs. The training requirements are detailed in Section 3 of this report.

4.1.3 Faculty of Pain Medicine

The pain medicine training program is hospital practice-based. Training takes place in a Faculty accredited multidisciplinary pain medicine unit under the supervision of a supervisor of training. The document *PM2 Guidelines for Units Offering Training in Multidisciplinary Pain Medicine* outlines the Faculty's accreditation process. The process involves submission of a detailed accreditation questionnaire and followed by an on-site team review. This is detailed in Section 8.2.

The formative, quarterly in-training assessment reports are used to monitor a trainee's progress in acquiring the knowledge, abilities and skills required of a specialist pain medicine physician. The final in-training assessment is summative, requiring a satisfactory level in all domains before a trainee is eligible for admission to fellowship.

4.1.4 Team findings

The teaching of pain medicine largely takes place in ambulatory pain clinics and is well founded in clinical practice. Training in pain medicine takes place in small departments. The training experience depends on a small number of individuals. Trainees experience varying degrees of supervision and the Team notes that independent practice is less appropriate for trainees who enter the Faculty prior to completing their primary specialist qualification. The Faculty should put in place mechanisms for closer supervision of such trainees during their first year.

The Faculty is undertaking a curriculum review which will result in the development of new teaching and learning resources. Consideration is being given to assisting trainees in covering the core knowledge required early in their training. The Faculty should report on its progress in these areas.

4.2 Practical and theoretical instruction

4.2.1 Australian and New Zealand College of Anaesthetists

Practical and theoretical instruction is overseen by the supervisor of training in each training site. This is detailed further in Section 8.1 of this report. The learning outcomes are clearly described in the revised curriculum. The College provides various educational e-learning resources for trainees. Videos, podcasts and webinars are available to trainees at any training site. At the start of 2013, the College will have web-based follow-up on the teaching and learning cases. The goal is to improve the focused teaching for important topics.

The regional and national committees provide various courses to assist trainees in the training

program. Courses are available for trainees to prepare for the primary examination and final examination and viva voce examination techniques. Courses are run in each state/territory and in New Zealand as either one day per week or intensive full-time for up to two weeks.

4.2.2 Team findings

The practice of anaesthesia is uniquely well placed to allow practical instruction on an apprenticeship model. Registrars and consultants have significant periods of time together during which one-on-one teaching and assessment can take place. The College's revised curriculum is designed to improve the quality of learning that takes place during these opportunities. The Team commends the extensive involvement of fellows in teaching.

The trainees that the Team heard from during the assessment were almost universally satisfied with the overall level of teaching and interaction that occurs in large teaching hospitals. Many of the trainees interviewed by the Team spontaneously complimented the level of teaching and supervision.

The interaction in smaller hospitals occurs with a small number of consultants, and because of this, the experience is more variable and dependent on the commitment of one or more local consultants. This system is potentially vulnerable when candidates are primary employees of smaller institutions and do not have a place in a larger parent training program. These trainees tend to have less satisfactory instruction than those in the large programs, although this is by no means universal and some smaller institutions have inspirational teachers. It would be appropriate for all trainees to be under the umbrella of a large, fully accredited program so that individuals do not experience a training program dominated by less well-resourced departments. This situation is compounded by the fact that the majority of trainees employed in smaller hospitals are those who have been unable to find a place in a large program during the competitive entry program. This group is likely to include some individuals who will need greater support during training. The Team observed some of these individuals include International Medical Graduate Specialists who may have less established networks and an understanding of opportunities. This was a repeated theme of discussion during the Team's interviews with trainees and supervisors of training.

The College offers a range of online educational tools to assist trainees in their learning and consultants in their teaching. These provide good exposure to non-procedural aspects of anaesthetic training. The College's electronic information systems function well, and trainees and supervisors report that they have no trouble accessing them.

The College provides high quality courses, some of which will be mandatory in the revised curriculum such as the Effective Management of Anaesthetic Crises (EMAC). This resource intensive two and a half day course is highly regarded by trainees. Providing such courses is time intensive for instructors, and there were some indications that continued staffing for these courses might be problematic. The College may wish to explore opportunities for provisional fellows to become assistant instructors for EMAC courses.

4.2.3 Faculty of Pain Medicine

The current training program is tailored to the trainee's practical and theoretical requirements. Practical training during patient care is integrated with theoretical instruction at the unit, regional, and national levels. There is strong practice-based training in pain medicine and a well-developed apprenticeship model. Joint didactic learning activities occur between

some units. The topics usually addressed arise out of day-to-day practice and possible examination requirements.

The Education Committee has developed a document called *Focused resources for trainees* to help pain medicine trainees manage stress and academic content, and to focus their preparation for the final written and clinical fellowship examination. It lists resources, provides useful websites, and recommends textbooks and journals. With the College's Education Development Unit, the Faculty has developed a library of educational podcasts using the experience of senior fellows. Trainees also have access to the full range of ANZCA podcasts and interactive webinars.

The Faculty offers short courses in Specialist Pain Medicine Physician Preparation Course and Pre-Examination Short Course. The Australasian Faculty of Rehabilitation Medicine has provided access to trainees to attend their Bi-National Training Program teaching sessions. Training does not require completion of any mandatory skills course. There are no requirements for completion of university or other formal award courses.

4.2.4 Team findings

Training in pain medicine takes place in small departments and is reliant on a small number of individuals. Achieving a uniform training experience is difficult in such circumstances. Most trainees either hold, or are in the final stages of completing, another specialist qualification so the impact of varying degrees of supervision is less of an issue than a trainee's personal study and learning behaviours. Varying degrees of supervision is not inappropriate in a post-qualification setting where most trainees are successful adult learners. However, where trainees enter the Faculty prior to completing their primary specialist qualification, such independent practice may be less appropriate, and the Faculty should put in place mechanisms for closer supervision of such trainees during their first year.

At present, the Faculty provides past exam papers and model answers online. These provide the core resource for trainees undertaking the Faculty's assessments. There is also a recommended reading list available online.

The Faculty is currently undertaking a review of its curriculum which will result in the development of new teaching and learning resources. Consideration is being given to providing enhanced assistance for trainees in covering the core knowledge required early in their pain medicine training. It is anticipated that online support for this will be developed.

4.3 Increasing degree of independence

4.3.1 Australian and New Zealand College of Anaesthetists

Trainees are expected to work with an increasing degree of independence under supervision provided by specialists with assistance from the supervisor of training. In the revised curriculum, the learning outcomes for the four core units reflect the increasing level of knowledge and skill required. The workplace-based assessment rating scales reflect the degree of difficulty of the case being observed. It also determines if the level of autonomy demonstrated by the trainee is appropriate for their level of training. As detailed in the College's submission, learning occurs through observation, performing under supervision, and then assessment over time satisfactorily, with less supervision, to the point that a trainee can practice independently at consultant level.

4.3.2 Team findings

There is a well-structured process for describing the degree of supervision required for anaesthesia trainees. For those employed in large programs there is a well-graded system of increasing independence in anaesthesia practice. Some trainees achieve independence earlier than others. The revised curriculum and workplace-based assessments will provide a mechanism whereby the level of independence can be adjusted based on developing competence rather than duration of training. The College is to be commended on these processes.

Anaesthesia trainees in small urban and regional hospitals are sometimes in a position of greater independence earlier in their training than those in large institutions. The curriculum offers a good mechanism for safeguarding this situation. The introduction of the Initial Assessment of Anaesthetic Competence means that trainees will only work under direct observation during early training. Many trainees enjoy the relatively more autonomous practice that occurs in small and rural hospitals. Nevertheless, the current system means that trainees, who are unable to obtain positions in large programs where entry is highly competitive, are more likely to have lower levels of supervision. This issue was variable across the jurisdictions. In Queensland, for instance, a central rotation system appears to be working well. The College should consider implementing policies that ensure all trainees are involved in a rotational training scheme.

4.3.3 Faculty of Pain Medicine

The training program is tailored to the trainee's requirements, building on the knowledge, skills, and experience, already achieved during their primary specialist training. The role of the supervisors of training is to identify any aspects of the trainee's performance that require extra attention.

As part of the revised curriculum project, the concept of the new training program is being discussed. This comprises of two streams of training, Stream A being centrally run and highly structured and Stream B being based in-clinic. Within Stream A and Stream B, integration of practical and theoretical instruction would occur, particularly via webinar discussions in Stream A and case-based discussions in Stream B. The teaching and learning approaches would be improved over time as further data becomes more comprehensive and readily available.

4.3.4 Team findings

The degree of independence assumed by pain medicine trainees is variable from site to site but is mostly high, even at the beginning of the training period. Given that most are registered specialist practitioners, often with many years of prior practice in their specialty, this is not inappropriate. Again, the curriculum review should address this issue for trainees who have not completed a prior specialist qualification.

Commendations

L The overall quality of the anaesthesia training program featuring the extensive involvement of fellows in teaching.

M The high quality of the College's educational courses and the impressive range of e-learning programs including podcasts and interactive webinars to provide education

and monitor the progress of trainees.

N The College's explicit process for graded acquisition of independence in anaesthesia practice.

Faculty of Pain Medicine commendations:

O The pain medicine training program encourages rapid development to independence of practice.

Conditions to satisfy accreditation standards

11 Provide a means for independent trainees to satisfy the specialist practice requirements of the anaesthesia training program. (Standard 4.1.1)

Faculty of Pain Medicine conditions:

12 Develop mechanisms for closer supervision of pain medicine trainees who enter training without a prior specialist qualification. (Standard 4.1.1)

13 Develop a more explicit syllabus and learning resources for pain medicine trainees. (Standard 4.1.2)

Recommendations for improvement

GG Ensure all independent trainees have exposure to and experience in large hospital practice and training schemes. (Standard 4.1.1)

5 The curriculum – assessment of learning

The accreditation standards are as follows:

- The assessment program, which includes both summative and formative assessments, reflects comprehensively the educational objectives of the training program.
- The education provider uses a range of assessment formats that are appropriately aligned to the components of the training program.
- The education provider has policies relating to disadvantage and special consideration in assessment, including making reasonable adjustments for trainees with a disability.
- The education provider has processes for early identification of trainees who are underperforming and for determining programs of remedial work for them.
- The education provider facilitates regular feedback to trainees on performance to guide learning.
- The education provider provides feedback to supervisors of training on trainee performance, where appropriate.
- The education provider considers the reliability and validity of assessment methods, the educational impact of the assessment on trainee learning, and the feasibility of the assessment items. It introduces new assessment methods where required.

5.1 Assessment approach

5.1.1 Australian and New Zealand College of Anaesthetists

The College's assessment program includes both summative and formative assessments. In 2009, as part of the curriculum redesign process, the ANZCA Guidelines on Assessment were developed. The guidelines, made up of principles, have guided the College in the development and implementation of appropriate assessment policies and procedures. The assessment requirements have been aligned to the revised curriculum and are detailed in Regulation 37 and the *ANZCA Handbook for Training and Accreditation*.

In-Training Assessment (ITA)
The ITA process has been an integral part of the formative assessment profile of the current anaesthesia training program. The ITA process will continue in the revised curriculum and consists of clinical placement reviews, the core unit reviews and the provisional fellowship review. The clinical placement review must occur at least six-monthly and the core unit reviews at the end of each core unit. The workplace-based assessments, which inform the ITAs, are essentially formative; however, they now form part of the summative assessment process. This represents a significant change from the current curriculum. In the revised curriculum, trainees enter extended training if it takes longer than the minimum time to complete a training period. They remain under supervision and continue to receive formative assessment.

The College has revised the online in-training assessment process in 2010. The online system has increased functionality for trainees, supervisors and the College's Records Management Unit.

Initial assessment of anaesthetic competence (IACC)
The IACC is specific to the introductory training period. It assesses using a number of mandated workplace-based assessments and is a barrier assessment. The trainee can only undertake the primary examination once passed.

Clinical placement reviews (CPR)
The clinical placement review occurs at the beginning and the end of each clinical placement and must occur every 26 weeks. This is an opportunity for the trainee to receive formal feedback and revise goals for the placement. When a trainee cannot demonstrate satisfactory completion of clinical placement reviews, or performance is unsatisfactory or borderline, the *Trainee Experiencing Difficulty* process can be invoked. This is outlined in the new training handbook.

Specialised study unit review
Specialised study unit assessments occur in each stage of training. Some specialised study units will be spread over a number of years while others may be completed in a short time frame. The Specialist Study Unit Supervisor (SSUS) will review the trainee's progress against the requirements for workplace based assessments and volume of practice.

Core unit reviews
The core unit review is a summative assessment and occurs at the end of each core study unit and marks the progression between training periods. The components include volume of practice, questioning on learning outcomes, mandatory WBAs, and other requirements. Trainees must successfully complete the core unit reviews before proceeding to the next training period. This is also a barrier assessment.

Provisional fellowship review
The ITA process for the provisional fellowship training period requires a planning clinical placement review and feedback clinical placement review. A further feedback clinical placement review is required at the end of the training year which will form the final in-training assessment. This ensures all planned activities, including scholar role, have been achieved and that the trainee is performing at a specialist level.

Workplace-based assessments (WBA)
In 2013, the College is implementing four types of formative workplace-based assessment tools, including mini-clinical evaluation exercise (mini-CEX), direct observation of procedural skills, case-based discussion, and multi-source feedback. The purpose of the tools is to provide regular structured feedback to trainees, facilitate teaching and learning, and inform the ITA process. The curriculum describes the minimum number of WBAs for each training period and study unit.

Volume of practice requirements (VOP)
Volume of practice is detailed in a number of elements in the curriculum. The purpose is to ensure experience gained during training is of the breadth required. Each VOP is an absolute minimum required to achieve the learning outcomes specified in the curriculum.

Examinations
Trainees are required to complete the primary examination and the final examination. In the revised curriculum, the College has imposed a limit on the number of attempts permitted.

Trainees can attempt the primary examination five times and the final examination seven times.

Primary Examination
The primary examination tests the basic sciences in anaesthesia, intensive care and pain medicine and integration of knowledge. The learning outcomes assessed in the primary examination are described in the curriculum document. Under the revised curriculum, the primary examination subject areas will be integrated into one examination. In 2013, the primary examination will initially be revised to cover physiology, pharmacology, statistics, anatomy, measurement, and equipment safety. It will no longer be possible for trainees to carry part-passes. The primary examination is held twice a year. It consists of a 150-question multiple choice question paper, 15-question short answer paper, and three viva voce stations. Each viva has a mix of curriculum, runs for 20 minutes, and is examined by two examiners. Successful primary examination completion is necessary for completion of basic training.

Final examination
Trainees must successfully complete the final examination by the end of advanced training to progress to provisional fellowship training. The final examination is held twice yearly. It consists of three sections, 150-minute multiple-choice question paper, 150-minute short-answer question paper, and ten vivas (2 medical, 8 anaesthesia). The focus of the examination is on the practical integration and application of knowledge in clinical practice. The College is not planning any significant changes to the final examination, however, as a result of the revised curriculum, the examination has been mapped to the stated learning outcomes.

Special consideration for trainee illness or disability
The College document, *TE19 Policy on Trainee Illness or Disability*, details the policy for examination candidates and is included in the training handbook. Trainees may not be able to perform their duties adequately due to illness or other disability, and trainees may enter into interrupted or, part-time training, or normal leave.

5.1.2 Faculty of Pain Medicine

The Faculty includes both formative and summative barrier assessments. Formative assessments comprise a logbook and the quarterly in-training assessment reports. The summative assessments comprise the final in-training assessment, examination and the clinical case study. As part of the curriculum redesign, the Faculty will be reviewing the assessment tools used by the participating colleges to determine appropriate methods for introduction in the pain medicine program. It plans to introduce further formative assessments and the summative assessments will be spread throughout the program at key points.

Formative assessments
Trainees are required to keep a logbook documenting their workload and experience with persistent non-cancer, cancer, and acute pain patients. The supervisor of training reviews the logbook to ensure an appropriate case mix.

The ITA assesses trainee performance and complements the examination and clinical case study. In the structured year, four formative ITAs are undertaken, one at the end of each quarter. ITA are completed by the supervisor of training and submitted to the Faculty to confirm trainee performance. Any inadequacies are discussed with the trainee and should be corrected by the next quarterly report. Sections one and two of the ITA are formative

assessments. Section three is formative during early stages of training but later becomes summative. The trainee is expected to attain a satisfactory level or consistent performance in all domains in section three of the final in-training assessment. The Faculty will be revising the current ITA to ensure sufficient and specific feedback is provided to trainees.

Summative assessments
The final in-training quarterly assessment is summative, and must be successfully completed for entry to the final examination.

A satisfactory clinical case study is required. The trainee needs to demonstrate clinical reasoning in the understanding of the patient and their condition and provide an appropriate management plan using the biopsychosocial approach. The case study is assessed by a member of the Examination Committee and if the clinical case study does not meet the standard the trainee will be provided with the examiner's comments.

The examination consists of a formal written, clinical, and oral examination. The written examination consists of a two and half hour written paper comprising 15 short answer questions, of which ten must be answered. The first five questions covering core topics are compulsory and a further five questions cover sub-specialty and core topics. All questions are marked independently by two examiners followed by discussion of the allocated marks prior to submission of an agreed mark. The oral examination consists of three sections: the clinical long case, the structured viva voce and the short cases and each of these sections is examined by two examiners.

Special consideration policy for trainee illness or disability
In 2010, the Faculty developed the document, *PM8 Policy on Illness or Disability for Trainees and Fellows,* which has been adopted from the College's policy. Candidates with a chronic illness or disability will be considered for assistance appropriate to their disability, provided that it does not impair the fairness and reliability of the examination.

5.1.3 Team findings

The assessment program, which includes both summative and formative assessments, reflects comprehensively the educational objectives of the training program. The College's revised curriculum includes a suite of summative and formative assessments that reflect the educational objectives of the training program.

The assessment methods for the revised curriculum are well constructed and the tools well supported by supervisor and assessor teaching, and IT resources. While new assessment formats represent a significant impost for both trainers and trainees, the additional information they provide has the potential to improve the reliability of the summative assessments, particularly the six-monthly in-training assessments. The assessment approach taken by the College is robust and will be assisted by the new workplace-based assessments. The workplace-based assessments will run on a paper-based system in the first instance, but the forms can also be e-mailed and used electronically. The Team commends the College on its plans to monitor trainee compliance with volume of practice, and its plans to review these targets in light of this data.

The College has invested considerable effort into redesigning the assessment process in line with the revised curriculum, including a new integrated primary examination. The College plans to continue its robust primary and final examinations during the introduction of the new

workplace-based assessments, and the Team strongly supported this approach. The Team commends the introduction of the Introductory Assessment of Anaesthetic Competence to improve alignment between educational objectives and clinical assessment.

The Faculty has a shorter program with a more limited set of assessment tools. These tools match the educational objectives. The Faculty's planned curriculum development will require modification of the assessment tools.

The Faculty is finding there are increasing numbers of trainees requesting to sit the fellowship examination. In response, the Examination Committee is now reviewing the examination format, including the possibility of holding the written component separately to the clinical component. In 2011, the clinical case study format was revised to change its emphasis to a formative process as well as a summative assessment.

Both the College and the Faculty have policies in place to deal with disadvantage and special consideration and are flexible and responsive to new issues. During site visits, the Team did not hear any concerns from trainees regarding the processes for dealing with special considerations.

5.2 Performance feedback

5.2.1 Australian and New Zealand College of Anaesthetists

The College has processes in place to identify underperforming trainees quickly. The ITA provides an opportunity for formative assessment of trainees at the end of a term or clinical placement. The new workplace-based assessments and reports from other supervisors and tutors will provide a comprehensive view of trainee performance. Trainee performance is rated as: yes, meets expectations; borderline, does not consistently meet expectations; and no, does not meet expectations

Assessments that do not meet expectations are 'flagged' electronically on the records management system. Borderline assessments receive one flag; under-performing assessments are given two flags. The College monitors assessments and, if necessary, will assist the supervisor of training using the trainee experiencing difficulty process as detailed in the new training handbook.

The College indicates that if the problem remains unresolved, a trainee performance review will be triggered. This is an independent process and may result in a trainee's dismissal from the training program. Trainees are made aware of the College's reconsideration, review, and appeals processes where issues cannot be resolved. To date, one trainee has been dismissed from the training program and occasionally this may result in a trainee leaving the program and pursuing an alternative career. The College will also notify the Australian Health Practitioner Regulation Agency of the review and the outcome.

Candidates who fail the primary or final examination are provided with a feedback letter within four weeks of the examination. Candidates who fail may request a feedback interview with a senior examiner and are also encouraged to utilise College educational resources including examination preparation workshops and webinars. Trainees will be required to attend a remediation interview if they have been unsuccessful in three attempts of either the primary or final examination.

5.2.2 Faculty of Pain Medicine

The Faculty indicates the main process for identifying trainee difficulties is through interaction with the supervisor of training and the in-training assessment process. Remedial action is negotiated between the trainee and supervisor of training, and additional training can be provided to a trainee in difficulty.

The trainee performance review process was introduced in 2008 and adopted from the College. The trainee may require or request an independent review when local remedial measures have failed to resolve the problem and, to date, the formal trainee performance review process has not been invoked. Nine trainees have withdrawn from the program since its commencement and there have been no dismissals from the program.

Trainees who fail the examination are advised by letter. This letter indicates the section(s) of the examination in which they were deficient with broad suggestions regarding remedial action. The Chair of the Examinations Committee will report directly to the supervisor of training whose candidates have performed poorly in summative assessments.

The Faculty acknowledges there is some frustration with trainees regarding the lack of regular feedback on their performance. The Faculty is planning to provide training to supervisors of training on how to give feedback, both positive and negative, and options for how this can be addressed through the curriculum review.

5.2.3 Team findings

The process of identifying under-performing trainees relies on effective use of the available ITA tools and clinical feedback from the workplace. Where used proactively, this seems to work well. This largely relies on the supervisors of training keeping a close eye on all aspects of performance both in the workplace and during formal assessments. The introduction of workplace-based assessments is likely to increase the ability of supervisors to provide regular feedback to trainees and the Team viewed this as a positive change.

The College’s electronic flagging system, introduced in 2010 will be part of the IT support for the revised curriculum. This flagging system gives supervisors a major advantage in allowing early identification of underperforming trainees. The College's IT support for the revised curriculum, and in particular, the electronic flagging system, is a major strength.

The Faculty process for identifying underperforming trainees utilises the more traditional in-training assessment process, but the evidence is that this functions adequately for this purpose.

The College's revised curriculum and its IT support tools allow real-time feedback to trainees on their performance in workplace-based assessment and volume of practice. Feedback to trainees from formal assessments is provided in writing after the examinations. Formative feedback follows communication with the supervisors of training.

Faculty feedback to trainees is via the ITAs and in the workplace. Clinical case study feedback and examination feedback is provided formally. Both these systems work well although the forthcoming curriculum review may allow more refined and timely feedback systems.

There is no formal method in place to provide feedback to ANZCA supervisors of training, although it is apparent that this does take place on an ad hoc basis. Making this process more formal would be of benefit to the College and its supervisors.

The Team notes that the College attempts to minimise the length of time between elements of the fellowship examination, and are aware of the stress that this delay may cause to trainees. Currently feedback to unsuccessful candidates of the primary examination is presented to individual candidates; this is due to the fact that some candidates are not as yet in the training scheme. In the future, these marks will be provided via the supervisors of training. For the new primary examination, the exact method of feedback has not been confirmed, although it is likely to mirror the methods used in the final examination. For the final examination, initially a candidate is invited to seek feedback. If accepted, a candidate will have a meeting with a senior examiner; they are encouraged to bring a "buddy" with them and the examiner provides detailed feedback. The Team commends this delivery of feedback, both for its structure and detailed nature.

The Faculty uses the same format as the College to provide feedback on final examinations. However, some of the comments provided by trainees during the site visits suggested that feedback to trainees who were unsuccessful in their examination was not provided in a way that permitted them to address their deficiencies and be successful on a following attempt. The iterative process of the clinical case study allows a good volume of feedback to be provided to pain medicine trainees. The in-training quarterly assessment allows regular feedback from the supervisor of training to a trainee to take place.

5.3 Assessment quality

5.3.1 Australian and New Zealand College of Anaesthetists

The College's examination committees oversee the primary and final examinations. Following each examination, the College reviews the questions and the currency of information provided. The primary and final examinations have been mapped to the revised curriculum.

Primary examination
Multiple-choice questions are submitted twice a year by each examiner of the panel and the Multiple Choice Question Sub-Committee of the Primary Examination Sub-Committee will review and adjust the questions. The sub-committee and a selection of examiners meet twice a year to review past papers, compose future exams, and review examination trends.

The College's accreditation submission describes that the statistical analysis of each item is performed using the r-biserial correlation coefficient value for each question and following each examination. Low or negative r-biserial questions are noted for later review by the sub-committee. Questions that have a very high pass rate are considered for rejection from the bank as they fail to discriminate between candidates. Questions with a low pass mark are also checked for correct answer and non-ambiguity; and if satisfactory, left in regardless of the correct answer response rate. The overall pass rate is plotted against the pass rate for the same examination for the previous six to eight exams. The College indicates there is high degree of consistency with the pass rate sitting at about 65 per cent.

Short-answer questions are accompanied by a marking grid and are submitted by all primary examiners twice a year. The grid covers the expected model answer and a marking scale. The

Short-Answer Question Sub-Committee meets twice a year and also holds a workshop for examiners. Question selection ensures fair representation of the breadth of the curriculum and a spread-sheet is used to track subject areas tested over the past several years.

The College has recently set a minimum standard in each section of the written examination for eligibility for the viva. Previously a minimum performance of 40 per cent averaged across both sections was sufficient for a viva invitation; now a minimum of 40 per cent in each section is necessary.

In relation to the viva voce examinations, examiners formulate a personal bank of viva questions and the proposed questions are discussed with a panel of eight examiners, plus two senior examiners. The questions are marked off against the syllabus to ensure that there is broad representation of subject areas. During the viva, each examiner asks two topics, each of five minutes. Each examiner marks the candidate separately for each viva. Detailed discussion will take place if there is a major difference between marks awarded.

Final examination
New multiple-choice questions are submitted twice a year by each examiner of the panel. The Multiple-Choice Question Sub-Committee of the Final Examination Sub-Committee reviews the submitted questions according to the *National Board of Medical Examiners, Constructing Written Test Questions for the Basic and Clinical Sciences* publication.

The Multiple-Choice Question Sub-Committee and a selection of examiners meet twice a year. The proportion of questions in each subject area is tracked and statistical analysis is performed item by item using the r-biserial correlation coefficient value. Type K questions have been discontinued.

Short-answer questions are submitted to the Short-Answer Sub-Committee by the full final examination panel and the sub-committee will meet twice a year to decide on the wording of the question along with a marking rubric, model answer and references. The question is time-trialled by another examiner. A spread-sheet is used to track subject areas tested over several years and overall correlation is used to assess this section of the examination.

A viva sub-committee is responsible for the anaesthetic viva creation. Key points are sent to a viva creation group which has a principal author and leader assigned to it. Overall correlation and pass rate for each of eight questions is used to assess this section. The range of marks is displayed in a histogram at the court of examiners meeting after each examination day. The College indicates that success in the viva section correlates well with success in the overall examination, and the pass rate is high. The reliability is addressed by testing across a large number of topics and eight encounters.

The medical viva tests the candidate's ability to assess a specified medical condition of a patient. Examiners come from the regions as well as from the national panel. Prior to the examination, patient notes are selected and collated and examiners prepare marking rubrics for those particular patients. The day before the examination, a group meeting is held as a rehearsal for the examination. Correlation and pass rate are used to assess this section and generally, the correlation of success is comparable with the multiple-choice question section of the examination. The pass rate is of the same order as (but slightly less than) the overall examination pass rate. The conduct of the vivas is discussed following the examination and by the court of examiners.

Examiner selection is based on active involvement, publication, qualifications and commitment to training and assessment as well as referee reports. New examiners attend an induction workshop and undergo extensive training before participating in an exam and ongoing training is provided in all aspects of the process. Examiners are reappointed every three years for a maximum of three reappointments.

The College has indicated it is developing plans for a more robust evaluation framework of WBAs. Data will be collected through the training portfolio system. This will in turn enable the College to assess the validity and reliability of workplace-based assessments.

5.3.2 Faculty of Pain Medicine

The Faculty measures reliability and validity of its assessment methods by:

- Examination Committee annual review of:
    - Each assessment item in detail with reference to the curriculum and the document named *FPM exams categorisation.*
    - The reliability of each assessment item by reviewing its performance; the FPM/ANZCA feedback forms; comparing the pass rate of that item with the overall pass rate; queries and complaints concerning assessment processes.
- Review of the reports from invited observers from international bodies and the parent colleges.
- Review of reports from observers within the Faculty. The observer's reports are circulated to the panel of examiners, court of examiners and the Examination Committee.

The results of each examination are reviewed twice a year and discussed at the conclusion of the examination. The chair of examinations collates examiner comments on individual components and these are published in the examination report. In addition, at the annual Examinations Committee meeting, the previous year's examination results are discussed in comparison.

The Faculty undertakes an annual review of its assessment processes. Since 2009, the Faculty has been making improvements to the examination written paper, the structured viva voce and case report. In both the written paper and structured viva voce, ambiguity in the wording of the questions and poor candidate knowledge in the area of the curriculum were two issues identified for review. These findings led to the implementation of new processes by the Faculty. A formal review of the case report led a change in emphasis from a wholly summative process to a mixed formative and summative process and the study preparation document has been revised to describe the objectives and provide a clear outline of the process.

The College Training and Assessments Unit assists the Faculty assessment process and new assessment techniques. The Faculty has not added new items to the examination process. The Faculty has a structured process for adding a new item.

The Faculty provides training for examiners through the new examiners' workshop run by the College; full examination observation; formal court meeting prior to commencement of the examination and primary specialty examiner training.

5.3.3 Team findings

The assessment quality of the anaesthesia final examination is well proven. The assessment of the new workplace-based assessment tools will be heavily dependent on an ongoing evaluation process.

During the Team's site visit, there were concerns raised by trainees about the current primary examination. There was a sense that basic trainees in less supported clinical placements were distracted from their work by the overwhelming workload associated with studying for the primary examination. There were concerns that the assessed content was somewhat esoteric and not related to clinical practice. This was borne out by the fact that the pass mark was maintained at 50 per cent. This implies that the "just passing" candidate would know slightly less than 50 per cent of the material and create a perception of failure despite the outcome. However, there was a sense of optimism amongst the Examination Committee members of the College that the new primary examination would address some of these issues. There was also support for the Initial Assessment of Anaesthetic Competence to ensure that clinically relevant material was covered early in training. Calibration of the first part examination should aim to ensure the examination is of known difficulty and pass mark should be raised to ensure the examination has greater face validity.

The small numbers of pain medicine trainees and limited numbers on any given training site pose challenges for a well-run in-training assessment process. Greater consideration could be given to wider regional training structures that would allow greater depth in assessment and breadth of opinion.

The Team commends the introduction of the Introductory Assessment of Anaesthetic Competence to improve alignment between educational objectives and clinical assessment.

Commendations

P The assessment methods for the revised anaesthesia curriculum are well constructed and the tools well supported by supervisor and assessor teaching.

Q The College's IT support for many aspects of the revised curriculum, in particular the electronic flagging system to monitor trainee compliance with volume of practice, and its plans to review these targets in light of these data.

R The structure and detailed nature of the College's feedback to candidates after the examination.

S The Introductory Assessment of Anaesthetic Competence which will improve alignment between educational objectives and clinical assessment.

Conditions to satisfy accreditation standards

14 Calibrate the anaesthesia primary examination to ensure the examination is of known difficulty and raise the pass mark to ensure the examination has greater face validity. (Standard 5.3)

Recommendations for improvement

HH Improve the provision of timely focused feedback for candidates who fail the anaesthesia primary examination. (Standard 5.2)

5.4 Assessment of specialists trained overseas

The accreditation standard is as follows:

- The processes for assessing specialists trained overseas are in accordance with the principles outlined by the AMC and the Committee of Presidents of Medical Colleges Joint Standing Committee on Overseas Trained Specialists (for Australia) or by the Medical Council of New Zealand (for New Zealand).

5.4.1 Assessment of overseas trained specialists in anaesthesia

The College's Regulation 23 *Recognition as a Specialist in Anaesthesia for IMGS and Admission to Fellowship by Assessment* defines the processes for International Medical Graduate Specialist (IMGS) assessment in Australia and New Zealand. The IMGS Committee oversees the assessment of IMGS and monitors their progress towards specialist recognition and fellowship. The College has introduced several measures to assist IMGS applicants navigate the College's process including providing information in multiple formats and allowing access to all College training sessions.

The College has improved the IMGS assessment process through multiple reviews. Regulation 23 was extensively revised and implemented in February 2011 with a more recent review in October 2012. The College assesses overseas trained anaesthetists via three separate processes. These are the IMGS assessment process; the area of need process; and the specialist in training process.

According to the College's submission, the IMGS assessment process will include:

- Review of documentation to determine whether the applicant is potentially comparable to a FANZCA. Applicants assessed as not comparable will be ineligible to proceed.
- Face-to-face structured interview for applicants assessed as potentially comparable to a FANZCA. The applicant will be interviewed by a panel normally comprising of three College fellows, and a community and/or jurisdictional representative.
- Interview panel will use criteria to determine whether an IMGS is substantially, partially, or not comparable to a FANZCA. The interview panel will also determine what requirements each IMGS must undertake. These requirements may include a period of 12-24 months of up-skilling or supervised practice, and a workplace based assessment (WBA) or an examination.
- Applicants must participate in a program that meets the College's Continuing Professional Development standard and may be required to address other specific deficiencies determined at the structured interview.

In 2009, the College introduced the IMGS workplace-based assessment as the definitive assessment process for substantially comparable IMGS. This process has not been used for applicants found to be partially comparable. The College tracks the progress of IMGS applicants. A small number of IMGS experience difficulty in maintaining progress in the process and this could include poor performance in the clinical setting and/or at the examination. The IMGS committee will undertake a review to identify barriers, provide advice, and identify possible solutions – in some cases this results in a remediation interview.

Number of IMGS applications from 2006-2011:

Year	Australia	New Zealand
2006	59	11
2007	90	9
2008	114	22
2009	114	25
2010	73	23
2011	50	18

Number of IMGS to gain fellowship from 2006-2011 (note: the numbers of IMGS gaining fellowship do not correlate with the numbers of applications detailed above):

Year	Australia	New Zealand
2006	25	3
2007	20	1
2008	32	1
2009	41	2
2010	63	13
2011	55	15

Area of Need

The College follows Regulation 23.17 in relation to area of need. The process begins with a paper assessment to match the applicant's training and experience with the selection criteria. The College notifies the appropriate authorities of the applicant's suitability and whether conditions should be applied. The College recognises the availability of suitable supervision is crucial to the process. Two months into the process, the College will review the appointee via a comprehensive on-site assessment. The results are submitted to the AMC, Area of Need doctor, and hospital administration. If the College determines that standards of care are unsatisfactory or inadequate, the College will withdraw support.

Number of Area of Need applications to ANZCA:

Year	No. Area of Need applications assessed
2007	38
2008	32
2009	35
2010	18
2011	12

Assessment of specialists trained overseas in New Zealand

In 2011, the New Zealand National Committee of the College and the Medical Council of New Zealand (MCNZ) entered into a Memorandum of Understanding which sets out the responsibilities for the assessment and recognition of IMGS in New Zealand.

Advice to the MCNZ on IMGS applications:

Year	Preliminary advice (paper based)	Interview and advice
2009	12	25
2010	8	23
2011	9	18

The College's process in New Zealand involves the following:

- Assessing the IMGS' qualifications, training and experience against the standard, as equivalent to or as satisfactory as, that of an Australasian trained specialist.
- Notifying the MCNZ, if any significant concerns about competence become apparent.
- Identifying the differences between the IMGS' qualifications, training and experience, and College fellowship, and what type of experience, supervised practice, and assessment would address the deficiencies or gaps in training.
- Advising the MCNZ of any requirements the doctor needs to complete to obtain vocational registration, together with comprehensive reasons.
- Ensuring reports meet administrative law obligations and principles by providing well-reasoned advice.

After an initial assessment by the MCNZ, the New Zealand Panel for Vocational Registration considers the applicant's documentation. A detailed report with reasons and recommendations will be returned to MCNZ. All IMGS applying for vocational registration in New Zealand must be interviewed by a panel and this panel includes three College fellows, and one community and/or a jurisdictional representative. A representative from the MCNZ is invited to attend. Following the interview the MCNZ is advised on whether the applicant is: equivalent; nearly equivalent; not equivalent; or unable to make a recommendation. The panel chair advises the MCNZ of its findings and recommendations and the MCNZ decides the requirements for IMGS to obtain vocational registration.

The onus is on the panel to ensure that the documentation is sufficient, relevant, and complete. The MCNZ is responsible for ensuring the accuracy of the documentation and that the qualifications and referees reports are genuine.

5.4.2 Assessment of overseas trained specialists in pain medicine

The Faculty has been governed by the College's regulations with respect to the assessment of IMGS. There is no overseas qualification currently comparable with fellowship of the Faculty. In February 2012, the Faculty received its first application to assess an overseas qualification in pain medicine and this applicant was interviewed by the College and the Faculty. The Faculty recognises the IMGS will require mentoring, support, and in-practice supervision to pass the examination to achieve fellowship of the Faculty. The Faculty has confirmed this will be provided.

5.4.2 Team findings

The assessment of IMGS meets the guidelines described by the AMC and JSCOTS. A slightly different process exists in New Zealand and Australia, but both processes allow IMGS to be appropriately classified and to apply to enter the workforce if suitably qualified.

The College has a stable assessment process and appropriate review mechanisms. Approximately 60 per cent of applicants are found to be partially or substantially comparable and are able to pursue recognition of their qualification via further assessment and workplace supervision.

As part of the AMC assessment process, IMGS assessed by the College from 2008-2012 were surveyed. Twenty-four per cent of IMGS responded and feedback suggested there is general support for the College's process. The College's rigorous and transparent process for assessment of IMGS is a strength.

As no comparable international program exists, the Faculty has only rarely had to assess an overseas qualification. No process exists in New Zealand at this point as pain medicine has not been approved as a vocational specialist category.

Commendations

T The College's rigorous and transparent process for assessment of overseas-trained specialists.

6 The curriculum – monitoring and evaluation

The accreditation standards are as follows:

- The education provider regularly evaluates and reviews its training programs. Its processes address curriculum content, quality of teaching and supervision, assessment and trainee progress.
- Supervisors and trainers contribute to monitoring and to program development. Their feedback is systematically sought, analysed and used as part of the monitoring process.
- Trainees contribute to monitoring and to program development. Their confidential feedback on the quality of supervision, training and clinical experience is systematically sought, analysed and used in the monitoring process. Trainee feedback is specifically sought on proposed changes to the training program to ensure that existing trainees are not unfairly disadvantaged by such changes.
- The education provider maintains records on the outputs of its training program, is developing methods to measure outcomes of training and is collecting qualitative information on outcomes.
- Supervisors, trainees, health care administrators, other health care professionals and consumers contribute to evaluation processes.

6.1 Ongoing monitoring

6.1.1 Australian and New Zealand College of Anaesthetists

The College's major evaluation and review activity has been the comprehensive evaluation of the curriculum. The College gathers feedback on the training program through a number of methods including the training site accreditation, workshops, feedback surveys, and committee processes.

Over recent years, the College has surveyed trainees and fellows to obtain feedback on a number of issues. In 2009, the College initiated the Curriculum Review Survey focusing on major issues affecting the training program. The survey was sent to 4617 fellows and 1545 trainees in all training regions. A total of 1545 fellows responded and 682 trainees responded and the results were published on the College website, highlighted in relevant publications and presentations made. In 2010, the College conducted a comprehensive fellowship survey to solicit views on a broad range of issues and activities. The survey was sent to all active fellows and had a 50 per cent response rate. The College plans to undertake the next fellowship survey in 2014 and from 2013 will undertake an annual graduate outcome survey targeting new fellows within two years of finishing their training.

The College indicated its intention to undertake continuous assessment and revision of the curriculum. It will also review the governance and organisational structures that support the training program to ensure continuous improvement can take place.

6.1.2 Team findings

The College's current training program has undergone intense scrutiny over the last few years as the College reviewed its curriculum and assessment methods in preparation for the launch of the revised curriculum in 2013. A large number of fellows and trainees participated in the development of the revised program.

The College's recent monitoring initiatives are of a very high standard and include trainees and fellows. The current level of awareness among fellows and staff about the College's training program is exemplary.

The College clearly recognises the communication and management challenges inherent in the launch of the revised curriculum. The College's communication strategy provides stakeholders with clear information on the structure and content of the revised training program. The change management strategy has been successful in engaging stakeholders in the process.

The Team notes the College's plans to develop a robust evaluation process. This evaluation process will include a review of the College's governance structure, data collection processes, systems for evaluation and revision. The Team requests that the College provide an overview of findings to the AMC in its next progress report.

The College recognises that the implementation of the new workplace-based assessments will result in more work for supervisors of training and assessors. The Team commends the College for dedicating considerable training support and resources to engage fellows in undertaking these assessments. The College detailed in its submission that evaluation of the workplace based assessment tools will be an ongoing process that will include feedback from stakeholders including trainees, assessors, supervisors, directors, education officers and patients.

The Team also notes specific monitoring of the workload associated with the new workplace based assessments will be required in order to identify and address any implementation issues for trainees and supervisors. While the new web-based feedback system will identify and permit the resolution of individual problems with submitting training data in the revised curriculum, that system is unlikely to pick up broader implementation issues.

The Team recommends the College implement a mechanism for trainees and supervisors of training to report on progress in implementation of the workplace based assessments. This process should involve direct contact between fellows involved in the development and introduction of the curriculum and the trainees and supervisors of training at each training site.

As part of the AMC accreditation process, supervisors of training and trainees were surveyed on their views of the College training program. Separate surveys were conducted in Australia and New Zealand. Nineteen per cent of trainees and 22 per cent of supervisors of training in Australia and New Zealand responded to the survey. The survey found that only 14 per cent of supervisors of training in Australia agreed with the statement 'I receive helpful feedback on my performance as a supervisor.' Only 13 per cent of supervisors of training in New Zealand agreed with the statement.

The AMC survey of trainees in Australia indicated 38 per cent agreed with the statement 'the College seeks trainees' feedback on the quality of their supervision.' In New Zealand, only 33 per cent of trainees agreed with the statement.

The Team interviewed a number of supervisors of training who suggested structured feedback on their performance as a supervisor of training would be a positive initiative. The Team recommends that the College implement a process for providing feedback to

supervisors of training. This feedback will assist supervisors of training with their professional development and also recognise areas of excellence.

6.1.3 Faculty of Pain Medicine

The Faculty has also commenced a comprehensive revision of its curriculum, training and assessment programs. To date, the Faculty has been collating *ad hoc* comments and feedback from trainees, recent graduates, supervisors, and fellows. The Faculty has two trainees on its Curriculum Redesign Sub-Committee. The Faculty has indicated it will also establish a formal process for the continuous assessment and revision of the curriculum. The Faculty plans to collect data from trainees, supervisors of training, examiners, directors of pain medicine units, and community representatives on a systematic basis. Activities will include confidential face-to-face or phone interviews, surveys, and focus groups.

The Faculty systematically seeks feedback from pain medicine supervisors of training and trainers through the training site accreditation process. Trainees provide feedback via the accreditation process and by *ad hoc* exit questionnaires following completion of their training. The exit questionnaires are used to encourage honest feedback whilst ensuring confidentiality and anonymity. Currently, completion of the survey is not mandatory. The Faculty anticipates accumulated data over a number of years will further protect anonymity and provide a better overall view of the strengths and weaknesses of individual units.

6.1.4 Team findings

The Faculty does not have a formal process for ongoing monitoring other than through the accreditation process. The Faculty maintains good contact with trainees through bi-annual meetings and because of the small size of the program, the College maintains a good level of awareness of training issues.

The Faculty is undergoing a major curriculum review and plans to develop a monitoring process as part of this. The Team commends the Faculty's plan to further develop the exit evaluation process to facilitate improvements to the training program and training sites.

6.2 Outcome evaluation

6.2.1 Australian and New Zealand College of Anaesthetists

The College Records Management Unit maintains records on the outputs of the training program. This includes the number of graduates, their demographics, and their progress through the training program and is published in the College's annual report.

The College details in its accreditation submission that it does not evaluate the performance of its graduates. During the curriculum review project, the College heard feedback from supervisors, trainees, administrators, other healthcare professionals, and consumers about the training program, graduate outcomes and the quality of new graduates.

The College indicates consumer feedback on the training program is obtained via the community representatives on College committees and international medical graduate specialist assessment panels. However, the College acknowledges that it does not systematically engage with the community in relation to graduate outcomes. The College intends to gather opinion by surveying consumers and new graduates in 2013.

6.2.2 Team findings

The College maintains records of the number of trainees completing its program but does not actively survey graduates for outcome evaluation.

The Team acknowledges the outputs of any training program are difficult to measure. The College may consider implementing formal strategies for assessing the extent to which the training program prepares newly graduated fellows for practice.

The College intends to establish an end of training survey, and the Team commends this initiative. At a minimum, the College should implement a monitoring program to collect demographic data on new fellows and the nature of their current practice. The Team encountered varying degrees of engagement between the College and the health jurisdictions in terms of evaluation workforce requirements.

The Team commends the College on its plans to gather opinion from consumers on the outcomes of the training program including the quality of new graduates. Anaesthetists work closely with a range of health care professionals and administrators. During site visits, the Team met allied healthcare professionals who supported the creation of a mechanism that would enable them to provide feedback on the performance of trainees and fellows. The Team encourages the College to develop specific plans for engaging these stakeholders in program evaluation.

6.2.3 Faculty of Pain Medicine

The Faculty keeps records of outputs of its training program. Input was sought from trainees, supervisors, administrators, other healthcare professionals and consumers to inform the strategic planning process and the curriculum revision project. In its submission, the Faculty indicated it sought consumer feedback from Painaustralia. Painaustralia is a national not-for-profit body established to improve the treatment and management of pain in Australia and includes representation from consumer groups.

The Faculty intends to periodically conduct a more rigorous evaluation of graduate outcomes, to determine if new fellows meet the needs and expectations of the community. Information will be gathered from key stakeholders including supervisors of training, trainees, health care administrators, other healthcare professionals in the interdisciplinary teams, and patients. Methods used to gather the necessary qualitative information are likely to include focus groups, interviews, and surveys.

6.2.4 Team findings

The Faculty has limited evaluation of outcomes. It records the number of graduates from the program. The small size of the program means that Faculty leaders are well informed about the subsequent work practices of most fellows.

The Team commends the Faculty's plans to undertake a more rigorous evaluation of outcomes. Pain medicine trainees work in multidisciplinary groups with a strong team approach. The Faculty should implement processes for the systematic engagement of healthcare administrators, other health care professionals, and consumers in the evaluation process.

Commendations

U The College's recent comprehensive review of its curriculum has led to a high level of awareness by stakeholders of the training program.

Conditions to satisfy accreditation standards

15 Develop an evaluation plan and use it to monitor the implementation of the revised anaesthesia curriculum. (Standard 6.1)

16 Develop and implement a process to collect qualitative information from newly graduated ANZCA fellows and demographic data from practicing fellows. (Standard 6.2.1)

17 Implement processes to engage health care administrators in the evaluation of the anaesthesia training program and in workforce planning. (Standard 6.2.2)

Faculty of Pain Medicine conditions:

18 Develop a monitoring process that will be implemented as part of the pain medicine curriculum review. (Standard 6.1)

19 Develop and implement a process to collect qualitative information from newly qualified FPM fellows. (Standard 6.2.1)

20 Engage with health care administrators, other health care professionals, and consumers in the evaluation of the pain medicine training program. (Standard 6.2.2)

Recommendations for improvement

II Develop methods for providing trainee feedback to supervisors of training. (Standard 6.1.3)

Faculty of Pain Medicine recommendations for improvement:

JJ Report on the outcome of the exit questionnaire process to inform improvements in the training program and individual training sites. (Standard 6.1)

7 Implementing the curriculum - trainees

The accreditation standards relating to selection into the training program are as follows:

- A clear statement of principles underpins the selection process, including the principle of merit-based selection.
- The processes for selection into the training program:
  - are based on the published criteria and the principles of the education provider concerned;
  - are evaluated with respect to validity, reliability and feasibility;
  - are transparent, rigorous and fair;
  - are capable of standing up to external scrutiny;
  - include a formal process for review of decisions in relation to selection, and information on this process is outlined to candidates prior to the selection process.
- The education provider documents and publishes its selection criteria. Its recommended weighting for various elements of the selection process, including previous experience in the discipline, is described. The marking system for the elements of the process is also described.
- The education provider publishes its requirements for mandatory experience, such as periods of rural training, and/or rotation through a range of training sites. The criteria and process for seeking exemption from such requirements are made clear.
- The education provider monitors the consistent application of selection policies across training sites and/or regions.

The accreditation standards relating to trainee involvement in governance of their training are as follows:

- The education provider has formal processes and structures that facilitate and support the involvement of trainees in the governance of their training.

The accreditation standards relating to communication with trainees are as follows:

- The education provider has mechanisms to inform trainees about the activities of its decision-making committees, in addition to communication by the trainee organisation or trainee representatives.
- The education provider provides clear and easily accessible information about the training program, costs and requirements, and any proposed changes.
- The education provider provides timely and correct information to trainees about their training status to facilitate their progress through training requirements.

The accreditation standards concerning dispute resolution are as follows:

- The education provider has processes to address confidentially problems with training supervision and requirements.
- The education provider has clear impartial pathways for timely resolution of training-related disputes between trainees and supervisors or trainees and the organisation.

- The education provider has reconsideration, review and appeals processes that allow trainees to seek impartial review of training-related decisions, and makes its appeals policies publicly available.
- The education provider has a process for evaluating de-identified appeals and complaints to determine if there is a systems problem.

7.1 College selection processes

The College's accreditation submission provided the following details on numbers of trainees in the training program in 2009, 2010 and 2011.

Year of Training	Aust.	NZ	Singapore	Hong Kong	Malaysia	Other	Total
2009	1051	238	38	86	31	24	**1468**
2010	1182	234	49	86	34	23	**1608**
2011	1236	246	41	82	31	10	**1646**

The College does not administer selection or appoint trainees in anaesthesia in accredited training hospitals; involvement is limited to the provision of guidelines for selection by hospitals and an ANZCA representative on selection panels to monitor compliance with ANZCA guidelines. The College also monitors the application of the selection process through the accreditation process. The selection panel must include a College fellow, usually the supervisor of training, who ensures the College's selection process is followed.

The principles guiding the selection of registrars by accredited training hospitals, including the principle of merit-based selection, are documented in the training handbook and are available online. The *Guidelines on selection for vocational training positions in anaesthesia* (section 3 of the handbook) contains examples of selection criteria based on the ANZCA roles and include assessment, scoring, and ranking.

The College acknowledges differences will exist in the selection processes for trainees in the regions of Australia and in New Zealand. In some hospitals, networks or rotational training schemes interview separately and in other hospitals, interviews are conducted centrally with input from all participating hospitals and rotations. Reconsideration, review and appeals processes are accessed through the employing authorities.

The requirements for mandatory experience are detailed in the curriculum document and are based on a rotational system through a range of training sites. The criteria and process for seeking exemption from such requirements are made clear. The College does not mandate periods of rural training.

7.1.1 Team findings

The College has a clear set of documented principles for the selection of registrars by accredited training hospitals. This view is shared by both supervisors of training and trainees. There is variation in selection from region to region, with some regions using regional training programs as the allocator of positions. The College maintains that it "does not select medical practitioners for employment" and the Team notes that sites not individual posts are accredited.

While the College does not select medical practitioners for employment, it does provide guidelines to ensure workplaces that have been accredited follow a process that is based on published criteria and principles. These principles are that the selection process is subject to ongoing evaluation, are transparent, rigorous and fair, and include a formal process for review of decisions. This information is made available to trainees prior to the selection process. As detailed in the College's training handbook, the employing authority must have in place transparent and accessible appeals processes and the selection committee must be aware of the circumstances in which decisions might be appealed.

The College's process for selection are clearly documented in the *ANZCA Handbook for Training and Accreditation*, however the weighting for various elements of the selection process is not clearly delineated by the College. The College has decided not to define the weightings and leaves this responsibility to the employing authority. The College indicates the appointment process followed by the selection committee should prospectively determine how to take account of information obtained from the application, interview and referee reports. The weightings of these components should be established prospectively. The Team recommends that the College take a leadership role in the development of recommended weightings for the various components of the selection process and publish this information in a publicly accessible place to assist employing authorities. As part of the accreditation process, the College should also ensure that institutions accredited by the College publish, in a publicly accessible place, the weightings of the selection process components.

The requirements for mandatory training are clearly documented. The criteria and process for seeking exemption from mandatory experience was not fully understood by some trainees interviewed by the Team, however the introduction of the new training handbook is likely to alleviate this problem. During interviews with trainees and fellows a number of situations were highlighted where the recognition of prior learning or allowance to deviate from mandatory training was a difficult process, again the introduction of the handbook is likely to assist in managing this issue.

The College monitors the consistent application of selection policies across training sites and/or regions via its accreditation process and its network of education officers. It should be noted that routine re-inspections only take place on a seven yearly cycle and therefore there are periods of time where the monitoring of the application of selection processes is not occurring.

7.2 Trainee participation in the governance of anaesthesia training

The College has established an ANZCA Trainee Committee consisting of the chairs of regional trainee committees and the national trainee committee in New Zealand, Hong Kong, Malaysia, and Singapore. The College provides administrative support to the ANZCA Trainee Committee through the Training and Assessments Unit and to the regional and national trainee committees through the regional and national offices.

The chair or co-chairs of the ANZCA Trainee Committee is a co-opted observer on ANZCA Council. The chairs of regional and national trainee committees have ordinary voting rights (not for office bearers) at the ANZCA regional and national committees in their region. Trainees are also included as voting members on all College education and training committees. The trainee organisations formed by sister societies (the Australian Society of Anaesthetists and New Zealand Society of Anaesthetists) collaborate closely with the

College's trainee committees. Trainee representation in other parts of the College's processes is detailed in *Regulation 16 Trainee committees of the college.*

Training matters are disseminated via the regional and national trainee committees in Australia and New Zealand. They meet regularly and will provide feedback to the College Trainee Committee. The Education and Training Committee Chair and General Manager of Training and Assessment are members of the ANZCA Trainee Committee and regularly participate in teleconferences of the committee. Each ANZCA regional or national committee chair is a member of the relevant regional or national trainee committee providing mentorship and guidance to them.

Trainees have been involved in various reviews including College standards, professional documents, new training handbook, and trainee logbook. In 2011, the General Manager of Training and Assessment initiated visits to meet College trainees to help improve communication and address any local issues.

7.2.1 Team findings

The College provides excellent formal processes and structure to support the involvement of trainees in the governance of their training and education. The Team notes the participation of trainees in the process of developing the revised curriculum. Trainee representatives do not have voting rights on the Council, however the College provided well thought out and clear reasoning for this decision to the Team. Generally there is more than one trainee represented on the key committees. Given the issues surrounding independent trainees highlighted elsewhere in this report, it is important that their representation on College committees is ensured.

While trainees are actively involved in the College's governance, the Team identified a number of trainee representatives experiencing difficulty balancing their study, work, and College activities.

7.3 Communication with anaesthesia trainees

The College has several processes for communicating with its trainees such as through trainee representatives on key committees and through education officers in the regions. The College emails trainees directly with important information. College publications include the monthly ANZCA E-Newsletter, six-weekly Training E-Newsletter, quarterly magazine, ANZCA Bulletin, and some regions have local trainee e-newsletters. Key publications are published on the College's website.

The College website has a 'Trainees' section which contains detailed information about the training program, costs and requirements. Information on the curriculum changes is under a quick link titled 'curriculum revision 2013'. A frequently asked questions section concerning the revised curriculum has also been added.

The College's newly developed training portfolio system will be the central location for all training program information. The web-based system will allow trainees, supervisors of training, education officers, and administrators to monitor trainee progress and email alerts will assist trainees in ensuring timely progression through training.

7.3.1 Team findings

The College employs multiple modalities of communication with its trainees. The College recognises there are a number of communication challenges including geographical spread of trainees, lack of discretionary time to read emails and newsletters, and limited availability to address training issues on site. The College has been thoughtful in its approach in addressing these challenges. The College uses web-based mechanisms well including e-newsletters, podcasts, webinars, and other e-learning tools.

The training program, its costs and requirements are clearly communicated on the College website. The Annual Training Fee is also publicly available on the College website. The new *ANZCA Handbook for Training and Accreditation* will represent a significant advance in the comprehensiveness and ease of access of information on the training program. The Team commends this initiative.

Trainees and their supervisors have access to information about their progress through the training program. The new training portfolio system will greatly enhance the ability of trainees and their supervisors to access and use this information. The introduction of the training portfolio system is to be applauded as it will allow trainees to access timely and accurate information regarding their training.

7.4 Resolution of training problems and disputes in anaesthesia

Currently the College deals with issues or problems of supervision and training requirements primarily through its accreditation processes. For trainees, pathways are in place for communication via the regional and national trainee committees to the ANZCA Trainee Committee, which has representation on the Training Accreditation Committee. For the revised curriculum, the College is developing a defined process to be followed if a trainee is concerned about their interactions with their supervisor, which will include whether the issue is for the employer or the College.

The College's Code of Professional Conduct contains information for trainees and fellows about bullying, discrimination, and harassment in the workplace. The College policy on bullying, discrimination, and harassment for fellows and trainees acting on behalf of the College or undertaking College functions, is available on the College website.

The College has clearly defined reconsideration, review, and appeals processes that allow trainees to seek impartial review of training-related decisions and this is highlighted in the new training agreement. The review is undertaken by a review committee comprising of nominees from the relevant College committee and will be members who have not been part of the committee making or reconsidering the decision. Trainees have accessed these processes in the past.

The College does not have formal policies to assess de-identified appeals. Only a handful of appeals of the College's decisions have been made. The College does not have a systematic process for evaluating complaints.

7.4.1 Team findings

The College has a clear system in place for dealing with training problems and supervision in a safe and confidential manner. The introduction of the new training handbook provides trainees and supervising fellows with an unambiguous procedure to follow, should issues

arise between trainees and supervisors. Although no trainees interviewed by the Team had been involved with a dispute, they all felt the system in place was fair and they would have confidence in being given a fair hearing. Supervisors who had been involved in disputes praised the support and guidance the College provided. The handbook also clearly outlines a review, reconsideration and appeals process.

At present there is no mechanism for regular systematic feedback to be provided by trainees regarding the supervision they have received. Following discussions with fellows instigating the curriculum review, the Team acknowledges the College will be introducing a mechanism for feedback. This is discussed in further detail in Section 6.

Commendations

V The extensive involvement of trainees in the development of the revised curriculum and the active encouragement of trainees in all aspects of College governance.

W The introduction of the Training Portfolio System (TPS) as a valuable tool to enable trainees to easily track their progress through the training program.

Conditions to satisfy accreditation standards

21 Develop recommended weightings for the various components of the selection process and publish this information in a publicly accessible place to assist employing authorities. (Standard 7.1.3)

22 Establish an on-going system to monitor the consistent application of the College's published selection criteria across all training sites. (Standard 7.1.5)

Recommendations for improvement

KK Continue to work with training sites and jurisdictions to ensure that the College's role in appointing trainees is clear and selection processes follow the documented guidelines. (Standard 7.1.5)

7.5 Faculty of Pain Medicine selection processes

The Faculty has a relatively small number of trainees entering the system with the resultant lack of competition for places. The Faculty follows the College's admission policies; therefore, the issues regarding the monitoring of admission principles would become relevant as the Faculty grows.

In principle, the selection of trainees is in accord with the College process. As the number of trainees is small, the selection process reduces to individual negotiation regarding the mutual suitability of the trainee and the training position. To date, this process has not been competitive. The employing authority is responsible for trainee employment.

The requirements for mandatory training experience are described in the Faculty regulations and trainee support kit. The Faculty does not systematically monitor the selection of trainees. The Team recommends the Faculty monitor the consistent application of the published selection criteria across all training sites.

7.6 Trainee participation in the governance of pain medicine training

In 2009, the AMC noted that the Faculty had no formal trainees' association. The AMC suggested the Faculty consider formal links to the trainees' committees of the five participating bodies that contribute to the Faculty. The Faculty has not yet established formal processes and structures that facilitate and support the involvement of trainees in the governance of their training. The Faculty acknowledges this as a weakness in the overall governance structure and it was discussed with the Team that this will be addressed following the curriculum review. The Team acknowledges the relative difficulty of forming a trainee committee due to the short duration of training but recommends the Faculty establish a mechanism to allow trainees to be included in governance of their training. This is also discussed in Section 1.2.

The Faculty has new fellow representation on regional committees and the Examination and Education committees and a new fellow is invited to observe the annual fellowship examination. Since 2008, an annual trainee lunch has been held during the annual scientific meeting. Attended by Faculty office bearers and staff; this has been an opportunity for trainees to provide feedback on the training program. Trainees were consulted as part of the Faculty's strategic planning process and have been providing input into the curriculum revision project.

7.7 Communication with pain medicine trainees

The Faculty holds regular face to face meetings with trainees. The Faculty understands the challenges in communicating with trainees and employs multiple tools to communicate. Trainees are informed via the bi-monthly FPM e-newsletter *Synapse* and FPM Trainee E-Newsletter, monthly ANZCA E-Newsletter and quarterly ANZCA *Bulletin*. Regional newsletters are circulated in Queensland and in New South Wales. All key publications are published on the Faculty and College websites and important issues arising between scheduled publications are circulated by email.

Clear information is provided regarding costs and requirements of the current training requirement on the Trainee's section of the Faculty website. In 2011, this information was reviewed, updated and reorganised as part of the website redesign. The Faculty also provides trainees with a comprehensive trainee support kit. It describes the structure of training, assessment process, resources, costs, and information to assist trainees.

Trainees and their supervisors have access to information about their progress through the training program. Since 2008, trainees have had access to their trainee profile online. It includes contact information, approved training, approval of prior experience/training, completed assessments, and fees paid.

As the new curriculum is developed, the Faculty should emulate the College's commendable achievements with regards to trainee interaction and communication. The Team encourages the Faculty to utilise these systems.

7.8 Resolution of training problems and disputes in pain medicine

The Faculty follows the College's processes and policies with regards to resolution of training problems and disputes. The Faculty also follows the College policies for bullying, discrimination and harassment and assisting trainees in difficulty. In 2008, the Faculty introduced the trainee performance review process which is aligned to the College process.

This information is provided to the trainee on commencement and to the supervisors of training.

The Faculty has had no cases which have progressed to appeal in the last three years. In 2009, there was one request for formal feedback on the examination, and in 2011, two requests for examination feedback. In its accreditation submission, the Faculty confirms formal interviews are offered to candidates who fail the fellowship examination. The examinations committee chair and an examination panel member make up the interview panel and candidates are given the option to take a support person.

During the Team's visit, no trainees or supervisors identified as being involved in an appeal process or disagreement between supervisor and trainee. Given that the Faculty follows the College's process, it is important that the Faculty also comply with the Team findings provided to the College.

Conditions to satisfy accreditation standards

23 Establish an on-going system to monitor the consistent application of the Faculty's published selection criteria across all training sites. (Standard 7.1.3)

24 Establish a formal structure to include pain medicine trainees or newly qualified fellows in the governance structure and educational committees of the Faculty. (Standard 7.2)

Recommendations for improvement

LL The Faculty is encouraged to strengthen the processes of communication with trainees, particularly in regard to curriculum review. (Standard 7.3)

8 Implementing the training program – delivery of educational resources

The accreditation standards are as follows:

- The education provider has defined the responsibilities of hospital and community practitioners who contribute to the delivery of the training program, and the responsibilities of the College to these practitioners.
- The education provider has processes for selecting supervisors who have demonstrated appropriate capability for this role. It facilitates the training of supervisors and trainers.
- The education provider routinely evaluates supervisor and trainer effectiveness, including feedback from trainees, and offers guidance in their professional development in these roles
- The education provider has processes for selecting assessors in written, oral, and performance-based assessments who have demonstrated relevant capabilities.
- The education provider has processes to evaluate the effectiveness of its assessors/examiners including feedback from trainees, and to assist them in their professional development in this role.

8.1 Supervisors, assessors, trainers and mentors

8.1.1 Australian and New Zealand College of Anaesthetists

The key positions responsible for training, assessment, and mentoring of trainees have recently been redefined to reflect the revised curriculum. These positions are detailed below.

The ***Education Officer*** is a fellow of the College and has a key role as the central co-ordinator of training and education in the region. The Education Officer reports to and is a member of the regional or national committee in their region and liaises with trainees, Supervisors of Training (SOT), heads of departments, and the College. They oversee staffing and supervision, provide advice on accreditation, and liaise with rotational supervisors on issues of rotations in their region.

The ***Rotational Supervisor*** manages the accredited rotation of trainees between the various hospitals. As part of this process, the rotational supervisor will consider the specific clinical fundamentals and specialised study units that the trainee will need to complete. They are responsible for liaising with heads of departments, education officers, and SOTs.

The ***Supervisor of Training*** (SOT) is the College's representative in anaesthesia training in its approved training sites. They liaise with trainees, hospital administration, heads of department, education officers, rotational supervisors, and the College on matters related to training. They oversee clinical performance, workplace-based assessments, clinical placement reviews, and trainees' progression through the training program. SOTs are also responsible for independent trainees who are not attached to an accredited rotation.

The ***Introductory Training Tutor (ITT)*** oversees introductory training in the department and coordinates the initial assessment of anaesthetic competence.

The ***Clinical Fundamental Tutor (CFT)*** is an expert on one or more of the seven clinical fundamentals (defined as the fundamental specialty knowledge and skills of anaesthetists applicable across all areas of practice). They work with the SOT, tutors and other supervisors and will also take an active role in performing WBAs in their area of expertise.

In the new curriculum, the former role of module supervisors will transition to the role of ***Specialised Study Unit Supervisor (SSUS)***, and will oversee training in one of the 12 specialised study units. They will guide trainees in gaining appropriate clinical experience, oversee WBAs, and sign off the completion of the specialised study unit.

The ***Provisional Fellowship Supervisor*** is responsible for trainees in their provisional fellowship year within their department. There may be more than one provisional fellowship supervisor to cover the sub-specialty areas. In smaller departments, the SOT may also take on this role.

The ***Workplace-based assessment (WBA) assessor*** is responsible for observing the trainee in practice, completing the WBAs and providing feedback. Multi-source feedback from patients, nurses, other specialists will inform this process.

The ***Scholar Role Supervisor (SRS)*** sits on the College Scholar Role Panel. They report to the Assessments Committee and assess the activities of the scholar role. (This is further detailed in standard 3 of this report.)

The ***Departmental Scholar Role Tutor*** oversees the scholar role activities as outlined in the curriculum. They provide advice and support to trainees undertaking scholar activities and liaise with the Scholar Role Panel on the trainee's behalf.

There is no set formula for the trainer to trainee ratio and this is subject to hospital employment conditions. However, minimum supervision levels are prescribed in College regulations (Regulation 15, 37) and the College's *Policy on Supervision of Clinical Experience for Vocational Trainees in Anaesthesia*. Hospital accreditation is based on the number of full-time equivalent specialist staff required in a department to supervise the trainees (currently a minimum of two full-time equivalent and must have one fellow of ANZCA). The College seeks a "sufficient" number of specialist full-time equivalents to supervise according to our guidelines. The College has not sought ratios for several reasons, including the differences due to varying levels of training, the requirements of sub-specialties, and a desire not be seen to dictate the number of trainees.

The *ANZCA Handbook for Training and Accreditation* describes the four levels of supervision:

- Level 1 - Supervisor rostered to supervise one trainee.
- Level 2 - Supervisor rostered to supervise two trainees in close proximity.
- Level 3 - Supervisor is available in the institution but is not exclusively available.
- Level 4 - Supervisor is not in the institution but is on call.

Trainees in introductory training should be supervised at all times to a Level 1/2 supervision level. After completion of the initial assessment of anaesthetic competence, trainees can be supervised at Level 3/4 for appropriate situations.

In terms of support during the training program, trainees are encouraged to select a mentor within the College. The SOT or head of department will offer assistance if the trainee is having difficulty in identifying a suitable person. The Welfare of Anaesthetists Special Interest Group developed a mentorship guide available on the College's website.

Selection, training and evaluation of supervisors
The College has a defined process for selecting and appointing SOTs, which is clearly described in the new training handbook. The SOT is appointed via nomination by the head of the anaesthesia department, endorsed by the regional or national committee, approved by the Education and Training Committee, and then notified to the College. In 2013, the education officer in each region will formally approve this appointment. Supervisors of training are required to hold the Diploma of FANZCA or a comparable qualification acceptable to Council. Previously there was no time limit on a SOT term but, in 2013, this will change to a three-year term, with reappointment possible for a maximum period of 12 years. The College evaluates supervisor and trainer effectiveness by seeking formal feedback during the training-site accreditation process.

Selection, training and evaluation of examiners
The primary and final examiners are appointed as per the College's Regulation 37. On recommendation by the Examination Committee and regional or national committee, the Council will appoint examiners for three years and for a maximum of 12 years. The process of training and evaluation of examiners is described in Section 5.3.

8.1.2 Faculty of Pain Medicine

The Guidelines for units offering training in multidisciplinary pain medicine describe the supervisory roles required for training.

The ***Supervisor of Training (SOT)*** is the Faculty's education and training representative in accredited training units. They liaise between trainees, unit administration and the Faculty on significant training issues. In 2010, the Faculty specified that SOTs must be fellows of the Faculty. The SOT is nominated by the director of the training unit, approved by the Training Unit and Accreditation Committee, and appointed by the Board. The Faculty's *PM5 Policy for supervisors of training in pain medicine* describes the roles and responsibilities and an SOT job description is available.

SOTs attend a Faculty SOT workshop within 12 months of appointment and have access to the College's Teacher Courses. The newly appointed SOT will be provided with a supervisor kit and an experienced SOT will be selected to provide mentorship. SOTs meet annually as a group to discuss clinical assessment tools for WBAs and are linked through teleconferences and the bi-monthly e-newsletter.

The Faculty's mentoring program is supported and encouraged. The Faculty's Education Committee developed a policy document on the *FPMANZCA Mentoring Program.* This followed feedback from a survey of new fellows who completed training between 2007 and 2011. Of the respondents, 80 per cent stated they would have benefitted from a mentoring process either formally or informally.

Selection and training of examiners and assessors
Fellows must have five years' experience in specialist pain medicine practice with appropriate interests and skills in order to be considered for an examiner role. Following a

recommendation from the Examination Committee, the Faculty Board will appoint the examiner for a three year term and a maximum of 12 years. Examiners applying for re-appointment will complete a self-evaluation survey and this will be considered by the Examination Committee.

Evaluation of supervisors and examiners
The Faculty evaluates the performance of SOTs through a number of methods including the mentoring processes, the quality of ITAs submitted, the results of the trainee exit questionnaire, and other forms of trainee feedback. Supervisor effectiveness is also evaluated via accreditation process which includes interviews with trainees at the training site.

For the evaluation of examiners, an observer is responsible for examining the performance of examiners and this feedback is provided to the Examination Committee for consideration.

8.1.3 Team findings

The College has clearly defined the key positions responsible for training, assessment and mentoring of trainees. The College has well documented position descriptions for SOTs and appoints to this position based on clear criteria. The Team notes that, from 2013, the SOTs terms of office will be three years, although reappointment is possible for a total of 12 years.

SOTs interviewed during the accreditation visit appear enthusiastic about the revised curriculum and the Team commends the College on the active engagement of SOTs in the process of developing the curriculum. Most SOTs reported that they participated in multiple education sessions regarding the new assessment and supervision requirements delivered through a range of methods (face-to-face sessions and workshops).

There has not been any formal assessment of the numbers of hours required per trainee for a SOT as this is variable and difficult to quantify. However, it is suggested by the College that there should be one clinical support person per five trainees, meaning that larger training institutions will have multiple SOTs appointed, as currently seems to be the case.

With the implementation of the revised curriculum and assessment methods in 2013, increased demands will be placed on SOTs. To assist SOTs, particularly with the workplace-based assessments (WBAs), the College is delivering 'train the trainer' courses, foundation teacher courses, and other workshops. The College has selected a group of workplace-based assessment champions to support the delivery of WBA training in the regions. As previously identified by the Team, there is some concern about the increased workload for SOTs with the introduction of the revised curriculum, so this will need to be monitored with close liaison between the College and SOTs, particularly during the first year of implementation.

The College has developed a series of online educational resources including the College's Online Foundation Teacher Course, which is designed to support SOTs and other supervisors involved in the clinical teaching of trainees. The aim of this free online course is to equip participants with the knowledge, skills, and professional behaviours fundamental to teaching trainees effectively. The course is open to all fellows in Australia and New Zealand. It covers eight modules over eight weeks (focusing on the application of core teaching skills to the clinical environment). The College advises that each module should be completed in a two week time frame and require approximately two to four hours of work. This resource is not mandated and currently only has about 50 per cent uptake from the pilot. The College is exploring ways to make this online resource available across broader environments, such as

via smartphones. It may also be combined with a shortened face-to-face teacher's course to be held prior to the College's Annual Scientific Meeting.

Feedback on supervisor performance is gained indirectly during the site accreditation process. The College is currently exploring options for obtaining more direct feedback from trainees about their supervisors. It is easier to gather anonymous trainee feedback in larger organisations with multiple supervisors. The College recognises that ensuring anonymity for trainees in smaller hospitals will be more difficult.

The College has been proactive in communicating the introduction of new assessment approaches, including WBAs, in tandem with the revised curriculum. While there were some minor concerns raised during site visits in relation to the potential workload generated by the WBAs, the College is confident that these will not prove to be substantial issues. During the transitional period in 2013, as the College introduces the revised curriculum, not all trainees will undertake WBAs. The number of WBAs planned for 2013 will represent approximately 40 per cent of those that will be conducted when the curriculum is fully implemented. This will provide a period to adjust to the new assessment requirements.

The Team recommends that the College take a proactive approach to follow up with supervisors of training and regional education officers regarding progress with the introduction of the revised curriculum over the next 12 months, in particular around the WBAs. Feedback should be actively sought on a regular basis rather than using a passive approach in which the onus is on the stakeholders to report problems.

The Team notes that the in-training assessment process could be problematic for some smaller health services that may have proportionately more basic trainees. This will fall more heavily on regional hospitals where there tend to be fewer resources for supervision, or less capacity to spread the workload. Those in introductory training are required to have 100 per cent compliance with the revised curriculum. There will be a particular focus on monitoring this group during implementation. There may be a cultural challenge for both supervisors and trainees to move to a formative rather than summative assessment process, and this will require ongoing support, education, and regular follow up.

Both the College and Faculty have a clear process for the appointment of examiners. They also have a written process for assessment of and feedback on examiners at the time of their reappointment although not all stakeholders during the Team's visit were familiar with this. There does not appear to be a system of detailed annual feedback regarding examiner performance. The Team recommends the College and Faculty enhance methods for regular systematic feedback on the performance of examiners.

There is no formal requirement for trainees to choose a mentor. It is a suggested function rather than mandatory, however the College supports the process. Mentors should be chosen by the trainee, and should be someone not involved in assessment processes. The Faculty is developing its thinking on the role and purpose of mentors. Mentorship requirements are likely to extend beyond training, especially for new fellows, particularly as some practitioners are working in relative isolation.

During the Team's meetings, some SOTs raised concerns that supervisors who were seen to be tougher markers would not be selected by the trainees to supervise the WBAs. This may be a risk in that the increased workload would not be divided equally among supervisors.

Other concerns raised by SOTs were that supervisors would be hesitant to provide any negative feedback to trainees during the WBA, and achieving standardisation of the WBAs.

The Team met SOTs in pain medicine who expressed a high level of enthusiasm for and commitment to their role in the Faculty. Trainees reported the majority of supervisors to be very experienced and no specific issues were raised.

Commendations

X The College's engagement with supervisors of training in developing and introducing the revised curriculum and the assessment requirements.

Y The College's staged approach to introducing the workplace-based assessments (WBAs) as part of the revised curriculum.

Conditions to satisfy accreditation standards

25 Develop formal processes to ensure direct liaison with supervisors of training, particularly during the introduction of the revised anaesthesia curriculum, to assess progress with supervision and assessment, in particular focusing on the implementation of the new in-training assessments (ITAs), workplace-based assessments (WBAs), and the associated workload. (Standard 8.1.1)

26 Implement methods for more frequent systematic, confidential trainee feedback on the quality of supervision, training, and clinical experience, including the performance of anaesthesia supervisors. (Standard 8.1.3)

27 Enhance methods for more frequent and systematic feedback on the performance of examiners in anaesthesia. (Standard 8.1.5)

Faculty of Pain of Medicine conditions:

28 Implement methods for frequent and systematic, confidential trainee feedback on the quality of supervision, training, and clinical experience, including the performance of pain medicine supervisors. (Standard 8.1.3)

29 Enhance methods for more frequent and systematic feedback on the performance of examiners in pain medicine. (Standard 8.1.5)

Recommendations for improvement

MM Consider options for obtaining anonymous trainee feedback on supervisor performance, in particular, ensuring anonymity for trainees in smaller hospitals. (Standard 8.1.3)

NN Monitor the implementation of the in-training assessment process (ITA) particularly in smaller health services with proportionately more basic trainees in introductory training, in order to ensure 100 per cent compliance with the revised curriculum. (Standard 8.1.3)

8.2 Clinical and other educational resources

The AMC accreditation standards are as follows:

- The education provider has a process and criteria to select and recognise hospitals, sites, and posts for training purposes. The accreditation standards of the education provider are publicly available.
- The education provider specifies the clinical and/or other practical experience, infrastructure and educational support required of an accredited hospital/training position, in terms of the outcomes for the training program. It implements clear processes to assess the quality and appropriateness of the experience and support offered to determine if these requirements are met.
- The education provider's accreditation requirements cover: orientation, clinical and/or other experience, appropriate supervision, structured educational programs, educational and infrastructure supports such as access to the internet, library, journals and other learning facilities, continuing medical education sessions accessible to the trainee, dedicated time for teaching and training, and opportunities for informal teaching and training in the work environment.
- The education provider works with the health services to ensure that the capacity of the health care system is effectively used for service-based training, and that trainees can experience the breadth of the discipline. It uses an appropriate variety of clinical settings, patients, and clinical problems for the training purposes, while respecting service functions.

8.2.1 Australian and New Zealand College of Anaesthetists

The College accredits anaesthesia departments and other sites for training in Australia, New Zealand, Hong Kong, Malaysia and Singapore. The College does not accredit individual training posts. To be accredited by the College the training site must be part of a rotational scheme. They are typically geographically based and can provide all training requirements in the program. There are a total of 194 accredited training sites. This is comprised of Australia (139); Hong Kong (22); Singapore (7); Malaysia (5); and New Zealand (21).

The accreditation process is described in the *ANZCA Handbook for Training and Accreditation*. The process ensures the training site is meeting the seven accreditation standards of quality patient care, clinical experience, supervision, supervisory roles and assessment, education and teaching, facilities, and clinical governance. The *ANZCA Handbook for Hospitals Undergoing Accreditation* also provides guidance for training sites.

The College does not directly accredit intensive care units. Those facilities approved for basic or advanced training by the College of Intensive Care Medicine are acceptable for the intensive care medicine term in the anaesthesia training program.

The College reviews accredited training sites on a seven-year cycle of accreditation. The process for accreditation commences with a completion of a datasheet by the head of the department or supervisor of training, and includes information about staffing, caseload, education programs, and facilities at the training site and includes a self-assessment against the College's professional documents. From 2013, the self-assessment will be against the seven accreditation standards. Trainees at the site complete a training questionnaire, workload survey and from 2013 will complete a trainee experience survey over a one-month

period. The accreditation team completes a site visit including separate meetings with the head of department, senior hospital administrators, trainees, specialists, and supervisors of training. The written report is finalised by the team and discussed and recommendations agreed by the Training Accreditation Committee and the senior hospital administrator and head of the anaesthesia department will be informed of the outcome. New training sites wishing to be accredited follow the same process except the datasheet must be approved by the Chair of the Training Accreditation Committee before commencing. This can be expedited by the Chair of the Training Accreditation Committee between meetings.

The College relies on its network of supervisors of training, education officers, regional and national committees, the Trainee Committees, fellows, and trainees to alert the College if there are issues between accreditation visits. The College may inspect sites out of sequence if concerns are raised and these inspections are given high priority by the College. On these occasions, training sites are given limited accreditation for one to two years, with a requirement for a reinspection before the full seven years of accreditation is granted.

Inspections are undertaken by a team of at least one senior inspector and accompanied by members of the local regional or national committee. The College provides the accreditation team with the manuals *Training Accreditation Committee Accreditation Handbook Inspectors* and *Guidelines for Writing Training Accreditation Committee Recommendations.*

Training sites are accredited for basic, advanced and/or provisional fellowship training. Trainees are not permitted to spend more than four years in any one training site. The College has established criteria for determining the duration of approved anaesthesia training time at a particular training site.

In most cases, trainees are appointed to a rotational training scheme to ensure they gain a broad training experience. However, there are some trainees who do not secure a position within a rotational training scheme. These independent trainees must apply each year for a training position. In its accreditation submission, the College relies on the trainees' supervisors to advise them of available training positions that could be suitable.

The College is also aware of some bottlenecks in training arising from a shortage of sub-specialty experience, particularly in paediatric, cardiac and neurosurgical caseload. The College indicates the new e-portfolio will provide improved data to assist in identifying these bottlenecks and developing solutions.

8.2.2 Faculty of Pain Medicine

The Faculty's process and criteria to select and recognise units for training is outlined in the document *PM2 Guidelines for Units Offering Training in Multidisciplinary Pain Medicine* which is available on the Faculty website. In Australia the Faculty has accredited 23 units for training.

The Faculty has recently reviewed its documentation to enable accreditation of tier two training units which are accredited with provisos. The Faculty now has increased flexibility in offering training allowing the inclusion of units that provide private pain medicine, rehabilitation services and specialist cancer centres, and units in rural settings.

The Training Accreditation Committee manages the Faculty accreditation process on behalf of the Board. The duration of accreditation is a maximum of seven years. Previously,

accreditation was for a maximum of five years but was extended in line with the College's policy. The process involves a detailed self-assessment of staffing, performance and compliance, with Faculty policies completed by the unit medical director. The Training Unit Accreditation Committee Chair selects two reviewers for the site visit and they document their findings against the unit's self-assessment. The reviewer's report is sent to the Training Unit Accreditation Committee which makes a decision on accreditation.

Between accreditation visits, units must inform the Faculty of any significant changes, such as staffing levels and appointments, funding, or facilities that could affect its accreditation. The ITA, which is completed at three-monthly intervals and forwarded to the Faculty office, also assists the Faculty in identifying any potential training issues at particular sites.

8.2.3 Team findings

The College and Faculty have a clear and well documented process for accreditation of sites. A comprehensive list of accredited sites for anaesthesia and pain medicine training is easily accessible on the College and Faculty's website.

The College accredits sites rather than individual posts. Stakeholders consulted during the accreditation visit were satisfied with the College's accreditation process. Some hospitals have found the accreditation process helpful when negotiating with the jurisdictions for allocation of resources. The College indicates it has robust and defensible measures in place to assess staffing levels. These methods look at multiple factors, but in particular, the level of supervision of pre-admission services, the adequacy of provision of pain medicine care (especially acute pain services) and supervision of trainees in and out of hours. The College plans to use its extensive electronic record (training portfolio system) in the future in order to better inform its accreditation processes, including the capacity to use these data to better inform training sites where they sit in relation to other institutions.

The College acknowledges the length of time between accreditation visits, at seven years, is long. However, they feel that this length of time is acceptable, given that the College will be notified of issues when necessary, by multiple pathways including trainee committees, regional and national committees, and supervisors of training.

Trainee access to all required disciplines is quite variable across jurisdictions and individual organisations. There are some good examples of "consortia," or regionally based programs, such as the Queensland program, which allow trainees to access all their requirements once they are accepted into the program. This is more difficult for independent trainees who are outside these formal schemes. There are still some potential gaps in accessing some areas of specialist practice but the introduction of volume based practice allows this experience to be obtained at a broader range of sites. The College is currently developing a process to ensure the appropriateness of the broader range of sites.

During site visits, a number of trainees reported limited working hours each week. Many trainees are just working the basic 38 hours per week plus their five hours of protected training time. This is largely driven by adherence to safe working hours and cost savings including reduced overtime payments. While working hours are determined by the hospitals and are a local employment issue, there may be implications for the duration of training. Several supervisors of training felt that the number of hours currently being worked is at the lower limit of acceptability. The College indicated this concern will be addressed by the volume of practice requirements but this will require close and regular monitoring.

As previously identified by the Team, the issue of independent trainees was of some concern. It is strongly recommended that the College interacts actively with the jurisdictions in each state to address the current issues relating to independent trainees.

The Faculty has its own processes for accreditation which are also based on sites rather than positions. Currently most sites only have one to three trainees at any time. The Faculty grants initial accreditation for two years with a paper review after a further year; subsequently, accreditation is given for up to seven years. The Faculty now has two tiers of accreditation and some units can be accredited to provide complete training for a whole year. Tier 2 sites, where all modalities of pain medicine cannot be experienced, can now be accredited to provide shorter training periods: common components which sites struggle to provide.

There are multiple issues that would make joint accreditation visits between the College and the Faculty problematic. Nevertheless there may be opportunities in the future to streamline processes by sharing information that is common to both the College and the Faculty.

Conditions to satisfy accreditation standards

30 Address the range of issues experienced by independent trainees, particularly in relation to them accessing the required range of specialty experience and by working closely with the jurisdictions. (Standard 8.2)

Recommendations for improvement

OO Consider including jurisdictional representatives on College accreditation site visits. (Standard 8.2)

PP Closely monitor the volume of practice that anaesthesia trainees are receiving to ensure that they are able to meet the minimum requirements in the context of an employment environment with reducing weekly hours. (Standard 8.2)

QQ The College and the Faculty consider streamlining their accreditation processes to assist organisations required to participate in two separate inspections. (Standard 8.2)

Faculty of Pain Medicine recommendations for improvement:

RR Consider including jurisdictional representatives on Faculty accreditation site visits. (Standard 8.2)

9 Continuing professional development

The accreditation standards concerning continuing professional development (CPD) are as follows:

- The education provider's professional development programs are based on self-directed learning. The programs assist participants to maintain and develop knowledge, skills and attitudes essential for meeting the changing needs of patients and the health care delivery system, and for responding to scientific developments in medicine as well as changing societal expectations.
- The education provider determines the formal structure of the CPD program in consultation with stakeholders, taking account of the requirements of relevant authorities such as the Medical Board of Australia and the Medical Council of New Zealand.
- The process and criteria for assessing and recognising CPD providers and/or the individual CPD activities are based on educational quality, the use of appropriate educational methods and resources, and take into consideration feedback from participants.
- The education provider documents the recognised CPD activities of participants in a systematic and transparent way, and monitors participation.
- The education provider has mechanisms to allow doctors who are not its fellows to access relevant continuing professional development and other educational opportunities.
- The education provider has processes to counsel fellows who do not participate in ongoing professional development programs.

9.1. Continuing professional development program

9.1.1 ANZCA continuing professional development program

The Continuing Professional Development Committee is responsible for governance of the program and is supported by the Continuing Professional Development Unit. The committee meets four times a year and comprises of fellows and staff from Australia and New Zealand. The Continuing Professional Development (CPD) program is available to fellows in retirement, fellows engaged in non-clinical activities, and non-fellow medical practitioners. As detailed in the College's CPD Handbook, the objectives of the program are to facilitate participation; encourage self-directed learning and promote continuous improvement.

In 2009, the College mandated participation in the CPD program for all fellows. The CPD program is completed in three-year cycles. The triennium starts on 1 January and ends on 31 December. Each individual is responsible for selecting CPD activities that address both clinical and non-clinical practice. College fellows can claim CPD credits for a variety of medical education events and those provided by hospital departments, jurisdictions, universities, private providers, the healthcare industry, medical colleges and societies, and the College, such as the annual scientific meeting. Regional and national committees and special interest groups also run events with the Australian Society of Anaesthetists and New Zealand Society of Anaesthetists.

There are a number of options for fellows to include participation in cultural competence activities as part of their continuing professional development. In New Zealand, District Health Boards offer cultural competence training to staff and online training tools are

available. The College is currently exploring access to programs being developed by a Māori health education provider under contract to the New Zealand Ministry of Health.

The College provides both an online and hard copy portfolio to record and evaluate CPD activities and will issue a statement of participation when an individual meets the minimum annual requirements. At the conclusion of each triennium, up to 5 per cent of participants are selected for audit and this analysis is reported to the Council as part of the College governance report. The table below provides a breakdown of CPD participation.

ANZCA CPD Program participation as of January 2012:

	No. participants	Percentages by category
Total number of CPD participants External program CPD participants	5067 348	94% 6%
Total ANZCA fellows	5415	
Online CPD portfolio users Offline CPD users	4745 322	94% 6%
Total CPD program users	5067	
ANZCA CPD participants FPM CPD participants Non Fellow CPD participants	4536 278 253	90% 5% 5%
Total CPD program participants	5067	
CPD participants based in Australia CPD participants based in New Zealand CPD participants based in Asia CPD participants based other overseas	4106 538 145 278	81% 11% 3% 5%
Total CPD program participants	5067	

9.1.2 Team findings

The College's CPD program is based on self-directed learning. The Team commends the College's clear policies and standards regarding the requirements for CPD in anaesthesia, which are published on the College website. This is systematic and transparent, and fellows' participation is monitored. The CPD program is highly regarded by fellows and there is almost universal compliance with the CPD requirements. The Team commends the College for making the CPD program available to other practitioners who are providing anaesthesia.

The College provides a number of interfaces for fellows to document CPD activities. The College has made impressive efforts to allow automatic recognition of CPD when fellows undertake online activities or participate in College activities such as SOT workshops. The CPD program includes a number of novel delivery platforms including webinars, podcasts, and practical workshops.

Fellows employed in large teaching hospitals appear to have no difficulty in completing CPD activities. The Team notes that fellows in more isolated practice were more likely to face challenges in completing CPD requirements. The College has actively worked to ensure CPD activities are accessible for isolated practitioners.

During the site visit, fellows expressed concerns regarding the maintenance of skills in areas such as management of the difficult airway and advanced life support. The College runs regular workshops for fellows to maintain skills in these areas of practice. However, maintenance of skills in these areas is not currently mandated. The Team commends the College for the thoughtful approach it has taken to CPD. An area for ongoing development relates to ensuring that all anaesthetists maintain critical skills, and are encouraged to target their CPD to areas of weakness.

The College interacts appropriately with the relevant national medical boards and other stakeholders in relation to its CPD program. The Medical Council of New Zealand has a range of annual requirements for CPD. These include at least 50 hours of CPD undertaken in a range of prescribed domains, including clinical audit, peer review, and continuing medical education. The College's CPD program fully complies with these requirements. There are New Zealand representatives on the CPD committee to ensure these specific requirements are appropriately managed. The current policies are flexible enough to accommodate any required changes.

The College has made particular efforts to ensure that its CPD program is compliant with the Medical Council of New Zealand's requirements for re-certification. The CPD program supports the requirement for audit, and includes a system for identifying and counselling fellows who are non-compliant.

The College monitors the CPD compliance of all fellows. If a fellow does not comply with CPD requirements the chair of the Continuing Professional Development Committee will make contact to discuss any specific difficulties and to agree on a plan to address compliance. The online CPD portfolio has an alert system which notifies the College via automatic email if the participant changes providers. The College has a special consideration policy for participants who cannot complete their requirements due to special circumstances. Although non-fellows are allowed to join the CPD program, the College does not monitor their participation.

While the College is aware of the debate around re-certification, it has no plans to develop a policy in this area, and will be guided by the requirements of regulatory authorities.

9.1.3 FPM continuing professional development program

Since 2004, the Faculty has required fellows to participate in continuing professional development and at a time when some of the parent colleges and faculties did not mandate CPD.

The fellowship of the Faculty is a post-fellowship qualification, and the majority of fellows are registered in more than one specialty. The Faculty has advised its fellows that completion of either the CPD program of the college of their primary fellowship or the Faculty/College CPD program would fulfil their registration requirements.

The Faculty, through its annual subscription, asks non-ANZCA fellows to indicate which CPD program they have undertaken. The Faculty indicates that for fellows who complete the CPD of their primary fellowship, compliance will be monitored by the College of the primary fellowship.

The Faculty offers annual CPD activities to fellows, which focus on maintenance of skills and knowledge in pain medicine, including a refresher-course day, pain medicine program at the annual scientific meeting, and spring meeting.

9.1.4 Team findings

The Faculty advises all fellows that they must either complete the CPD program of their primary fellowship or the Faculty's CPD program, which is a modification of the College CPD program.

The Team has concerns that fellows of the Faculty could maintain their CPD compliance without undertaking any CPD in pain medicine. The Faculty does not assess other CPD providers or activities. The Faculty does not monitor compliance of fellows with CPD programs, as this is a mandatory component of registration, and is monitored by the college associated with their primary fellowship. Given the outsourced nature of the Faculty CPD program, there is no interaction between the Faculty and the relevant authorities.

Credentialing of pain related interventions, (for example injections, needles, radio frequency procedures) is a challenging area, as the practice of pain medicine is highly variable.

9.2 Retraining

The accreditation standard is as follows:

- The education provider has processes to respond to requests for retraining of its fellows.

9.2.1 Australian and New Zealand College of Anaesthetists

The College has well documented policies and procedures for retraining for re-entry into specialist practice. The College's professional document *PS50 Recommendations on Practice Re-Entry for a Specialist Anaesthetist* is available on the College's website.

There are a variety of reasons that fellows could be absent from practice, including family commitments, working in another area of medicine, working overseas in a volunteer capacity, or a long period of illness. The College provides an educational service for fellows who wish to re-enter specialist anaesthesia practice and will require the fellow to undertake supervised experience in clinical anaesthesia in a training site for an appropriate duration.

While the Medical Board of Australia requires retraining after a three-year absence from practice, there was a view that for the practical skills required in anaesthesia, anyone out of practice for a period of 12 months or more should undertake retraining. The College requires four weeks of retraining for each year out of practice. An individualised program is developed between the fellow and a local supervisor, with oversight by the CPD committee. This program is not required frequently, and it is estimated that approximately six fellows per year require this support.

9.2.2 Faculty of Pain Medicine

The Faculty has not confronted the need for retraining to date. It has no separate policies on this issue and would share the College's policies if necessary.

9.3 Remediation

The accreditation standard is as follows:

- The education provider has processes to respond to requests for remediation of its fellows who have been identified as under-performing in a particular area.

9.3.1 Australian and New Zealand College of Anaesthetists

The College does not assess the performance of specialists, and does not believe that this should be a college role. However, the College will provide advice to the relevant national and state authorities in Australia and New Zealand on request.

The College does not have a role in identifying poorly performing fellows. The College relies on the information gathered through the processes of the Medical Board of Australia and Medical Council of New Zealand as the relevant national registration bodies.

The College has well documented policies and procedures to assist in the remediation of poorly performing fellows. The College works collaboratively with credentialing bodies, disciplinary bodies and registration authorities to assist and advise in matters relating to remediation.

The College recognises its duty to report concerns about a doctor's performance to the relevant medical registration authority and made such reports to the Medical Council of New Zealand. The College would tailor its support to address the issue including nominating mentors, facilitating participation in simulation training or other training, and providing advice on educational activities.

The College indicated it plans to review its current position in relation to remediation.

9.3.2 Faculty of Pain Medicine

As with the College, the Faculty does not assess the performance of specialists and does not identify poorly performing fellows. The Faculty indicates it would assist medical regulatory authorities and employers in accordance with the policies and procedures set in place by the College. It is likely action taken by the Faculty would be in conjunction with the fellow's parent college. The Faculty will be reviewing its position in relation to remediation.

Commendations

Z The College's well regarded Continuing Professional Development (CPD) program with high compliance rate.

Faculty of Pain Medicine conditions to satisfy accreditation standards:

31 Develop mechanisms to assess and recognise continuing professional development activities of all FPM fellows, including those not undertaking the

ANZCA/FPM CPD program. (Standard 9.1.4)

32 Develop policies to ensure that fellows remain up to date in the area of pain medicine. (Standard 9.1)

Recommendations for improvement

SS Develop continuing professional development programs that support individuals to address areas of weakness and maintain critical skills. (9.1.1)

Faculty of Pain Medicine recommendations for improvement:

TT Monitor compliance with the Faculty's continuing professional development requirements for all fellows. (Standard 9.4)

Appendix One Membership of the 2012 AMC Assessment Team

Mr Ian Civil MBE KStJ **(Chair)** ED, MBChB, FRACS, FACS
Director of Trauma Services, Auckland Hospital

Associate Professor Leonie Callaway MBBS (Hons), PhD, FRACP
Head, Royal Brisbane Clinical School, The University of Queensland

Associate Professor Caroline Clarke BM, DM, FRACP, MRCP, FRACMA
Executive Director Medical Services, Chief Medical Officer, Victorian Eye and Ear Hospital

Associate Professor Leo Davies MBBS, MD, FRACP
Associate Dean, Assessment and Evaluation, Sydney Medical School, The University of Sydney

Dr Christopher Duncan MB ChB (Hons)
Advanced Trainee Australasian College for Emergency Medicine
Medical Education Fellow, Middlemore Hospital

Ms Jane Porter
Manager, Specialist Training and Program Assessment

Ms Annette Wright
Program Manager, Medical Education and Accreditation

Appendix Two List of Submissions on the Programs of ANZCA and FPM 2012

Australian Board of Cardiovascular Perfusion

Australian Pain Management Association

Australian Society for Post Anaesthetic and Anaesthetic Nurses

Australian Society of Anaesthetists

College of Intensive Care Medicine

Consumers' Health Forum of Australia

Department of Health, NT

Griffith University

Health Workforce Australia

Ministry of Health, New Zealand

NSW Ministry of Health

Queensland Health

Royal Australasian College of Surgeons

Royal Australian College of General Practitioners

Royal Australian and New Zealand College of Psychiatrists

University of Adelaide

University of Tasmania

WA Health, Government of Western Australia

Appendix Three Summary of the Team's Program of Meetings 2012

TAURANGA, NEW ZEALAND

Friday 7 September 2012
Mr Ian Civil and Dr Christopher Duncan

Location	*Meeting*
Tauranga Hospital	Director of Anaesthesia
	Supervisor of Training
	Other Anaesthesia Staff
	Director of Intensive Care Other senior ICU Staff
	Acting Business Leader – Radiology Anaesthesia and Surgical Services Operational Coordinator, Anaesthesia and Surgical Services
	Hospital Executive Director of Medical Services
	Operating Theatre and Intensive Care Senior Nursing Staff
	Anaesthesia trainees
	Teleconference with Chair of the ANZCA New Zealand National Committee

WELLINGTON, NEW ZEALAND

Monday 10 September 2012
Mr Ian Civil and Dr Christopher Duncan

Location	*Meeting*
Ministry of Health, New Zealand	Chief Medical Officer
Health Workforce New Zealand	Director
Wellington Hospital	CEO, COO, Deputy CMO and Acting Director of Nursing
	Deputy Director and members of ANZCA NZ National Committee
	Supervisor of Training and Module Supervisors
	Head Technician and Anaesthesia Technicians
	Service Leader, Operating Theatre Services and senior theatre nursing staff
	Wellington Hospital Anaesthesia Trainees and Hutt Hospital trainees and ANZCA NZ Trainee Committee representatives
	International Medical Graduate Specialists
	Senior Medical Officers

QUEENSLAND

Thursday 11 October 2012
Associate Professor Leonie Callaway, Professor Caroline Clarke and Ms Jane Porter

Location	*Meeting*
Queensland Health	Clinical Director for Clinical Workforce Solutions
Mater Adult, Children's and Mother's Hospitals	A/Executive Director
	ANZCA Regional Committee Members
	Anaesthesia trainees
	Supervisors of Training
	Heads of Anaesthesia Department
Redcliffe Hospital	Senior Hospital Staff
	Anaesthesia trainees
	Anaesthesia supervisors
	Head of Anaesthesia Department

SYDNEY

Thursday 11 October 2012
Associate Professor Leo Davies, Mr Dennis Sligar and Ms Annette Wright

Location	*Meeting*
NSW Ministry of Health	Project Manager, Accreditation, Specialist Medical Training Senior Policy Analyst, External Relations
Prince of Wales and Sydney Children's Hospital	Director of Medical Services
	Head of Anaesthesia Department
	Pain Medicine trainees
	Anaesthesia supervisors
	Pain Medicine supervisors

ORANGE

Friday 12 October 2012
Associate Professor Leo Davies and Mr Dennis Sligar

Location	*Meeting*
Orange Health Service via teleconference	General Manager
	Head of Anaesthesia Department
	Anaesthesia trainees
	Anaesthesia supervisors
	Allied Health representatives

VICTORIA

Monday 15 October 2012
Mr Ian Civil (Chair) and Ms Jane Porter

Location	*Meeting*
Department of Health, Victoria	Senior Policy Advisor, Medical Workforce Senior Medical Advisor Senior Policy Advisor

Mr Ian Civil (Chair), Associate Professor Leonie Callaway, Associate Professor Leo Davies and Ms Jane Porter

Location	*Meeting*
Royal Melbourne Hospital	Head of Anaesthesia department
	Allied Health representatives
	Anaesthesia trainees
	Anaesthesia supervisors
	Pain Medicine trainees
	Pain Medicine supervisors

Associate Professor Caroline Clarke, Dr Christopher Duncan and Professor Aeree Kim (Observer)

Location	*Meeting*
Monash Medical Centre	Director of Anaesthesia Department
	Medical executive and representatives from Medical Education Unit
	Anaesthesia supervisors
	Anaesthesia trainees

Meetings with Australian and New Zealand College of Anaesthetists and Faculty of Pain Medicine Committees and Staff

Tuesday 16 October – Thursday 19 October 2012

Mr Ian Civil (Chair), Associate Professor Leonie Callaway, Associate Professor Caroline Clarke, Associate Professor Leo Davies, Dr Christopher Duncan, Professor Aeree Kim (Observer) and Ms Jane Porter

Date	*Meeting*	*Attendees*
16 October 2012	The Context of Education and Training – ANZCA and FPM Governance and review of education and training	ANZCA Executive Committee FPM Executive Committee
	ANZCA Assessment and Examination	Assessments Committee Final Exam Sub-Committee Examination Committee Primary Exam Sub-Committee
	Workplace-based Assessment	ANZCA Workplace-based Assessments Committee
	FPM Assessment and Examination	FPM Examination Committee
	The College's Vocational Education and Training Programs	Presentation of Training Portfolio System (TPS) ANZCA Education and Training Committee Curriculum Re-design Steering Group Curriculum Working Groups representatives
	Assessment of Overseas-Trained Specialists	International Medical Graduate Specialist Committee
	Continuing Professional Development Programs	ANZCA Continuing Professional Development Committee FPM Continuing Professional Development Committee Fellowship Affairs Committee

Date	*Meeting*	*Attendees*
17 October 2012	Issues relating to trainees	ANZCA Executive representatives FPM Executive representatives
	The Context of Education and Training	ANZCA Staff FPM Staff
	The Colleges Vocational Education and Training Programs – Rural Training	Rural Special Interest Group Joint Consultative Committee on Anaesthesia
	FPM Vocational Education and Training Programs and issues relating to trainees	FPM Education Committee
	Issues relating to Trainees	ANZCA Trainee Committee
	Learning and Teaching Methods	E-Learning Working Group EMAC Course Sub-Committee
	ANZCA Environment for Training	ANZCA Training Accreditation Committee:
	FPM Environment for Training	FPM Training Unit Accreditation Committee
	Supervisors and Assessors, Trainers and Mentors	College Training and Assessment Unit FPM Supervisor of Training Sub-Committee
19 October 2012	Presentation of Preliminary statement of findings	AMC Assessment Team ANZCA representatives FPM representatives