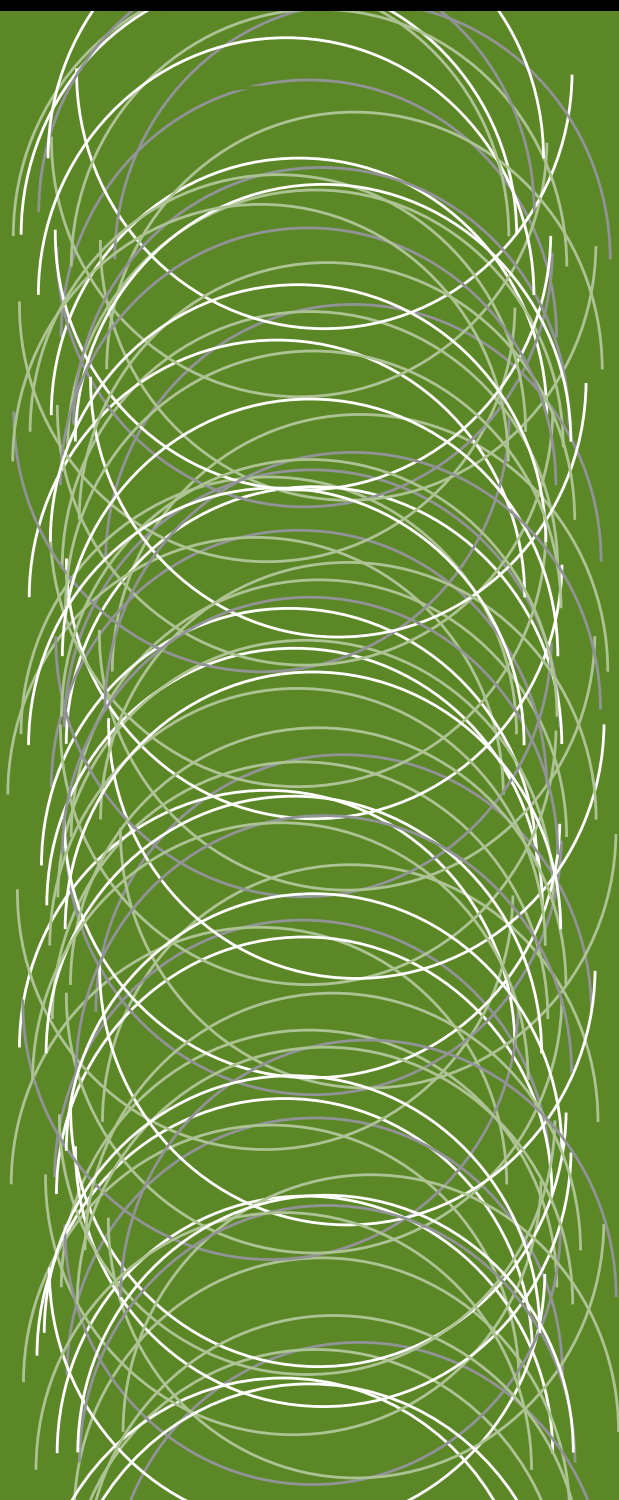


Australian Medical Council Limited

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

AMC



Specialist Education Accreditation Committee
November 2022

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Acknowledgement of Country

The Australian Medical Council acknowledges the Aboriginal and Torres Strait Islander Peoples as the original Australians, and the Māori as the original Peoples of Aotearoa New Zealand.

We acknowledge and pay our respects to the Traditional Custodians of all the lands on which we live, and their ongoing connection to the land, water and sky.

We recognise the Elders of all these Nations past, present and emerging, and honour them as the traditional custodians of knowledge for these lands.

Executive Summary: Australian and New Zealand College of Anaesthetists and Faculty of Pain Medicine

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 2022*, describes AMC requirements for reaccreditation of specialist medical programs and their education providers.

The AMC first assessed the Australian and New Zealand College of Anaesthetists' (ANZCA) training program in 2002. The 2002 assessment resulted in accreditation of ANZCA, the Faculty of Pain Medicine (FPM) and the Joint Faculty of Intensive Care Medicine for six years, with a requirement for annual monitoring submissions to the AMC. Based on an accreditation extension submission in 2007, accreditation was extended to December 2012.

In 2008, the Joint Faculty of Intensive Care Medicine advised the AMC it planned to separate from ANZCA and 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.

The AMC conducted a full reaccreditation assessment of the College's programs in 2012. On the basis of this assessment, the AMC granted accreditation to 31 December 2018, subject to satisfactory monitoring submissions. In 2018, the College submitted their accreditation extension submission. The AMC found that the training, education and continuing professional development programs of the College met the accreditation standards and accreditation was extended until 31 March 2023.

In July 2022, an AMC team completed a reaccreditation assessment of the specialist medical programs and continuing professional development programs of ANZCA, which lead to the award of the Fellowship of the Australian and New Zealand College of Anaesthetists (FANZCA) and the Fellowship of the Faculty of Pain Medicine (FFPMANZCA).

The team reported to the Wednesday 9 November 2022 meeting of the Specialist Education Accreditation Committee. The Committee considered the draft report to make recommendations on accreditation to AMC Directors in accordance with the options described in the AMC accreditation procedures.

This report presents the accreditation decision made by the Thursday 8 December 2022 meeting of AMC Directors, and the detailed findings against the accreditation standards.

Decision on accreditation

Under the *Health Practitioner Regulation National Law*, 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.

In 2022, the AMC team reviewed a range of College activities and met with College staff, fellows, trainees and specialist international medical graduates. The following accomplishments and initiatives were of note:

- A demonstrated record of responding to the ongoing challenges presented by the COVID-19 pandemic, including, but not limited to, continuing strategic and operational activity, corporate governance, training program delivery, professional leadership, and care for the welfare of trainees, fellows, and staff.
- The significant investment and a continuous improvement approach in relation to revisions required to update the anaesthesia and pain medicine curricula to align to currency of practice.
- The online training portfolio system (TPS) considered to be highly effective and valued by ANZCA trainees, rotational supervisors and supervisors of training.
- The College's proactive self-assessment of its educational activities that provided a gap analysis against AMC accreditation standards and additional MCNZ accreditation standards, assisting its desire for continuous improvement, including identification of opportunities for more cohesive and systematic monitoring, evaluation, and feedback.

From the 2022 assessment, the AMC team also ascertained a number of areas for the College to focus its attention on, including:

- Explicitly addressing Aboriginal and Torres Strait Islander Peoples and Māori and their health in its educational purpose with formal acknowledgement of the perspectives of Aboriginal and Torres Strait Islander Peoples and Māori in College governing documents.
- Developing systematic processes to revise or modify learning outcomes and curricula to respond to the evolution of anaesthesia and pain medicine and changing community needs with consideration for development of teaching and learning resources and assessment.
- The remaining work in the pain medicine training program and curriculum framework to explicitly map learning outcomes to teaching and learning opportunities and assessment to achieve its graduate outcomes.
- Actively addressing variability and inequity in access to training and examination preparation opportunities across training sites in Australia and Aotearoa New Zealand.

Findings

The AMC's finding is that it is reasonably satisfied that the training, education and the continuing professional development programs of the Australian and New Zealand College of Anaesthetists and Faculty of Pain Medicine substantially meet the accreditation standards.

The Thursday 8 December 2022 meeting of AMC Directors resolved that:

- (i) The Australian and New Zealand College of Anaesthetists' specialist medical training programs and continuing professional development program in **anaesthesia** and the Faculty of Pain Medicine's specialist medical program in **pain medicine** be granted accreditation for **six years** until **31 March 2029**, subject to satisfying AMC monitoring requirements including monitoring submissions and addressing accreditation conditions set out in the report.
- (ii) The accreditation of Australian and New Zealand College of Anaesthetists and Faculty of Pain Medicine as a CPD home is subject to the condition identified under Standard 9 in the report and subject to AMC monitoring requirements.
- (iii) This accreditation is subject to the College providing evidence that it has addressed conditions in the specified monitoring submission as set out in the table below.

Standard	Condition	To be met by
Standard 1	1 Review the relationship between the College, accredited training sites and rotational training schemes, to address selection and rotational issues, to give effect to College authority/accountability, and to resolve issues with independent/non-rotational trainees. Consideration is to be given to workforce planning, access to training opportunities and advocacy. (Standards 1.1.2, 1.2.1, 7.1 and 8.2)	2024
	2 Revise and update governance chart documenting integrated assessment governance structure for ANZCA and FPM training programs with governance for each assessment element, including workplace-based assessments, clearly represented. (Standards 1.1.1 and 1.3)	2023
	3 Develop formal, meaningful partnerships and consultation with Aboriginal and Torres Strait Islander and Māori organisations, communities, fellows and trainees in Australia and Aotearoa New Zealand, with evidence of effective delivery of the Strategic Plan 2023-2025, implementations of the objectives of the Indigenous Health Strategy and Innovate RAP. (Standard 1.6.4)	2024
	4 Embed mandatory and regular cultural safety training with appropriate resources for fellows, trainees, specialist international medical graduates and College staff. (Standard 1.7)	2024
Standard 2	5 Explicitly address in the College's mission and educational purpose: (i) A commitment to Aboriginal and Torres Strait Islander Peoples and Māori and their health. A formal acknowledgement of Aboriginal and Torres Strait Islander Peoples and Māori including addressing their perspectives in College governing documents, such as the Strategic Plan. (Standard 2.1.2) (ii) Te Tiriti o Waitangi, extending to the College's vision, business activities and training programs. (Standard 2.1.2) (iii) The need for a rural, regional, and remote workforce in the context of its community responsibilities aligned with learning outcomes. (Standards 2.1, 2.2 and 2.3)	2024
	6 Develop and implement publicly available program and graduate outcomes for the anaesthesia and pain medicine programs that align with the health needs of the Aboriginal and Torres Strait Islander Peoples of Australia and Māori of Aotearoa New Zealand. (Standards 2.2 and 2.3)	Develop by 2024 Implement by 2026
	7 Develop and explicitly articulate publicly available graduate outcomes for anaesthetists and pain medicine specialists, including clear articulation between generalist and sub specialty training. These outcomes should have constructive alignment to curricula and assessment. (Standard 2.3)	2024

Standard	Condition	To be met by
Standard 3	8 Explicitly map learning outcomes to teaching and learning opportunities and assessment to achieve the graduate outcomes of the pain medicine training program. (Standards 3.1, 3.2, 2.3 and 5.1)	2024
	9 Implement the Lifelong Learning Project and manage risks relating to the effectiveness, timeliness, and quality of all education and training programs. (Standard 3.2)	2024
	10 In both training programs, enhance curricula to support development of substantive knowledge and understanding of: (i) The specialist's contribution to effective and efficient healthcare systems in the delivery of safe, high-quality and cost-effective health care across a range of settings in Australia and Aotearoa New Zealand. (Standard 3.2.6) (ii) Aboriginal and Torres Strait Islander and Māori health, history, and culture linked to specific learning outcomes, resources and assessment. (Standards 3.2.9, 3.2.10 and 5.2)	2025
	11 Develop and implement systematic processes to: (i) Determine volume of practice requirements for the anaesthesia training program using evidence-based methodology to ensure a competency-based approach. (Standards 3.2 and 3.4.2) (ii) Cyclically review and modify learning outcomes and curricula, responding to the evolution of anaesthesia and pain medicine and changing community need, including development of related teaching and learning resources and assessment. (Standards 3.2, 2.2, 4.2 and 5.2)	2025
Standard 4	12 Address variability in teaching of the core curriculum content in both training programs, providing access to a centralised curated set of learning materials to support consistent teaching delivery. Quality and content should be systematically benchmarked across training sites, with consideration for the inclusion of localised content. (Standards 4.1.1 and 4.2.2)	2026
	13 Address variability in the access to and content of ANZCA examination preparation courses for rotational trainees, independent/non-rotational trainees, and specialist international medical graduates by finalising and implementing centralised preparation courses for all ANZCA examinations (Standards 4.1.1 and 4.2.2)	2024
	14 Undertake a process to review requirements for specialty subject units in the anaesthesia training program, such as paediatrics and cardiac surgery, to identify instances where demand exceeds availability or access and develop mitigation strategies. (Standard 4.2.1)	2024
Standard 5	15 Develop, implement and document:	2024

Standard	Condition	To be met by
	<ul style="list-style-type: none"> (i) A publicly available College-wide special consideration policy, and (ii) A formal safe pathway for trainees with complaints about anaesthesia assessment, examinations and assessors. <p>Documentation should include guidance on the application of RRA policies, and expectation of a timely response on outcomes. (Standards 5.1.3 and 1.3)</p>	
16	<p>In both anaesthesia and pain medicine training programs, develop and implement:</p> <ul style="list-style-type: none"> (i) Documented plans to increase the competency-based medical education approach with details of the associated programs of assessment. (Standard 5.1) (ii) Documented standard operating procedures for blueprinting processes for all examinations. A comprehensive view of content sampled for each examination, and for each element of examinations, is to be included in blueprinting. (Standard 5.2) (iii) Documented standard operating procedures and processes for valid pass-fail standard setting for all examinations, with publicly available information about methods used for pass-fail standard setting for each assessment. (Standard 5.2) (iv) A systematic approach to assessment quality assurance with focus on educational impact, consistency, and fairness. Formal reporting through College governance and to key stakeholder groups is to be considered in the process. (Standard 5.4) 	2025
17	<p>In the anaesthesia training program, develop, implement and document:</p> <ul style="list-style-type: none"> (i) Standardised IAAC for all Introductory Trainees, including any required written assessment. (Standard 5.2) (ii) Competence-based patient-interaction assessment to support progression decisions from Advanced to Provisional fellow training stages. Ensure implementation includes communication to supervisors and trainees, assessor training, procedure development, and published guidelines. (Standard 5.2) 	2024
18	<p>In the pain medicine training program, finalise assessment review and report on the recommendations, communication of planned changes, and implementation plan of review outcomes. (Standard 5.1)</p>	2024
19	<p>In relation to examination feedback and procedures for all candidates, including specialist international medical graduates:</p> <ul style="list-style-type: none"> (i) Review and revise notification procedures to supervisors for failed examination candidates to ensure timely and consistent support. (Standards 5.3 and 10.2) 	2023

Standard	Condition	To be met by
	(ii) Implement detailed and specific feedback about any documented safety breach for ANZCA viva examinations. (Standards 5.3 and 10.2)	
	<p>20 Incorporate in overall evaluation strategies, mechanisms to determine systemic factors contributing to:</p> <p>(i) Variability in progress decision making, and in WBAs. (Standards 5.2, 5.4 and 6.1)</p> <p>(ii) Differences in examination outcomes among trainee sub-groups (rotational/independent trainees; females/males; specialist international medical graduates). (Standards 5.2, 6.1 and 10.2)</p> <p>(iii) Effectiveness of assessor education. (Standards 5.4 and 8.3)</p> <p>Intervention strategies developed and implemented in response with related outcomes, are to be addressed and communicated through governance and with key stakeholders.</p>	2024
Standard 6	<p>21 Develop and implement a standardised and clearly articulated College-wide monitoring and evaluation framework to enable broader consultation with key internal and external stakeholders.</p> <p>(i) Ensure diverse stakeholder input in the development of the monitoring and evaluation framework. (Standards 6.1, 6.2.2 and 6.2.3)</p> <p>(ii) Develop and implement confidential and safe processes for obtaining regular, systematic feedback from trainees on the quality of supervision and training experience against the provision of timely meaningful feedback. (Standards 6.1.3 and 8.1.3)</p> <p>(iii) Reactivate an enhanced College graduate outcomes survey. (Standards 6.2.1 6.2.2 and 6.2.3)</p>	2025
	<p>22 Report the results and outcomes of monitoring and evaluation, through governance structures and to all stakeholders who provide feedback to demonstrate incorporation of stakeholder views in continuous renewal of its programs. (Standard 6.3.2)</p>	2025
Standard 7	<p>23 Develop policy and mechanisms to ensure selection processes are consistently and fairly implemented in training sites, under direct and centralised oversight of the College. Weightings used for selection by training sites should be consistent and made publicly available. (Standard 7.1)</p>	2025
	<p>24 Develop and implement mechanisms to increase recruitment, selection, and retention of Aboriginal and Torres Strait Islander and Māori trainees in both training programs, with related evaluation strategies and consultation. (Standards 7.1.3, 6.2 and 1.6.4)</p>	2024
	<p>25 Increase FPM trainee representation at all governance levels. (Standards 7.2 and 1.1.3)</p>	2023

Standard	Condition	To be met by
	26 Develop and implement mechanisms to proactively identify and address areas of conflict in training sites, with embedded pathways to enable safe escalation of concerns about training and supervision, particularly in small training sites. These mechanisms should include rotational trainees, independent/non-rotational trainees, FPM trainees, and specialist international medical graduates. (Standards 7.4, 7.5 and 10.4)	2024
Standard 8	27 Develop and implement mechanisms to enable the College to centrally monitor the selection and training of supervisors with performance monitoring. This should include: <ul style="list-style-type: none"> (i) A more centralised approach to selection to ensure ANZCA and FPM Supervisors of Training demonstrate appropriate capability for the role. (Standard 8.1.3) (ii) Mandatory participation in supervisor training and development activities in the ANZCA training program. (Standard 8.1.3) (iii) Better processes to ensure underperforming ANZCA and FPM Supervisors of Training are identified, and subsequent training or mentorship provided. (Standard 8.1.4) (iv) Performance feedback to ANZCA and FPM supervisors, to support their development including feedback from trainees. (Standards 8.1.4 and 8.1.6) 	2025
	28 Implement the recommendations of the Accreditation and Learning Environment Project (ALEP) to ensure: <ul style="list-style-type: none"> (i) Frequent and robust monitoring between accreditation cycles and improved communication with stakeholders are incorporated. (ii) Systematic ways to identify and remediate issues at training sites are developed. (iii) Trainee input is included and considered. (Standard 8.2) 	2025
	29 Develop and implement explicit accreditation criteria, for both training programs, to ensure: <ul style="list-style-type: none"> (i) The promotion of trainee wellbeing in all training sites with consideration for consistency in educational provision and protected training time. (Standard 8.2.2) (ii) A framework of cultural safety in training and supervision, with specific reference to commitment to Aboriginal and Torres Strait Islander Peoples and Māori health acknowledged by training sites. (Standard 8.2.2) (iii) Consistency in education provision, rotational requirements (in the anaesthesia training program), protected training time, and equity of access to training between jurisdictions and training sites. (Standards 8.2.2 and 4.2) 	2025

Standard	Condition	To be met by
Standard 9	30 Finalise and implement processes around return to practice and remediation requests for FPM fellows. (Standards 9.2 and 9.3)	2023
Standard 10	31 Provide evidence of implementation of the multi-source feedback in addition to the Clinical Practice Assessment for specialist international medical graduates. (Standards 10.2 and 5.2)	2024

This accreditation decision relates to the College's continuing professional development programs and its specialist medical programs in the specialty of anaesthesia and pain medicine.

Next Steps

Following an accreditation decision by AMC Directors, the AMC will monitor that it remains satisfied the College is meeting the standards and addressing conditions on its accreditation through annual monitoring submissions.

In 2028, before this period of accreditation ends, the College may submit an accreditation extension submission. The submission should address the accreditation standards and outline the College's development plans for the next four years. See Section 5.1 of the accreditation procedures for a description of the review of the accreditation extension submission.

The AMC will consider this submission and, if it decides the College is continuing to meet the accreditation standards, the AMC Directors may extend the accreditation by a maximum of four years until 31 March 2033, 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 ten accreditation standards are summarised below.

Conditions imposed by the AMC to enable the College to meet the accreditation standards are listed in the accreditation decision (pages 2 to 7). The team's commendations of areas of strength and recommendations for improvement are listed under each standard in the body of the report (pages 41 to 98).

In the tables below, M indicates a standard is met, SM indicates a standard is substantially met and NM indicates a standard is not met.

1. The context of training and education				This set of standards is SUBSTANTIALLY MET
<i>governance</i>	SM	<i>educational resources</i>	M	
<i>program management</i>	SM	<i>interaction with health sector</i>	SM	
<i>reconsideration, review appeals</i>	M	<i>continuous renewal</i>	SM	
<i>educational expertise</i>	M			

2. The outcomes of specialist training and education				This set of standards is SUBSTANTIALLY MET
<i>educational purpose</i>	SM	<i>graduate outcomes</i>	SM	
<i>program outcomes</i>	SM			

3. The specialist medical training and education framework				This set of standards is SUBSTANTIALLY MET
<i>curriculum framework</i>	SM	<i>continuum of training</i>	M	
<i>content</i>	SM	<i>structure of the curriculum</i>	M	

4. Teaching and learning				This set of standards is SUBSTANTIALLY MET
<i>approach</i>	SM	<i>methods</i>	SM	

5. Assessment of learning				This set of standards is SUBSTANTIALLY MET
<i>approach</i>	SM	<i>performance</i>	SM	
<i>methods</i>	SM	<i>quality</i>	SM	

6. Monitoring and evaluation				This set of standards is SUBSTANTIALLY MET
<i>monitoring</i>	SM	<i>feedback, reporting and action</i>	SM	
<i>evaluation</i>	SM			

7. Trainees				This set of standards is SUBSTANTIALLY MET
<i>admission policy and selection</i>	SM	<i>trainee wellbeing</i>	SM	
<i>trainee participation in provider governance</i>	SM	<i>resolution of training problems and disputes</i>	SM	
<i>communication with trainees</i>	M			

8. Implementing the program – delivery of educational and accreditation of training sites				This set of standards is SUBSTANTIALLY MET
<i>supervisory and educational roles</i>	SM	<i>training sites and posts</i>	SM	

9. Continuing professional development, further training and remediation				This set of standards is SUBSTANTIALLY MET
<i>continuing professional development</i>	M	<i>remediation</i>	SM	
<i>further training of individual specialists</i>	SM			

10. Assessment of specialist international medical graduates				This set of standards is SUBSTANTIALLY MET
<i>assessment framework</i>	M	<i>assessment decision</i>	M	
<i>assessment methods</i>	SM	<i>communication with applicants</i>	M	

Introduction: The AMC accreditation process

Responsible accreditation organisation

In Australia, the Health Practitioner Regulation National Law Act 2009 (the National Law) provides authority for the accreditation of programs of study in 15 health professions, including medicine.

Accreditation of specialist medical programs is required before the Board established for the profession, in medicine's case the Medical Board of Australia, can consider whether to approve a program of study for the purposes of specialist registration.

In New Zealand, accreditation of all New Zealand prescribed qualifications is conducted under section 12(4) of the Health Practitioners Competence Assurance Act 2003 (HPCAA).

The Australian Medical Council (AMC) is the accreditation authority for medicine under the National Law. Most of the providers of specialist medical programs, the specialist medical colleges, span both Australia and New Zealand. The AMC accredits programs offered in Australia and New Zealand in collaboration with the Medical Council of New Zealand (MCNZ). The AMC leads joint accreditation assessments of binational training programs and includes New Zealand members, site visits to New Zealand, and consultation with New Zealand stakeholders in these assessments. While the two Councils use the same set of accreditation standards, legislative requirements in New Zealand require the binational colleges to provide additional New Zealand-specific information. The AMC and the MCNZ make individual accreditation decisions, based on their authority for accreditation in their respective country.

Accreditation standards applicable to the accreditation of specialist medical programs

The approved accreditation standards for specialist medical programs are the *Standards for Assessment and Accreditation of Specialist Medical Programs and Professional Development Programs by the Australian Medical Council 2015*.

These accreditation standards are structured according to key elements of the model for curriculum design and development and focus on the specific context and environment in which specialist medical programs are delivered. These standards are followed by two standards relating to processes undertaken by the providers of specialist medical training programs on behalf of the Medical Board of Australia.

In 2015, following a period of consultation, the AMC completed a review of the accreditation standards for specialist medical programs and continuing professional development programs. The Medical Board of Australia approved new accreditation standards which apply to AMC assessments conducted from 1 January 2016. The relevant standards are included in each section of this report.

The following table shows the structure of the standards:

Standards	Areas covered by the standards
1: The context of training and education	Governance of the education provider; program management; reconsideration, review and appeals processes; educational expertise and exchange; educational resources; interaction with the health sector; continuous renewal.
2: Outcomes of specialist training and education	Educational purpose of the provider; and program and graduate outcomes
3: Specialist medical training and education framework	Curriculum framework; curriculum content; continuum of training, education and practice; and curriculum structure

Standards	Areas covered by the standards
4: Teaching and learning	Teaching and learning approaches and methods
5: Assessment of learning	Assessment approach; assessment methods; performance feedback; assessment quality
6: Monitoring and evaluation	Program monitoring; evaluation; feedback, reporting and action
7: Trainees	Admission policy and selection; trainee participation in education provider governance; communication with trainees; trainee wellbeing; resolution of training problems and disputes
8: Implementing the program – delivery of educational and accreditation of training sites	Supervisory and educational roles and training sites and posts
9: Continuing professional development, further training and remediation	Continuing professional development programs; further training of individual specialists; remediation
10: Assessment of specialist international medical graduates	Assessment framework; assessment methods; assessment decision; communication with specialist international medical graduate applicants

Assessment of the programs of the Australian and New Zealand College of Anaesthetists and Faculty of Pain Medicine

In 2021, the AMC began preparations for the reaccreditation assessment of the Australian and New Zealand College of Anaesthetists and Faculty of Pain Medicine's programs. On the advice of the Specialist Education Accreditation Committee, the AMC Directors appointed Professor Anthony Lawler to chair the 2022 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.

A summary of the steps followed in this assessment 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 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 One.
- The team met on Wednesday 25 and Thursday 26 May 2022 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 committees.

- The AMC surveyed trainees and supervisors of training of the College. The AMC also surveyed overseas trained specialists 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 videoconference on Wednesday 29 June 2022 to finalise arrangements for the assessment.
- The team conducted virtual meetings with training sites in the Australian Capital Territory, Northern Territory, South Australia, Tasmania, Western Australia and New Zealand in July 2022. Both face-to-face and virtual meetings were conducted in Queensland, New South Wales and Victoria in July 2022.

The assessment concluded with a series of meetings with the College office bearers and committees from Monday 25 – Friday 29 July 2022. On the final day, the team presented its preliminary findings to College representatives.

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 Two.

Summaries of the program of meetings and visits for this assessment are provided at Appendix Three.

Section A Summary description of the education and training programs of the Australian and New Zealand College of Anaesthetists

A.1 History and management of its programs

The Australian and New Zealand College of Anaesthetists (ANZCA) became an independent college in February 1992, after operating as a Faculty of Anaesthetists within the Royal Australasian College of Surgeons since 1952. The Faculty of Pain Medicine (FPM) was later established in 1998 by ANZCA Council. The College is a company limited by guarantee with a Constitution defining its membership and functions, and the powers of the ANZCA Council with governing regulations providing operational guidance of College operations.

The College's specialist education and training programs in anaesthesia and pain medicine are accredited by the Australian Medical Council, with the specialties of anaesthesia and pain medicine recognised since 2002 and 2005 respectively. In 2010, the Joint Faculty of Intensive Care Medicine became the College of Intensive Care Medicine of Australia and New Zealand, a separate body responsible for training and credentialling intensive care specialists.

In this report, the term College refers to the overarching body, incorporating all activities of the College. Where ANZCA and FPM are used, these terms refer to the training programs that lead to specialist qualifications in anaesthesia and pain medicine, respectively.

Purpose and Strategic Plan

The College trains, assesses and credentials specialist anaesthetists and pain medicine physicians, provides continuing professional development programs for its specialists, and assesses specialist international medical graduates (SIMGs). Completion of the College's anaesthetic education and training programs leads to Fellowship of the Australian and New Zealand College of Anaesthetists (FANZCA). The FPM education and training program is a two-year post-specialist qualification that leads to Fellowship of the Faculty of Pain Medicine of the Australian and New Zealand College of Anaesthetists (FFPMANZCA).

The College's mission is *'to serve the community by fostering safety and high-quality patient care in anaesthesia, perioperative medicine and pain medicine'*, and its vision is *'to be a recognised world leader in training, education, research and in setting standards for anaesthesia and pain medicine'*. The FPM's vision is *'to reduce the burden of pain on society through education, advocacy, training and research'*.

A 2018 - 2022 Strategic Plan guided ANZCA and FPM activities to develop integrated care models, enhance educational offerings and information technologies, support quality improvement, foster stronger relationships with fellows, trainees and SIMGs, advocate multidisciplinary approaches and health services in regional and rural settings, and supporting the College's identity into the future. The College is developing the 2023 -2025 Strategic Plan, commencing with an analysis of the outcomes of the existing strategic plan, with environmental scans and workshops conducted to discuss priorities for the new plan. This also included the outcomes of the 2021 Fellowship survey to help identify key priorities for the fellowship.

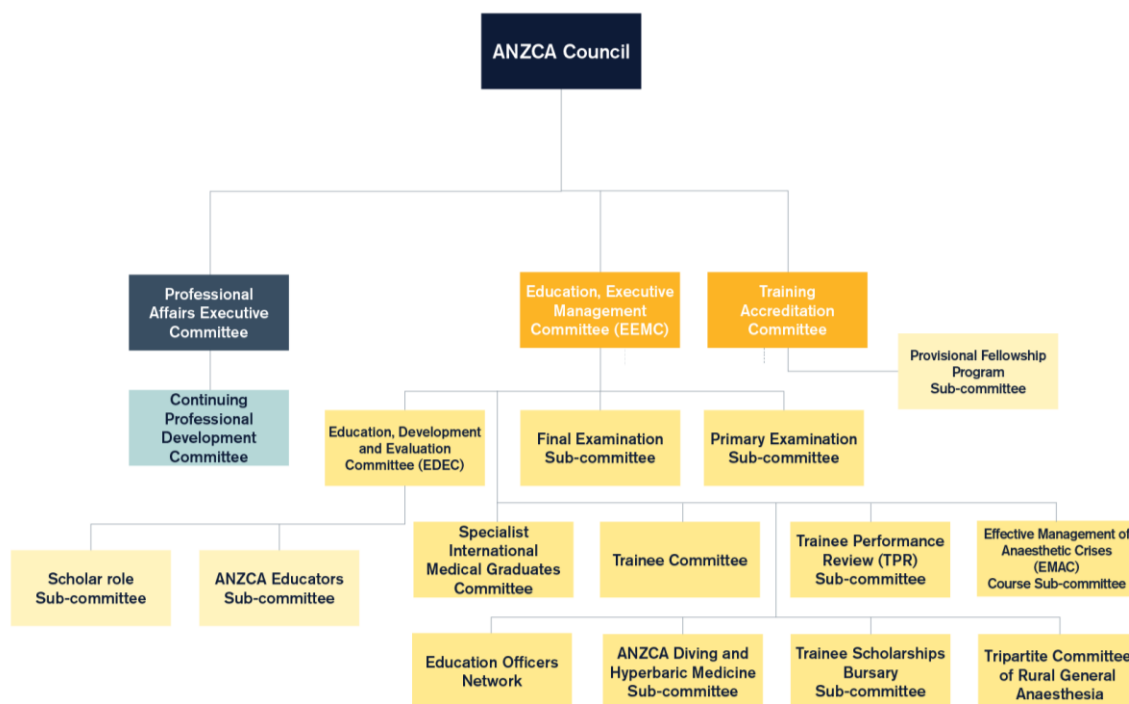
Governance Structure

Under the Constitution, the College is governed by the ANZCA Council, a fellows-based board that sets the overall direction of the College and comprises 12 elected College fellows, the FPM Dean, and a new fellow councillor. The presidents of the Australian Society of Anaesthetists (ASA), the New Zealand Society of Anaesthetists (NZSA), the Royal Australasian College of Surgeons (RACS) the College of Intensive Care Medicine of Australia and New Zealand (CICM) and the Hong Kong College of Anaesthesiologists (HKCA) are co-opted observers to the open session.

A Finance Audit and Risk Management Committee assists Council in discharging its duties and is chaired by one of the members with skills in contemporary public or corporate practice, legal

practice, audit and compliance. There are up to three such roles in the Committee. Other members include the College President, FPM Dean, College vice-president, and honorary treasurer.

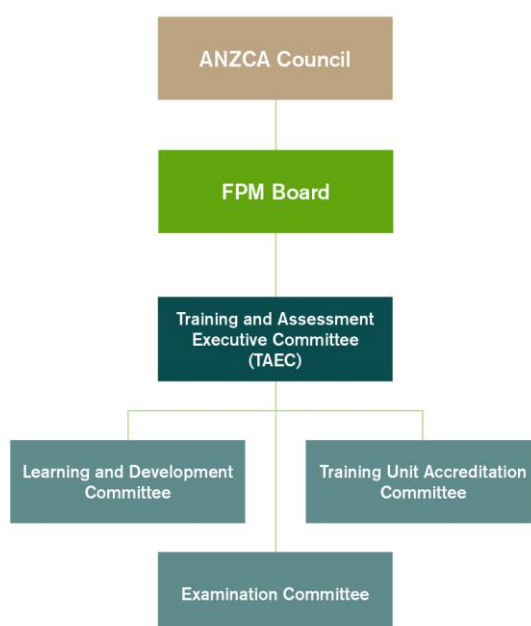
ANZCA Council and Committee Structure



Committees and groups that report to Council include:

- The **ANZCA Executive Committee** is responsible for assisting the President and CEO in dealing with matters arising between Council meetings, and carrying forward to Council matters that need consideration, action or ratification.
- The **FPM Board** oversees the activities of the Faculty in accordance with the FPM by-laws and the College-wide strategic plan.
- The **Education Executive Management Committee (EEMC)** oversees and guides education activities across all College education programs.
- The **New Zealand National Committee (NZNC)** undertakes a leadership role on issues that relate specifically to Aotearoa New Zealand and reports to ANZCA Council on ANZCA affairs in Aotearoa New Zealand.
- **Australian regional committees** assist in implementing College policy in their region, advise ANZCA Council on regional issues, maintain relationships with key stakeholders, and have a role in training, continuing professional development (CPD) and other professional activities in their region.
- The **Finance, Audit and Risk Management Committee** assists the Council in discharging its duties in relation to finance, audit and risk management.
- The **Professional Affairs Executive Committee (PAEC)** advises ANZCA Council on matters pertaining to College fellows including fellowship, policy, advocacy, engagement, and community development.
- The **Training Accreditation Committee** implements Council policy in relation to the accreditation of approved training sites and rotational training programs in anaesthesia.

FPM Board and Committee Structure



The FPM is a faculty under the Constitution and is administrated by the FPM Board, comprising seven elected fellows, up to two co-opted fellows, one elected new fellow, an ANZCA councillor and the ANZCA President. All members have voting rights.

Membership Categories

The ANZCA Constitution sets out the membership categories as individuals admitted to ANZCA or FPM fellowship through the relevant vocational training program or SIMG assessment process. Candidates for FPM fellowship must hold an approved primary specialist qualification. Trainees, SIMGs and non- FANZCA or FFPMANZCA holders of other college qualifications are not considered members of the College.

Conflicts of Interest Management

There is a College-wide conflict of interest policy applicable to College volunteers and staff. College representatives, including examiners, are required to review and sign the conflict of interest policy as part of their induction. Compliance is managed by the College's committee support officers and declaration of conflicts of interests are included as a standing item in all meeting agendas. The ANZCA Council has a central conflicts of interest register, which includes the FPM Board and Committees, and a register of conflicts is maintained for Board members.

Reconsideration, Review and Appeals

The College's reconsideration and review processes are described in Regulation 30 and appeals process in Regulation 31, which are referenced in other regulations on training and SIMG assessment, relevant FPM by laws and all training handbooks. Both Regulations 30 and 31 are publicly available on the College website and the processes are available to all fellows, trainees, and SIMGs.

Reconsideration requests must be made within six months of the applicant being notified of the relevant decision. If the decision is upheld at reconsideration, the applicant may request a review within three months of the reconsideration outcome. If the decision is upheld at both prior stages, the applicant may further request an appeal within three months of the review outcome.

Appeal committees are convened by the CEO and chaired by the vice-president or another councillor appointed by ANZCA Council. There is no overseeing committee for ANZCA Council

decisions, the review nominees and appeal committee members are appointed by the CEO with advice from the Executive Director of Professional Affairs.

Other Training Programs

In addition to the anaesthesia and pain medicine training programs, the College manages the Diploma of Advanced Diving and Hyperbaric Medicine (DHM) and, with other specialist medical colleges and organisations, is involved in the:

- Joint Consultative Committee on Anaesthesia (JCCA), which will cease with the new DRGA.
- Australasian College for Emergency Medicine Diploma of Pre-hospital and Retrieval Medicine.
- Diploma of Rural Generalist Anaesthesia (DRGA) – to be launched in 2023.
- Diploma of Perioperative Medicine (POM) – to be launched in late 2023.
- Dual ANZCA-CICM training pathway – development in progress with the College of Intensive Care Medicine of Australia and New Zealand.

A.2 Outcomes of the Australian and New Zealand College of Anaesthetists and Faculty of Pain Medicine Fellowship Training Programs

The College's educational purpose is outlined in its Constitution and is reflected in the ANZCA and FPM Reconciliation Action Plan (RAP) (in development), Strategic Plan 2018-2022 (2023-2025 in development) and education governance and strategic frameworks. The College engages with a range of internal and external stakeholders for input and contributions to its educational purpose.

The College has made the notable addition to the ANZCA Constitution to reference Aboriginal and Torres Strait Islander and Māori health outcomes and the RAP (in development) will express the College's vision to lead safe and high quality patient care in anaesthesia, perioperative medicine, and pain medicine that is culturally safe and equitable.

The ANZCA constitution was amended in May 2022, and communicates the educational purpose as:

- 1.1.1 promote and encourage the study, research and advancement of the science and practice of anaesthesia, perioperative medicine and pain medicine;
- 1.1.2 promote excellence in healthcare services and cultivate and encourage high principles of practice, ethics and professional integrity in relation to medical practice, education, assessment, training and research;
- 1.1.3 determine and maintain professional standards for the practice of anaesthesia, perioperative medicine and pain medicine in Australia and New Zealand;
- 1.1.4 advocate on any issue that affects the ability of Members to meet their responsibilities to patients and to the community;
- 1.1.5 establish the status of Membership of the College and its Faculties and to admit appropriately qualified persons to that status;
- 1.1.6 conduct and support programs of training and education leading to the issue of Membership or other certification attesting to the attainment or maintenance of appropriate levels of skills, knowledge and competencies commensurate with specialist practice in anaesthesia, perioperative medicine and pain medicine in Australia and New Zealand;
- 1.1.7 disseminate information and advise on any course of study and training designed to promote and ensure the fitness of persons who wish to qualify for recognition by the College;

- 1.1.8 conduct and coordinate examinations and other assessment processes and to grant registered medical practitioners recognition in anaesthesia, perioperative medicine and pain medicine, either alone or in cooperation with other relevant bodies or institutions;
- 1.1.9 hold or sponsor meetings, lectures, seminars, symposia or conferences, within or outside of Australia and New Zealand, to promote understanding in medicine and related subjects and professional relations among Members of the College, members of other health professions, scientists and the wider community;
- 1.1.10 facilitate the advancement of specialist education and training in anaesthesia, perioperative medicine and pain medicine through the support for and conduct of projects and research;
- 1.1.11 ensure that Members undertake continuous professional development and participate in effective, ongoing professional activities;
- 1.1.12 foster and promote cooperation and association with organisations which have objectives similar to the College in Australia and New Zealand as well as in the wider international arena, particularly Asia and the Pacific region
- 1.1.13 facilitate medical education, medical aid and support, cultural competence, and cultural safety to developing nations;
- 1.1.14 advance public education and awareness of the science and practice of anaesthesia, perioperative medicine and pain medicine;
- 1.1.15 advance public education and awareness of health equity, cultural competence, and cultural safety of Aboriginal and Torres Strait Islander, Māori and Pacific peoples;
- 1.1.16 provide authoritative advice, information and opinion to other professional organisations, to governments and to the wider community;
- 1.1.17 work with governments and other relevant organisations to achieve the provision of adequate, well-qualified, experienced and capable workforces in Australia and New Zealand and to improve health services;
- 1.1.18 monitor issues affecting the interests of the College or the professional interests of its Members and to take all such actions as may be deemed necessary for the protection of those interests; and
- 1.1.19 provide advice and support to Members to assist them in establishing and maintaining an appropriate work/life balance and to meet effectively the challenges of professional life.

Specialist anaesthesia practice requires a unique range of clinical 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. The ANZCA training program provides education and training for all clinical environments and contexts, including foundation knowledge and skills for sub-specialised areas of practice.

The pain medicine specialty arose out of recognition that pain can be a condition in its own right, irrespective of its origin or cause, and frequently is not well addressed in the usual biomedical paradigm. The field spans three major clinical areas – acute pain, cancer pain and chronic non-cancer pain. The pain medicine curriculum articulates the scope of practice of a specialist pain medicine physician, including breadth and depth of knowledge, and the range of skills and professional behaviours necessary for quality patient care. FPM has adopted a sociopsychobiomedical paradigm, a unique conceptual stance in this field.

The College has adopted the CanMEDS framework domains for ANZCA, expressed through the following roles in practice. These roles are used as a basis for all current training programs.

ANZCA Roles in Practice



The college communicates and defines its program outcomes in broad domains. For the anaesthesia training program, these are:

Medical expert - Graduates of the ANZCA anaesthesia training program respond to the needs of the community for safe, efficient and effective anaesthesia care for surgery, perioperative management of co-morbidities, rapid response in the event of life-threatening emergencies, and management of pain.

Communicator - Graduates communicate with patients with empathy and cultural awareness to identify patient goals and negotiate appropriate management plans.

Collaborator - Graduates are part of an interprofessional healthcare team and work proactively to build effective and resilient teams through development of shared mental models of patient management plans, mutual trust and respect of team members, and effective communication strategies.

Leader and manager - Graduates of the program provide effective and inclusive leadership within their own work team, their department, and the wider health system, and support others to develop as leaders.

Health advocates - Graduates support and actively promote sustainable healthcare delivery and advocate for the rights of all members of the communities they serve.

Scholar - Graduates are fluent in research methods, able to critique published literature and undertake evidence-based practice. Graduates nurture and educate future generations of anaesthesia trainees, medical students and colleagues.

Professional - Graduates practise to a high ethical standard, work with integrity and commitment to their patients and colleagues, and protect their own and their colleagues' wellbeing. They proactively call out racism, bullying and harassment in the workplace, and promote the values of the profession.

The FPM roles in practice paradigm uses a slightly adapted version of the domains, the CanMEDS central concept of the 'medical expert' role is amended to 'specialist pain medicine physician', and the extra role of 'clinician' is added.

FPM Roles in Practice



A.3 Australian and New Zealand College of Anaesthetists and Faculty of Pain Medicine Fellowship Training Programs

The ANZCA training program is designed to produce a generalist anaesthetist while the FPM training program awards a post-specialist qualification that aims to extend specialist training, in any field, in the developing specialty of pain medicine. An optional separate endorsement in procedural aspects of pain medicine is offered to FPM fellows and trainees.

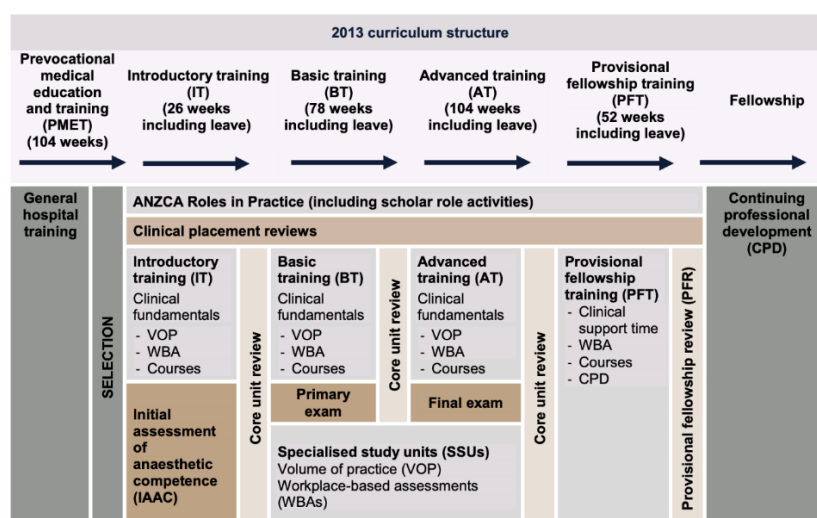
Anaesthesia Training Program

The training program, in effect since 2013, is a minimum of five years duration divided into four core units. Trainees must complete minimum requirements in each core unit, including:

- Minimum and maximum training time.
- Volumes of practice for cases and procedures.
- Courses.
- Assessments.

Curriculum components include ANZCA roles in practice, clinical fundamentals and specialised study units, with some common learning outcomes.

Anaesthesia Training Program Structure



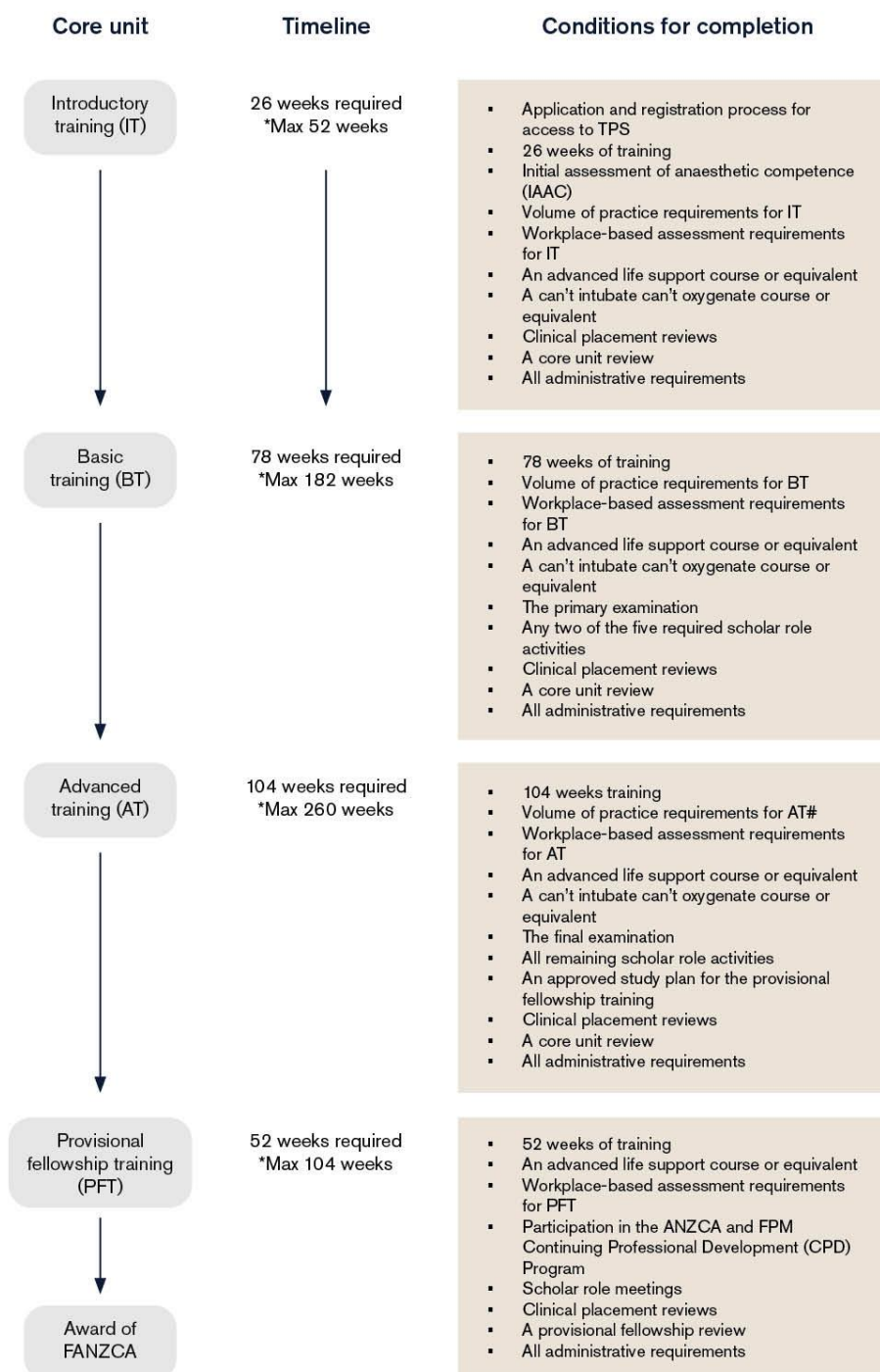
Anaesthesia Training Program Clinical Fundamentals and Specialised Study Units

ANZCA Clinical Fundamentals	Specialised Study Units
General anaesthesia and sedation Airway management Regional and local anaesthesia Perioperative medicine Pain medicine Resuscitation, trauma and crisis management Safety and quality in anaesthetic practice	Cardiac surgery and interventional cardiology General surgical, urological, gynaecological and endoscopic procedures Head and neck, ear, nose and throat, dental surgery and electro-convulsive 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 anaesthesia curriculum framework describes the ANZCA roles in practice, arranged under domains with graduate outcomes and aligned with CanMEDS roles. The curriculum is expressed in terms of learning outcomes mapped to assessment modalities. Key resource documents are the ANZCA anaesthesia training program curriculum, ANZCA Regulation 37 (Training in anaesthesia leading to FANZCA, and accreditation of facilities to deliver this curriculum) and ANZCA Handbook for Training.

In each core unit, the anaesthesia training program curriculum defines the required level of performance in knowledge across seven ANZCA clinical fundamentals, and progression between stages is determined at the core unit review. Workplace competence assessment is undertaken by the supervisor of training (SoT) in consultation with department members and feedback of workplace-based assessments (WBAs). An ANZCA Director of Professional Affairs Assessor verifies trainee compliance with progression requirements following SoT signoff.

Training Requirements for each ANZCA Core Unit



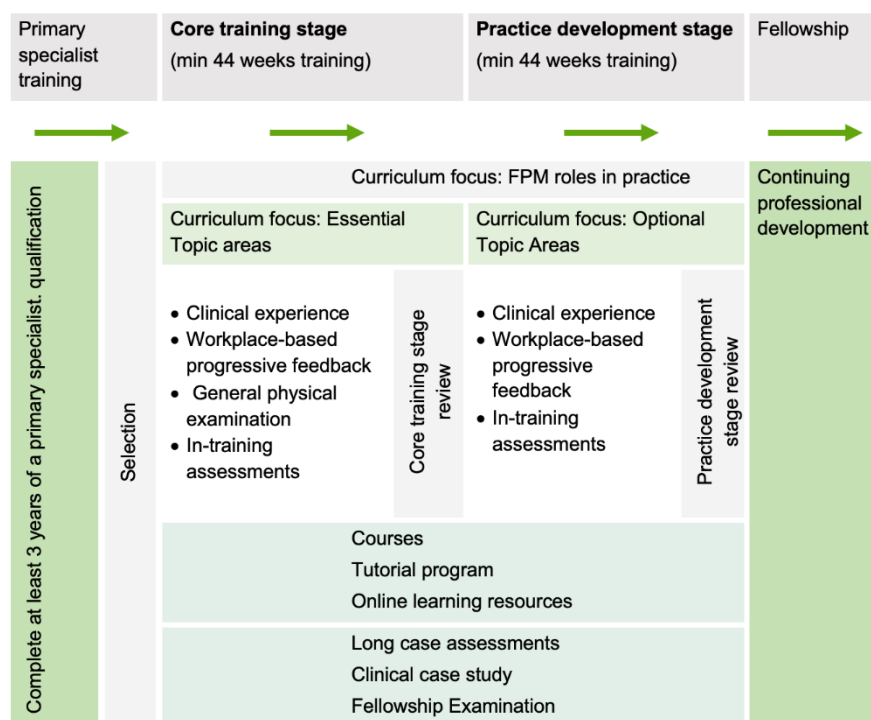
*The maximum total permitted time to complete the core unit.

#An Early Management of Severe Trauma (EMST) course is required, if the volume of practice has not been completed for the resuscitation, crisis management and trauma clinical fundamental.

Pain Medicine Training Program

The FPM training program is a minimum of two years (88 weeks) full-time equivalent of approved clinical experience directly related to pain medicine. It is divided into two stages, with each training stage comprising 44 weeks of clinical activity in multidisciplinary units. The core training stage focuses on learning outcomes covered in the FPM curriculum, and the practice development stage encourages trainees to define their own program and learning outcomes in their area of interest. Key resource documents are the FPM pain medicine training program curriculum, FPM By-law 4 (Training Program) and FPM training handbook.

Pain Medicine Training Program Structure



Note: To be admitted to Fellowship of FPM the applicant must possess a primary specialist qualification acceptable to the Board in addition to completing the training program.

The pain medicine curriculum framework expands the FPM roles in practice and graduate outcomes aligned with the CanMEDS framework.

The FPM curriculum has four sections. Three are addressed within the core training stage:

- 1 Conceptual basis of pain medicine addresses major philosophical and conceptual principles informing the practice of pain medicine.
- 2 The pain medicine roles in practice are designed to emphasise sociopsychobiomedical orientation to practice.
- 3 Essential topic areas were chosen as those in which the expertise of the specialist pain medicine physician should be paramount.

The fourth section involves optional topic areas outlining sample learning outcomes for areas of pain medicine that may be a focus of the practice development stage of training.

During the core training stage, trainees focus learning on roles in practice – clinician, communicator, collaborator, professional and scholar, and nine essential topic areas as an extension of the clinician role and content that defines the specialty of pain medicine. Workplace-based progressive feedback assessments are oriented to these learning outcomes. During the

practice development stage, trainees broaden learning by addressing other roles in practice – health advocate and manager/leader. Trainees are expected to meet graduate outcomes through performance in summative assessments.

Essential and Optional Topic Areas in Pain Medicine Training

Essential Topic Areas	Optional Topic Areas
Mechanisms in the biomedical dimension of pain Acute pain Spinal pain Problematic substance use Visceral pain Pain related to cancer Headache and orofacial pain Complex regional pain syndrome Chronic widespread pain	Persistent pelvic pain Consultation liaison psychiatry Paediatric pain medicine Procedures in pain medicine

Training Requirements for each FPM Training Stage

Training stage	Timeline	Conditions for completion
Core Training Stage	44 weeks required	<ul style="list-style-type: none"> 44 weeks of training Completion of the Better Pain Management program Completion of the general physical examination Quarterly in-training assessments (ITAs) with at least three having been assessed as satisfactory A minimum of two progressive feedback-clinical skills, assessed by at least two different assessors, demonstrating achievement of an overall rating of four or five A minimum of two progressive feedback-management plans, assessed by at least two different assessors, demonstrating achievement of an overall rating of four or five A progressive feedback-professional presentation A satisfactory multi-source feedback
Practice Development Stage	44 weeks required (maximum 260 weeks in program overall)	<ul style="list-style-type: none"> 44 weeks approved training time Quarterly ITAs with at least two having been assessed as satisfactory A satisfactory final ITA A minimum of two progressive feedback-management plans, assessed by at least two different assessors, demonstrating achievement of an overall rating of four or five A minimum of two progressive feedback case-based discussions, assessed by at least two different assessors, demonstrating achievement of an overall rating of four or five One progressive feedback-professional presentation One satisfactory multi-source feedback Evaluation of the PDS proposal and the learning outcome achievement

A.4 Teaching and Learning

The College's training programs use a range of teaching and learning approaches. These are guided by the outcomes defined for domains and training levels and expressed in terms of learning outcomes under the seven roles in practice. Trainees achieve learning outcomes via self-directed learning, workplace clinical experience and other educational experiences and activities. Some assessment activities such as workplace-based progressive feedback (WBPfFs) are dual purpose, serving as both formative and summative assessment.

Practice-based Training

The training for both ANZCA and FPM is practice-based, with much of the learning occurring in a clinical learning environment where trainees undertake a variety of roles. Trainees undertake clinical placements to obtain exposure to the full breadth of the discipline to achieve graduate outcomes.

Volumes of practice (VOP) are considered core for every ANZCA trainee, occurring frequently in practice, and, in some cases, are specific to particular training stages. Each assigned VOP is the minimum required to achieve curriculum learning outcomes. For some cases and procedures, it is expected that trainees will complete more than the minimum to achieve proficiency. These are logged in the online Training Portfolio System (TPS). For FPM trainees, clinical placements include specific clinical experiences which support essential topic areas.

The ANZCA Educators Program, available to all trainees and fellows, contains modules to develop participant knowledge, skills and professional behaviours, and are delivered in both online and face-to-face formats. The current modules available are:



The College also runs orientation courses for new trainees and examinations preparation course for both the primary and final examinations across Australia and Aotearoa New Zealand.

Anaesthesia training also mandates the following courses:

- 1 Advanced Life Support (ALS) course.
- 2 Can't Intubate, Can't Oxygenate (CICO) course.
- 3 Effective Management of Anaesthetic Crises (EMAC) course.
- 4 Paediatric Life Support course.
- 5 Neonatal Resuscitation course.
- 6 Early Management of Severe Trauma (EMST) course.

Further adjuncts to learning in a clinical setting offered by the College include the College library and museum, the annual scientific meeting, special interest groups, and other CME events.

Pain medicine training supplements hospital learning opportunities with two clinical skills courses in the first year of training. A successful binational weekly tutorial program was introduced in response to disruption of courses due to COVID-19, and online study guides mapped to each section of the curriculum are available for trainees to facilitate self-directed learning.

Training Portfolio System (TPS) for Anaesthesia

The TPS records and tracks training and is used by trainees and supervisors. Trainees are required to log minimum training experiences and must enter time within four weeks and log cases within 13 weeks of accrual. Time not recorded within this timeframe may be changed to leave or interrupted training. Supervisors can track a trainee's progress via the TPS, and access is tailored to the applicable role.

A.5 Program assessment

The College's training programs utilise a portfolio of assessments to ensure graduate outcomes are achieved through a programmatic approach. These include workplace-based assessments, examinations and scholarly activities aligned to learning outcomes. The College regularly reviews its assessments and was assisted in this in 2017 by the Australian Council for Education Research (ACER). The key resources of assessment in the anaesthesia and pain medicine training programs are the ANZCA and FPM curriculum and training handbook documents, available publicly on the College website.

The Examination Advancement Advisory Committee discusses the evolution of anaesthesia, pain medicine and diving and hyperbaric medicine examinations. In 2022, this Committee evolved into the Assessment Advisory Group, focusing first on development of all anaesthesia training program assessments, then on FPM and other College program assessments.

Anaesthesia Training Program

Governance

The Education Executive Management Committee (EEMC) reports to ANZCA Council and has oversight of relevant assessment sub-committees (Primary Examination, Final Examination, Trainee Performance Review) and other committees with assessment responsibilities (Specialist International Medical Graduate (SIMG) Committee, Education Development and Evaluation Committee (EDEC)). The EEMC ensures implementation of education initiatives of the College strategic plan and annual business plans and is responsible for guiding (EDEC for ongoing quality improvement and development of new education and training initiatives. Training regulation is under ANZCA Regulation 37.

The following sub-committees and groups support facets of the training program:

- The Primary Exam Sub-committee (PESC) conducts the ANZCA primary exam.
- The Final Exam Sub-committee (FESC) conducts the ANZCA final exam.
- The Scholar Role Sub-committee (SRSC) supports departmental scholar role tutors and educational resources and publications relating to the ANZCA scholar role.
- The Trainee Performance Review (TPR) Sub-committee delivers the TPR process, with plans to expand the terms of reference in 2022 to formalise responsibility for the trainee support process.
- The Primary Exam Candidate Support Project Group supports unsuccessful primary examination candidates, particularly those who have failed on three or more occasions.

Assessment Methods

The assessment requirements in the anaesthesia training program utilise a variety of formative and summative assessments mapped to learning outcomes to assess competence and progression over the four stages of training:

- Introductory training.
- Basic training.
- Provisional fellowship training.
- Advanced training.

Anaesthesia Training Program Assessment Requirements

Introductory training (IT)	Basic training (BT)	Advanced training (AT)	Provisional fellowship training
<ul style="list-style-type: none">• The IAAC, which includes:<ul style="list-style-type: none">◦ 3 satisfactory DOPS assessments◦ 6 satisfactory mini-CEX assessments◦ 1 CICO course◦ IAAC questions• 1 MSF• At least 1 planning and 1 feedback clinical placement review for each clinical placement• 1 ALS course• 1 satisfactory CUR – at the end of introductory training	<ul style="list-style-type: none">• 12 DOPS assessments• 12 mini-CEX assessments• 6 CBD assessments.• 1 MSF• 1 ALS course• 1 CICO and use of the intubating LMA course• At least 2 of the 5 core scholar role activities#• The primary examination• At least 1 planning and 1 feedback clinical placement review for each clinical placement• 1 satisfactory CUR – at the end of basic training	<ul style="list-style-type: none">• 8 DOPS assessments• 16 mini-CEX assessments• 8 CBD assessments• 1 MSF• 1 ALS course• 1 CICO and use of jet ventilation course.• Completion of all 5 core scholar role activities# – by the end of advanced training• Completion of all 12 specialised study unit reviews ^• The final examination• At least one planning and one feedback clinical placement review for each clinical placement – minimum 4 during advanced training• 1 satisfactory CUR – at the end of advanced training	<ul style="list-style-type: none">• Neg* DOPS assessments.• Neg* mini-CEX assessments• At least 2 CBD assessments• 1 MSF• 1 ALS course• At least 1 planning and 1 feedback clinical placement review for each clinical placement – minimum two during provisional fellowship training• 1 satisfactory provisional fellowship review – at the end of provisional fellowship training
		Over the duration of basic and advanced training:	
		<ul style="list-style-type: none">• ^At least 12 specialised study unit reviews – by the end of advanced training• One Neonatal Resuscitation course• One Paediatric life support course	
Over the duration of introductory, basic and advanced training:			
<ul style="list-style-type: none">• #Completion of the five core scholar role activities – by the end of advanced training:<ul style="list-style-type: none">◦ Teach 1 skill (with evaluation, feedback and reflection)◦ Facilitate 1 small group discussion or run a tutorial (with evaluation, feedback and reflection)◦ 1 critical appraisal of a paper published in a peer-reviewed indexed journal for internal assessment◦ 1 critical appraisal of a topic for internal evaluation and present it to the department◦ Complete 1 audit and provide a written report for internal evaluation			
Over the duration of training:			
<ul style="list-style-type: none">• Attend 2 regional or greater conferences/meetings• Participate in 20 existing quality assurance programs• One Effective Management of Anaesthetic Crises (EMAC) course – completing the EMAC course exempts the trainee from completing an advanced life support course in the core unit the EMAC is completed			

Key:

DOPS: Direct observation of procedural skills

Mini-CEX: Mini clinical evaluation exercise

CICO: Can't Intubate, Can't Oxygenate

IAAC: Initial assessment of anaesthetic competence

ALS: Advanced life support

MSF: Multi-source feedback

CUR: Core unit review

CBD: Case-based discussion

Workplace-based assessments (WBAs) were introduced to the anaesthesia training program in 2013 and are an important element used to assess trainees. Trainees initiate completion of WBAs, assessed by SoTs or WBA assessors. Progress is recorded in the TPS and can be monitored by both SoTs and trainees. ANZCA conducts qualitative studies to demonstrate the value of WBAs and to

support progressive improvements and ongoing investment in training WBA assessors to increase the quality of feedback to trainees.

The four WBA tools used are:

- 1 Direct observation of procedural skills (DOPS).
- 2 Mini clinical evaluation (mini-CEX).
- 3 Case-based discussion (CBD).
- 4 Multi-source feedback (MSF), which is conducted a minimum of once per training stage.

The *initial assessment of anaesthetic competence* (IAAC) is an assessment of trainee competence to work with more distant supervision, enabling participation in an after-hours roster. Assessment components include specified WBAs in introductory training, a locally devised MCQ test and a range of mini-vivas on critical situations. These assessments are developed at a hospital or regional level, guided by the ANZCA handbook for training.

Scholar role activities facilitate the development of trainees as learners, and trainees must complete any two of five of the following activities by the end of basic training and the remaining activities by the end of advanced training.

Scholar	Activities	
	BT or AT	Teach a skill (with evaluation, feedback and reflection).
		Facilitate a small group discussion or run a tutorial (with evaluation, feedback and reflection).
		Critically appraise a paper published in a peer-review indexed journal for internal assessment.
		Critically appraise a topic for internal evaluation and present it to the department.
		Complete an audit and provide a written report for internal evaluation.

By the end of provisional fellowship training, trainees must have:

- Attended two or more regional conferences/meetings.
- Participated in 20 existing quality assurance programs, which may include audit, critical incident monitoring, morbidity and mortality meetings.

There are two centralised examinations in the anaesthesia training program, *the primary and final examination*:

	Primary Examination	Final Examination
Components	MCQ Short answer questions (SAQ) Viva voce examination (viva)	MCQ SAQ Medical viva voce Anaesthetic viva voce (viva)
Timing	Required for progression from basic training (BT) to advanced training (AT)	Required for progression from AT to provisional fellowship training (PFT)
Maximum number of attempts permitted	Five	Five

The primary exam components are:

- **MCQ paper (pass-fail component):** 150 Type A questions in 150 minutes with a single best answer of 4 options, 150 marks total. There is a mixture of repeat and new questions (approximately 50% of each). All new questions undergo a multi-stage review process prior to being selected for an exam paper. All questions must have the answer referenced in at least one of the textbooks on the recommended examination reading list.
- **SAQ paper (50% of overall mark):** 15 questions with ten minutes to answer each question with 15 minutes reading time, 75 marks total.
- **Viva voce (50% of overall mark):** Three vivas each of 20 minutes duration, 12 questions in total (four per viva), 120 marks total. Each viva station is assessed by two examiners, who mark the candidate independently of each other.

The final exam components are:

- **MCQ paper (20% of overall mark):** 150 Type A questions in 150 minutes, 150 marks total.
- **SAQ paper (20% of overall mark):** 15 questions in 150 minutes, 150 marks total.
- **Medical viva voce (12% of overall mark):** Two vivas each of 18 minutes duration (plus two minutes reading time) with a different single examiner for each viva, 20 marks total.
- **Anaesthetic viva voce (48% of overall mark):** Eight vivas each of 15 minutes duration (plus two minutes reading time) with a different single examiner for each viva, 80 marks total.

Pain Medicine Training Program

Governance

The FPM Training and Assessment Executive Committee (TAEC) reports to the FPM Board, and is responsible for oversight of the FPM training program with support from the following committees:

- The FPM Examination Committee develops and implements the conduct of FPM examinations, including FPM fellowship examination, long case assessments and the clinical case study processes.
- The Learning and Development Committee develops the assessment framework to support and evaluate the training program, curriculum and other educational initiatives.

Assessment Methods

The pain medicine training program also utilises a range of summative and formative assessments, linked to specific learning outcomes in the curriculum, to assess trainee competence and progression.

Pain Medicine Training Program Assessment Requirements

CORE TRAINING STAGE	PRACTICE DEVELOPMENT STAGE
<ul style="list-style-type: none"> At least three successful in-training assessments. General physical examination assessment. At least two progressive feedback – clinical skills demonstrating achievement of an overall rating of four or five. At least two progressive feedback – management plans demonstrating achievement of an overall rating of four or five. One progressive feedback – professional presentation. One satisfactory multi-source feedback. 	<ul style="list-style-type: none"> At least two successful in-training assessments, including the final ITA. At least two progressive feedback – management plans demonstrating achievement of an overall rating of four or five. At least two progressive feedback – case-based discussions demonstrating achievement of an overall rating of four or five. One progressive feedback – professional presentation. One satisfactory multi-source feedback.

Over the duration of training
<ul style="list-style-type: none"> Workplace-based progressive feedback requirements. One local long case assessment followed by one external long case assessment. The clinical case study. The Fellowship Examination

Since 2015, the pain medicine training program has utilised regular WBAs in assessment, renamed *workplace-based progressive feedback (WBPF)* in 2018 to emphasis their formative rather than summative purpose. The learning outcomes of the WBPF tools are not linked to specific types of pain and aim to cover the key skills of specialist pain medicine physicians:

- | | |
|---------------------------------|-------------------------------|
| 1 General physical examination. | 4 Case-based discussions. |
| 2 Clinical skills assessment. | 5 Professional presentations. |
| 3 Management plans. | 6 Multi-source feedback. |

The *clinical case study* is the key scholar role activity within the pain medicine training program, with goals of the study to develop trainee knowledge, skill and judgement in:

- Acquiring and selecting relevant patient information and scientific literature to a particular case presentation.
- Clinical reasoning with clinical data to make professional judgements.
- Evaluating and implementing a patient-centred management plan.
- Integrating relevant patient information with relevant scientific literature.

The *FPM fellowship examination* is held once a year and trainees may attempt the examination in either stage of training. Both written and oral components must be passed in the same sitting with a maximum of five attempts allowed for trainees who commenced training after 2015. The components of the examination are:

- A written component of 10 short answer questions.
- An oral component of four structured viva voce examination stations and four OSCE stations.

Each written question and oral station is linked to curriculum learning outcomes.

The *long case assessment* was separated from the fellowship examination in 2015, and are independent entities. Trainees may undertake at least one of the two in either year of training. A long case assessor role was introduced to increase the pool of fellows who had experience in this assessment. FPM specifically targeted SoTs who were not examiners to be part of this process. In 2020, there was a first long case undertaken as a formative assessment in the training unit with

the second long case being a summative assessment undertaken by examiners and long case assessors.

A.6 Monitoring and Evaluation

The College incorporates several monitoring and evaluation activities to obtain feedback on its training and education programs including curriculum content, teaching and learning, supervision, assessment and trainee progress on a regular basis. These activities include both formal and informal methods such as:

- Regular trainee and fellow surveys.
- Formal training site accreditation.
- Through College committees and working groups.
- Evaluation through external professional bodies.

ANZCA Trainee Survey

The aim of the ANZCA trainee survey is to identify training and trainee support issues, including geographical variation, with a focus on the trainee experience over the preceding twelve months. The survey is administered biennially with assistance from KPMG Acuity, who provide survey response links and analyse and report results. The results are disseminated to a range of internal stakeholders. Deidentified site results are shared with SoTs and heads of department at accredited training sites, unless small response rates (fewer than five trainee responses) compromises anonymity.

ANZCA Provisional Fellowship Survey

The ANZCA provisional fellowship survey aims to understand provisional fellow experiences and their study plans in preparing them for specialist practice. Provisional fellows are surveyed annually, towards the end of their anaesthesia training. Survey results guide the Provisional Fellowship Program Sub-committee in its evaluation of each pre-approved study plan, understanding of whether training sites are meeting study plan requirements, and efforts to address any concerns.

ANZCA & FPM Graduate Outcomes Surveys

The graduate outcomes surveys for anaesthesia and pain medicine have not been performed since 2016. The purpose of the surveys was to evaluate work preparedness and working patterns among new graduates. Graduate outcomes were assessed across the broad areas of professional training, working and professional status, factors that influenced current practice location, and the future.

FPM Exit Survey

All pain medicine trainees complete an exit survey upon completion of the training program. This is the key Faculty graduate outcome evaluation activity and feedback is monitored and presented to relevant committees for consideration of training improvements.

Fellowship Survey

The fellowship survey is administered every three to four years and is used to evaluate fellow attitudes and needs to improve College services and inform strategic planning. The 2021 combined ANZCA and FPM fellowship survey focused on fellows' opinions on the future direction of the College.

Training Program Evolution Project

In 2019, the training program evolution project was established for competency-based medical education (including programmatic assessment and group decision-making), trainee selection review, educator skills and accreditation and learning environments. The project uses

comprehensive mixed methodology designs to evaluate the anaesthesia training program against international best practice and make recommendations for change. The accreditation project was jointly undertaken by both the anaesthesia and pain medicine training programs.

Assessment Reviews

The College has been working with the Australian Council of Educational Research (ACER) since 2017 to review the ANZCA primary and final examinations, with ACER providing ongoing analysis and recommendations for improvement.

Continuing Professional Development (CPD)

The ANZCA and FPM CPD program undergoes regular monitoring of compliance and the CPD Committee regularly reviews participant feedback. This feedback is currently being used for CPD redesign.

A.7 Trainee selection and support

Prospective ANZCA and FPM trainees apply to accredited anaesthesia departments and pain medicine units and when appointed to their positions, register with the College. Both anaesthesia and pain medicine training programs require each training site to use the relevant ANZCA and FPM selection principles, noting FPM bases selection on ANZCA principles.

Selection for employment in accredited anaesthetic training sites is primarily undertaken by rotational training schemes in each region. Selection decisions are then endorsed by the relevant site Clinical Director.

Anaesthesia Training Program

The selection criteria and process are detailed in the publicly available ANZCA Handbook for Training, which involves:

- Attaining a position in an ANZCA-accredited training site.
- Completion of a minimum of 104 FTE weeks of prevocational medical education and training (PMET), including at least 52 weeks of broad experience other than clinical anaesthesia, intensive care medicine and pain medicine.

Prior anaesthesia experience is not an essential selection criterion and examples of selection criteria based on the ANZCA roles in practice are illustrated in the ANZCA Handbook for Training.

ANZCA Roles in Practice	Examples of Selection Criteria
Medical expert: knowledge, skills and attitudes required to perform as an anaesthetist	Demonstrate an aptitude and commitment to acquiring the medical knowledge and clinical skills necessary to commence, continue and complete anaesthetic training. Demonstrate an ability to evaluate clinical problems and develop appropriate management plans.
Communicator: communicating with staff, patients and families	Have good communication skills, both verbal and written, appropriate for an anaesthetist and an ability to effectively facilitate relationships with staff, patients and their families.
Collaborator: working within a healthcare team	Demonstrate an aptitude for and commitment to achieving effective interpersonal collaboration and teamwork. Have an aptitude for and commitment to acquiring the skills and professional attitudes to prevent and manage interpersonal conflict.
Leader and manager: management of self, healthcare team and system	Demonstrate an ability to effectively organise and manage time and resources. Have a comprehensive understanding of the requirements of anaesthesia training. Demonstrate

	appropriate self-care, ability to cope with stress and willingness to consider feedback.
Health advocate: advancing the health of patients and community	Demonstrate a commitment to the health care of patients from all areas of the region/state/country; the wellbeing of individual patients and the community, including metropolitan, rural and Indigenous populations.
Scholar: continued self-learning, research and teaching	Have an appropriate academic history and a commitment to ongoing medical education. Have an understanding of the clinical review process, audit and research.
Professional: ethical practice, personal behaviour and profession-led regulation	Demonstrate integrity, punctuality, reliability and a high standard of personal behaviour in the conduct of their professional career. Have an understanding of medical ethics and its application to professional anaesthetic practice and profession-led regulation.

Prospective ANZCA trainees can register as “applicants”, which has a requirement of 12 months PMET but not currently employed in an ANZCA-accredited training department. Applicants have access to College communications and resources.

The selection processes for the anaesthesia training program and information on rotations is available on the College website for prospective trainees in each region and country.

	Rotations	Selection Process
Aotearoa New Zealand	Four training schemes across the country (Northern, Midland, Central, Southern).	Rotational supervisors from each scheme advise when and which hospitals are recruiting.
ACT	ACT Rotational Training Scheme.	Positions advertised on the ACT Health website each July for commencement the following January. Any mid-year positions are advertised in May for commencement in August of the same year. Selection interviews are usually conducted in early September for short-listed candidates (July if mid-year intake).
NSW	39 accredited training sites. 11 major rotational hospitals (accredited for 156 weeks) with trainee placements across metropolitan and rural hospitals.	NSW training positions are administered through the NSW Ministry of Health. Further details can be found on their website.
QLD	Four accredited rotations (Northern, Central, Southern and Gold Coast) that are overseen by The Queensland Anaesthetic Rotational Training Scheme (QARTS).	QARTS advises employing organisations, administers registrar selection and placement, in conjunction with QLD Health and Directors of Anaesthesia Group. Applications for the QARTS made via QLD Health RMO Campaign.
TAS	The Tasmanian Anaesthetics Training Program (TATP) offers training at all three Tasmanian Health Service (THS) hospitals.	Annual TATP recruitment advertised on the job vacancies page and at the THS jobs website.
SA & NT	The South Australia and Northern Territory Rotational Training Scheme (SANTRATS) offers rotations through 11 hospitals in South Australia and the Northern Territory. SANTRATS is overseen by the rotational supervisors, with assistance from the	Two intakes per annum: hospital employment year (applications open June/July) and mid-year (applications open March/April). These are advertised on the SA Health Careers website. Based on SANTRATS recommends and the scheme department directors appoint.

	Rotations	Selection Process
	directors of anaesthesia and the ANZCA SA/NT Regional Committee.	
VIC	Northern, Western, Eastern and Monash rotations make up the Victorian Anaesthesia Training Scheme. Joint decision-making by the Victorian Anaesthesia Training Committee (includes representatives from each rotation, VRC, VTC).	Centralised application process, CV and three referees. Each rotation conducts own shortlisting and interviews. If shortlisted for more than one program, applicants complete an online preference form.
WA	WA anaesthetic rotational training program (for introductory training, basic training and advanced training).	Single advertisement for all positions in June each year. Interviews, simulations and presentations conducted from August to September.

Pain Medicine Training Program

The selection criteria and process are detailed in the publicly available FPM Training Handbook and By-law 4 Training Program documents. Applicants must:

- Hold Specialist qualification accepted by the FPM Board, or have completed three years training towards their primary specialist qualification (the primary specialist qualification must have been obtained before FPM fellowship is awarded), and
- Have secured a pain medicine training position within an FPM accredited training unit, and
- Sign the FPM training agreement.

Accredited pain medicine training sites undertake to appoint pain medicine trainees according to ANZCA's selection principles as outlined in the ANZCA Handbook for Training. The pain medicine training program does not include rotations, nor is there a requirement to train at multiple training sites. A list of accredited pain medicine training units is available on the College website as a resource for prospective trainees.

Independent/Non-rotational Anaesthesia Trainees

In Australia, 'independent' trainees, sometimes called 'non-rotational trainees', are trainees not appointed to an 'anaesthesia rotation' but appointed by directors of departments independent of the anaesthesia rotation. In some regions, there is a single rotation with a common selection process (e.g. Queensland, South Australia, Victoria and Western Australia) and in others (e.g. New South Wales), employment is primarily by hospitals. Rotational trainee placements are controlled by rotational supervisors who ensure the trainees clinical placement and support them meeting all training requirements.

Trainees may commence their training with either rotational or independent status.

The drivers of independent/non-rotational training include:

- The College accredits hospital training sites rather than training positions (Standard 8.2), and rotational training capacity is limited by trainee positions in specialist and tertiary hospitals for required subspecialty experience, especially paediatric, cardiothoracic and neurosurgical anaesthesia.
- Service requirements within accredited hospitals and junior staff numbers for adequate rostering with suitable work hours mean that departments employ 'non-rotational' doctors to meet operational requirements.
- The College commitment to support training in rural and provincial practice leads to accreditation of suitable hospitals which provide a generalist experience without sufficient subspecialty experience to meet all training requirements. Accreditation of these sites is

contingent on them being part of a 'rotation', a group of hospitals. In some regions, many independent trainees commence training in these regional hospitals.

The term "independent" is not formally recognised in College policies, though data is collected in the TPS. College policy dictates all College trainees receive the same supervision during their employment and must meet training requirements to complete the training program. The College provides the same support to all trainees in terms of access to teaching and learning resources, assessment and support structures.

A key challenge for independent trainees is that they lack confirmed clinical placements for Introductory Training, Basic Training and Advanced Training (in Australia), including planned access to subspecialty rotations. If they remain independent trainees, they need to arrange their own employment and clinical placements. Trainees in provisional fellowship training, by design, organise their own clinical placements in line with the defined objectives of that training period- they are therefore not affected by the "independent trainee" issue.

In Aotearoa New Zealand, all trainees appointed to registrar positions in hospitals are termed 'rotational trainees'. Some choose not to engage in their rotation, in part because many rotations require relocation of their place of residence to manage the geographical separation of training sites.

The resident medical officer (RMO) award in Aotearoa New Zealand allows doctors in registrar posts to stay in the same position as long as they remain College trainees.

This does not apply to senior house officers (SHOs) who are employed in one anaesthesia rotation to test 'fit' for anaesthesia a career. As they are performing similar jobs to those in registrar posts, they can credit this SHO experience towards ANZCA training.

The RMO award means a trainee who has not passed a required examination is able to remain in a position until they exceed the allowable ANZCA extended time limits for that core unit, or exceed the allowable number of examination failures. This compares with the Australian situation where many of these trainees would be regarded as independent.

A.8 Supervisory and training roles and training post accreditation

All College training programs have well established and recognised clinical supervision frameworks that guide trainees in the progressive acquisition of skills to achieve program and graduate outcomes. The College has defined supervisor responsibilities and appointment processes and has developed several roles to support trainees in the anaesthesia and pain medicine training programs.

Anaesthesia Training Program

Education Officers

Education officers are the central coordinators of anaesthesia training within their region or country and are the liaison between the College and trainees, supervisors of training, heads of department and regional or national committees. They are responsible for monitoring accredited training sites, trainee management and appointment and education of those in supervisory roles.

Heads of Department

Heads of department are responsible for ensuring compliance with College accreditation standards and criteria, orientation of trainees to the department, and assisting with the management of trainees and appointment of supervisory roles.

Rotational Supervisors

Rotational supervisors coordinate the training and rotation of anaesthesia trainees among the hospitals in their rotation. They are responsible for allocating trainees to clinical placements, liaising with departments and monitoring clinical experience at each accredited training site.

Supervisors of Training

Supervisors of training are broadly responsible for anaesthesia training at each accredited training site and require a strong understanding and experience of College activities and processes.

Other supervisory roles in the anaesthesia training program include introductory training tutors, clinical fundamental tutors, specialised study unit supervisors, departmental scholar role tutors and provisional fellowship supervisors.

Pain Medicine Training Program

Supervisor of Training Advisors

The supervisor of training advisor is a centrally appointed role. This role is responsible for advising supervisors of training on the pain medicine training program, assisting supervisors of training to optimise their educational development, provide networking opportunities, and disseminating information from the Learning and Development Committee about training program developments.

Supervisors of Training

Supervisors of training are the pain medicine training program representative within each accredited training unit. They oversee clinical performance and assessment of trainees.

Practice Development Stage Supervisors

Practice development stage supervisors oversee the progression of trainees and perform specific assessments. These duties can be performed by a supervisor of training or another specialist.

Placement Supervisors

Placement supervisors oversee clinical performance and workplace-based progressive feedback during a trainee's placement. They maintain regular contact with the practice development stage supervisor and provide feedback to them on trainee performance.

Supervisor Training and Evaluation

There are no mandatory training requirements for anaesthesia supervisors. A project is currently underway to develop an online module for education and upskilling of supervisors and to strengthen current support resources.

Pain medicine supervisors must attend at least one workshop within 12 months of appointment and at least one other every two years thereafter. A number of resources for pain medicine supervisors have been collated and are available on the College website for ease of access.

Credit can be earned in both the ANZCA and FPM CPD program for activities relevant to supervisor of training performance, including reading educational articles, attending workshops and performing workplace-based assessments and workplace-based progressive feedback.

Supervisor performance is not systematically evaluated and no College training program provides supervisors with individual performance feedback. Trainees contribute to surveys that evaluate the performance of an entire department rather than individual supervisors.

Assessors and Examiners

Workplace-based assessment (WBA) assessors are an essential resource in the anaesthesia training program. There is no formal selection process for WBA assessors as every supervisor is expected to engage in WBAs. There is currently no formal process for performance assessment of WBA assessors and no pathway for trainees to provide feedback on the performance of these assessors.

Prospective anaesthesia examiners apply to the Primary or Final Examination Sub-Committee to join the panel of examiners. Examiners serve three-year terms and may be reappointed for a total

of 12 years. Examiners must complete a probationary period where their performance is assessed, and they are either appointed for a full term or their appointment is not confirmed. Reports on examiner performance are obtained from fellow examiners and an examiner assessor. Immediate constructive, qualitative individual feedback is provided to examiners. Trainees are given the opportunity to provide feedback after each examination and this is considered by the relevant Examination Sub-committee.

Pain medicine examiners are appointed by the FPM Examination Committee. Examiners have an annual training day prior to the oral component of the fellowship examination. New examiners ghost mark the written paper and are paired with experienced examiners when they start to examine. All examiners participate in calibration sessions for the content they will examine at the oral component. There is currently no formal process for assessment of examiner performance, and no pathway for trainees to provide feedback on the performance of specific examiners.

Training Site Accreditation

The College accredits training locations for anaesthesia and pain medicine training, with these processes occurring independently of each other. The accreditation of training locations is based on seven accreditation standards – quality patient care, clinical experience, supervision, supervisory roles and assessment, education and training, facilities, and clinical governance. Information on accreditation of all training programs and locations is publicly available on the College website.

On 1 January 2022 the College had a total of 160 accredited anaesthesia training sites and 38 accredited pain medicine units.

Anaesthesia Training Program

The accreditation process for anaesthesia training is governed by the ANZCA Training Accreditation Committee (TAC), supported by College staff in the Training and Assessment unit. Training sites and training rotations are accredited for anaesthesia training, with a five year accreditation cycle. Sites are accredited for 26, 52, 104 or 156 weeks of training and can also be accredited for identical durations of a maximum of 104 weeks of extended training. As a condition of accreditation, each accredited training site must be part of a training rotation. Accreditation of training rotations is the responsibility of the regional and national committees, with the accreditation principles outlined in the *ANZCA Handbook for Accreditation*.

The College also recognises training experience in sites accredited by other colleges, particularly the College of Intensive Care Medicine of Australia and New Zealand, and the Australasian College for Emergency Medicine.

Pain Medicine Training Program

The accreditation process for pain medicine training is governed by the FPM Training Unit Accreditation Committee (TUAC), supported by College staff in the FPM unit. Training units are accredited for pain medicine training, with a five year accreditation cycle. Units are accredited to deliver training in either the core training stage and practice development stage, or just the practice development stage. There are no maximum time periods trainees can train in each unit, and each trainee's entire pain medicine training time (minimum two years FTE) can occur in a single unit if that unit is accredited for core training.

A.9 Continuing professional development, further training and remediation

The College mandates that all practising fellows meet the ANZCA and FPM CPD Standard, as relevant to their specialist qualification. The program is also available to other registered medical practitioners for an annual fee. The framework for the program is articulated in the *Australia and New Zealand College of Anaesthetists Continuing Professional Development Standard*, publicly available on the College website. Program requirements have evolved to meet the requirements of the Medical Board of Australia (MBA) and the Medical Council of New Zealand (MCNZ), with

redesign underway to meet revised requirements in mid-2022 for the MCNZ and 2023 for the MBA.

The College's CPD standard and program address requirements for both specialist anaesthetists and specialist pain medicine physicians in three categories – practice evaluation, knowledge and skills, and emergency response. Participants must accrue a minimum of 30 credits each year and 180 credits each triennium. Participants are also required to complete a CPD Plan at the start of each triennium and a Triennial Evaluation at the end of the three-year cycle.

Participants are able to document their CPD activities and track their progress in a bespoke online portfolio, accessible via the College website. Regular individualised emails with specific data on outstanding requirements are sent to participants during the triennium, along with support calls from the College CPD team and in-person sessions when applicable. A random sample of 7% of participants is audited annually, with non-compliant participants supported to meet requirements.

The professional document PG50(A) *Guidelines on return to anaesthesia practice for anaesthetists 2017* provides the framework for return to practice programs for anaesthetists. Based on the ANZCA roles in practice, the framework includes components of the CPD program, a period of one-to-one supervision followed by oversight and practice evaluation. A similar process for specialist pain medicine physicians is in development.

Pathways for addressing requests for remediation of specialists involve the directors of professional affairs, Regulation 26 *Standards of professional practice*, the guideline *Promoting good practice and managing poor performance in anaesthesia and pain medicine*, and a professionalism guide *Supporting anaesthetists' professionalism and performance*.

A.10 Assessment of specialist international medical graduates

The College undertakes processes of assessment of specialist international medical graduates (SIMGs) for the purposes of specialist recognition by the MBA and MCNZ. The College's assessment of SIMGs is a joint process for anaesthesia and pain medicine. Within this overarching bi-national and bi-specialty process, there are specialty specific and country specific modifications to meet the differing requirements of the MBA and MCNZ. Information on the assessment process is publicly available on the College website.

The College's reconsideration, review and appeals processes are available to applicants, with information and forms publicly available on the College website.

Specialist Recognition in Australia

The assessment process commences with a paper-based application. This is checked by College staff for completeness and a preliminary review is then undertaken by the SIMG Director of Professional Affairs to determine the applicant's comparability. After the preliminary review the College provides a summary of preliminary review (SPR) to the applicant. Applicants who are found substantially comparable or partially comparable at the preliminary review are then invited to an interview. Applicants who are found not comparable at the preliminary review are not eligible to continue the SIMG pathway. The interview panel comprises three to four members and must contain mixed gender, one community representative and a chair.

Area of Need

The area of need (AON) process applies to Australia only and addresses the medical workforce shortages in designated areas. The process assesses suitability for a specific position rather than comparability to an Australian-trained specialist and does not lead to fellowship or specialist registration by the MBA. To determine an SIMG's suitability for a position the College requires a combined assessment for specialist recognition and AON. Following interview, the College issues a report to the SIMG confirming if they are suitable for the position and includes details of the comparability assessment.

Assessment and Outcomes

Following interview, applicants receive a report outlining the requirements they must successfully complete to be eligible for fellowship.

Substantially Comparable Requirements

Applicants must complete a period of up to 12 months FTE clinical practice in the relevant specialty. The period of practice includes successful completion of the SIMG Performance Assessment, multisource feedback, and active participation in the ANZCA and FPM CPD Program. Anaesthesia applicants also complete an EMAC course.

Partially Comparable Requirements – Anaesthesia

Applicants must complete a period of between 12 and 24 months FTE clinical practice in anaesthesia, normally at an ANZCA-accredited hospital department. The period of practice includes successful completion of the SIMG Examination or SIMG Performance Assessment, multisource feedback, active participation in the ANZCA and FPM CPD Program, and an EMAC course.

Partially Comparable Requirements – Pain Medicine

Applicants must complete a period of 12 months FTE clinical practice in pain medicine in a level 1 FPM accredited training unit. The period of practice includes successful completion of the viva component of the FPM Fellowship Examination or the SIMG Performance Assessment, multisource feedback and active participation in the ANZCA and FPM CPD Program.

Specialist Recognition in New Zealand

The MCNZ is responsible for all assessment decisions in Aotearoa New Zealand, considering advice provided by the College at each stage if this is requested by MCNZ.

Section B Assessment against specialist medical program accreditation standards

B.1 The context of training and education

1.1 Governance

The accreditation standards are as follows:

- The education provider's corporate governance structures are appropriate for the delivery of specialist medical programs, assessment of specialist international medical graduates and continuing professional development programs.
- The education provider has structures and procedures for oversight of training and education functions which are understood by those delivering these functions. The governance structures should encompass the provider's relationships with internal units and external training providers where relevant.
- The education provider's governance structures set out the composition, terms of reference, delegations and reporting relationships of each entity that contributes to governance, and allow all relevant groups to be represented in decision-making.
- The education provider's governance structures give appropriate priority to its educational role relative to other activities, and this role is defined in relation to its corporate governance.
- The education provider collaborates with relevant groups on key issues relating to its purpose, training and education functions, and educational governance.
- The education provider has developed and follows procedures for identifying, managing and recording conflicts of interest in its training and education functions, governance and decision-making.

1.1.1 Team findings

The team found that the College's corporate governance structures are sound and fit-for-purpose to enable the delivery of specialist medical programs, assessment of specialist international medical graduates, and continuing professional development programs, both for FANZCA and the FFPM. The presence of a well-publicised, clear governance structure with appropriate cross-jurisdictional representation and responsibilities articulated, enables the College to manage the challenges of binational training operations well.

Of particular note, the team was impressed by the College's demonstrated record of responding to the ongoing challenges presented by the COVID-19 pandemic. In conversations with internal and external stakeholders, the team observed the impressive work undertaken by the College in response to the COVID-19 challenges, including but not limited to continuing strategic and operational activity, corporate governance, training program delivery, professional leadership, and care for the welfare of trainees, fellows, and staff.

The team observed the recognition by fellows, trainees and stakeholders of the commitment and involvement by the College President, Chief Executive Officer, senior officer bearers and educational staff across all matters relating to both organisational and educational structures of the College.

ANZCA Council and Stakeholders

The College's peak governing body is the ANZCA Council, which has 14 members, who act as the Directors of the company. This Council comprises 12 fellow representatives elected by the fellows, the Dean of the FPM, and a new fellow member. Three office bearers sit on Council and are elected

by and from the membership of Council – the President, Vice-President, and Immediate Past President.

Council meetings have various sections, a Directors-only session, an internal session, and an open session. In addition to the standing members, various internal College stakeholders are invited to portions of the Council meetings as observers. These include the CEO (who attends all but *in camera* sessions), the Executive Director of Professional Affairs, the co-Chairs of the ANZCA Trainee Committee, the Chair of the New Zealand National Committee, and committee chairs (on a rotational basis).

External observers at Council include representatives from the Royal Australasian College of Surgeons (RACS), New Zealand Society of Anaesthesia (NZSA), Australian Society of Anaesthetists (ASA), College of Intensive Care Medicine of Australia and New Zealand (CICM), and the Hong Kong College of Anaesthesiology (HKCA). Strong governance relationships with key professional partners and meaningful collaboration with internal and external stakeholders clearly demonstrate a collegial approach to the delivery of the College's priorities.

This level of stakeholder engagement was also evident in the regional committee structure, which enables effective engagement with local trainees, fellows and stakeholders. These structures were also very well assisted by local resources, including Education Officers for ANZCA training, and national and regional CPD/CME committees.

While a directly elected representative approach clearly brings benefit in terms of local and stakeholder engagement, the team was curious about the provision of skills-based expertise on College governance. Given the Council's and FPM's governance role in setting strategic priorities and holding its committees to account, the College may wish to consider whether the structure of and process of selection to Council provides sufficiently robust mechanisms for the challenge and its effectiveness in advocating for stakeholders such as trainees. While the co-option model is useful for skills-based appointment to the FPM Board, the College is encouraged to consider whether it would be beneficial to apply a skills-based approach more broadly to ANZCA Council composition.

Faculty of Pain Medicine and Stakeholders

The Faculty of Pain Medicine is governed by a Faculty Board, which comprises seven elected and two co-opted fellows (amended in mid-2022), one new fellow, and two ANZCA Council representatives, one of whom is the President. The addition of co-opted members serves to ensure that the FPM Board has the necessary diversity and skills to discharge its role. As with Council, key internal stakeholders also attend as observers, including the CEO, FPM Executive Director, and FPM Director of Professional Affairs.

Of note was the extent of engagement by the FPM with key advocacy interest groups, which was seen to add value to the delivery of pain medicine training and practice. However, the team observed that the opportunity exists internally for FPM to engage pain medicine trainees more fully in the governance of the Faculty, both broadly and at a sufficiently high level. This is explored in greater detail under Standard 7.1.

It was clear, in all meetings with both ANZCA and FPM stakeholders, that there is an impressively high level of collaboration between the ANZCA and FPM, including the ability to balance FANZCA, FFPM and operational resourcing and priorities. The FPM is clearly a well-integrated element of College business, and it was clear that the broader machinery of the College was being leveraged effectively to deliver an ambitious program of delivery and reform within the FPM training program. However, given the expectation on the FPM and the comparatively small fellow base, it will be important for this leveraging to continue to deliver this ambitious reform.

Education and Training Governance

There was a strong and evident organisational focus on education and training, including clear commitment to continuous improvement in delivery of the College's objects. This was evidenced

by a strong ethos of continuous improvement in the governance of the College. The regular review of College governance structures, the recent Constitutional amendments, and the development of a comprehensively consulted Strategic Plan all point to an attitude of reflection and introspection that will benefit the College in the delivery of its training programs.

The Council receives comprehensive and timely reports regarding the delivery of the key educational activities of the College. This includes from the peak educational committee, the Education Executive Management Committee (EEMC). The team observed that the committee structure within the College is quite complex, which is unsurprising given the broad program of work undertaken by the organisation. However, the team recommends that the College undertakes a comprehensive review of the terms of reference of College entities, including (but not limited to) scope and authority, membership, reporting lines and regular review arrangements.

Assessment Governance

There are currently separate assessment governance structures for the anaesthesia and pain medicine training programs (see Section A, Standard 5). The College has identified the need for changes to governance of assessments with perceived benefits including opportunities for improved integration of assessment, central oversight of all anaesthetic training assessment, mitigation of risk to trainee well-being associated with assessments, sharing of knowledge about assessment best practice between groups, and continued strengthening of the programmatic approach to assessment for the training programs.

The planned first step is to restructure the Examination Advancement Advisory Group as the Assessment Advisory Group. This new committee is in the process of clarifying its governance, developing terms of reference, defining scope of work, and determining membership. The terms of reference will proceed through the EEMC to the ANZCA Council for endorsement. The College states that the new committee will consider assessments beyond examinations, including methods of assessment currently in use for both the anaesthesia and pain medicine training programs, and drive the future of assessments in both training programs. Potential benefits identified by the College assessment committees include consistent processes for special consideration, shared resources for assessor training and examination management using the online system currently being trialled.

Indigenous Health Committee & Aboriginal and Torres Strait Islander and Māori Representation

The College's Indigenous Health Committee reports to the Professional Affairs Executive Committee, which reports to ANZCA Council on proposals to support the health of Aboriginal and Torres Strait Islander Peoples in Australia and Māori in Aotearoa New Zealand. The Committee currently has 11 members with 55% identifying as Aboriginal and Torres Strait Islander and Māori, and the College is aiming towards a 70% Aboriginal and Torres Strait Islander and Māori membership. While the team recognises this relates to the limited number of Aboriginal and Torres Strait Islander and Māori fellows and trainees currently in the College and, the desire not to place cultural load on existing members, the College is encouraged to proactively increase Aboriginal and Torres Strait Islander and Māori representation and visibility through this Committee, including potentially considering direct links to the ANZCA Council.

A broad set of initiatives have been developed, including a five-year Indigenous Health Strategy launched in 2018 and the inaugural Cultural Safety and Leadership Hui in Waitangi in February 2021. The College's Reconciliation Action Plan (RAP) Working Group is developing its first Innovate Reconciliation Action Plan. The Indigenous Health Committee is also considering establishing a steering group to oversee development of a Treaty of Waitangi strategy for the College. The team notes the Indigenous Health Strategy is due for renewal towards the end of 2022, and the next iteration of this Strategy will be of interest to the AMC.

While the current reference in the College Constitution to raising public awareness of matters relating to Indigenous health is valued, and recognising there has been a recent Constitutional review, the College should consider:

- A review of its objects to encompass broader responsibilities in the space as representatives of its specialties, beyond the raising of public awareness.
- Reviewing the composition and reporting lines of the Indigenous Health Committee to strengthen the agency and importance of the voice of Aboriginal and Torres Strait Islander Peoples and Māori and their health within the College.
- Formalising the RAP Working Group to undertake work beyond the RAP itself, which would be beneficial to reflect the College's progress and work in this space more broadly.

Trainee Committee and Consumer Representation

It was clear to the team that the College's well formed, supported and respected ANZCA Trainee Committee was a strength. With observer presence at the ANZCA Council, representation in various education and training committees and working groups, and throughout the organisation, it was encouraging to see the extent to which the trainee voice is sought and incorporated.

However, the team noted that the absence of a trainee on the FPM Board, and the fact that the trainee representative at the College Council (a shared position between the two Trainee Committee co-Chairs, one Australian and one New Zealand) did not have voting rights, limited the capacity of these key stakeholders (and consumers) of the College to be fully heard. While the College had considered this matter and felt there were reasons why voting rights for trainees would be challenging (including the time involved, the burden on individual trainees, and the need to be across all issues), the team considers that the College should further consider the value that would be added by having trainees as voting members of Council.

Similarly, while the College is to be commended on the broad engagement of consumers across the governance of the organisation, including in many of the peak or key committees, there would be merit in considering the value that a consumer voice, with voting rights, would add at both the College Council and the FPM Board. The College should also consider methods to formalise recruitment, induction and support for consumer representatives involved in ANZCA and FPM governance.

Issues Relating to Trainee Selection and Site Accreditation

The College has, as one of its primary functions, the establishment of relevant policies on various issues including selection, training requirements and progressions and credentialing. Perhaps the clearest examples includes the policies on selection into training, appropriate attention to diversity of applicants, the information required, and the selection criteria to be utilised. The College makes it clear that these policies must be complied with by training sites as a condition of their accreditation (see Standard 8.2). However, for the College, in its role as the arbiter of policy and compliance, this presents two significant challenges:

- 1 Selection of applicants into the anaesthesia training program is undertaken by regional collaboration between training sites, through Rotational Training Schemes (RTS). Employment decisions are made by the Directors of Clinical Departments, and in this way, trainees enter the ANZCA training program. RTS are highly valued by trainees and supervisors of training as providing continuity, certainty, and clarity to trainees for the length of their training journey. While the College monitors selection processes through the accreditation of training sites the additional layer of the RTS appears to limit the College's capacity to ensure consistent application of College policy. The team also noted that application of College selection policies can vary between jurisdictions (see Standard 7.1).
- 2 The presence of RTS has also led to the growth of the cohort of the "independent/non-rotational trainee". These trainees are those not included within the RTS cohort and may include those who have taken longer than the prescribed time to complete training or have

moved jurisdictions. Again, this cohort varies between jurisdictions and the concerns relating to the independent/non-rotational trainee, their training and their welfare, are explored further under Standards 4 and 7.

The College should, therefore, review the relationship between the College, RTS and accredited training sites to provide consistency in trainee experience, and enable the enforcement of compliance with the College's guidelines and policies.

1.2 Program management

The accreditation standards are as follows:

- The education provider has structures with the responsibility, authority and capacity to direct the following key functions:
 - planning, implementing and evaluating the specialist medical program(s) and curriculum, and setting relevant policy and procedures
 - setting and implementing policy on continuing professional development and evaluating the effectiveness of continuing professional development activities
 - setting, implementing and evaluating policy and procedures relating to the assessment of specialist international medical graduates
 - certifying successful completion of the training and education programs.

1.2.1 Team findings

As discussed under Standard 1.1, the governance structures of the College are robust and fit-for-purpose. These structures are supported and enabled by a comprehensive suite of policies, guidelines and statements that guide its governance, education, and training functions. With a view to continuous improvement, the College should consider implementing a process to regularly review and evaluate the effectiveness of its education and training policies and procedures to amend or update as indicated.

Of note is the work already undertaken in the development of a renewed Strategic Plan 2023-2025 in identifying key priorities, objectives, risks, and opportunities in the development of the draft plan. Such actions demonstrate a considered approach to organisational renewal and a commitment to maintaining the contemporary and evolving nature of anaesthetic and pain medicine practice and training.

The team welcomes the continued refinement and finalisation of the Strategic Plan 2023-2025 and recommends the College strengthen the relevance and value of the document, by recognising the value of stakeholder engagement and incorporating feedback from key stakeholders such as Aboriginal, Torres Strait Islander and Māori consumers, trainees and key community and consumer stakeholders.

The team was also impressed by the sheer breadth and volume of work being undertaken across the educational spectrum of both the ANZCA and FPM programs, including specialist international medical graduate assessment and the continuing professional development programs. Initiatives such as the Training Program Evolution and the Lifelong Learning projects, among many others, indicated significant commitment to across-the-board continuous improvement. Given the breadth and impact of these projects, the College should consider a review of educational governance to ensure that a single body exists with complete governance oversight of programmatic assessment processes.

1.3 Reconsideration, review and appeals process

The accreditation standards are as follows:

- The education provider has reconsideration, review and appeals processes that provide for impartial review of decisions related to training and education functions. It makes information about these processes publicly available.
- The education provider has a process for evaluating de-identified appeals and complaints to determine if there is a systems problem.

1.3.1 Team findings

The team found that there were robust, consistent processes in place for reconsideration, review and appeals (RRA), and that these are publicly available and clear. There is regular meaningful review of RRA volumes and trends by EEMC, the relevant governance committee.

The team recognises the work the College is currently undertaking on the regulations governing RRA processes, namely *Regulation 30: Reconsideration and review processes*, and *Regulation 31: Appeals process*. There was also recognition of the work undertaken to improve the fairness and transparency of processes, including the use of (non-decision-making) advisors to identify and manage any conflict between regulatory requirements.

Given the work currently underway, including the systematic review of recent trends, the College should include consideration of how it could better communicate these mechanisms to stakeholders of interest.

1.4 Educational expertise and exchange

The accreditation standards are as follows:

- The education provider uses educational expertise in the development, management and continuous improvement of its training and education functions.
- The education provider collaborates with other educational institutions and compares its curriculum, specialist medical program and assessment with that of other relevant programs.

1.4.1 Team findings

The College demonstrated effective utilisation of key educational expertise, whether through the employment of expert staff members, the contribution of a largely volunteer expert clinical workforce, or the utilisation of external expertise.

The experience, expertise and commitment of staff was well recognised, and the team frequently heard the extent to which this resource is valued by fellows and trainees of both the ANZCA and FPM training programs. The high quality of both central and local staff (including, notably, the Aotearoa New Zealand office) was frequently raised.

Similarly, the level of engagement of the anaesthesia and pain medicine fellows at all levels of the College, supporting governance and delivery of training programs, most often in a voluntary capacity, was noted by the team. This contribution ranged from direct supervision and teaching, through provision of time to teaching examination preparation or skills acquisition courses, and in identified roles such as Supervisors of Training, Rotational Supervisors, and Examiners. The College has recognised the risk inherent in such an integral reliance on a volunteerism for the delivery of its training programs and is taking steps to mitigate this.

The team also noted the significant and ongoing benefit the College has obtained in its educational reforms by engaging the Australian Council for Education Research (ACER) to provide expert review of the College examination results within its training programs.

The College is to be commended on its positive stakeholder engagement with other educational institutions. This takes place on relevant matters, particularly with other colleges with which there are close professional linkages (such as the RACS and CICM), and those with whom the College delivers joint training initiatives with the Royal Australian College of General Practitioners (RACGP), and the Australian College of Rural and Remote Medicine (ACRRM) and is planning joint training with CICM.

This ability to work collaboratively with other educational institutions is also inherent in the FPM training program, given the FFPM is a post-fellowship qualification, and many practitioners come with experience in and connection to colleges other than ANZCA. However, this benefit is countered somewhat by the small size of the fellowship cohort, exacerbating the risk described above by the reliance on volunteer contribution.

1.5 Educational resources

The accreditation standards are as follows:

- The education provider has the resources and management capacity to sustain and, where appropriate, deliver its training and education functions.
- The education provider's training and education functions are supported by sufficient administrative and technical staff.

1.5.1 Team findings

The College is able to demonstrate that it has the financial, human, learning, infrastructural and information management resources and management capacity to deliver its suite of training programs, specialist international medical graduate assessment, and continuing professional development programs.

The restructure and realignment of the Education and Research Unit, which occurred in 2017 and 2020 respectively, have enabled the College to respond to internal and external changes in the training environment, as well as reallocate internal functions (such as the ANZCA Foundation and the functions of the Strategy and Quality Unit) to ensure effective organisational alignment. Senior educational appointments have supported increased strategic leadership, and the creation and appointment of new roles within the Learning and Innovation Team in 2021 have supported the College's reform agenda, despite the challenges of the pandemic.

Supporting the delivery of senior educational expertise is a suite of Directors of Professional Affairs, each with specific portfolios, led by an Executive Director of Professional Affairs. This model enables the incorporation of significant clinical and professional subject matter expertise, with clinicians (including specialist anaesthetists and pain medicine physicians) working alongside staff to deliver strategy, policy, and direct support.

While the work of the FPM is significant, both in terms of day-to-day delivery and the ambitious reform program that lies ahead, it was clear that the considerable machinery of the wider College is able to be utilised in order to support the delivery of the Faculty's programs.

The team also noted the College's work around gender equity, inclusion and unconscious bias training, which were seen as valuable initiatives to improve the quality and inclusiveness of both policy development and program delivery. The College is undertaking a significant workload and the team recommends consideration be given to appropriately maintaining a high-level project plan to adequately resource and prioritise continuous improvement projects identified.

The College gives the impression of a supportive workplace with a strongly developed ethos. However, while there has been significant work undertaken on the College Staff Values Initiative, the College itself has acknowledged that the intrusion of the COVID-19 pandemic has stalled this work. The College is therefore encouraged to continue and complete the work necessary to roll out and evaluate the College Staff Values initiative.

1.6 Interaction with the health sector

The accreditation standards are as follows:

- The education provider seeks to maintain effective relationships with health-related sectors of society and government, and relevant organisations and communities to promote the training, education and continuing professional development of medical specialists.
- The education provider works with training sites to enable clinicians to contribute to high-quality teaching and supervision, and to foster professional development.
- The education provider works with training sites and jurisdictions on matters of mutual interest.
- The education provider has effective partnerships with relevant local communities, organisations and individuals in the Indigenous health sector to support specialist training and education.

1.6.1 Team findings

In discussion with consumer representatives, jurisdictional stakeholders, fellows and supervisors, the commitment of the College to engaging broad and diverse elements of the health sector was noted by the team. Feedback from supervisors of both ANZCA and FPM training was positive and spoke to both direct and resource-based College support. Similarly, consumer engagement at multiple levels was clear in the College structure and defined by policy, and the obvious value placed on this aspect of stakeholder involvement was acknowledged by the College. As mentioned above, the FPM similarly values and incorporates the input of key advocacy and stakeholder groups.

The work undertaken on an overarching organisational Stakeholder Engagement Plan is noted, as is the significant amount of underpinning work that must first be completed. Delivery of a completed and comprehensive Stakeholder Engagement Plan will be welcome. One identified opportunity for exploration was to develop stronger linkages with jurisdictions to ensure greater access to training opportunities and to increase engagement with workforce planning.

Aboriginal and Torres Strait Islander Peoples and Māori Health

The College is commended on the work it has undertaken, through both the Indigenous Health Committee and the RAP Working Group, in developing the Innovate Reconciliation Action Plan, and demonstrating a commitment to engaging on matters relevant to Aboriginal and Torres Strait Islander and Māori health. Of particular note was the recent adoption of the Māori name of College (*Te Whare Tohu o Te Hau Whakoara*), which was seen by the team as a positive and encouraging initiative.

Acknowledging this recent work in developing the framework for Indigenous Health and the draft Reconciliation Action Plan, the team also had the following observations:

- There did not appear to be any formal memoranda of understanding or agreements with key Aboriginal and Torres Strait Islander and Māori organisations and communities. Proactively developing such formal linkages will facilitate more effective and structured input to the College's strategic and delivery environment.
- The College should work to ensure Indigenous representation in both Australia and Aotearoa New Zealand to reflect and align with the objectives of the College's Indigenous Health strategy.

1.7 Continuous renewal

The accreditation standards are as follows:

- The education provider regularly reviews its structures and functions for and resource allocation to training and education functions to meet changing needs and evolving best practice.

1.7.1 Team findings

Since its last full accreditation in 2012, the College has undertaken a number of reviews, which have led to structural and functional revisions across its operations. These have included changes to committee and organisational unit structure, functional realignment of training program responsibilities, and changes to how projects are resourced, delivered, and evaluated.

Additionally, the team noted the work undertaken by the College on initiatives that are in place to address emerging scope of practice issues in anaesthesia or improved service delivery- these include Rural Generalist Anaesthesia, Perioperative Medicine, and the Procedures Endorsement Program in Pain Medicine.

In order to meet the evolving standard of best practice, cultural safety training should be mandated and embedded for fellows, trainees and staff across the organisation and in all training programs, including specialist international medical graduate assessment and continuing professional development programs.

2022 Commendations, Conditions and Recommendations

Commendations

- A The clear and public governance structure with collegial collaboration between Faculty of Pain Medicine and the broader College, including balancing ANZCA, FPM and operational resourcing and priorities.
- B The demonstrated record of responding to the ongoing challenges presented by the COVID-19 pandemic, including but not limited to continuing strategic and operational activity, corporate governance, training program delivery, professional leadership, and care for the welfare of trainees, fellows, and staff.
- C The collaboration with internal and external stakeholders, including with partner educational institutions, which clearly demonstrates a collegial approach to the delivery of the College's priorities.
- D The broad engagement of consumers across the governance of the organisation, including in many of the College's key committees.

Conditions to satisfy accreditation standards

- 1 Review the relationship between the College, accredited training sites and rotational training schemes, to address selection and rotational issues, to give effect to College authority/accountability, and to resolve issues with independent/non-rotational trainees. Consideration is to be given to workforce planning, access to training opportunities and advocacy. (Standards 1.1.2, 1.2.1, 7.1 and 8.2)
- 2 Revise and update governance chart documenting integrated assessment governance structure for ANZCA and FPM training programs with governance for each assessment element, including workplace-based assessments, clearly represented. (Standards 1.1.1 and 1.3)
- 3 Develop formal, meaningful partnerships and consultation with Aboriginal and Torres Strait Islander and Māori organisations, communities, fellows and trainees in Australia

	and Aotearoa New Zealand, with evidence of effective delivery of the Strategic Plan 2023-2025, implementations of the objectives of the Indigenous Health Strategy and Innovate RAP. (Standard 1.6.4)
4	Embed mandatory and regular cultural safety training with appropriate resources for fellows, trainees, specialist international medical graduates and College staff. (Standard 1.7)
<i>Recommendations for improvement</i>	
AA	To support the College's objectives, consider whether the composition and function of the ANZCA Council and FPM Board could be improved, through: <ul style="list-style-type: none"> • Inclusion of trainees and consumers as voting members. • Enabling the Indigenous Health Committee to report directly to ANZCA Council. • Mechanisms of ensuring appropriate skills are represented. (Standard 1.1.1)
BB	Review and update terms of reference of College entities, including (but not limited to) the scope and authority, membership, reporting lines and regular review arrangements. (Standard 1.1.3)
CC	Formalise recruitment, induction and support for consumer representatives involved in ANZCA and FPM governance. (Standard 1.1.5)
DD	Strengthen the voice of trainees within the governance of the College by allowing trainees to have broader substantive input at ANZCA Council, FPM Board and throughout the College structure to ensure that the trainee voice remains integral to the overall governance of the training program. (Standard 1.1)
EE	Review educational governance, to ensure that a single body exists with complete governance oversight of programmatic assessment processes. (Standard 1.2)
FF	Establish procedures to regularly evaluate the effectiveness of College education and training policies and procedures. (Standards 1.2 and 6.2)
GG	Implement and evaluate the College Staff Values Initiative. (Standard 1.4.1)
HH	Deliver the completed Strategic Plan 2023-2025, including incorporation of input from key internal and external stakeholders, including Aboriginal and Torres Strait Islander and Māori communities, trainees and consumers. (Standard 1.2)

B.2 The outcomes of specialist training and education

2.1 Educational purpose

The accreditation standards are as follows:

- The education provider has defined its educational purpose which includes setting and promoting high standards of training, education, assessment, professional and medical practice, and continuing professional development, within the context of its community responsibilities.
- The education provider's purpose addresses Aboriginal and Torres Strait Islander peoples of Australia and/or Māori of New Zealand and their health.
- In defining its educational purpose, the education provider has consulted internal and external stakeholders.

2.1.1 Team findings

The College's educational purpose as defined in the submission is to support the training, assessment and continuing professional development (CPD) of practitioners for the delivery of high quality and safe anaesthesia, pain medicine and perioperative medicine for the Australian and Aotearoa New Zealand communities. The College communicates its educational purpose to fellows, trainees, and the public through several documents including:

- The ANZCA Constitution (amended May 2022 & publicly available).
- The ANZCA and FPM Reconciliation Action Plan (RAP) (remains in development).
- The ANZCA and FPM Strategic Plan 2018-2022 (new Strategic Plan 2023-2025 in development).
- The ANZCA and FPM education governance and strategic frameworks.

While these documents do articulate components of the College's educational purpose, the relationship and linkage of these documents and how they guide and influence one another is not clear. The College would benefit from blueprinting these documents to the educational purpose to ensure it is articulated in and influences all aspects of the College's business. As the RAP and Strategic plan remain in draft/development, the AMC will be interested in monitoring the adoption of the final versions of these documents including reporting against the actionable components of these documents as they relate to the standards.

The team acknowledges recent changes to the Constitution including the removal of references to 'intensive care medicine'. It also notes the inclusion of 'perioperative medicine' and aims to emphasise the College's recognition of this growing discipline, community needs, and the College's role as a leading medical specialist college for perioperative care. The College is commended on recognising and responding to this evolving landscape. The College should continue to focus on how this shift in purpose will influence program outcomes, curriculum, assessment and College business activities. The educational purpose also should be defined in the context of the College's community responsibilities. The College is encouraged to reflect on this shifting landscape, including the challenges of the workforce distribution of anaesthetists and pain medicine physicians. This includes community need in relation to rural and remote workforces.

A notable change in the ANZCA Constitution was the addition of 1.1.15 "*advance public education and awareness of health equity, cultural competence, and cultural safety of Aboriginal and Torres Strait Islander, Māori and Pacific peoples.*" While this begins to move the College towards identifying its educational purpose as it relates to Aboriginal and Torres Strait Islander and Māori health, the team acknowledges that this is the start of a journey for the College. The College should reflect and implement in its vision, mission, business activities and training programs a purpose that supports Aboriginal and Torres Strait Islander Peoples of Australia and Māori of Aotearoa

New Zealand and their health. Te Tiriti o Waitangi should form a major component of this standard as it relates to Aotearoa New Zealand.

The College is commended for moving towards and developing a RAP and for developing in collaboration a Māori name for the College. The vision in the draft RAP is... *“lead safe and high quality patient care in anaesthesia, perioperative medicine, and pain medicine that’s culturally safe and equitable, and to empower Aboriginal and Torres Strait Islander peoples to train and have flourishing professional careers in these fields.”* The outcomes of the RAP currently focus on the business aspects of ANZCA as an organisation and the College should also reflect on its responsibilities not only as a business but as an education provider, and to create cultural change within its membership.

While the College has developed an extensive network of internal stakeholders, there was variable levels of external stakeholder feedback. In the provided report, while the RAP has received external stakeholder input, the constitutional changes and Strategic Plan 2023-2025 have not. As such, while the College has strong health sector relationships and community representation across educational committees, a more systematic approach to consulting with these and other external stakeholders is required.

2.2 Program outcomes

The accreditation standards are as follows:

- The education provider develops and maintains a set of program outcomes for each of its specialist medical programs, including any subspecialty programs that take account of community needs, and medical and health practice. The provider relates its training and education functions to the health care needs of the communities it serves.
- The program outcomes are based on the role of the specialty and/or field of specialty practice and the role of the specialist in the delivery of health care.

2.2.1 Team findings

The team found that the College’s training program delivers specialist anaesthesia and pain medicine training of high quality that equips its trainees to undertake specialist practice. Trainees achieve learning outcomes through a range of learning activities and assessments and the program outcomes are articulated in the curriculum.

Evidence of purposeful alignment between training/education outcomes and the healthcare needs of the communities the College serves, particularly rural and remote communities was less clear. The College is encouraged to develop a more formalised approach to assessing needs across rural and remote communities and populations to inform curriculum development and desired educational outcomes- this should include regular evaluation with key stakeholder groups.

Likewise, cultural safety and competence, and specialist level knowledge of Aboriginal and Torres Strait Islander and Māori health is not an outcome of the training program. This should be incorporated as a program outcome and blueprinted against assessment and the curriculum.

2.3 Graduate outcomes

The accreditation standards are as follows:

- The education provider has defined graduate outcomes for each of its specialist medical programs including any subspecialty programs. These outcomes are based on the field of specialty practice and the specialists’ role in the delivery of health care and describe the attributes and competencies required by the specialist in this role. The education provider makes information on graduate outcomes publicly available.

2.3.1 Team finding

The College uses the CanMEDS framework, which recognises the high-level specialist roles of medical expert, communicator, collaborator, leader and manager, health advocate, scholar and professional. These roles are adapted for all current training programs and the ANZCA graduate outcomes are expressed through these broad domains, while the FPM graduate outcomes use slightly amended roles in practice. While the College communicates and defines its program outcomes through these roles, it does not have defined graduate outcomes and performance criteria for each role. The College is commended on its extensive professional documents that detail wide-ranging learning outcomes in anaesthesia and pain medicine. These relate to fellows rather than graduate outcomes and blueprinting and utility of these documents to define graduate outcomes will be useful. Development of robust graduate outcomes is required, that take into account workforce and community needs as well as the role of a generalist versus subspecialist.

2022 Commendations, Conditions and Recommendations

Commendations

- E The College and Faculty's education and training programs, which deliver quality training, equipping anaesthetists and pain medicine specialists for independent practice.
- F The ANZCA Foundation's commitment to research-informed education and practice especially around Aboriginal and Torres Strait Islander Peoples and Māori.
- G The College's educational purpose, which clearly acknowledges the growing landscape of anaesthesia practice to incorporate peri-operative medicine.
- H The College's reflection on the need to meet community needs, and the work of the Tripartite Committee of Rural Generalist Anaesthesia.

Conditions to satisfy accreditation standards

- 5 Explicitly address in the College's mission and educational purpose:
 - (i) A commitment to Aboriginal and Torres Strait Islander Peoples and Māori and their health. A formal acknowledgement of Aboriginal and Torres Strait Islander Peoples and Māori including addressing their perspectives in College governing documents, such as the Strategic Plan. (Standard 2.1.2)
 - (ii) Te Tiriti o Waitangi, extending to the College's vision, business activities and training programs. (Standard 2.1.2)
 - (iii) The need for a rural, regional and remote workforce in the context of its community responsibilities aligned with learning outcomes. (Standards 2.1, 2.2 and 2.3)
- 6 Develop and implement publicly available program and graduate outcomes for the anaesthesia and pain medicine programs that align with the health needs of the Aboriginal and Torres Strait Islander People of Australia and Māori of Aotearoa New Zealand. (Standards 2.2 and 2.3)
- 7 Develop and explicitly articulate publicly available graduate outcomes for anaesthetists and pain medicine specialists, including clear articulation between generalist and sub specialty training. These outcomes should have constructive alignment to curricula and assessment. (Standard 2.3)

Recommendations for improvement

- II Consider blueprinting the College's education purpose across the documents where it is articulated and how these documents influence all aspects of College business. (Standard 2.1.1)

B.3 The specialist medical training and education framework

3.1 Curriculum framework

The accreditation standards are as follows:

- For each of its specialist medical programs, the education provider has a framework for the curriculum organised according to the defined program and graduate outcomes. The framework is publicly available.

3.1.1 Team findings

The College and Faculty are commended for their detailed training programs and curriculum frameworks outlining the requirements for the qualification of skilled specialist anaesthetists and pain medicine physicians. There has been a significant investment in the revisions of the anaesthesia and pain medicine training program curricula, which has incorporated changes in practice and considered feedback received from trainees, fellows, committees and project groups. This work has continued to progress despite the impact the COVID-19 pandemic has presented to the College, its fellows and trainees, and its staff.

In 2017, the College embarked on a review of the 2013 Anaesthesia Training Curriculum with the training program evolution (TPE) project, which has unfolded over three phases under four pillars. Goals of the TPE included plans to incorporate and enhance competency-based medical education (CBME) (including programmatic assessment and group decision-making), educator skills, accreditation and learning environment, and trainee selection within the training program. This review is ongoing with implementation occurring progressively for each pillar of the project.

The Faculty of Pain Medicine has recently completed a three-year review of its curricula and is now focused on reviewing its assessment philosophy and structure whilst continuing to be involved in the broader College evolution project.

Both curricula frameworks are aligned against CanMEDS domains, and to learning outcomes in the anaesthesia and pain medicine curricula. While the anaesthesia training program curriculum is mapped to learning opportunities and assessments, the pain medicine curriculum still requires mapping learning outcomes to learning opportunities and assessments. This has been acknowledged by the College, who are progressing this body of work.

Both curricula frameworks are publicly available through the College website.

3.2 The content of the curriculum

The accreditation standards are as follows:

- The curriculum content aligns with all of the specialist medical program and graduate outcomes.
- The curriculum includes the scientific foundations of the specialty to develop skills in evidence-based practice and the scholarly development and maintenance of specialist knowledge.
- The curriculum builds on communication, clinical, diagnostic, management and procedural skills to enable safe patient care.
- The curriculum prepares specialists to protect and advance the health and wellbeing of individuals through patient-centred and goal-orientated care. This practice advances the wellbeing of communities and populations, and demonstrates recognition of the shared role of the patient/carer in clinical decision-making.
- The curriculum prepares specialists for their ongoing roles as professionals and leaders.

- The curriculum prepares specialists to contribute to the effectiveness and efficiency of the health care system, through knowledge and understanding of the issues associated with the delivery of safe, high-quality and cost-effective health care across a range of health settings within the Australian and/or New Zealand health systems.
- The curriculum prepares specialists for the role of teacher and supervisor of students, junior medical staff, trainees, and other health professionals.
- The curriculum includes formal learning about research methodology, critical appraisal of literature, scientific data and evidence-based practice, so that all trainees are research literate. The program encourages trainees to participate in research. Appropriate candidates can enter research training during specialist medical training and receive appropriate credit towards completion of specialist training.
- The curriculum develops a substantive understanding of Aboriginal and Torres Strait Islander health, history and cultures in Australia and Māori health, history and cultures in New Zealand as relevant to the specialty(s).
- The curriculum develops an understanding of the relationship between culture and health. Specialists are expected to be aware of their own cultural values and beliefs, and to be able to interact with people in a manner appropriate to that person's culture.
- Additional MCNZ criteria: Cultural Competence: The Training Programme should demonstrate that the education provider has respect for cultural competence and identifies formal components of the training programme that contribute to the cultural competence of trainees.

3.2.1 Team findings

The team considers that the curricula in both training programs prepare specialists to contribute to the effectiveness and efficiency of the healthcare system, and that the safeguards to ensure up-to-date and evidence-based practice should be commended. There is evidence that both curricula include scientific, evidence-based foundations, and the team considers that the content of the curricula adequately covers the breadth and depth of the specialties of anaesthesia and pain medicine. The anaesthesia curriculum has a strong focus on clinical and procedural competence, and the holistic approach of the pain medicine training curriculum that considers both biomedical and psychosocial experiences of managing chronic pain is to be commended. The emphasis on safety and quality of anaesthesia and pain medicine practice in both training programs is also notable.

The standards of patient-centred and goal-orientated care are addressed under the health advocate domain in both curricula. The College (and Faculty) will seek to incorporate shared decision-making elements in the curricula through the communicator role project. Both curricula demonstrate a well-developed scholar role domain, covering the elements of teaching, evaluation, critical analysis, and quality improvement and audit.

While it is evident that opportunities are created for trainees to develop leadership and professional skills in practice for their roles as specialist anaesthesia and pain medicine physicians, the FANZCA curriculum would benefit in the advanced skills training phase with more emphasis on non-clinical skills and knowledge. Further opportunities for trainees to develop leadership skills by being involved in College governance is discussed under Standard 7.

Although there are clear learning (program) outcomes detailed in both the anaesthesia and pain medicine training program curricula, the graduate outcomes for both programs have not been clearly articulated. As a result, graduate outcomes and the curricula are not currently aligned.

While there are some learning outcomes contained in both curricula with regards to cultural safety and Aboriginal, Torres Strait Islander and Māori health and culture, the College and Faculty need to ensure these learning outcomes are clearly embedded and are explicit in both curricula in

tandem with the development and implementation of the Innovate Reconciliation Action Plan. Associated educational resources to support these learning outcomes are to be developed or sourced, and made available and easily discoverable. These resources should be able to assist trainees to develop the specialist level of knowledge and cultural competency required for both training programs.

Anaesthesia Training Program

The anaesthesia training curriculum document clearly sets out learning outcomes mapped to assessment methods, and these learning outcomes are related to the seven anaesthesia roles in practice. While the document is extensive, it does demonstrate alignment between the high-level graduate outcomes (roles in practice), specific learning outcomes for stage of training and relevant assessment methods. For many learning outcomes more than one assessment method is used. Progression is apparent in learning outcomes for each stage of training. For example, learning outcomes related to airway management in advanced training relate to more complex situations than in basic training.

The team considers that the anaesthesia curriculum would benefit from greater clarity and consistency regarding how volume of practice (VOP) requirements are determined across training periods and specialist study units. This includes how the current VOP number is determined and how new elements are added or removed. Wherever possible, VOP in relation to an area of skill or knowledge should be determined using an underpinning evidence base. Currently, review of VOP requirements appears to be opportunistic and reactive, rather than systematic and regular.

While the team noted that VOP requirements, especially for paediatric anaesthesia, were designed to allow flexibility such that a rotation through a tertiary level paediatric hospital was not needed, this appears to be at odds with feedback the team received throughout assessment. The team instead understood a rotation was required in order to obtain overall completion of the specialist study unit in paediatric anaesthesia.

Overall, the role of VOP within a multimodal program needs to be articulated with the College's longer-term strategy for a more competency-based approach. Attention should also be given to how VOP requirements practically translate in training, to ensure that trainees are able to complete training without undue impediment at various mandatory stages.

Pain Medicine Training Program

The pain medicine curriculum document sets out the learning outcomes of the program under each of the seven roles in practice, nine essential topic areas and four optional topic areas. The document does not currently map curriculum to assessment methods, and the FPM has indicated this is to be completed in the context of the planned assessment review (see Standard 5).

Trainees without an anaesthesia background reported that experience with acute pain management was limited, and this is an issue of constructive alignment that needs to be addressed by ensuring that all trainees have adequate opportunities in all curriculum areas.

The team looks forward to the further development of VOP requirements in the FPM training program, in line with the development of that program's framework and mapping.

Curricula Reviews

The team noted the College and Faculty's approach to curricular reviews, moving forward, would be a methodology of continuous improvement instead of periodic comprehensive review. To support this work, the incorporation of systematic mechanisms to trigger review or modify learning outcomes and curricula with appropriate assessment is recommended to actively respond to evolving practice in anaesthesia and pain medicine and community needs. In addition, the College and Faculty needs to develop more robust content to clearly articulate the role of specialists in advancing wellbeing of communities and knowledge of issues related to health

inequity, in order to contribute to the delivery of high quality and cost-effective healthcare in populations across Australia and Aotearoa New Zealand.

Other Training Programs

Complementing the core anaesthesia and pain medicine training programs is the development and delivery of several other programs by the College and Faculty in response to identified need and to improve service delivery. Namely, they are the:

- FPM Procedures Endorsement Program (PEP).
- Joint Consultative Committee on Anaesthesia (JCCA) (due to end and be replaced by the DRGA in December 2022).
- Diploma of Rural Generalist Anaesthesia (DRGA).
- Diploma of Advanced Diving and Hyperbaric Medicine (DHM).
- Diploma of Perioperative Medicine (POM).

The enthusiastic collaboration with the College of Intensive Care Medicine of Australia and New Zealand (CICM) to develop a dual training program is also commendable.

3.3 Continuum of training, education and practice

The accreditation standards are as follows:

- There is evidence of purposeful curriculum design which demonstrates horizontal and vertical integration, and articulation with prior and subsequent phases of training and practice, including continuing professional development.
- The specialist medical program allows for recognition of prior learning and appropriate credit towards completion of the program.

3.3.1 Team findings

The anaesthesia and pain medicine training programs are clear, and there is demonstration of great consideration in the thoughtful design of the spiral learning approach of the curricula. Areas of learning introduced early in the training are revisited in greater depth later in training. Of note, there is considered integration of the anaesthesia program with prevocational training and continuing professional development.

The College has clear policies and procedures for recognition of prior learning (RPL) and appropriate credit towards completion of both the anaesthesia and pain medicine programs. For anaesthesia training, the details can be easily found in the ANZCA handbook for training and allows for RPL from other anaesthesia-related specialties, recent anaesthesia experience and for scholar role activities. As a post-specialty training program the Faculty of Pain Medicine Training Handbook articulates the requirements of prior experience.

There is reported satisfaction with the process and evidence of its use by trainees with the majority of applications granted across both anaesthesia and pain medicine training programs.

3.4 Structure of the curriculum

The accreditation standards are as follows:

- The curriculum articulates what is expected of trainees at each stage of the specialist medical program.
- The duration of the specialist medical program relates to the optimal time required to achieve the program and graduate outcomes. The duration is able to be altered in a flexible manner according to the trainee's ability to achieve those outcomes.

- The specialist medical program allows for part-time, interrupted and other flexible forms of training.
- The specialist medical program provides flexibility for trainees to pursue studies of choice that promote breadth and diversity of experience, consistent with the defined outcomes.

3.4.1 Team findings

Both the anaesthesia and pain medicine curricula clearly articulate what is expected of trainees at each stage of the specialist training program.

The anaesthesia program is divided into four core units, and progression can only occur upon successful review made by supervisors of training (SoTs) in consultation with members of the department and consideration of the workplace-based assessment (WBA).

Expectations of the anaesthesia training program are reinforced and supported by the well-received training portfolio system (TPS), and SoTs. The College has oversight of these training needs with accountability shared between the trainees and supervisors.

The College has demonstrated commendable flexibility and consideration applied to the training programs during the COVID-19 pandemic, and this has allowed trainees to continue with minimal impact to training requirements while meeting a significant increase in service needs.

The College has clear policies and procedures in place to support interrupted and part-time training, and these details can also be found in the ANZCA handbook for training or in the FPM section of the College website. Nearly all applications for part-time and interrupted training are approved. While there is recognition of support needed for flexible training for trainees who identify as Māori as support for whanau and cultural obligations, this was not evident for Aboriginal and Torres Strait Islander trainees.

Flexibility is built into both programs, such that the trainee can pursue studies of choice that promote breadth and diversity of experience, consistent with the defined outcomes. This is demonstrated in the provisional fellowship year for the anaesthesia program and through the pain medicine procedures endorsement program.

2022 Commendations, Conditions and Recommendations

Commendations

- | | |
|---|---|
| I | The well-structured anaesthesia and pain medicine training programs with considered curricula aligned with ongoing commitment from both College and Faculty towards continuous improvement of educational frameworks and curricula content. |
| J | The clearly defined curriculum stages for attaining competences with increasing markers of progression from prevocational training to fellowship in the anaesthesia training program, and from primary specialist training to fellowship in the pain medicine training program. |
| K | The development of complementary educational initiatives that enhance core anaesthesia and pain medicine training programs. |
| L | The flexibility applied to the training programs during the COVID-19 pandemic, facilitating training to continue with minimal impact to training requirement completion whilst meeting a significant increase in service needs. |

Conditions to satisfy accreditation standards

- 8 Explicitly map learning outcomes to teaching and learning opportunities and assessment to achieve the graduate outcomes of the pain medicine training program. (Standards 3.1, 3.2, 2.3 and 5.1)
- 9 Implement the Lifelong Learning Project and manage risks relating to the effectiveness, timeliness, and quality of all education and training programs. (Standard 3.2)
- 10 In both training programs, enhance curricula to support development of substantive knowledge and understanding of:
 - (i) The specialist's contribution to effective and efficient healthcare systems in the delivery of safe, high-quality and cost-effective health care across a range of settings in Australia and Aotearoa New Zealand. (Standard 3.2.6)
 - (ii) Aboriginal, Torres Strait Islander and Māori health, history, and culture linked to specific learning outcomes, resources and assessment. (Standards 3.2.9, 3.2.10 and 5.2)
- 11 Develop and implement systematic processes to:
 - (i) Determine volume of practice requirements for the anaesthesia training program using evidence-based methodology to ensure a competency-based approach. (Standards 3.2 and 3.4.2)
 - (ii) Cyclically review and modify learning outcomes and curricula, responding to the evolution of anaesthesia and pain medicine and changing community need, including development of related teaching and learning resources and assessment. (Standards 3.2, 2.2, 4.2 and 5.2)

Recommendations for improvement

- JJ Consider the flexible training needs of Aboriginal and Torres Strait Islander trainees in relation to cultural obligations. (Standard 3.4.3)

B.4 Teaching and learning

4.1 Teaching and learning approach

The accreditation standards are as follows:

- The specialist medical program employs a range of teaching and learning approaches, mapped to the curriculum content to meet the program and graduate outcomes.

4.1.1 Team findings

The team found that ANZCA and FPM employ a range of teaching and learning approaches in the progressive learning and development of its trainees. Learning is guided by the outcomes defined for domains and training levels within the training curricula for anaesthesia and pain medicine. The curriculum is organised under seven defined roles in practice (based on the CanMEDS framework), with associated learning outcomes, with an additional domain for pain medicine. There is a “roles in practice” library guide to assist trainees and supervisors. Learning resources are also mapped to the roles in practice, and the training programs’ focus on practice-based training and learning in clinical settings is highly valued by trainees.

Some activities, such as workplace-based assessments (WBAs), serve both an assessment and learning purpose.

Learning approaches include:

- Self-directed learning (guided by learning outcomes and self-identified training needs).
- Formal courses.
- Work integrated/experiential learning.
- Local provision of teaching and learning activities.
- Centralised tutorial program (FPM).

The team found that the College provided a range of online resources, including access to an extensive range of journals and databases relevant to both anaesthesia and pain medicine. The online resources were generally regarded as helpful. They were most valued in rural areas, where access to teaching and learning activities outside of clinical supervision was reported to be difficult. In terms of locally available resources, trainees and educators clearly indicated that the range of local teaching and learning activities available to trainees was highly site-specific and therefore, had a high degree of variability in content. The quality and content of learning activities was also influenced by the level of expertise, commitment, and enthusiasm of fellows, and to some extent the support of health services for participation by both fellows and trainees.

Access to Learning Activities

With both training programs having a focus on high stakes summative examinations for progression, trainees and supervisors of training are understandably focused on examination preparation. The presence of an examiner on-site was highly regarded but this option is not available to all trainees, especially those working at smaller or rural sites. Concerns around equity of access to training experiences at all sites, particularly for independent/non-rotational trainees, are held by the team and stakeholders.

The variability in trainee access to protected time to participate in learning activities was an area of some concern to the team. It is noted that the COVID-19 pandemic has significantly increased clinical workload while simultaneously reducing availability of staff numbers at training sites available to trainees. Consideration by the College of this issue would be of benefit to trainees.

Mandatory Educational Courses

Several educational courses are mandated by ANZCA in the anaesthesia training program and present additional cost of training for trainees. Some are only available through external providers, and some may be offered in-house at the trainee's workplace. Where these are not available in-house, additional expenses can be considerable. In addition to mandated educational courses, there are numerous mandatory experiences and learning activities. The team heard that trainees find it challenging to meet the requirements while studying for examinations, working long hours in some rotations, and having sufficient time for rest and wellbeing. It is suggested that higher rostered clinical hours be taken into account when determining both volume of practice (VOP) (see Standard 3) and also more systematic program leave.

4.2 Teaching and learning methods

The accreditation standards are as follows:

- The training is practice-based, involving the trainees' personal participation in appropriate aspects of health service, including supervised direct patient care, where relevant.
- The specialist medical program includes appropriate adjuncts to learning in a clinical setting.
- The specialist medical program encourages trainee learning through a range of teaching and learning methods including, but not limited to: self-directed learning; peer-to-peer learning; role modelling; and working with interdisciplinary and interprofessional teams.
- The training and education process facilitates trainees' development of an increasing degree of independent responsibility as skills, knowledge and experience grow.

4.2.1 Team findings

Both the ANZCA and FPM training programs are practice-based, involving the trainee's personal participation in appropriate aspects of health service provision, including supervised direct patient care. Some specialised study units of experience (e.g. paediatric anaesthesia) are mandated in the ANZCA training program. FPM uses a Procedures Endorsement Program (PEP) that allows trainees to select procedures in which they seek endorsement, and there are no VOP requirements.

Online Resources

The online Training Portfolio System (TPS) is considered highly effective, accessible and valued by ANZCA trainees, rotational supervisors (ROTs) and supervisors of training (SoTs). The team noted the FPM is developing a similar online platform that will similarly assist FPM trainees and SoTs to track progress through the FPM training program.

The ANZCA Educators Program, which is offered flexibly and at moderate cost to both fellows and trainees, enables development, although the uptake is uncertain.

The College has a well-resourced and organised online library of educational resources which is clearly marked out for trainees to access, and is shared with other education providers. The FPM similarly has comprehensive resources on its online portal utilised by trainees and SoTs.

Interprofessional Learning and Specialty Subject Units

Opportunities for interdisciplinary and interprofessional learning are inherent in many clinical placements, although there does not appear to be a formal requirement around this, and allied health colleagues may not routinely contribute to multi-source feedback. Stakeholder groups suggested that opportunities for interdisciplinary and interprofessional learning are variable and could be formalised and made more consistent across sites.

Stages of training clearly describe a graduated scope of practice and responsibility with increasing levels of independence and the level of supervision required. In FPM, the procedures in the PEP are organised into three categories reflecting increasing risk and complexity.

The team heard concerns expressed by stakeholders that access to the paediatric and cardiac SSU requirements represented a bottleneck in training, either as the required experience could only be gained in specialist units (cardiac and paediatrics) or because of decreasing frequency of procedures (cardiac). Whereas ANZCA indicated that the program requirements can be met through non-specialist unit placements, this was not the broad perception communicated by stakeholders, suggesting that consideration of communication strategies may be of value.

ANZCA Examination Preparation Courses

Examination preparation courses for the Primary Examination (PEX) and Final Examination (FEX) are currently run by some Regional Committees in Australia and the New Zealand National Committee. Trainees consider these courses essential in preparing for the examinations and that other ANZCA provided resources are currently inadequate for their preparation. The courses are promoted on the College website. Priority in attendance is generally given to local trainees due to sit an examination and due to limited numbers, places for other trainees may not be readily available.

There is variability in the content, format, quality and cost of examination preparation courses. Some trainees attend multiple courses with the attendant impact on their finances and annual leave. Trainees are concerned about equity of access to examination preparation courses, particularly for independent/non-rotational and rural trainees. The College, while recognising that central examination preparation courses would be ideal, has expressed some reluctance to disrupt the current course model for its Regional Committees.

However, the team understands the College plans to develop a centralised online anaesthetic examination preparation resource available to all trainees and specialist international medical graduates (SIMGs) taking examinations as a singular project. Recent decisions to release MCQ stems for both the Primary and Final Examination have been positively received by trainees as a first step in the provision of universal access to contemporary examination preparation resources.

The team supports these initiatives to enable examination preparation to be accessible equitably by all trainees and SIMGs undertaking College examinations. A centralised resource will also reduce content variability and mitigate potential conflicts of interest of locally run examination preparation courses or availability of on-site examiners in some locations. The team also highly recommends online resources be simultaneously developed or sourced to support access by exam candidates.

Access to Training Opportunities

Inequity of ANZCA trainee access to training opportunities within and across jurisdictions, particularly in anaesthetics rotations, was observed in the training program. These experiences were reported by both rotational and independent/non-rotational trainees in the anaesthesia training program, as well as by specialist international medical graduates, and were felt to contribute to delays in progression. The inequity experienced is possibly exacerbated in regional, rural and remote locations. There may also be more limited opportunities to work with interdisciplinary teams in smaller sites, and rural and remote locations. Due to the smaller training cohort, this issue was less apparent in the FPM program.

Inequitable access to adjuncts of learning and particular learning activities can be an issue in rural locations. Although this has been substantially improved by the introduction of online learning experiences for trainees, this area will require continued focus by the College to support consistent delivery of local teaching.

2022 Commendations, Conditions and Recommendations

Commendations

- M The utility and access of the ANZCA Training Portfolio System is highly valued by trainees, supervisors and rotational supervisors of training.
- N The availability of the ANZCA Educators Program in a flexible, low-cost, online format, supports learning and teaching development for both fellows and trainees.
- O The continued delivery of the College's teaching and learning functions flexibly and through online methods throughout the COVID-19 pandemic.

Conditions to satisfy accreditation standards

- 12 Address variability in teaching of the core curriculum content in both training programs, providing access to a centralised curated set of learning materials to support consistent teaching delivery. Quality and content should be systematically benchmarked across training sites, with consideration for the inclusion of localised content. (Standards 4.1.1 and 4.2.2)
- 13 Address variability in the access to and content of ANZCA examination preparation courses for rotational trainees, independent/non-rotational trainees, and specialist international medical graduates by finalising and implementing centralised preparation courses for all anaesthetic examinations. (Standards 4.1.1 and 4.2.2)
- 14 Undertake a process to review requirements for specialty subject units in the anaesthesia training program, such as paediatrics and cardiac surgery, to identify instances where demand exceeds availability or access and develop mitigation strategies. (Standard 4.2.1)

Recommendations for improvement

- KK Finalise and implement the online FPM trainee portal. (Standard 4)
- LL Clearly communicate alternative strategies and the feasibility for achieving SSU requirements to trainees and supervisors of training, such as in non-specialist-unit settings. (Standard 4.2.1)
- MM Increase flexibility in determining volume of practice and leave provisions, especially in a context of rostered clinical hours in excess of those used as the current basis for determination. (Standard 4.1.1)

B.5 Assessment of learning

5.1 Assessment approach

The accreditation standards are as follows:

- The education provider has a program of assessment aligned to the outcomes and curriculum of the specialist medical program which enables progressive judgements to be made about trainees' preparedness for specialist practice.
- The education provider clearly documents its assessment and completion requirements. All documents explaining these requirements are accessible to all staff, supervisors and trainees.
- The education provider has policies relating to special consideration in assessment.

5.1.1 Team findings

The overarching framework for assessment in both the anaesthesia and pain medicine training programs is consistent with a programmatic approach. The basis for key progression decisions is still reliant on single point examinations although there are plans to revisit and strengthen a competency-based medical education (CBME) approach beginning with introductory anaesthesia training. The stated intent is to further develop the programmatic approach to assessment, such that decisions on progression are based on each trainee's portfolio of evidence rather than milestone examinations. As part of this work, the College is expected to consider if:

- The current structure of examinations in both training programs is fit for purpose.
- There is utility in separating written and viva components.
- More robust workplace-based assessment may allow reduced reliance on single-point assessments for progression in training.

The new Assessment Advisory Group will have carriage of this assessment transformation.

In Standard 3, the team noted curricula documents for both training programs do not specifically reference cultural safety in practice for the care of Aboriginal and Torres Strait Islander Peoples and Māori and their health. In the anaesthesia training curriculum, general cultural competency appears under the Health Advocate role and is assessed by workplace-based assessment methods. In the pain medicine curriculum there are multiple references to cultural understanding not mapped to assessment.

As the College develops assessment for culturally safe practice in the care of Aboriginal and Torres Strait Islander People and Māori adequate consultation with internal and external stakeholders will be required, as well as access to specialist advice. The College has indicated there are plans to seek such advice in Aotearoa New Zealand from the Māori Anaesthetists Network of Aotearoa and from Faculty Māori fellows. Plans are not developed for external consultation to seek advice for the Australian context.

The team noted the commendable involvement of College staff and fellows in facilitating assessment for both programs at all levels and their clear commitment to high quality and fair assessment processes.

Anaesthesia Training Program

Developmental work has been undertaken to introduce comprehensive workplace-based assessments, however, progression decisions about transition from basic to advanced and advanced to provisional fellowship phases of training still largely depend on single-point examinations. The alignment of learning outcomes to curricula is detailed in Standard 3, and the team noted trainees and supervisors have awareness of the documented alignment of learning outcomes. The companion documents of the anaesthesia training program curriculum and the

ANZCA handbook for training provide comprehensive documentation of the assessment requirements for each stage of training, including summary diagrams. Progression in training through the four stages is dependent on trainees meeting all the requirements for each stage, including assessments and unit review requirements. In practice, the examinations are regarded as the key determinant for progression. Significant amount of time focussed on the examinations and preparation has been noted with the expectation these would cover all learning outcomes.

The training portfolio system (TPS) is the repository of evidence of training requirements and supports supervisors of training (SoT) and trainees to track completion. The team noted trainees are advised to plan, with their SoT, training experiences and a path to completion of assessments to meet the requirements for progression to each stage of the program. The College has identified there is variability and lack of transparency in progression decision-making within and across training sites and that Supervisors may have conflicts of interest, and/or insufficient training in this decision making process. The College may need to undertake further communication, and orientation of both SoTs and trainees to assure them that the programmatic approach to assessment is comprehensive in assessing all learning outcomes. With respect to the examinations, SoTs and trainees regarded the FEx as representative of safe performance at consultant anaesthetist level and aligned with the curriculum.

Pain Medicine Training Program

The assessment approach of the pain medicine training program facilitates progressive review of progress, and each trainee maintains a portfolio. The transition of the pain medicine training portfolio to electronic format in the near future will be helpful for SoTs and trainees to track progress, and to support decision making regarding transition between core and practice development training stages. The team found that trainees regarded the curriculum to be well aligned to pain medicine specialist practice, however, assessment less so with both curriculum and learning outcomes. The exception was the examination, which was considered to be in alignment with both the curriculum and learning outcomes by SoTs and trainees.

The training handbook sets out the assessment requirements for pain medicine in detail and the assessment forms are accessible on the College website. Progression from core to practice development stage of training is determined by completion of all core training requirements, and admission to fellowship requires a pass in the examinations.

The planned review of assessment for the pain medicine training program follows the curriculum revision completed in 2021 and is intended to further develop the programmatic approach to assessment in pain medicine training. The review is under the oversight of the FPM Learning and Development Committee. The FPM has indicated that due to limited resources, the timeframe to complete the review and implement changes is yet to be determined and may be over two to three years. This projected timeframe is suboptimal, and the College is expected to ensure adequate resourcing of the review, development of communication strategy about changes, and implementation of any changes to the assessment program.

Special Consideration

The College does not have a current college-wide special consideration policy, however, there are provisions in place for special consideration in both anaesthesia and pain medicine examinations, VOP requirements in anaesthesia training and long case assessments in pain medicine. In the case of examinations, candidates with an existing chronic illness or disability must apply for special consideration well ahead and may be afforded reasonable accommodation with respect to their illness or disability.

For anaesthesia examinations, submissions are to the Chair, Examinations and are required 18 weeks prior to the assessment. For assessment in pain medicine, submissions to the Chair, FPM Examination Committee are required four weeks ahead of the assessment closing date. Clear rules are also in place with regard to withdrawal from examinations due to acute illness with medical certification, and allowance for minor re-scheduling within examinations for candidate illness

when required. Information about special consideration is readily available to all trainees in training handbooks and Regulation 37 (anaesthesia training) and By-law 4 (pain medicine training). While the team found reasonable accommodation was applied in some cases, there were also reports of requests submitted but not responded to.

Candidates, examiners, or College staff who experience or observe examiner behaviours of concern during *viva* assessments may make a formal notification to the College or Faculty regarding this through the Notification of Complaints and Concerns policy, or refer the matter via the Chair, relevant examination committee for on-referral in college processes.

Trainees may also access the Review, Reconsideration and Appeals process with respect to assessment decisions, although some aspects of assessment are not open to this process, such as the remarking of MCQ examinations. Internal College guidance is available regarding the application of Regulation 30 (Review and Reconsideration) to anaesthesia training examinations updated in March 2022, though it is unclear if this advice is available more widely for SoTs and trainees.

The College has advised that development and documentation of a formal pathway for complaints specific to anaesthesia examination contexts is underway as part of the development of an overarching special consideration policy, with an expected completion date of late 2023. (See Standard 1.3).

5.2 Assessment methods

The accreditation standards are as follows:

- The assessment program contains a range of methods that are fit for purpose and include assessment of trainee performance in the workplace.
- The education provider has a blueprint to guide assessment through each stage of the specialist medical program.
- The education provider uses valid methods of standard setting for determining passing scores.

5.2.1 Team findings

Both anaesthesia and pain medicine training programs have a programmatic approach with a suite of assessment methods used. The College has identified specific areas for developmental or improvement work in the near future including workplace-based assessment (see 5.1.1), the initial assessment of anaesthesia competency, the SIMG performance assessment, and the possible introduction of a group decision making process for progress decisions in anaesthesia training.

Anaesthesia Training Program Assessment

Workplace-based assessments (WBA): There is significant reliance on WBAs in all four training stages of anaesthesia training with a range of WBA tools utilised and appropriate to the objectives of the specific trainee performance being assessed. These are the DOPS, CEX, CBD and MSF as described in Section A, Standard 5. An entrustment scale is utilised and the College is considering further evolving WBAs using entrustable professional activities (EPA), pending a formal decision being made. The predicted benefits of this approach include greater consistency in assessment across sites and assessors, increased standardisation, portfolio-based progression decision making, and strengthening the programmatic assessment approach.

Feedback from SoTs and trainees suggests there is variability in how WBAs are conducted across training sites in Australia and Aotearoa New Zealand. Although the intent is for trainees to complete more than the minimum required and receive constructive feedback on each occasion, reports suggest that common practice is for trainees to delay WBA assessment until they consider they will be assessed to be competent. When multiple WBAs are completed close to the end of a rotation, there may be insufficient opportunities remaining to address any performance

deficiencies. Both SoTs and trainees identified the busy clinical environment and lack of protected teaching time as significant barriers to the use of WBA tools as designed to provide multiple assessments, including constructive developmental feedback, prior to reaching competence.

The electronic WBA forms were also reported as a factor contributing to suboptimal feedback to trainees in the context of WBA. There are instances of temporal disconnection between trainee self-assessment and SoT assessment, or even significant retrospective completion by both parties after the WBA encounter. Feedback in these instances may not be timely, and the opportunity for meaningful feedback conversations lost. Trainees reported instances of needing to remind assessors on multiple occasions to complete and sign off assessments.

These factors contribute to some SoTs and trainees regarding WBA as a 'tick box' exercise, though they recognise the potential value as a reflective and formative tool. They clearly recognise infrequent or inadequate feedback as contributing to potential performance issues not being identified or trainees not progressing. SoTs spoke positively about the resources provided by the College to support them as WBA assessors and would like more opportunities to develop skills in providing effective feedback to trainees. They also identified that trainees could benefit from increased feedback literacy, which may be indicative of low uptake by trainees of available resources about feedback.

A new electronic portfolio platform is being commissioned to support both SoTs and trainees in longitudinal tracking of progress. This WBA evolution is in early-stage development and a pilot is planned in 2023 for the Introductory phase of training. While the College reported that consultation with SoTs about this development has been positive, SoTs emphasised that thorough consultation and appropriate training is essential before implementation. SoTs will also need adequate education about new assessments. Trainees will also need to be informed of any plans to change assessment and orientated to any new approach prior to implementation.

Scholar Role: Scholar role activities and requirements are regarded as reasonable by both SoTs and trainees though some commented these can be difficult to accommodate in busy rotations.

Initial assessment of anaesthesia competence: Trainees must complete satisfactory Initial Assessment of Anaesthetic Competence (IAAC) with required WBAs completed to progress from Introductory to Basic Training. The College has devolved responsibility for this assessment to training sites or regions, although does provide some guidance for SoTs and trainees in the Training Handbook. As a result there is considerable variation in the IAAC format, standard and quality across sites and regions. The College has recognised that standardisation of this assessment is desirable. This development is part of the Lifelong Learning and Training Evolution projects currently underway.

Primary Examination (PEX): The PEX functions as the principal determinant of progression from basic to advanced training stages. The current structure is coupled, with passing the MCQ component and a minimum score of 40% in the SAQ component, a pre-requisite for invitation to the viva component. It was noted allowance to carry over an MCQ pass for one further attempt was made as a COVID-19 response. The rationale for coupled components is understood by trainees as a requirement for candidates to hold both declarative and applied knowledge together. As noted below, the College is encouraged to consider uncoupling the MCQ and SAQ/viva components of the PEX in conjunction with the current CBME transformation and further development of its programmatic assessment approach.

SoTs and trainees appreciate the clearly defined syllabus and reading list for the PEX in the Training Handbook, however, consider that some MCQ questions are outdated and that the practice MCQ question bank needs to be updated to reflect current content and question format. SoTs and trainees regard the PEX as a fair assessment and well aligned with the curriculum.

Pass rates for the PEX have been consistently in the order of 65 to 70 % in the past five years for the first attempt, noting a low pass rate for one PEX in 2020, likely related to the COVID-19 pandemic context. Pass rates on subsequent attempts are lower, consistent with experience

across the sector. Independent/non-rotational trainees have lower pass rates than rotational trainees, lending weight to independent/non-rotational trainee perceptions that they are disadvantaged in preparation for the PEx. Female trainees are also noted to have lower pass rates than males and the College is encouraged to explore if there are systemic gender inequities in training or preparation opportunities underlying this.

Core Unit Reviews and Provisional Fellowship Review: The ANZCA handbook for training describes these reviews as summative assessments and mechanism by which completion of the requirements of each core unit or Provisional Fellowship are confirmed. Satisfactory completion of these reviews allows progression to the next stage of training or application for admission to ANZCA Fellowship.

Final Examination (FEx): The FEx functions as the principal determinant of trainee progression from advanced to provisional fellow stage of training. The current structure is a coupled assessment of MCQ, SAQ and *viva* components. Before 2020 the Medical *Viva* was conducted with real patients as an assessment prior to, and separate from, the SAQ/anaesthesia *viva*. Candidates who met score eligibility criteria after both the MCQ and medical *viva* were invited to the SAQ/anaesthesia *viva* assessment. As a result of the COVID-19 pandemic, the College made these adjustments to the FEx processes:

- Candidates were allowed to carry over a pass in the MCQ for one administration when they fail the *viva*, subject to also passing the SAQ.
- In 2020 relevant content areas incorporated in the SAQ/anaesthesia *viva* assessment, with subsequent development of a new scenario-based Medical *Viva* format in 2021, in the process of finalisation.

The College also identified benefits of the MCQ carry over provision as assisting candidates in preparation for the subsequent re-sit of the SAQ/*viva* and as facilitating training progression. The College is encouraged to consider a more permanent de-coupling arrangement in the FEx, with careful consideration of potential unintended consequences of requiring a pass in the MCQ prior to any attempt at other components.

The new FEx format includes two vivas on assessment and management of medical conditions in anaesthesia practice and is now held in conjunction with the SAQ/Anaesthesia *viva* assessment event. Eligibility for invitation to the *viva* component is now determined by a minimum 40% score in the MCQ and SAQ with a pass in one of these. The College has indicated that the FEx will continue in the new format and a new mastery WBA to assess patient interaction is in development by the ANZCA Medical *Viva* Examination Redesign Working Group. Trainees will require satisfactory completion of this competency-based assessment to progress to the next training stage. The College will need to finalise and implement this new assessment to complete this work.

SoTs and trainees are less clear about the curriculum for the FEx than the PEx and would appreciate further information in the ANZCA handbook for training, particularly with regard to the MCQ assessment. The gender discrepancy in pass rates on the first attempt seen in the PEx is not apparent in the FEx, however, independent/non-rotational trainees are noted to have a lower pass rate and SIMGs sitting the SIMG FEx have very low pass rates, of 30% on average, compared to 78% on average for Trainees in the FEx.

Anaesthesia Training Program Blueprinting

Graduate outcomes are mapped to assessment methods comprehensively for the anaesthesia training program, and individual assessment items entered into the Exam Management System are referenced to the curriculum. Current blueprinting processes for examinations, however, remain unclear, requiring development and formal documentation. The team considers blueprinting of the PEx and FEx should:

- Promote adequate sampling of the relevant curriculum content and consistency across each administration of the examination.

- Ensure content blueprinting be documented in standard operating procedures to ensure that turnover in examination development groups over time does not result in procedural change.
- Ensure outcomes of examination blueprinting be both high level matrix (e.g. PEx, FEx) and individual assessment-specific (e.g. MCQ, SAQ, Viva) views of content mapped to the curriculum, with longitudinal tracking.

Primary Examination (PEx): The PEx MCQ paper is developed according to a template, sampling relevant curriculum learning outcomes, and the PEx SAQ is also templated to ensure a range of core and non-core topics are included. The primary SAQ template demonstrates broad topic sampling, with longitudinal tracking of specific content for each examination administered against topics, though core and non-core topics are not specified. The primary *viva* topics are determined to complement rather than overlap SAQ content, with the aim of wide sampling of curriculum outcomes across the SAQ and *viva*. The process for this, and the resulting combined SAQ/*viva* blueprint, is unclear.

Final Examination (FEx): A systematic process for blueprinting final examinations is not yet in place to demonstrate consistent sampling of content across assessment modalities within each administration of the examination and longitudinally across examination events. The MCQ content is not templated although checked for balanced sampling of the curriculum after initial drafting of each examination. The current content development for the SAQ and *Viva* components rely on review of spreadsheet documents of past examination content, communication between the SAQ and *Viva* writing groups during item development, and Court of Examiner corporate knowledge.

The aim is to achieve appropriate and balanced sampling of core and non-core areas of practice, across assessment modalities and to minimise duplication. The process needs to be formally and comprehensively documented in standard operating procedures and blueprinted to learning outcomes.

Anaesthesia Training Program Standard Setting:

The College has implemented entrustment scales for WBA (mini-CEX and DOPS) and has made progress in transitioning to criterion-referenced pass/fail standard setting for examinations.

Workplace-based assessments (WBA): Those WBA that are based on direct observation of trainee performance use an entrustment scale that provides clear indication of the level of supervision required (supervisor in operating theatre, on-site or remote). The training handbook is not specific about the level of performance required for mandatory WBA assessments to be regarded as satisfactory.

Primary Examination (PEx) and Final Examination (FEx): Since 2016, criterion-referenced standard setting using the Ebel method has been in place for the PEx MCQ. The College is yet to implement criterion-referenced standard setting for the FEx MCQ, and intend to trial the Ebel method in 2022/23, after determining that the modified Angoff method was not feasible. Pro-tem, the FEx MCQ pass/fail standard remains norm-referenced.

Pass/fail standard setting for SAQ and *viva* questions in both the PEx and FEx is by development of minimum pass performance criteria statements. The item development and review process includes development of the minimum pass performance criterion statement. In addition, for *vivas*, defined safety breaches may also be developed. Written examiner guidance for the final examination SAQ marking specifies that candidates whose performance is at the minimum standard pass the item. Examiner briefing for the *viva* also specifies a pass if the minimum standard is demonstrated unless there is a safety breach. For these assessment formats, the process of criterion-based standard setting is not yet fully mature, and for some items the minimum pass performance criteria are not yet documented, although safety breaches may be.

The criterion-based pass standard performance definition is the basis for awarding a pass score and for examiner calibration to the pass standard and so is essential for every item. Currently,

standard setting procedures are not documented in standard operating procedures. For full implementation of criterion-referenced standard setting for MCQ, SAQ and *viva* examinations the College will need to ensure that processes and procedures are fully and formally documented, and universally applied for all SAQ and *viva* examination items. The College indicates that an action plan is currently in development to follow up on Advancing Examinations Initiative workshops conducted in 2017 by the Australian Council for Educational Research (ACER) and is encouraged to progress this work for all examinations as a priority.

The team found that SoTs and trainees do not have adequate knowledge of the methods the College uses to determine pass/fail standards for examinations, the scoring scales used in SAQ and *viva* items, or the way in which overall pass/fail decisions are arrived at when the elements of examinations are combined. Greater transparency, and readily available information should be provided for these stakeholders.

Pain Medicine Training Program Assessment

Workplace-based assessments: Workplace based assessment includes assessment for learning through the Work-based Performance Feedback (WBPF) suite of tools (General Physical Examination, Clinical Skills Assessment, Management Plans, Case-based Discussions, Professional Presentations, Multi-source Feedback). For Clinical Skill and Management Plan WBPF, two of each at a defined performance standard are required to progress from Core to Practice Development stage of training. To satisfy the requirements of the Practice Development stage, two each of Management Plan and Case-based discussion must be at the defined standard.

Two case-based assessment methods must be completed by the end of training. The Clinical Case Study is the required scholar role activity and detailed information to guide trainees is available in the pain medicine training handbook which a transparent marking criterion.

In 2020, the Faculty revised the long-case assessment (LCA) requirements due to resource constraints. Trainees now complete a formative LCA undertaken in the training unit, and one LCA with assessors who are examiners or otherwise credentialled for this assessment. SoTs and trainees consider the LCA reflective of and aligned with specialist practice in pain medicine. There were mixed views as to the utility of a single case as summative assessment.

Trainees complete required WBAs, and log these in their training portfolio. The majority of these assessments are for feedback to the trainee to inform their ongoing education and are not used in forming judgments for progression in the program from Core to Practice Development stage of training. The FPM assessment review in 2022 will include a review of the LCA and suite of WBPF assessments.

FPM Fellowship Examination (FPM FEx): The examination has written and oral components, requiring both to be passed in the same sitting. Trainees may sit the examination at any time during training. As part of the assessment review, the Faculty is encouraged to consider changes to the examination, such as un-coupling the components, consistent with a more programmatic approach to assessment.

In-training Assessment (ITA): The SoT completes a formal ITA review with trainees each quarter. These assessments document trainee progress towards completion of training requirements and assessments and is an opportunity for feedback and planning. ITAs are assessed on a global scale (Satisfactory, Borderline, Unsatisfactory), must be logged by the trainee and form part of the evidence base for the two training stage reviews.

Pain Medicine Training Program Blueprinting

The Faculty has not yet developed a formal and documented examination blueprinting process. The College is planning to incorporate development of this in the pain medicine training assessment review.

Pain Medicine Training Program Pass Standard Setting

Examinations were reviewed during the 2017 Advancing Examinations Initiative consultation conducted by ACER and will be considered in the current assessment review. The specific processes for determining pass-fail standards for the LCA, written and oral remain unclear and are not documented in standard operating procedures. Information in the ACER report suggests the oral examination pass-fail standard is an arbitrary 50%, consistent with current information for the written examination. Reconsideration of pass-fail standard setting methodology for this examination is planned for 2022.

COVID-19 and Assessment

In 2020 and 2021, College assessments were significantly disrupted due to the COVID 19 pandemic. The College is commended for its rapid response to the challenge and for maintaining assessment standards while successfully implementing adjusted examinations. The implementation of an ANZCA COVID-19 Training Progression Group considered trainee progression decisions to minimise negative impacts of the pandemic, allowing backdating of progression to original scheduled examination dates if required. This response allowed trainees to progress through training as planned, and to Fellowship, continuing to meet the workforce needs of Australia and Aotearoa New Zealand. The College now has line of sight to risks associated with reliance on factors such as a volunteer examiner cohort, single site examination administration, and use of patients. The College risk register includes examination disruption or failure, with mitigation of these risks to be formally considered in the future, and with regular updates to the CEO, Council, and the FPM Board. The new Assessment Advisory Group will be responsible for the management of identified risks related to assessment delivery.

In the anaesthesia training program, adjustments to the delivery of examinations in 2020 and 2021 included increasing the number of sites for written examination administration and a distributed model for vivas, including hybrid vivas. The College reports that feedback from candidates was, overall, positive however there were some concerns about the potential for bias when candidates are known to examiners, which outweigh the benefits of less travel. The team also heard positive feedback from trainees about the administration of the examinations under pandemic conditions, with minimal disruption to trainee progression. The College has now returned to face-to-face single site administration of the Anaesthetic Final Examination (FEx), considering that the benefits of this model outweigh the benefits for trainees of decreased travel of the distributed model. For the FEx the modification to the Medical Viva, whereby clinical scenarios without patients are used instead of patient encounters, will be continued.

The allowance for candidates to carry successful written examinations for one further viva administration after a failed viva attempt has been well received by trainees, raising the question of further consideration of 'un-coupling' of examination assessments. The College is encouraged to explore further (perhaps through the work of the new Assessment Advisory Group), how examination elements could be de-coupled, recognizing that examination fee structures will need to change. Such a change would be in keeping with the programmatic approach to assessment in College training programs.

In the pain medicine training program, adjustments were introduced to the external long case assessment with increased flexibility for trainees in scheduling and use of remote assessors. Virtual examination orientation sessions will be continued.

5.3 Performance feedback

The accreditation standards are as follows:

- The education provider facilitates regular and timely feedback to trainees on performance to guide learning.
- The education provider informs its supervisors of the assessment performance of the trainees for whom they are responsible.

- The education provider has processes for early identification of trainees who are not meeting the outcomes of the specialist medical program and implements appropriate measures in response.
- The education provider has procedures to inform employers and, where appropriate, the regulators, where patient safety concerns arise in assessment.

5.3.1 Team findings

Anaesthesia Training Program

The programmatic approach to assessment in anaesthesia training of multiple workplace-based assessments and progress review meetings provides a structural basis for regular feedback to trainees on performance in the clinical environment. SoTs and trainees recognise these assessments and meetings provide opportunities for feedback conversations, however, identify that there are barriers to regular and timely feedback, limiting the utility of the assessments for performance improvement (also 5.2.1). The College has indicated that it will undertake work in the near future to improve the quality of WBAs and is encouraged to consider how barriers to effective feedback are addressed.

SoTs have access to their trainees' portfolios and should therefore have adequate knowledge of each trainee's progress with respect to WBA requirements. With regard to examination outcomes, SoTs had variable reports of the timeliness of notification to them or visibility in trainee portfolios. Many SoTs relied on informal notification and reported up to a two week delay for results to appear in the trainee portfolio. SoTs consider they require prompt and formal notification of results to best support trainees who fail an examination. Reliance on the current practice of copying SoTs on the notification letter to trainees who fail is regarded as sub-optimal.

Examination Feedback: For each administration of the PEx and FEx, detailed examination reports are made available to candidates and SoTs through the College website. These reports provide general information about the assessments and include MCQ stems, SAQ and *viva* questions and analysis of cohort response patterns. They are intended as a reflective prompt for candidates. Trainees had mixed views about the value of these reports irrespective of having passed or failed an examination and would prefer individual performance feedback. Changes to examination requirements, formats and marking schemes limit the utility of historic examination reports.

Individual feedback is provided to candidates who fail the PEx. This feedback includes a bracket score for overall MCQ performance, the actual score for each SAQ with a feedback sheet for each SAQ with a score of 0-1/5; a bracket score for the *viva* with a feedback sheet for each scoring <40%. The feedback letter includes advice regarding support available through the trainee's supervisor of training and access to college resources. For candidates who fail the FEx, routine feedback is less detailed, and trainees reported finding it difficult to determine what they need to do to improve before the next examination attempt. SoTs would also appreciate greater detail to assist them in developing a study plan with the trainee prior to their next examination attempt. Both supervisors and trainees would find more detailed feedback to candidates who fail the FEx helpful.

For both examinations, trainees may request a feedback interview with a senior examiner within four weeks of the failed attempt. The formal College process for providing feedback to trainees who fail examinations, is only mandated after the third failed attempt, due to the projected workload for examiners in participating in the interviews if they were to be mandated after one or two failed attempts. As a maximum of five examination attempts are allowed, consideration should be given to formal remediation interviews after less than three failed attempts, and significantly improving the quality, detail and specificity of feedback to facilitate SoTs in assisting trainees.

Candidates who pass examinations do not receive detailed feedback on performance and trainees would regard this as helpful, particularly in areas where the minimum pass standard has not been

achieved, or where a 'safety breach' has occurred. As candidates cannot pass items when there is a 'safety breach' documented (although they can still pass the examination in aggregate), patient safety considerations determine that at a minimum this feedback be provided to all candidates. The College has recognised that feedback to all examination candidates could be improved, and is encouraged to consider incorporating individual reporting specifications in any further examination development and to seek out sector best practice examples for consideration.

Trainee Performance and Support: A formal Trainee Support Process (TSP) is implemented when a trainee is identified as at risk of not progressing within a training stage, and there are clearly communicated indicators of risk to guide SoTs. The process is initiated by the SoT, with a documented pathway for escalation to the ANZCA Training Department if required. Most trainees entering a TSP process have positive outcomes and continue in training. When serious concerns give rise to consideration as to whether a trainee should remain in the program or be withdrawn, the Trainee Performance Review (TPR) Process is invoked under Regulation 37.31. Trainees may also initiate a TPR process if they perceive issues in their workplace are preventing fair and valid assessment.

The TPR is independent of the training site and complies with principles of natural justice. The Trainee Performance Review Sub-committee is currently responsible for the TPR process, and there are plans to revise the terms of reference to include responsibility for the Trainee Support Process (TSP) and the trainee watchlist. The College is considering evolution to a formal group decision-making model for trainees identified as borderline or unsatisfactory at clinical placement review or core unit review

Pain Medicine Training Program

The structure of the pain medicine training program, the WBPF and ITA requirements promote regular opportunities for feedback to trainees. SoTs and trainees regard the ITAs as useful opportunities for review and feedback, however, it can become a tick box exercise. The Faculty publishes an examination report after each administration of the FPM FEx with a supporting podcast. All trainees who fail the FPM FEx are offered a feedback interview with a senior examiner and required to attend with a mentor or SoT to support the trainee to develop a structured examination preparation plan. Most unsuccessful trainees take up the feedback interview offer. Consideration as to how examination feedback is given to all FPM FEx candidates should be included in the assessment review.

The FPM Trainee portfolio is not yet hosted on a digital platform, although this is imminent. Supervisors will have access to the portfolio when this is available to allow better oversight of Trainee progression outside the required review points. This will be a positive development and should promote early identification of trainees not progressing as expected.

The FPM quarterly ITA assessment is an opportunity for the identification of trainees who are not progressing as expected and any trainee with a second borderline assessment or any unsatisfactory assessment is required to commence the Trainee Experiencing Difficulty Process, which is escalated to the FPM Trainee Performance Review Process if required. This structure is similar to that of the anaesthesia training program.

At the time of the assessment, the team noted the FPM would soon commence a review of assessment in the training program.

Anaesthesia and Pain Medicine Training Program Patient Safety Concerns and Notification to Employers and/or Regulators

Anaesthesia training SoTs are advised by the College to notify the Head of Department in the employment context when safety concerns are identified during assessments conducted in the workplace or at any other time. Such concerns may also prompt the TSP and/or TPR to commence. The Training Regulations (37.29) specify that where there are concerns about patient safety this may also be notified to the College and that the College may make notification to the relevant regulation authority.

For pain medicine, there are similar provisions for reporting under By-law 4.15 and the FPM Training Handbook is clear that where a Trainee's practice is a significant risk to patient safety notification is made to the relevant regulatory authority. The process is managed by the FPM executive director.

College documents are not specific about notification of patient safety concerns arising in formal examinations, and the information reviewed does not provide specific guidance for Supervisors and/or assessors about the procedures for notifying the College of concerns in these circumstances, or from WBAs. The information in the Anaesthesia Training Regulations, FPM By-laws and the Training Handbooks should be sufficient, however, developing a process flow chart could be considered for clarity.

5.4 Assessment quality

The accreditation standards are as follows:

- The education provider regularly reviews the quality, consistency and fairness of assessment methods, their educational impact and their feasibility. The provider introduces new methods where required.
- The education provider maintains comparability in the scope and application of the assessment practices and standards across its training sites.

5.4.1 Team findings

The College has not yet developed a systematic approach to quality assurance of assessment, although there are several examples of regular quality assurance processes for some assessments, and the use of research and evaluation for assessment improvement.

Anaesthesia Training Program

Prior to and since the introduction of WBAs in anaesthesia training in 2013, the College has encouraged and collaborated with commendable, internationally recognised, research that has resulted in progressive and evidence-based improvements in WBAs for anaesthesia training. The ongoing evolution of assessment in both training programs through the assessment governance re-structure, the Life-long Learning Project, the Training Program Evolution project and the FPM assessment review are opportunities for further development of WBAs. These initiatives are expected to strengthen the CBME and programmatic basis of assessment in both programs. There is evidence of variability in assessment across training sites in both training programs, although more pronounced for anaesthesia training. SoTs and trainees regard greater consistency in the conduct and application of standards in WBAs as desirable. To achieve this, the College will need to undertake further evaluative work to understand why WBAs may not be used as designed or intended, and reasons for inconsistency in assessment practice.

The College has also identified variation, inconsistency and lack of transparency in decision making about trainee progression in anaesthesia training. Possible contributing factors identified include the inherent conflict of interest for Supervisors as both mentor/coaches and progression decision makers for Trainees and insufficient training of Supervisors for the decision maker role. The College reports that Supervisors regard progression decision making as stressful and are concerned about 'failure to fail' and that Trainees are aware of variability and inconsistencies, leading to wellbeing impacts for them. The current developments for both anaesthesia and pain medicine training programs to strengthen the CBME and programmatic assessment approaches is an opportunity for the College to address the issues it has identified with progress decision making.

The College continues to engage with ACER about examination development, review, and post hoc analysis. Review of available documents suggests the engagement is variable across the anaesthesia PEx, anaesthesia FEx and FPM FEx, rather than systematised as an assessment development and quality assurance program. For individual assessment items, robust

development procedures and double marking of short answer questions promote quality and fairness of the assessments. Psychometric analysis and use of equating methodology is now routine for the anaesthesia PEx and FEx MCQ assessments.

From a governance standpoint, the Trainee Performance Review (TPR) Sub-committee is currently responsible for the trainee performance process while the EDEC has responsibility for quality improvement of ANZCA education activities broadly. However, oversight of assessment quality assurance is not specified in the terms of reference.

Pain Medicine Training Program

The FPM has continued to engage ACER to undertake item analysis of the SAQ component of the FPM FEx. The team notes the 2017 ACER *Summary Report 1: Final Examinations*, and the 2018 ACER *Summary Report 1: Faculty of Pain Medicine*, provided descriptive analysis of assessments and identified areas for further development. Apart from pass rates, examination reports do not provide transparency of examination quality indicators for Trainees and Supervisors. While the examples described are assessment quality assurance activities, a systematic and formal approach with reporting to key stakeholders is not yet in place.

2022 Commendations, Conditions and Recommendations

Commendations

- P The collegiality and commitment of the highly motivated and skilled fellows leading and delivering assessment to a high standard in both anaesthesia and pain medicine training programs.
- Q The rapid and successful response to the COVID-19 challenge, maintaining assessment standards, implementing adjusted examinations, and facilitating progression of trainees to Fellowship, continuing to meet critical workforce needs.
- R The development and implementation of strong evidence-based work-place based assessment for the anaesthesia training program.

Conditions to satisfy accreditation standards

- 15 Develop, implement and document:
 - (i) A publicly available College-wide special consideration policy, and
 - (ii) A formal safe pathway for trainees with complaints about anaesthesia assessment, examinations and assessors.

Documentation should include guidance on the application of RRA policies, and expectation of a timely response on outcomes. (Standards 5.1.3 and 1.3)
- 16 In both anaesthesia and pain medicine training programs, develop and implement:
 - (i) Documented plans to increase the competency-based medical education approach with details of the associated programs of assessment. (Standard 5.1)
 - (ii) Documented standard operating procedures for blueprinting processes for all examinations. A comprehensive view of content sampled for each examination, and for each element of examinations, is to be included in blueprinting. (Standard 5.2)
 - (iii) Documented standard operating procedures and processes for valid pass-fail standard setting for all examinations, with publicly available information about methods used for pass-fail standard setting for each assessment. (Standard 5.2)

	(iv) A systematic approach to assessment quality assurance with focus on educational impact, consistency, and fairness. Formal reporting through College governance and to key stakeholder groups is to be considered in the process. (Standard 5.4)
17	<p>In the anaesthesia training program, develop, implement and document:</p> <p>(i) Standardised IAAC for all Introductory Trainees, including any required written assessment. (Standard 5.2)</p> <p>(ii) Competence-based patient-interaction assessment to support progression decisions from Advanced to Provisional fellow training stages. Ensure implementation includes communication to supervisors and trainees, assessor training, procedure development, and published guidelines. (Standard 5.2)</p>
18	In the pain medicine training program, finalise assessment review and report on the recommendations, communication of planned changes, and implementation plan of review outcomes. (Standard 5.1)
19	<p>In relation to examination feedback and procedures for all candidates, including specialist international medical graduates:</p> <p>(i) Review and revise notification procedures to supervisors for failed examination candidates to ensure timely and consistent support. (Standards 5.3 and 10.2)</p> <p>(ii) Implement detailed and specific feedback about any documented safety breach for ANZCA viva examinations. (Standards 5.3 and 10.2)</p>
20	<p>Incorporate in overall evaluation strategies, mechanisms to determine systemic factors contributing to:</p> <p>(i) Variability in progress decision making, and in WBAs. (Standards 5.2, 5.4 and 6.1)</p> <p>(ii) Differences in examination outcomes among trainee sub-groups (rotational/independent/non-rotational trainees; females/males; specialist international medical graduates). (Standards 5.2, 6.1 and 10.2)</p> <p>(iii) Effectiveness of assessor education. (Standards 5.4 and 8.3)</p> <p>Intervention strategies developed and implemented in response with related outcomes, are to be addressed and communicated through governance and with key stakeholders.</p>
<i>Recommendations for improvement</i>	
NN	For anaesthesia training, undertake further communication, and orientation of both Supervisors and Trainees to assure them that the programmatic approach to assessment is comprehensive with respect to assessing all learning outcomes. (Standard 5.1)
OO	Consider how individualised feedback may be provided for all examination candidates, including SIMGs, with resources available to trainees and supervisors to support effective feedback conversations for performance improvement. (Standard 5.3)
PP	Develop an ANZCA handbook for training Appendix to provide succinct information about the curriculum for the Final Examination MCQ assessment. (Standard 5.2)
QQ	Explore un-coupling elements of the Primary Examination and Final Examination in anaesthesia training, and the Fellowship examination in Pain Medicine training. (Standard 5.2)
RR	For anaesthesia and pain medicine training, consider further development of a group decision-making model for progression decisions applicable for Trainees where there are concerns about performance identified by Supervisors at key review points. (Standards 5.3 and 5.4)

SS	Develop mechanisms to ensure supervisors are consulted with during development and implementation of any new assessments and are adequately educated about these prior to implementation. (Standard 5.2)
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B.6 Monitoring and evaluation

6.1 Monitoring

The accreditation standards are as follows:

- The education provider regularly reviews its training and education programs. Its review processes address curriculum content, teaching and learning, supervision, assessment and trainee progress.
- Supervisors contribute to monitoring and to program development. The education provider systematically seeks, analyses and uses supervisor feedback in the monitoring process.
- Trainees contribute to monitoring and to program development. The education provider systematically seeks, analyses and uses their confidential feedback on the quality of supervision, training and clinical experience in the monitoring process. Trainee feedback is specifically sought on proposed changes to the specialist medical program to ensure that existing trainees are not unfairly disadvantaged by such changes.

6.1.1 Team findings

The College has procedures and processes in place to monitor training and education programs, including curriculum content, learning and teaching, supervision, assessment and training progress. Robust governance structures and committees are in place to undertake this work.

The adaptation and management of monitoring and evaluation functions in the context of the challenges created by COVID-19, for the benefit of trainees, supervisors and other fellows is to be commended.

Anaesthesia Training Program

The ANZCA Training Accreditation Committee (TAC) regularly reviews and monitors relevant aspects of the training and education programs. TAC reviews data from other committees, including Provisional Fellow survey responses analysed by the Provisional Fellowship Program Sub-committee (PFPSC). TAC then reports directly to ANZCA Council, for consideration.

The Training Program Evolution (TPE) project comprehensively evaluated the anaesthesia training program against international best practice. The training portfolio system (TPS) has been regularly updated over the last decade to incorporate contemporary training resources. There is consistent feedback from key users of the system, including trainees and supervisors, of the useability and benefit of the TPS.

ACER comprehensively reviewed ANZCA's primary and final examinations in 2017, with recommendations for improvement being progressively implemented. ACER continues to provide periodic analysis and recommendations for improvement.

ANZCA's proactive self-assessment of its educational activities, undertaken in 2020, provided a gap analysis against both AMC and MCNZ accreditation standards. This assisted ANZCA to meet its objective of continuous improvement, identifying opportunities for more cohesive and systematic monitoring, evaluation and feedback. Ideally, there should be a document that clarifies the purpose and procedures for undertaking monitoring, including the sources, methods and frequency of data analysis.

The gap analysis indicated that, while the College has been monitoring a wide range of educational outcomes and activities, there was not clear articulation of the monitoring plan. In response to the gap analysis, a 'green sheet' addressed the opportunity to align monitoring and evaluation activities within a College-wide monitoring and evaluation framework. The team commends the College for its initiative in undertaking and responding to this gap analysis and looks forward to updates on implementation.

Pain Medicine Training Program

The FPM Learning and Development Committee enhanced the pain medicine curriculum, following monitoring results and responding to evolution in the practice of pain medicine in recent years.

The FPM Training Unit Accreditation Committee (TUAC) regularly reviews and monitors relevant aspects of the training and education programs. TUAC also reviewed pain medicine accreditation practices, resulting in the introduction of a formal accreditation process for particular units, as well as contemporary updates to accreditation criteria. As a result of regular monitoring of the FPM CPD program, two legacy units have been retired.

6.2 Evaluation

The accreditation standards are as follows:

- The education provider develops standards against which its program and graduate outcomes are evaluated. These program and graduate outcomes incorporate the needs of both graduates and stakeholders and reflect community needs, and medical and health practice.
- The education provider collects, maintains and analyses both qualitative and quantitative data on its program and graduate outcomes.
- Stakeholders contribute to evaluation of program and graduate outcomes.

6.2.1 Team findings

The College recognises the need to develop and implement a Stakeholder Engagement Plan to broaden contributions to the evaluation of programs and graduate outcomes. This work should also consider the needs and expectations of both graduates and stakeholders.

The College aims to ensure that recently graduated specialists are of sufficient standard to meet community expectation, including through specialist self-assessment of preparedness for practice and other multi-source feedback mechanisms.

Anaesthesia Training Program

The gap analysis work (discussed in Standard 6.1.1) revealed an opportunity to standardise and introduce a systematic approach to the evaluation. This is an important aspect of Standard 6.2.

ANZCA has recognised the need for systematic processes to seek appropriate input regarding graduate outcomes. Input should be sought from a broader range of external stakeholders, including employers, community members, and Aboriginal and Torres Strait Islander and Māori communities and organisations. This includes the need for evaluation methods in addition to surveys.

The last graduate outcomes survey on the anaesthesia training program was undertaken in 2016. ANZCA is committed to implementing an enhanced ANZCA graduate outcomes survey, as part of systematic monitoring, evaluation, and reporting processes.

Although there are some well-established pathways for trainee and supervisor input into monitoring and evaluation, ANZCA is progressing additional mechanisms that will provide input from employers, consumers and Aboriginal and Torres Strait Islander and Māori communities and organisations.

Pain Medicine Training Program

The FPM continues to evaluate graduate outcomes via an exit survey. The dedication of staff and volunteers involved in continuing to deliver, monitor and evaluate the FPM's pioneering pain medicine training program is to be commended. This ensures its educational activities are contemporary and relevant.

6.3 Feedback, reporting and action

The accreditation standards are as follows:

- The education provider reports the results of monitoring and evaluation through its governance and administrative structures.
- The education provider makes evaluation results available to stakeholders with an interest in program and graduate outcomes, and considers their views in continuous renewal of its program(s).
- The education provider manages concerns about, or risks to, the quality of any aspect of its training and education programs effectively and in a timely manner.

6.3.1 Team findings

The College indicates regular reporting of monitoring and evaluation activities through its governance structure and has identified community engagement could be strengthened. One potential mechanism being considered is the formation of a community reference committee to enhance community representative input across committees and College activities. The team supports this approach, which will provide additional evidence that stakeholder views are valued in continuous renewal of training programs.

The gap analysis noted the need to report program and graduate outcomes with transparency and accountability. This extends to how stakeholder feedback is analysed and incorporated into subsequent changes, as well as the appropriateness of communication back to stakeholders, thereby facilitating dialogue and feedback.

Anaesthesia Training Program

The gap analysis work showed that information regarding actions responding to data collection was not obvious and/or reported on an accessible register. Progressing this will provide evidence that stakeholder views are considered in continuous renewal of the education programs.

The team notes the College's identification of the high risk of irrelevant and/or inaccessible educational programs and platforms that may not deliver expected education and training experiences. To support the mitigation of this and other educational risks, the College is implementing an end-to-end education project named "Lifelong Learning" to support delivery of its educational platforms. The College is encouraged to continue to use risk management processes to mitigate negative risk and enhance positive outcomes relating to the effectiveness, timeliness and quality of all training and education programs.

2022 Commendations, Conditions and Recommendations

Commendations

- | | |
|---|---|
| S | Proactive self-assessment educational activities with gap analysis to assist the College to meet its objective for continuous improvement. |
| T | The recognition of the need for systematic processes to seek appropriate input from key stakeholders about graduate outcomes. |
| U | The dedication of the staff and fellows involved in continuing to deliver, monitor and evaluate FPM's pioneering and innovative pain medicine training program. |

Conditions to satisfy accreditation standards

- | | |
|----|---|
| 21 | Develop and implement a standardised and clearly articulated College-wide monitoring and evaluation framework to enable broader consultation with key internal and external stakeholders. |
|----|---|

	<ul style="list-style-type: none"> (i) Ensure diverse stakeholder input in the development of the monitoring and evaluation framework. (Standards 6.1, 6.2.2 and 6.2.3) (ii) Develop and implement confidential and safe processes for obtaining regular, systematic feedback from trainees on the quality of supervision and training experience against the provision of timely meaningful feedback. (Standards 6.1.3 and 8.1.3) (iii) Reactivate an enhanced College graduate outcomes survey. (Standards 6.2.1, 6.2.2 and 6.2.3)
22	Report the results and outcomes of monitoring and evaluation, through governance structures and to all stakeholders, who provide feedback to demonstrate incorporation of stakeholder views in continuous renewal of its programs. (Standard 6.3.2)
	<i>Recommendations for improvement</i>
	Nil.

B.7 Trainees

7.1 Admission policy and selection

The accreditation standards are as follows:

- The education provider has clear, documented selection policies and principles that can be implemented and sustained in practice. The policies and principles support merit-based selection, can be consistently applied and prevent discrimination and bias.
- The processes for selection into the specialist medical program:
 - use the published criteria and weightings (if relevant) based on the education provider's selection principles
 - are evaluated with respect to validity, reliability and feasibility
 - are transparent, rigorous and fair
 - are capable of standing up to external scrutiny
 - include a process for formal review of decisions in relation to selection which is outlined to candidates prior to the selection process.
- The education provider supports increased recruitment and selection of Aboriginal and Torres Strait Islander and/or Māori trainees.
- The education provider publishes the mandatory requirements of the specialist medical program, such as periods of rural training, and/or for rotation through a range of training sites so that trainees are aware of these requirements prior to selection. 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.

7.1.1 Team findings

The College has clear selection principles and criteria mapped to the roles in practice, and this information is publicly available through the ANZCA and FPM training handbooks to aid with prospective trainee applications. The College does not centrally select trainees into the training programs. Trainee selection is a regional and local training site process undertaken by employers. Currently, processes for ANZCA and FPM selection are monitored via training site accreditations (Standard 8.2) under Regulation 37 and By-law 19 respectively.

In the anaesthesia training program, the team understood rotational selection processes for the ANZCA Training Program are centrally managed in some regions (i.e., VIC, WA, SA, QLD, New Zealand), whereas in others (i.e., NSW,) selection/employment is primarily by individual hospitals. There is variation in the application of selection criteria and principles in different training sites and hospitals and though based on ANZCA roles in practice, appear to be determined by training sites and the selection criteria weighting is unclear. This broad selection approach by the College has led to certain deficits in this process as highlighted by the variable application of College selection processes between jurisdictions. This warrants close scrutiny to support increasing the number of Aboriginal, Torres Strait Islander and/or Māori trainees and trainees from regional and/or rural regions and reduce the disproportionate numbers of independent or non-rotational trainees. In comparison, due to the smaller trainee numbers and non-rotational model in the FPM Training program, the team observed variation in selection and training experiences was not a significant issue.

Review of Selection Practices

While there are clear criteria and principles available to prospective trainees and accredited training sites in both training programs, the lack of an explicit College selection policy and lack of

centralised oversight may contribute to the varied selection and anaesthesia training experiences, the low recruitment and retention of Aboriginal and Torres Strait Islander and Māori trainees, and barriers to training for those in rural and remote areas, especially in Australia.

There is a review planned for selection practices within both ANZCA and FPM, with the Trainee Selection Working Group charged with reviewing and strengthening selection processes, policies and procedures. This review will be pertinent in addressing areas of deficit and ensuring adequate quality improvement and monitoring in trainee selection. It is also noted that local selection committees should include a College representative, with this representative assisting in ensuring processes are consistently applied and sustained in practice across training sites.

Selection of Aboriginal and Torres Strait Islander and Māori Trainees

The team notes the College has a number of initiatives to support recruitment of Aboriginal, Torres Strait Islander and Māori medical students and prevocational doctors including scholarships, prevocational advice services and financial support. Although there has been some growth in the number of trainees and fellows who identify as Aboriginal, Torres Strait Islander and Māori, success has been limited, particularly in Australia, as self-identified by the College.

Since 2016, in the anaesthesia training program, only 0.2% of all trainees and fellows in Australia identified as Aboriginal and Torres Strait Islander, while in Aotearoa New Zealand 4.6% identified as Māori. In pain medicine, two trainees identify as Aboriginal and/or Torres Strait Islander and two identify as Māori. The current processes have no dedicated supported pathways for Aboriginal and Torres Strait Islander and Māori trainees to join the College, nor is support clearly articulated for Aboriginal and Torres Strait Islander and Māori trainees once commencing the training program. Improvements to the College's strategies to encourage Aboriginal and Torres Strait Islander and Māori medical students and prevocational doctors to consider careers in anaesthesia and pain medicine should be considered.

The team considers this to be a significant priority area for the College to develop, and it should identify mechanisms to address systemic barriers to entry and retention in the anaesthesia and pain medicine training programs.

Independent/Non-rotational Trainees

A particular area of concern for the team that has also been self-identified by the College is the variable training experience between rotational and non-rotational/independent trainees. While all ANZCA trainees are subject to the same level of supervision in the workplace, the same training requirements, and the same set College training fee, the team noted that there is a varying training experienced practically between rotational and non-rotational/independent trainees. The training experiences of the independent trainees is a concern particularly with regards to the variability of training opportunities experienced across jurisdictions, noting states such as NSW and Tasmania have higher percentages of their trainees as independent – 33% and 41% respectively. Education Officers, Supervisors of Training and trainees themselves reported variable access to teaching and examination preparation and access to specialised study units (SSUs), and concerns with the necessity to renew employment contracts to continue training with a lack of confirmed clinical placements.

7.2 Trainee participation in education provider governance

The accreditation standards 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.

7.2.1 Team findings

The College has a well-structured and informed ANZCA Trainee Committee with regional and national counterparts that have clear lines of communication and escalation via the Education

Executive Management Committee (EEMC). ANZCA trainees are well represented at all levels of the College and are supported to engage and contribute to the governance of their training. Trainee involvement in training site accreditation is also a new initiative that supports trainees in appreciating and contributing to this important quality assurance and improvement activity.

The ANZCA Trainee Committee is well supported and a good mechanism for trainees to be involved in the overall governance of their training. It is clear that the trainee body, overall, feels supported through this and other trainee engagement mechanisms. The voice of trainees within higher levels of governance of the College could be strengthened by allowing trainees to have broader substantive input at the ANZCA Council, FPM Board and throughout the College structure to ensure that the trainee voice remains integral to the overall governance of both training programs.

The team noted that the ANZCA Trainee Committee Chairs hold observer status of ANZCA Council and there is limited FPM trainee engagement and representation. The team recommends the College consider ways to expand the scope of ANZCA trainee involvement in governance to ensure meaningful engagement, and of FPM trainee representation across all relevant Faculty Committees. Such consideration by the College will increase engagement with trainees in the development of its training programs and encourage ongoing interest in involvement in College governance, ensuring adequate succession planning across governance structures and functions. Additionally, such development opportunities align with College training program outcomes of leadership, outside the scope of the clinical environment. This matter is discussed further under Standard 1.

7.3 Communication with trainees

The accreditation standards are as follows:

- The education provider has mechanisms to inform trainees in a timely manner about the activities of its decision-making structures, in addition to communication from the trainee organisation or trainee representatives.
- The education provider provides clear and easily accessible information about the specialist medical program(s), 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.

7.3.1 Team findings

The College communicates with both ANZCA and FPM trainees via multi-modal methods to ensure trainees are up to date with any key changes, particularly those that affect their education and training. The COVID-19 pandemic has posed a challenge with regards to assessment and trainee progression and highlighted the importance of timely and transparent communication of decision making. The College has easily accessible information on its website about training programs, costs and requirements, and communicates this well through the ANZCA and FPM Handbooks and other such documents which are readily available.

In spite of frequent communication and readily available information, the team noted that one third of survey respondents disagreed that the College sought their views or informed trainees on how their views were considered in the development of the training programs. As indicated above in Standard 7.2, there is an ongoing need to review processes to ensure timely, transparent and meaningful communication between the College and its trainees.

The ANZCA Training Portfolio System is an important tool that enables ANZCA trainees to ensure they are up to date with meeting their training requirements. It further assists SoTs with ease of monitoring the progress of trainees under their supervision. It is noted that FPM trainees rely on paper-based systems, which makes it more difficult for FPM trainees to track progress in a timely manner.

7.4 Trainee wellbeing

The accreditation standards are as follows:

- The education provider promotes strategies to enable a supportive learning environment.
- The education provider collaborates with other stakeholders, especially employers, to identify and support trainees who are experiencing personal and/or professional difficulties that may affect their training. It publishes information on the services available.

7.4.1 Team findings

The team found that overall trainees and fellows felt well supported by the College and its structures. The COVID-19 pandemic has been a challenging time for the College and all its staff, and it is acknowledged that the wellbeing of members, trainees and SIMGs has been paramount in ensuring the College's education and training continued over this period of time. The College has a number of policies, guidelines and mechanisms to support trainee wellbeing:

- CP01 (G): Policy on Bullying, discrimination and harassment for fellows, trainees and specialist international graduates acting on behalf of the College.
- PS49: Guideline on the health of specialists, specialist international medical graduates and trainees.
- PS43: Guideline on Fatigue Risk Management in Anaesthesia Practice.
- Wellbeing advocates and networks.
- Wellbeing guide and resources through the College library, including the Wellbeing Charter for Doctors, developed in collaboration with three other medical colleges.
- Wellbeing Special Interest Group, Trainee Wellbeing Project Group.
- FPM mentoring program.

The College continues to monitor the wellbeing of trainees and to implement multiple strategies and initiatives for improvement. The team notes this positive outlook to ensure a supportive training environment includes the College's work on Bullying, Discrimination and Harassment, the introduction of Wellbeing Advocates in training sites (though not currently mandated) and the ANZCA Trainee Wellbeing Project with the implementation of trainee leads at each training site (not mandated). It is recognised that trainee site leads need ongoing support in their role, particularly in smaller sites including FPM sites. It is also noted that sites are assessed through the accreditation process on how the training environment supports wellbeing. Expanded availability of wellbeing advocates will also be imperative to ensure local wellbeing supports.

7.5 Resolution of training problems and disputes

The accreditation standards are as follows:

- The education provider supports trainees in addressing problems with training supervision and requirements, and other professional issues. The education provider's processes are transparent and timely, and safe and confidential for trainees.
- The education provider has clear impartial pathways for timely resolution of professional and/or training-related disputes between trainees and supervisors or trainees and the education provider.

7.5.1 Team findings

Current support pathways for trainees to raise concerns with their training include:

- Training site accreditation and complaints process.

- Notifications and management of complaints and concerns, available to all trainees, managed through the CEO's office.
- For anaesthesia trainees, raising concerns through their regional or national trainee committees for escalation to the ANZCA Trainee Committee.
- For FPM trainees, approaching unit directors to arrange for alternate supervisors in the event of conflict.
- Encouraging all trainees to have a mentor as another source of advice and support.

The team noted, however, that not all trainees are well informed or aware of these avenues and better communication to trainees may be needed. This includes creating awareness of regional, national and binational trainee committees and trainee site leads to ensure trainees have avenues to seek support from these committees/roles. This should include more support by the College for trainee representatives and committees in College governance to increase their visibility and access by trainees.

Mechanisms should also be considered and embedded to proactively identify and address issues of conflict between training and workplace/employment requirements, to ensure trainee welfare and training experience are effectively balanced. Again, this is particularly pertinent for trainees at smaller sites and FPM trainees who are more easily identifiable. Further confidential pathways are needed to ensure complaints are addressed and in a timely manner

2022 Commendations, Conditions and Recommendations

Commendations

- | | |
|---|--|
| V | The clear and publicly available principles governing selection into training mapped to roles of practices, applicable to both anaesthesia and pan medicine training programs. |
| W | The inclusion of trainees in governance structures, and the general support and wellbeing felt by trainees. |

Conditions to satisfy accreditation standards

- | | |
|----|--|
| 23 | Develop policy and mechanisms to ensure selection processes in the anaesthesia training program? are consistently and fairly implemented in training sites, under direct and centralised oversight of the College. Weightings used for selection by training sites should be consistent and made publicly available. (Standard 7.1) |
| 24 | Develop and implement mechanisms to increase recruitment, selection, and retention of Aboriginal, Torres Strait Islander and Māori trainees in both training programs, with related evaluation strategies and consultation. (Standards 7.1.3, 6.2 and 1.6.4) |
| 25 | Increase FPM trainee representation at all governance levels. (Standards 7.2 and 1.1.3) |
| 26 | Develop and implement mechanisms to proactively identify and address areas of conflict in training sites, with embedded pathways to enable safe escalation of concerns about training and supervision, particularly in small training sites. These mechanisms should include rotational trainees, independent/non-rotational trainees, FPM trainees, and specialist international medical graduates. (Standards 7.4, 7.5 and 10.4) |

Recommendations for improvement

- | | |
|----|---|
| TT | Improve College strategies to encourage Aboriginal and Torres Strait Islander and Māori medical students and prevocational doctors to consider careers in anaesthesia and pain medicine. (Standard 7.1.3) |
|----|---|

B.8 Implementing the program – delivery of education and accreditation of training sites

8.1 Supervisory and educational roles

The accreditation standards are as follows:

- The education provider ensures that there is an effective system of clinical supervision to support trainees to achieve the program and graduate outcomes.
- The education provider has defined the responsibilities of hospital and community practitioners who contribute to the delivery of the specialist medical program and the responsibilities of the education provider to these practitioners. It communicates its program and graduate outcomes to these practitioners.
- The education provider selects supervisors who have demonstrated appropriate capability for this role. It facilitates the training, support and professional development of supervisors.
- The education provider routinely evaluates supervisor effectiveness including feedback from trainees.
- The education provider selects assessors in written, oral and performance-based assessments who have demonstrated appropriate capabilities for this role. It provides training, support and professional development opportunities relevant to this educational role.
- The education provider routinely evaluates the effectiveness of its assessors including feedback from trainees.

8.1.1 Team findings

The dedication and passion of supervisors for the College's training program was evident to the team, and fellows involved in the supervision of trainees indicated they are well-supported by the College structure and staff. Trainees benefit greatly from the significant contribution in supervision, support, monitoring, and assessment by the fellows, especially through the COVID-19 pandemic.

Selection of Supervisors of Training

The role and responsibilities of the Supervisor of Training (SoT) in delivering training and education in the anaesthesia and pain medicine training programs is clearly defined in training and site accreditation handbooks. In the anaesthesia training program, there is a clear supervision level framework with various levels of clinical supervision indicated. Education officers and rotational supervisors support the role of SoTs by coordinating aspects of the training program.

As a post-specialty and smaller training program, pain medicine does not have a similar framework for its supervisors. The Faculty mandates that each trainee has a nominated supervisor who is an FPM fellow. Placement and practice development stage supervisors support FPM supervisors by overseeing various aspects of the training program. In the FPM Procedures Endorsement Program supervisor clinical experience pathway, practising FPM fellows may apply to be an accredited supervisor with details in the related handbook and By-law 20.

Similar to trainee selection, the process of supervisor selection largely rests with the training sites, with limited input from the College. The responsibility for SoT selection rests predominantly with the head of department of the training unit. While the team understands the practicality of this approach, more could be done to ensure the College has a more central role in ensuring appointed Supervisors of Training demonstrate appropriate capability for the role beyond the reliance on training site accreditation, and that underperforming SoTs are identified. Such a development will also contribute to increasing the College's role in supporting trainee wellbeing and resolution of training disputes, as described in Standard 7.

Supervisor Training and Development

The commitment to improving clinical education and supervision in training sites is demonstrated through the development of the ANZCA Educator Competency Framework, the College's plans to create the ANZCA and FPM Educators Academy, and the ANZCA Educators Program, which is offered flexibly and at moderate cost, although the uptake of this program is currently uncertain. The development and implementation of the ANZCA Educators Academy will be of interest to the AMC as will how it will create a community of practice for ANZCA and FPM educators. The team observed that training and resources are available to support development in the supervisor role, especially for supervisors.

While in the pain medicine training program participation in supervisor development and training activities is mandated and not considered to be onerous, there is no similar requirement to complete any mandated training for anaesthesia training program supervisors. The successful shift to access to virtual programs is likely to support greater participation in such training.

Supervisor Performance

There is currently no formal process in either the anaesthesia or pain medicine training program to solicit feedback on individual supervisor performance and feed it back through governance mechanisms. The College asks about supervisor effectiveness in the trainee survey, but it was not clear to the team how feedback is evaluated and acted upon, outside of the training site accreditation process. It was also not clear to the team that underperforming SoTs are identified, nor subsequent training or mentorship provided. In addition, Supervisors of Training in both training programs indicated to the team that they would like feedback on their performance to support their development.

Assessor Selection, Training and Evaluation

The College has well-developed, detailed and rigorous policies around the selection, training, performance evaluation, and professional development of its ANZCA and FPM assessors involved in delivering written and oral assessments. In the anaesthesia training program, there is no formal selection of WBA assessors, nor evaluation of supervisor performance in WBAs. The development of improved mechanisms for selection and training of ANZCA and FPM assessors, in line with developments in assessment detailed under Standard 5, needs to be considered by the College.

8.2 Training sites and posts

The accreditation standards are as follows:

- The education provider has a clear process and criteria to assess, accredit and monitor facilities and posts as training sites. The education provider:
 - applies its published accreditation criteria when assessing, accrediting and monitoring training sites
 - makes publicly available the accreditation criteria and the accreditation procedures
 - is transparent and consistent in applying the accreditation process.
- The education provider's criteria for accreditation of training sites link to the outcomes of the specialist medical program and:
 - promote the health, welfare and interests of trainees
 - ensure trainees receive the supervision and opportunities to develop the appropriate knowledge and skills to deliver high-quality and safe patient care, in a culturally safe manner
 - support training and education opportunities in diverse settings aligned to the curriculum requirements including rural and regional locations, and settings which

- provide experience of the provisions of health care to Aboriginal and Torres Strait Islander peoples in Australia and/or Māori in New Zealand
 - o ensure trainees have access to educational resources, including information communication technology applications, required to facilitate their learning in the clinical environment.
- The education provider works with jurisdictions, as well as the private health system, to effectively use the capacity of the health care system for work-based training, and to give trainees experience of the breadth of the discipline.
- The education provider actively engages with other education providers to support common accreditation approaches and sharing of relevant information.

8.2.1 Team findings

The criteria and processes around accreditation are clearly outlined in a publicly available ANZCA handbook for accreditation last updated in December 2021 with a five-year accreditation cycle described. Similarly, FPM details its requirements for accreditation of multidisciplinary training units in pain medicine for core training in By-law 19 and for units accredited for the Practice Development Stage in By-law 4.

Accreditation Experience

The College successfully pivoted training site accreditation to provisional or hybrid models during the COVID-19 pandemic. The requirements for supervision and training are outlined in the accreditation standards. Generally, the requirements are not described in prescriptive detail, and accreditors are afforded the opportunity to make a judgement regarding whether sites are meeting criteria. The recent inclusion of trainees on the panel for training site accreditation is a welcome development and will contribute to trainee safety in raising concerns, in addition to other mechanisms to be considered by the College.

Stakeholders reported a positive experience of accreditation, finding the process thorough, collegial and consistent with the published standards. It was noted that College reports could provide leverage for ensuring services better met various requirements of training such as workloads and training spaces. Supervisors would value more specific feedback about their site following accreditation visits. While the team heard several sources query the College's responsiveness when problems were identified at specific sites, especially between accreditation visits, ANZCA and FPM were able to give recent examples of being approached for and providing support to a training site.

The Lifelong Learning Project will contribute to more streamlined accreditation and training recording processes with an electronic system being developed that will support both the anaesthesia and pain medicine training programs, including facilitation of systematic monitoring of training sites.

Improvements to Training Site Accreditation Standards and Procedures

The team acknowledges the College's initiative in commencing a review of its site accreditation standards and procedures through the ANZCA and FPM accreditation and learning environment project (ALEP) endorsed by ANZCA Council in mid-2021. The ALEP report made specific recommendations for changes to bring training site accreditation in line with best practice, and also recommended that the college convenes an accreditation renewal project. ALEP included recommendations for:

- Better monitoring of accredited sites,
- Improved volunteer accreditor support,
- Strengthened trainee input,

- More robust accreditation of anaesthesia rotations, and
- Bidirectional flow of information between the College and training sites.

These recommendations were also identified by the team as being current areas that would benefit from the College's consideration to ensure compliance with accreditation standards and effective communication.

Stakeholders who had undergone accreditation reported a clear focus by the accreditors on trainee wellbeing, and this was noted by the ALEP review. Accreditation criteria include requirements for the organisation to support the health and wellbeing of its staff, and that the hospital has a policy on bullying and harassment that pertains to trainees and their supervisors. While the development of wellbeing advocates and of mentor programs to support trainees is commendable, these initiatives are yet to be universally adopted by training sites. An explicitly stated aim in the training site accreditation standards will support further development of this role and other trainee welfare mechanisms.

The team noted there was no standard describing expectations around a culturally safe framework for training. While it is expected that most clinical rotations would offer some opportunity to gain experience of the provision of healthcare to Aboriginal and Torres Strait Islander Peoples in Australia and Māori in Aotearoa New Zealand, the extent of such opportunities and the degree to which they are the focus of targeted learning is variable and uncertain in both the anaesthesia and pain medicine training programs. Cultural safety training is not currently mandated for all training programs.

Engagement with Health Services and Other Education Providers

The College has a diverse range of training sites in Australia and Aotearoa New Zealand utilising the capacity of the health system effectively, including private, regional and rural sites. The College has established relationships with rural health stakeholder bodies and other contributors to rural education and workforce development. In the anaesthetic training program, recent changes to remote and rural requirements in accreditation through additional campus accreditation strengthen the importance of training in these settings. In the pain medicine training program, there is limited exposure for trainees to rural and regional locations within the accredited program although satellite accreditation supports increased exposure.

The Australian Government Department of Health Specialist Training Program (STP) initiative has been used effectively by the college to support the creation of training opportunities in rural locations and private hospitals, although the sustainability of these positions if STP funding is not renewed could present a vulnerability. In Aotearoa New Zealand, a large proportion of care is delivered in the public sector and incorporates rural hospital rotations. The team encourages the College to grow its engagement and strengthen capability for trainees to train in remote and rural locations to ensure any training gaps are narrowed.

The team noted collaboration with other education providers, such as the College of Intensive Care Medicine of Australia and New Zealand and the Australasian College for Emergency Medicine, to jointly accredit training sites for specialty specific training.

2022 Commendations, Conditions and Recommendations

Commendations

- | | |
|---|--|
| X | The clear and accessible information about accreditation of training sites with fair and collegial processes identified by stakeholders. The inclusion of trainees in anaesthesia accreditation panels is a welcome development. |
| Y | The mandated training and development of supervisors of training in the pain medicine training program. |

Conditions to satisfy accreditation standards

- 27 Develop and implement mechanisms to enable the College to centrally monitor the selection and training of supervisors with performance monitoring. This should include:
- (i) A more centralised approach to selection to ensure ANZCA and FPM Supervisors of Training demonstrate appropriate capability for the role. (Standard 8.1.3)
 - (ii) Mandatory participation in supervisor training and development activities in the ANZCA training program. (Standard 8.1.3)
 - (iii) Better processes to ensure underperforming ANZCA and FPM Supervisors of Training are identified, and subsequent training or mentorship provided. (Standard 8.1.4)
 - (iv) Performance feedback to ANZCA and FPM supervisors, to support their development including feedback from trainees. (Standards 8.1.4 and 8.1.6)
- 28 Implement the recommendations of the Accreditation and Learning Environment Project (ALEP) for anaesthesia and pain medicine to ensure:
- (i) Frequent and robust monitoring between accreditation cycles and improved communication with stakeholders are incorporated.
 - (ii) Systematic ways to identify and remediate issues at training sites are developed.
 - (iii) Trainee input is included and considered. (Standard 8.2)
- 29 Develop and implement explicit accreditation criteria, for both training programs, to ensure:
- (i) The promotion of trainee wellbeing in all training sites with consideration for consistency in educational provision and protected training time. (Standard 8.2.2)
 - (ii) A framework of cultural safety in training and supervision, with specific reference to commitment to Aboriginal and Torres Strait Islander Peoples and Māori health acknowledged by training sites. (Standard 8.2.2)
 - (iii) Consistency in education provision, rotational requirements (in the anaesthesia training program), protected training time, and equity of access to training between jurisdictions and training sites. (Standards 8.2.2 and 4.2)

Recommendations for improvement

- UU Consider ways in which both anaesthesia and pain medicine accreditation procedures in may support adequately safe avenues for trainees to raise concerns with equitable access to wellbeing advocates and/or mentor programs. (Standard 8.2.2)

B.9 Continuing professional development, further training and remediation

9.1 Continuing professional development

The accreditation standards are as follows:

- The education provider publishes its requirements for the continuing professional development (CPD) of specialists practising in its specialty(s).
- The education provider determines its requirements in consultation with stakeholders and designs its requirements to meet Medical Board of Australia and Medical Council of New Zealand requirements.
- The education provider's CPD requirements define the required participation in activities that maintain, develop, update and enhance the knowledge, skills and performance required for safe and appropriate contemporary practice in the relevant specialty(s), including for cultural competence, professionalism and ethics.
- The education provider requires participants to select CPD activities relevant to their learning needs, based on their current and intended scope of practice within the specialty(s). The education provider requires specialists to complete a cycle of planning and self-evaluation of learning goals and achievements.
- The education provider provides a CPD program(s) and a range of educational activities that are available to all specialists in the specialty(s).
- The education provider's criteria for assessing and crediting educational and scholarly activities for the purposes of its CPD program(s) are based on educational quality. The criteria for assessing and crediting practice-reflective elements are based on the governance, implementation and evaluation of these activities.
- The education provider provides a system for participants to document their CPD activity. It gives guidance to participants on the records to be retained and the retention period.
- The education provider monitors participation in its CPD program(s) and regularly audits CPD program participant records. It counsels participants who fail to meet CPD cycle requirements and takes appropriate action.
- Additional MCNZ criteria: Continuing professional development – to meet MCNZ requirements for recertification.

9.1.1 Team findings

The ANZCA and FPM Continuing Professional Development (CPD) Program has clearly published requirements with good governance structures and support to operationalise accordingly. The program is supported by a user-friendly online interface for recording and monitoring of individual and group feedback and clear dashboard tracking of progression and triennium completion. The College has an active process for review of the CPD program with multiple innovations and adjustments occurring in response to good consultation and the evolving work practice. The team notes the College meets the current requirements while actively working on modifications to meet new MBA and MCNZ requirements with planned implementation in 2023. Updates to the program and policy are expected to meet the requirements of the MBA's Professional Performance Framework launching in January 2023 and the MCNZ's requirements for recertification, in force since June 2022.

The College monitors the progress of its fellows within the CPD program and has procedures in place to ensure satisfactory completion, including an annual audit of 7% of participants to maintain integrity. The recent 100% completion rate by College fellows is commendable.

The CPD program samples a broad range of professional domains but also includes mandatory core modules in emergency response and safe clinical practice. The College offers a good "suite of

learning opportunities” to allow personalised professional development against a robust CPD plan while simultaneously ensuring “safe” practice through core modules, multisource feedback and practice evaluation.

The College recognises that the existing assessment processes for CPD providers should be improved to ensure an appropriate level of educational quality. This is an existing strand of work underway through its CPD review and should be encouraged to completion.

The current College work within the CPD program on cultural safety is commendable, with recent engagement in Aboriginal and Torres Strait Islander and Māori stakeholder relationships and input. The cultural safety module is a strong addition to the CPD program and the College is encouraged to consider such a module as a mandatory component of future CPD program revision as well as better integration within the pathways to gain fellowship. Ongoing engagement with relevant groups will ensure continuation of embedding this work throughout CPD activities.

Medical Council of New Zealand (MCNZ) Requirements

The College has a clear process of reporting the audit of recertification and compliance with recertification programs to the MCNZ. The categories of all practitioners within the recertification program and eligibility criteria including non-members are clearly recorded and confirmed with the MCNZ.

The recertification program utilises a wide range of tools with clear, transparent recording of completion for participants. The program includes elements of medical audit, peer review and continuing medical education. It is notable that further changes are anticipated within the next year for compliance with new MBA requirements.

9.2 Further training of individual specialists

The accreditation standards are as follows:

- The education provider has processes to respond to requests for further training of individual specialists in its specialty(s).

9.2.1 Team findings

The College has clear guidelines and processes to respond to return to practice and further training requests. The College’s approach to supporting return to practice after a prolonged period of absence is consistent with the MBA and MCNZ policies on recency of practice/return to registration.

The professional document *PG50(A) Guidelines on return to anaesthesia practice for anaesthetists* provides the framework for return to practice programs for anaesthetists and was most recently updated in 2017. The process is voluntary, and the College is only involved by request of the fellow or their employer. In 2021, the College assisted 16 fellows across Australia and Aotearoa New Zealand with this process.

Pain medicine fellows who take a break from practice are required to undertake a re-entry program. In 2021, the FPM established a document development group to define a pain medicine specific return to practice program, adapted from the anaesthesia process. It was anticipated the FPM document would be drafted by late 2022 for piloting and the College is encouraged to complete this work.

9.3 Remediation

The accreditation standards are as follows:

- The education provider has processes to respond to requests for remediation of specialists in its specialty(s) who have been identified as underperforming in a particular area.
- Additional MCNZ criteria: Remediation of poorly performing fellows.

9.3.1 Team findings

The College has a clear policy and process to respond to requests for remediation of specialists in Australia and Aotearoa New Zealand and such requests are extremely rare, with none received in recent years. Remediation program participants and supervisors have clarity of support, requirements and assessment standards embedded within the program. A similar process for pain medicine fellows is in development and the College is encouraged to complete this work.

2022 Commendations, Conditions and Recommendations

Commendations

- Z The well-designed and responsive CPD program that continuously evolves for changing circumstances.

Conditions to satisfy accreditation standards

- 30 Finalise and implement processes around return to practice and remediation requests for FPM fellows. (Standards 9.2 and 9.3)

Recommendations for improvement

Nil.

B.10 Assessment of specialist international medical graduates

10.1 Assessment framework

The Accreditation standards are as follows:

- The education provider's process for assessment of specialist international medical graduates is designed to satisfy the guidelines of the Medical Board of Australia and the Medical Council of New Zealand.
- The education provider bases its assessment of the comparability of specialist international medical graduates to an Australian- or New Zealand- trained specialist in the same field of practice on the specialist medical program outcomes.
- The education provider documents and publishes the requirements and procedures for all phases of the assessment process, such as paper-based assessment, interview, supervision, examination and appeals.
- Additional MCNZ criteria: Recognition and Assessment of International Medical Graduates (IMGs) applying for registration in a vocational scope of practice.

10.1.1 Team findings

The team found that the College has clear, structured and well documented processes and governance to assess the qualifications, training and experience of specialist international medical graduates (SIMGs). The assessment is set against the standards of an Australian and Aotearoa New Zealand vocationally trained specialist in anaesthesia and pain medicine and conforms to MBA and MCNZ requirements.

The College has a dedicated SIMG Committee who oversee the process, reporting to both anaesthesia and pain medicine governing committees and to the New Zealand National Committee. The Committee is supported by the SIMG Director of Professional Affairs and College staff within the education and research unit and the New Zealand national office.

There are transparent and publicly available standards, procedures and policies detailing the assessment framework and methods, completion of application, preliminary review and membership of interview panels. In both jurisdictions, there is a three-way outcome assessment process.

SIMG Program – Anaesthesia

From 2017 to 2021, there were a total of 282 applications received in Australia and 92 in Aotearoa New Zealand. Among the Australian applicants, 103 were found partially comparable and 101 substantially comparable. 72 applicants in Aotearoa New Zealand were found to be equivalent or satisfactory.

SIMG Program – Pain Medicine

From 2017 to 2021, there were a total of 26 applicants received in Australia and one in Aotearoa New Zealand. Among the Australian applicants, 10 were found partially comparable and eight substantially comparable. The one applicant in Aotearoa New Zealand was found to be equivalent.

MCNZ Requirements

The College maintains an ongoing collaborative relationship with the MCNZ as the Vocational Education and Advisory Body for anaesthesia and pain medicine. The College appropriately assesses the relative equivalence of IMG qualifications, training and experience with written confirmation to the MCNZ including notification of significant concerns and advises prospective IMG applicants through the MCNZ of requirements for obtaining registration.

The team considers College reports meet administrative law and, Privacy Act Principles obligations, and appropriately advise the MCNZ of the content of vocational practice assessments.

10.2 Assessment methods

The Accreditation standards are as follows:

- The methods of assessment of specialist international medical graduates are fit for purpose.
- The education provider has procedures to inform employers, and where appropriate the regulators, where patient safety concerns arise in assessment.

10.2.1 Team findings

The College's process to assess comparability in Australia, or equivalence in Aotearoa New Zealand, includes an initial paper-based application, preliminary review and interview. Following interview, the College provides the applicant with the AHPRA Report 1 and/or assessment outcome report outlining the requirements they must successfully complete to apply for fellowship. This is the SIMG's individual program.

There are three assessment methods utilised for SIMGs progressing to fellowship. These are the SIMG Clinical Practice Assessment, SIMG Performance Assessment and the SIMG Fellowship Examinations. Comprehensive information about each assessment is publicly available in the *Handbook for Specialist International Medical Graduates*.

As the College reviews its assessments and requirements, consideration should be given to providing an adequate description of graduate outcomes with SIMG assessment transparently benchmarked against standards expected of SIMGs through assessments.

SIMG Clinical Practice Assessment (CPA)

SIMGs are required to complete a Clinical Practice Assessment (CPA) each three months, including a feedback discussion with their supervisor. Supervisors of SIMGs who fail the SIMG FEx or SIMG FPM FEx require timely notification of the result so they can work with the SIMG to plan their preparation for the next examination attempt and ensure they are informed of resources available to them for this preparation. There are specified triggers and processes, documented in the SIMG Handbook for a formal review of progress by the SIMG Committee.

The CPA is a WBA completed by the SIMG supervisor every three months during the required period of supervised practice. SIMGs are assessed according to the ANZCA or FPM Roles in Practice and supervisors assign a numerical categorical score based on their judgement of the SIMG's performance when compared to a College fellow of similar experience. Written assessor guidance dictates that the assessment is discussed with the SIMG. A revised SIMG CPA form is now available on the College website with clear performance descriptors associated with the numerical scores, and this change should facilitate consistency of assessments.

The College introduced multi-source feedback as a component of the CPA from January 2022. Consideration should be given for standardisation of the supervisors grading approach as well as clear assessment attention to cultural integration of practice and advanced communication skills.

SIMG Performance Assessment

This assessment is a WBA undertaken by an external College appointed assessor in the final three months of the CPA period. The assessment is undertaken by a pair of assessors who must meet the criteria for the role. The assessment is a comprehensive performance assessment including submission of pre-visit background documents with information about the SIMG and the practice setting. At the assessment visit an introductory interview is followed by facility assessment, case records review, portfolio review, observation of clinical practice, case-based discussion and multisource feedback. Assessors use structured worksheets to document observed performance on a categorical scale (unsatisfactory, satisfactory or not assessed). Judgements are based on whether the SIMG's performance is substantially comparable to a College fellow of similar experience.

This guidance is in the Assessor Manual, however is not explicit on the performance assessment worksheets, and revised worksheets could facilitate consistency of assessments. At the end of the assessment visit the SIMG is interviewed to summarise the assessment process and clarify any issues as required, however does not provide feedback to the SIMG. A structured report is then prepared with recommendations about the outcome of the assessment. The SIMG Committee considers the report and makes the final outcome decision, with delegation of this decision to the Director of Professional Affairs SIMG if no issues are identified. Standardised benchmarking of assessors would be advisable noting the current attempt to have continuity in panel selection to achieve this purpose.

SIMG Fellowship Examination

In the *anaesthesia training program*, SIMGs required to take the SIMG Fellowship Examination will sit the medical and anaesthesia viva components of the standard Final Examination concurrently with anaesthesia trainees, with the same pass/fail standards applied. In the *pain medicine training program*, SIMGs sit the oral components of the Fellowship Examination concurrently with pain medicine trainees, with the same pass/fail standards applied.

The College has identified an issue of consistently low pass rate for SIMGs on the high stakes examinations and identified potential root causes for this outcome. While comparability assessment entry criteria may contribute to low examination pass rates, it is important that the full breadth of this issue is explored with potential increased support for SIMGs as required.

Pass rates for the SIMG Anaesthesia Fellowship Examination are consistently much lower than the anaesthesia training Fellowship Examination and the College will need to specifically evaluate this discrepancy to understand underlying factors, so they can be addressed.

Similarly, while there is recent SIMG involvement in the SIMG comparability assessment panels (that also have a process developed for internal consistency), it is not immediately apparent as to the link between the review of the low SIMG Fellowship Examination pass rate and how this will feed back to the future initial compatibility assessment process of SIMGs.

Notification of Safety Concerns

The College has procedures in place for notification of safety concerns through the DPA SIMG but also noted the College's fortuitous, limited experience with this issue.

10.3 Assessment decision

The Accreditation standards are as follows:

- The education provider makes an assessment decision in line with the requirements of the assessment pathway.
- The education provider grants exemption or credit to specialist international medical graduates towards completion of requirements based on the specialist medical program outcomes.
- The education provider clearly documents any additional requirements such as peer review, supervised practice, assessment or formal examination and timelines for completing them.
- The education provider communicates the assessment outcomes to the applicant and the registration authority in a timely manner.

10.3.1 Team findings

The College has clear, published and robust processes to make assessment decisions utilising validated tools benchmarked to a recently graduated fellow. It allows for recognition of prior experience in modifying the length of supervision and type of assessments required. There is clear

documentation regarding the requirements of assessment with good timelines, appeals process and process around delayed progression.

While the criteria used appear to be responsive to external stakeholder input and legislated requirements, it is somewhat less clear on the decision making surrounding the final determination for a practice assessment versus an external examination. Further clarity surrounding decision making on this issue would be advisable.

The assessment outcome is clearly communicated to the relevant registration authority and applicant with recorded deadlines for completion. In Australia, the AHPRA Report 1 is emailed to the applicant and uploaded to their AMC profile within 14 calendar days of interview. In Aotearoa New Zealand, the recommendations of the interview panel are sent to the MCNZ to determine the outcome of the vocational registration pathway assessment.

10.4 Communication with specialist international medical graduate applicants

The Accreditation standards are as follows:

- The education provider provides clear and easily accessible information about the assessment requirements and fees, and any proposed changes to them.
- The education provider provides timely and correct information to specialist international medical graduates about their progress through the assessment process.

10.4.1 Team findings

The College provides clear and accessible information about assessment processes to applicants and it is noted the MCNZ communicates decisions for applicants in Aotearoa New Zealand. While the content of this information is complete, comments were made about the somewhat cumbersome non-transparent navigation of the current website.

The College has a number of methods for communicating with SIMGs. There is a regular newsletter to provide updates on any changes to the assessment process and any other matters of interest. Applicants also receive regular and timely email communication from the College at each stage of their assessment.

2022 Commendations, Conditions and Recommendations

Commendations

- A1 Clear transparent and robust assessment of SIMGs involving varied assessment tools, allowing for broad, holistic assessment of fitness for independent practice.

Conditions to satisfy accreditation standards

- 31 Provide evidence of implementation of the multi-source feedback in addition to the Clinical Practice Assessment for specialist international medical graduates. (Standards 10.2 and 5.2)

Recommendations for improvement

- VV To facilitate consistency in SIMG assessment in clinical practice:
- (i) Review and revise assessment tools and worksheets to make assessment standards explicit for assessors when assigning ratings or scores.
 - (ii) Ensure all assessors are trained and oriented to the assessment standard. (Standards 5.2 and 10.2)

Appendix One Membership of the 2022 AMC Assessment Team

Professor Tony Lawler (Chair), MBBS, BMedSci, FACEM, FRACMA.

Chief Medical Officer, and Deputy Secretary - Clinical Quality, Regulation and Accreditation, Department of Health and Human Services, Tasmania.

Dr Hash Abdeen, MBBS.

Rheumatology and General Medicine Advanced Trainee, Queensland Health (Currently Redcliffe Hospital & Metro North Hospital and Health Service).

Dr Stephen Child, MD, FRCP(C), FRACP.

Chief Medical Officer, Southern Cross Health Society and Internal Medicine Specialist, Medical Specialists Group, Auckland.

Dr Hwee Sin Chong, MBChB, FRACMA, MHM, MIPH, GAICD CHIA.

Executive Director, Queensland Rural Medical Service.

Associate Professor Lisa Lampe, MBBS, PhD, FRANZCP.

Deputy Head of School, School of Medicine and Public Health, University of Newcastle.

Mr Fergus Leicester, B.Bus, MBA, GradDip Applied Corporate Governance, BEd (Prof Hons) FCPA, FGIA, FAICD.

Chief Operating Officer, St Michael's Collegiate College, Hobart.

Associate Professor Jenepher Martin, MBBS, MS, MEd, DEd, GAICD, FRACS.

Consultant Surgeon, Eastern Health, Melbourne.

Dr Artiene Tatian, MBBS, BSc (ADV), MIndigHlth, GAICD, FACD.

Dermatologist, Sydney Children's Hospital, Liverpool Hospital and Campbelltown Hospital.

Ms Juliana Simon

Manager, Specialist Medical Program Assessment, Australian Medical Council.

Ms Georgie Cornelius

Program Coordinator, Australian Medical Council.

Mr Simon Roche

Program Support Officer, Australian Medical Council.

Appendix Two List of Submissions on the Programs of ANZCA & FPM

Australasian College for Emergency Medicine
Australian Anaesthesia Allied Health Practitioners
Australian College of Rural and Remote Medicine
Australian Government Department of Health
Bond University
Department of Health Victoria
New Zealand Society of Anaesthetists
Perioperative Nurses College of New Zealand
Queensland Health
Royal Australasian College of Surgeons
Royal Australian and New Zealand College of Obstetricians and Gynaecologists
Royal Australian and New Zealand College of Psychiatrists
The Australian Pain Society
University of Auckland
Western Australia Department of Health

Appendix Three Summary of the 2022 AMC Team's Accreditation Program

Location	Meeting
QUEENSLAND	
<i>Tuesday 12 July 2022 – Professor Tony Lawler (Chair), Dr Hash Abdeen, Ms Georgie Cornelius (AMC Staff)</i>	
Royal Brisbane and Women's Hospital (In Person)	Senior hospital executives of Royal Brisbane and Women's Hospital
	Directors of training of Royal Brisbane and Women's Hospital
	Supervisors of training of Royal Brisbane and Women's Hospital
	Trainees of Royal Brisbane and Women's Hospital
	Representatives of related health disciplines of Royal Brisbane and Women's Hospital
Queensland Regional Committee (Virtual)	Queensland Regional Committee
Various Training Sites in Queensland (Virtual)	Directors of training of Queensland Children's Hospital
	Supervisors of training of Queensland Children's Hospital and Mackay Base Hospital
NEW SOUTH WALES	
<i>Thursday 14 July 2022 – Associate Professor Lisa Lampe, Dr Artiene Tatian, Ms Juliana Simon (AMC Staff), Mr Simon Roche (AMC Staff)</i>	
Royal North Shore Hospital (In Person)	Senior hospital executives of Royal North Shore Hospital
	Directors of training of Royal North Shore Hospital
	Supervisors of training of Royal North Shore Hospital
	Trainees of Royal North Shore Hospital
	Representatives of related health disciplines of Royal North Shore Hospital
New South Wales Regional Committee (Virtual)	New South Wales Regional Committee
Various Training Sites in New South Wales (Virtual)	Directors of training Wagga Wagga Rural Referral Hospital, Tamworth Hospital, Wollongong Hospital and Orange Health Service
	Supervisors of training Wagga Wagga Rural Referral Hospital, Tamworth Hospital, Wollongong Hospital and Orange Health Service
	Trainees of Wagga Wagga Rural Referral Hospital, Tamworth Hospital, Wollongong Hospital and Orange Health Service
NEW ZEALAND	
<i>Tuesday 19 July 2022 – Dr Stephen Child, Dr Hwee Sin Chong, Mr Simon Roche (AMC Staff)</i>	
Various Training Sites in New Zealand - North Island (Virtual)	Directors of training of Waikato Hospital, Rotorua Hospital and Tauranga Hospital
	Supervisors of training of Waikato Hospital, Rotorua Hospital and Tauranga Hospital

Location	Meeting
New Zealand National Committee (Virtual)	New Zealand National Committee
Various Training Sites in New Zealand - South Island (Virtual)	Supervisors of training of Dunedin Hospital and Hawkes Bay Regional Hospital
	Trainees of Dunedin Hospital and Hawkes Bay Regional Hospital
AUSTRALIAN CAPITAL TERRITORY, NORTHERN TERRITORY, SOUTH AUSTRALIA, TASMANIA & WESTERN AUSTRALIA	
<i>Thursday 21 July 2022 – Mr Fergus Leicester, Associate Professor Jenepher Martin, Ms Juliana Simon (AMC Staff), Ms Georgie Cornelius (AMC Staff)</i>	
Various Training Sites in ACT, NT and SA (Virtual)	Directors of training of Women's and Children's Hospital South Australia
Tasmanian Regional Committee (Virtual)	Tasmanian Regional Committee
Various Training Sites in TAS and WA (Virtual)	Directors of training of Launceston General Hospital and Fiona Stanley Fremantle Hospitals Group
	Supervisors of training of Launceston General Hospital and Fiona Stanley Fremantle Hospitals Group
	Trainees of Launceston General Hospital and Fiona Stanley Fremantle Hospitals Group

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

Monday 25 to Friday 29 July 2022

Professor Tony Lawler (Chair), Dr Hash Abdeen, Dr Hwee Sin Chong, Dr Stephen Child, Associate Professor Lisa Lampe, Mr Fergus Leicester, Associate Professor Jenepher Martin, Dr Artiene Tatian, Ms Juliana Simon (AMC Staff), Ms Georgie Cornelius (AMC Staff), Mr Simon Roche (AMC Staff)

Meeting	Attendees
<i>Monday 25 July 2022</i>	
Site visit meetings with Monash Medical Centre (In Person)	Directors of training Senior hospital executives Supervisors of training Trainees Pain medicine fellows
Site visit meetings with various training sites in Victoria and satellite sites (Virtual)	Victorian Regional Committee Directors of training Supervisors of training Trainees
Site visit meetings with satellite sites, pain medicine sites and SIMGs in Australia (Virtual)	Supervisors of training Trainees SIMGs in Australia
Meetings with Ministry of Health New Zealand, SIMGs in New Zealand, Consumer Groups and Australian Health Departments (Virtual)	Ministry of Health New Zealand SIMGs in New Zealand Consumer groups Health Departments in Australia
Briefing with ANZCA CEO	CEO President
<i>Tuesday 26 July 2022</i>	
Standards 1, 2.1 and 6.3 Context of training and education, educational purpose and feedback, reporting and action	CEO President Vice President Immediate Past President ANZCA Councillors FPM Dean FPM Vice Dean FPM Immediate Past Dean FPM Board Members Executive Director of Professional Affairs SIMG Executive Director FPM Executive Director Education and Research FPM Operations Manager Learning & Innovation Manager

Meeting	Attendees
Standards 1, 2.2, 2.3 and 6.3 Context of training and education, program and graduate outcomes and feedback, reporting and action	CEO President Vice President Immediate Past President Education Executive Management Committee (EEMC) Chair EEMC Consumer Representative Education Development and Evaluation Committee (EDEC) Chair FPM Dean FPM Vice Dean FPM Learning and Development Committee Chair Director of Professional Affairs Assessor Executive Director Fellowship Affairs Executive Director FPM Executive Director Education and Research Executive Director New Zealand Learning and Innovation Manager FPM Operations Manager Senior Research Officer Director of Professional Affairs FPM
Standards 1,2,3,7 and 8 Indigenous Health Issues	President Indigenous Health Committee (IHC) Chair IHC Members RAP Working Group Chair RAP Working Group Members CEO Executive Director New Zealand General Manager Policy Professional Documents Policy Officer Education Standards and Policy Officer
Standards 1, 2, and 6 Meeting with Community / Consumer Representatives	EEMC, SIMG Committee, ANZCA Safety and Quality Committee and FPM Training and Assessment Executive Committee Consumer Representative
Standard 1.5 Educational Resources	Director Policy and Communications Executive Director Corporate Services Executive Director FPM Executive Director Education and Research FPM Operations Manager Operations Manager Knowledge Resources Learning and Innovation Manager

Meeting	Attendees
Standards 2, 6 and 9 Meeting with New Fellows	EDEC New Fellow Member FPM Examination Committee New Fellow Member FPM New Fellow Board Member Outgoing New Fellow Councillor
Briefing with ANZCA CEO	CEO President FPM Dean
<i>Wednesday 27 July 2022</i>	
Standards 3 and 4 ANZCA: Curriculum and teaching and learning	ANZCA Councillor and EEMC Chair ANZCA Scholar Role Subcommittee Chair EDEC Deputy Chair Executive Director Fellowship Affairs Executive Director Education and Research Learning and Innovation Manager Training and Assessment Manager Learning and Development Facilitator Training Lead Director of Professional Affairs Assessor ANZCA Councillor and DRGA Tripartite Committee Chair EDEC Chair ANZCA Educator Subcommittee Member
Standards 3 and 4 FPM: Curriculum and teaching and learning	Director of Professional Affairs FPM Executive Director FPM FPM Operations Manager Executive Director Education and Research FPM Vice Dean and FPM Training and Assessment Executive Committee Chair FPM Learning and Development Committee Chair FPM Learning and Development Committee Member Director of Professional Affairs FPM
Standard 5 ANZCA: Assessment of learning	ANZCA Primary Exam Subcommittee Chair Executive Director of Professional Affairs SIMG Executive Director Education and Research Training and Assessment Manager Assessment Lead Training and Assessment EDEC Chair and ANZCA WBA Research Lead ANZCA Final Exam Subcommittee Chair ANZCA Councillor and ANZCA Chair of Examinations

Meeting	Attendees
Standard 4 Teaching and learning resources demonstration	Operations Manager Knowledge Resources Library Manager FPM Projects and Development Lead Education and Research Training Program Lead Learning and Development Facilitator FPM Professional Affairs Coordinator
Standard 6 Monitoring and evaluation	President Vice President FPM Dean EEMC Chair and Councillor Executive Director Fellowship Affairs Executive Director New Zealand FPM Operations Manager Senior Research Officer CEO Director of Professional Affairs Assessor Learning and Innovation Manager FPM Learning and Development Committee Chair and FPM Board Member Director of Professional Affairs FPM
Standard 5 FPM: Assessment of learning	Director of Professional Affairs Education FPM FPM Operations Manager FPM Examination Committee Chair Learning and Development Committee Chair and FPM Board Member Director of Professional Affairs FPM and Learning and Development Committee Immediate Past Chair
Standard 7 Issues relating to trainees	President Immediate Past President ANZCA Councillor and EEMC Chair CEO Executive Director of Professional Affairs SIMG Executive Director Education and Research Executive Director New Zealand ANZCA Councillor and ANZCA Chair of Examinations ANZCA Councillor and New Zealand National Committee Immediate Past Chair NSW Regional Committee Chair ANZCA Training Accreditation Committee Chair

Meeting	Attendees
	Education Officers Network Immediate Past Chair
Standard 8.1 Supervisory and educational roles	FPM Dean FPM Supervisor of Training Advisor Director of Professional Affairs Assessor Executive Director FPM Training & Assessment Manager Learning & Innovation Manager Learning and Development Facilitator Education Officer Network Chair Education Officer Network Deputy Chair Education Officer ACT Education Officer WA Education Officer TAS Education officer NSW Education Officer QLD Deputy Education Officer QLD
Briefing with ANZCA CEO	CEO President FPM Dean
<i>Thursday 28 July 2022</i>	
Standard 7 Issues relating to trainees	ANZCA Trainee Committee Co-Chairs ANZCA Trainee Committee Members FPM Learning and Development Committee Trainee Representatives
Standard 8.2 Accreditation of training sites	FPM Dean EEMC Chair and ANZCA Councillor Director of Professional Affairs SIMG Director of Professional Affairs Assessor & ANZCA TAC Member Executive Director Education and Research Executive Director New Zealand FPM Operations Manager Training and Assessment Manager Specialist Training Program Manager Accreditation Lead FPM Training Program Administrative Officer ANZCA Training Accreditation Committee Chair FPM Training Unit Accreditation Committee Chair
Standard 9 CPD, further training and remediation	President Director of Professional Affairs Policy

Meeting	Attendees
	Executive Director Fellowship Affairs Executive Director New Zealand CPD Lead CEO FPM Professional Standards Committee Chair Director of Professional Affairs FPM Education Standards and Projects Officer
Standard 10 Assessment of SIMGs	SIMG Committee Community Representative Director of Professional Affairs SIMG FPM Operations Manager SIMG Lead ANZCA Councillor and Chair of Examinations FPM Vice Dean New Zealand Panel for Vocational Registration Chair SIMG Committee FPM Representative Director of Professional Affairs Assessor Education Policy and Standards Officer
Briefing with ANZCA CEO	CEO President FPM Dean
<i>Friday 29 July 2022</i>	
AMC Team prepares preliminary statement of findings	AMC Team
Team presents preliminary statement of findings	President Vice President Immediate Past President Honorary Treasurer ANZCA Councillors FPM Board Members FPM Dean FPM Vice Dean FPM Immediate Past Dean CEO Executive Director FPM Executive Director Education & Research Learning and Innovation Manager

