



Anaesthesia Training in New Zealand Made Easy

New Zealand Trainee Committee

January 2010

Contents

Introduction	3
Acronyms	4
1. Organisations You Should Know About	5
1.1 The Australian and New Zealand College of Anaesthetists (ANZCA)	5
1.2 The New Zealand Trainee Committee (NZTC)	7
1.3 The NZ Society of Anaesthetists (NZSA)	8
2. Training	9
2.1 The Modular System	9
2.2 Requirements for Completing Basic Training and Passing on to ATY1	10
2.3 Requirements for Gaining Fellowship	12
2.4 Formal Project	13
2.5 Exams	14
2.6 Vocational Training Rotations in New Zealand	17
2.7 Conferences and Meetings	17
3. Housekeeping	19
3.1 Supervisor of Training (SOT)	19
3.2 Logbooks	19
3.3 Training Portfolio	20
3.4 Forms	21
3.5 Fees	22
3.6 Trainee Profile	22
3.7 How to Contact the College	23
4. Welfare of Trainees	24
4.1 Sick Doctors	24
4.2 Trainees with Families	27
5. Overseas Trainees	29
5.1 Life in New Zealand	29
5.2 Accreditation of Training Time Done Overseas	29
5.3 Additional Fees	31
6. Retrospective Accreditation of Training Time in Another Specialty	32
7. Reconsiderations, Review and Appeal Process	32
8. Provisional Fellowship Year (PFY)	33
Appendix 1: Important Contacts and Sources of Information	35
Appendix 2: More Details on Organisations	37
Appendix 3: Vocational Training Rotations	39
Appendix 4: NZ ANZCA Formal Project Guidelines	40
Appendix 5: Exam Resources	42

Introduction

Welcome to the first ever edition of the New Zealand Trainee Committee "New Trainees Handbook"!

This book aims to give an overview of your anaesthetic training in New Zealand. A lot of invaluable information about your training, which until now has been more difficult to wade through, is presented in a helpful, practical form. There are lots of hurdles to jump over along the way, but at least if you know what they are, when and how to tackle them, you are off to a flying start.

Since this is our first ever handbook, there are bound to be mistakes and omissions. Please feel free to get back to us with your thoughts on how to improve this...

Good luck!

The New Zealand Trainee Committee 2009

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Thanks to Julie Hamilton, Dunedin, for her valuable stuff on pregnancy

Acronyms

All professionals love to use acronyms (maybe this is a way to be more exclusive). We Anaesthetists are no different. You will definitely figure out most of these in a few months, but to make sure that you don't get totally confused as you start out, we thought we would start off by explaining the many acronyms we will be using throughout the document. For our overseas trained colleagues: some things are different here e.g. ITU is ICU ...

Acronym	What it stands for
ACC	Accident Compensation Corporation
ANZCA	Australian and New Zealand College of Anaesthetists
ANZICS	Australian and New Zealand Intensive Care Society
ASA	Australian Society of Anaesthetists
ATY	Advanced Training Year
AVT	Approved Vocational Training
BTY	Basic Training Year
CICM / JFICM	College of Intensive Care Medicine / Joint Faculty of Intensive Care Medicine
CPD	Continuing Professional Development
DHB	District Health Board
DPA	Director of Professional Affairs
EMAC	Effective Management of Anaesthetic Crises
EMST	Early Management of Severe Trauma
ETC	Education and Training Committee
FANZCA	Fellow of the Australian and New Zealand College of Anaesthetists
FPM	Faculty of Pain Medicine
HDC	Health and Disability Commissioner
ITA	In Training Assessment
LMC	Lead Maternity Carer
MCQ	Multiple Choice Questions
MCNZ	Medical Council of New Zealand
NZNC	New Zealand National Committee (of ANZCA)
NZRDA	New Zealand Resident Doctors' Association (often just RDA)
NZSA	New Zealand Society of Anaesthetists
NZTC	New Zealand Trainee Committee
PMET	Prevocational Medical Education & Training
RACS	Royal Australasian College of Surgeons
SAQ	Short Answer Questions
SIG	Special Interest Group
SOT	Supervisor of Training
TAC	Training Accreditation Committee

1. Organisations You Should Know About

We will start with the key organisations related to Anaesthesia in Australia and New Zealand. Many people find this extremely confusing - there are several organisations which do different things and interact in different ways.

1.1 The Australian and New Zealand College of Anaesthetists (ANZCA)

ANZCA, often referred to as “the College,” is ultimately responsible for promoting professional standards and safety in Australasian anaesthesia and for the examination and qualification of anaesthetists in Australia and NZ. It is headquartered in Melbourne, and most trainees will pay this building a visit at some stage - usually for exams or courses.



ANZCA is a professional organisation that was incorporated in 1992; prior to this, the Faculty of Anaesthetists was part of the Royal Australasian College of Surgeons, but we managed to break free!

It is not an industrial organisation for anaesthetists. This role is taken on by other organisations with which ANZCA has links, such as the ASA (Australian Society of Anaesthetists) and NZSA (NZ Society of Anaesthetists).

The New Zealand National Committee of ANZCA is situated in Wellington and many of its functions mirror those of ANZCA in Melbourne. However, its role (in some ways similar to Australian Regional Committees) is also to meet the unique needs of New Zealanders and to liaise with national agencies such as the Ministry of Health and the Medical Council of New Zealand (MCNZ). Most New Zealand Specialist Anaesthetists interact with the College through participation in the ANZCA CPD Program. All vocationally registered doctors are required to undertake CPD to fulfil the requirements of the Health Practitioners Competence Assurance (HPCA) Act.

As trainees we need to join the College to undertake accredited training in anaesthesia and progress on to Fellowship.

There are currently about 1,830 Trainees and 4,100 Fellows of the College worldwide. Seventy-six percent of New Zealand Specialist Anaesthetists are Fellows of the College.

ANZCA Head Office – Melbourne

Telephone: +61 3 9510 6299

Website: www.anzca.edu.au

ANZCA NZ National Office – Wellington

Telephone: (04) 499 1213

Website: www.anzca.org.nz

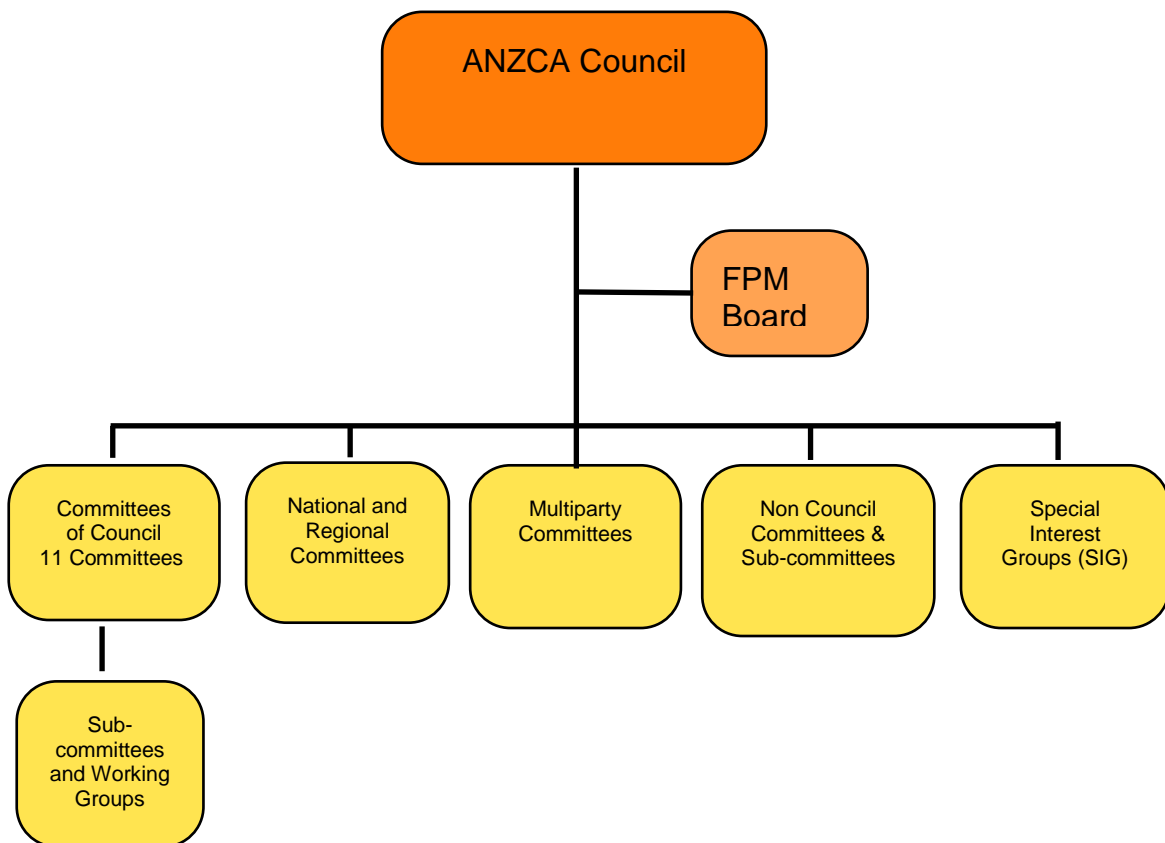
Faculties

The Faculty of Pain Medicine (FPM) is part of ANZCA. The Joint Faculty of Intensive Care Medicine (JFICM) separated from ANZCA in January 2010 and formed its own College - College of Intensive Care Medicine of Australia and New Zealand (CICM).

College Structure

Since the College is the body that aims to provide our training and assessment, an insight into the structure helps us understand what “goes on” in Melbourne and how it affects us.

Below is a diagram of the current governance structure of ANZCA, demonstrating how all of the Committees link up and ultimately report to the top, i.e. the elected “ANZCA Council”.



A full run down of the structure can be found (for those who are interested) at <http://www.anzca.edu.au/anzca1/structure/> Further details of the particular Committees which are more relevant to trainees can be found in Appendix 2.

1.2 The New Zealand Trainee Committee (NZTC)

The New Zealand Trainee Committee is an official ANZCA Council Committee charged under regulation 16 “to consider issues relating to education and training.” Each Australian region and separate country has its own committee with the size varying according to the number of trainees represented. In NZ we have more than 200 trainees and are entitled to 10 members on our committee. The committee meets 4 times a year via teleconference to discuss and action agenda items. Our scope is broad and issues arising range from small, e.g. notifying trainees which hospitals are to be accredited, to large undertakings, like the production of this booklet.

The Committees are essentially able to decide their own area of focus and most of the Trainee Committees have decided to focus on encouraging trainee welfare and networking. The Chairs of the different Trainee Committees sit on the ANZCA Trainees Committee which has one meeting a year face-to-face in Melbourne with teleconferences 3 times per year. The Chair of the NZTC also sits on the NZ National Committee and the NZ Education Sub-committee. Minutes of our meetings are passed up to the National Committee meetings.

The tenure for Committee members has recently been extended from one year to two years, with elections being held every 2 years in November, or earlier if members stand down, for example on achieving Fellowship. The work is enjoyable and not particularly onerous. It gives trainees the chance to have their voice heard and to affect issues arising around training.

Recent events members have been involved in include:

- Representing NZ trainees on the Curriculum Review Working Group and the Clinical Teachers Development Working Group (which has involved funded trips to Melbourne!)
- Attempting to get the Annual Registrars Meeting in Auckland video-conferenced around NZ
- Development of a ‘Part zero’/Introduction to ANZCA training course for new trainees in Auckland
- And, where possible, we spend a fair amount of energy trying to get disparate trainees to have a drink together once in a while!

Our main drive is to increase collegiality between trainees, to get trainees to focus on their own welfare and the welfare of others as well as acting as a line of communication for issues arising during training. After each meeting we produce a Newsletter detailing our current activities and highlight important dates and events in the NZ ANZCA calendar. We are working towards instituting our own annual face-to-face meeting to allow all members to put names to faces. If you have an interest in your own training and welfare, we encourage you to consider nomination for the committee next November. This is your chance to get involved and to improve things!

If you would like to join, we encourage you to consider nomination for the Committee. Further information about the Committee can be obtained from Juliette Adlam (training@anzca.org.nz).

1.3 The NZ Society of Anaesthetists (NZSA)

The NZSA, or “the Society”, has represented the interests of anaesthetists in New Zealand since 1948. A membership based organisation, it covers over 2/3 of NZ specialist anaesthetists - including many who are not Fellows of ANZCA.



Heavily dependent upon anaesthetists who volunteer their time, the NZSA has an uncomplicated structure with a minimum of bureaucracy. It is politically active and negotiates with the ACC, the Ministry of Health and other organisations. Its other activities range from industrial issues to coordinating charitable concerns, adapting as the needs of the profession change. The NZSA also has some useful publications - details are given in the Appendix.

For trainees, the NZSA becomes more relevant as training progresses. The journal “Anaesthesia and Intensive Care” is provided with membership, and is very useful when preparing for the Final Exam. The NZSA offers prizes to encourage research, part sponsors the Annual Registrars’ Meeting, and secures discounts on conference fees for members. Their expertise in private healthcare, political issues, and career options makes them invaluable during the transition to consultant hood.

The Trainee Representative (TR) position was created in February 2009 to facilitate the Society’s engagement with trainees. The TR sits on the NZSA Executive Committee, and links in with trainee organisations. He/she participates in NZ Trainee Committee meetings as an observer and looks for opportunities to collaborate.

Joining the NZSA requires one to be nominated and seconded by NZSA members. The membership fee is reimbursed by DHBs for those on the SMO MECA (i.e. most Provisional Fellows); for those on the RDA MECA a heavily discounted trainee membership is offered. If you wish to join the NZSA, just ask one of your consultants; chances are they are a member, and will happily support your application.

Telephone: 04 494 0124

Website: nzsa@anaesthesia.org.nz

2. Training

We now move on to perhaps the most important topic we will cover in this handbook - training. One of ANZCA's objectives is to confer professional qualifications in anaesthesia, intensive care medicine and pain medicine to "individuals who have attained the appropriate knowledge, skills and attitudes to assume the responsibilities of specialists". The training program uses a modular approach to achieve this goal, covering specialised topics (e.g. Neuroanaesthesia) as well as professional skills/ attitudes (e.g. Professional Practice). The Curriculum is currently under review, and a revised Curriculum will be introduced for the 2012 Hospital Employment Year.

In this section we cover this modular system of training, the associated exams and the training rotations which enable trainees to complete the requirements for Fellowship.

2.1 The Modular System

ANZCA approved training consists of a minimum of five years of supervised training:

- minimum two years of Basic Training (BTY1-2)
- minimum three years of Advanced Training (ATY1-3)

During the course of training you are required to cover the 12 modules that make up the training scheme:

Module 1	Introduction to Anaesthesia and Pain Management
Module 2	Professional Attributes
Module 3	Anaesthesia for Major and Emergency Surgery
Module 4	Obstetric Anaesthesia and Analgesia
Module 5	Anaesthesia for Cardiac, Thoracic and Vascular Surgery
Module 6	Neuroanaesthesia
Module 7	Anaesthesia for ENT, Eye, Dental and Maxillofacial Surgery
Module 8	Paediatric Anaesthesia
Module 9	Intensive Care
Module 10	Pain Medicine – Advanced Module
Module 11	Education and Scientific Enquiry (including the Formal Project)
Module 12	Professional Practice

The requirements for each module can be found on the ANZCA website (www.anzca.edu.au → trainees → anaesthetic training program → curriculum modules) and also in the learning portfolio sent to you by the College when you registered as a trainee.

2.1.1 Module 9 (ICU)

A special note may be required for Module 9, as this often leads to confusion.

You do need 3 months of Intensive Care Medicine in an ANZCA approved unit. This time does not need to be done continuously, but it needs to be at least 1 month at a time. It is important that this is approved prospectively and done after starting approved training. (15.5.2.2)

You can do more time in ICU (under regulation 15.5.2.3), but these chunks must be in at least 3 months blocks.

Retrospectively accredited Intensive Care experience can count towards module 9 completion - (you need to get the time approved first – refer to the ANZCA website for further information - <http://www.anzca.edu.au/trainees/assessor-requests/retrospective-module-completion>), but this does not give exemption from the compulsory 3 months under Reg. 15.5.2.2.

Paragraph amended 1.6.10

It is confusing, but the reason for it is that trainees who have met the other requirements of Basic Training, and who need Module 9 as their "additional" Module for Basic Training, are able to go on into Advanced Training, even if they still need to do the further 3 months IC under 15.5.2.2. It also allows ATY3s who would otherwise be ineligible for a Provisional Fellowship to meet the Module requirements for the PF, even though the latter will include the 3 months IC under 15.5.2.2.

2.2 Requirements for Completing Basic Training and Passing on to ATY1

Requirement	Details/ tips
At least 2 years of Approved Vocational Training (AVT) / Forms received and accepted by the College	<ul style="list-style-type: none">• These need to be signed by the SOT and sent to ANZCA within 3 months of completion of each 12 months of training.• It is a very good idea to explicitly detail the time you have taken for leave (annual study and sick) as ANZCA is very stringent in the amount of time allowed off in these training years (a total of 16 weeks - which means if you take all your annual leave (6 weeks each year), plus 6 weeks of study leave, plus a few sick days, you will be compromising and extending your training time). If you think there might be a problem with too much leave, contact Assessor Support (assessor-request@anzca.edu.au) for advice and help.
Passing both parts of the Primary Exam	<ul style="list-style-type: none">• If you have completed 2 years of AVT, but do not have the Primary, you will sit in BTY2E until the day after you pass the oral exams.
Module 1	<ul style="list-style-type: none">• Usually must be signed off at the end of BTY1 (as SHO or Registrar), if you work in an approved training department and take part in appropriate in/out of hours work.

Requirement	Details/ tips
Module 2	<ul style="list-style-type: none"> • You need to register for this on line, it can take 2 weeks to get a password and then you have 2 weeks to do the test. • It is fairly straightforward, can be sat time and again. There is some interesting reading in the references, but a lot of it is VERY difficult to find, or incorporates an ENTIRE book. • Many people don't formally study for this, but make notes on each question or look it up as they go and usually pass after a couple of attempts. • "Forgetting" to do this is a significant problem, according to our DPA Assessor! Don't be one of the Trainees who prolong their training just because of Module 2.
Module 3	<ul style="list-style-type: none"> • This is a very big, rather ambiguous module that can be interpreted differently depending on the module supervisor. • It is a good idea for this module to keep a reasonably detailed log book from very early on in your training so you can print out a spreadsheet showing EXACTLY the number of CVL/ epidurals/ art lines/ vascular cases etc. you have done.
One of Modules 4-10	<ul style="list-style-type: none"> • Most people are able to get Obstetrics (Module 4) and / or ICU (Module 9) depending on the runs they are given, but you can do any Module (not 11 and 12). • You need to be thinking about this at the beginning of BTY2 to make sure you get enough cases to fill one Advanced Module or ICU.

Be careful when filling in the Module Completion Form K (see also 3.4). Ensure the date on the form sent to the College is the date you completed the requirements for this Module, not when the form is signed (if the latter is later). Otherwise it may delay your date of commencement in Advanced Training.

2.2.1 BTY2E

If you have finished BTY 1 and 2, but have not fulfilled the other requirements (either not passed both parts of the Primary Exam or not fulfilled Modules 1-3 + one of 4-10), you will be in BTY2E until all requirements are met.

You have 2 options:

- a) continue in your Training in a training position. You will have to pay full Annual Training Fees (but in NZ they will be refunded, see 3.5). If you do so, all your experience you gained during the BTY2E time can be counted towards Modules.
- b) take Interrupted Training. The fees here are cheaper, but you cannot work towards Module completion.

2.3 Requirements for Gaining Fellowship

Requirement	Details/ tips
Passing the Final Exam	<ul style="list-style-type: none"> You can sit the Final Exam any time after you have completed ATY1 (in other words: you have to be in ATY2) You must have done 24 months of clinical anaesthesia.
Completing the Formal Project (Module 11)	<ul style="list-style-type: none"> Please see information in Appendix 4.
Completing the rest of the Modules	<ul style="list-style-type: none"> Note: Module 12 is another online one.
Completing an EMST or EMAC Course	<ul style="list-style-type: none"> Course dates and info: EMST - http://www.surgeons.org EMAC - http://www.anzca.org.nz Auckland: acscadmin@auckland.ac.nz Wellington: sylvia.sharpe@ccdhb.org.nz
Completing at least 60 months of AVT	<ul style="list-style-type: none"> Note: you are allowed a maximum of 24 weeks leave during your AT years
Training Fees paid	<ul style="list-style-type: none"> You will have to pay 5 Annual Training Fees during your training time. Additional time requires payment of a Deferred Training Fee. All other fees must be paid (see chapter 3.5).
Fellowship Application Form	<ul style="list-style-type: none"> You can apply only once all requirements above are met and all forms, fees etc. are with the College. The Council will consider your applications monthly. Most straightforward cases are processed electronically.

2.4 Formal Project

Get on with this early. It always takes longer than planned. It is a really good idea to think about doing this in the time in between the Primary and Final Exam. You can also start during your Basic Training, but it can only be completed in Advanced Training (which means: don't submit the Project until you are in Advanced Training).

- Needs prospective approval by an assessor, the National Formal Project Officer.
- There are forms to fill out for registration and once it is completed.
 - These can be obtained from ANZCA Website:
<http://www.anzca.edu.au/trainees/atp/curriculum/formal-project>
 - An electronic copy is sufficient once it is completed.
- It does not need to be published or presented to count, but obviously that would make it more likely to be accepted. If you present your Project at a meeting you will still provide the written report of at least 1500 words on the work undertaken; if it is published, you may then be exempt from providing the report (see guidelines pg 40; Policy on the FP 3.1).
- If you are considering undertaking a survey you need to obtain permission from the ANZCA Trials Group (trialsgroup@anzca.edu.au).
- Once prospectively accepted the likelihood of the final report being rejected is very low, although it may be sent back to you for alteration and editing if it is felt the report is not up to standard. The standard expected is high - it should be of the same quality as a published paper.
- Appendix 4 contains an "idiots guide".



TWO SURGEONS AND ONE ECG

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2.5 Exams

There are two exams to get through before you complete your training. The Primary, which you normally sit during Basic Training (but you can sit even prior to commencing Basic Training), and the Final, which you sit towards the end of your vocational training. For each exam there are two sittings a year.

PLEASE: ensure your application form is at the College before the closing date! You would not be the first to miss out... There is no bargaining with the College. Also, check that you have a valid passport and visa before going to the orals in Australia!

2.5.1 Primary Exam

This is an in-depth test of Physiology and Pharmacology and passing this is a must to continue on to Advanced Training.

Eligibility Criteria

- Be registered with the College
- Completed at least 12 months of PMET (Prevocational medical education & training)
- Paid the exam fees and have no other outstanding ANZCA fees
- Completed application form - must be received by the College at least 8 weeks before the exam

Exam Format

- Two subjects:
 - Physiology including clinical measurement
 - Pharmacology including statistics
- Must pass both, but they can be sat individually

- Each subject is divided into 3 sections:

Exam	Section	Format	Weighting	Details	Locations
Written Section	MCQ	75 questions in 75 mins	25%	<ul style="list-style-type: none"> • A stem followed by 5 options. • Answer EVERY question as there is no negative marking. • Sources of old MCQs: the Black Bank Wiki (see below) 	<ul style="list-style-type: none"> • Different centres in Australia, New Zealand and SE Asia. • The centres in New Zealand are: Auckland, Christchurch, Dunedin, Hamilton, Wellington
	SAQ	8 questions in 80 mins	25%	<ul style="list-style-type: none"> • Require a short written answer. • Allow approx 10 mins per question • Practice is highly advisable. 	
Oral Section/ Viva	Viva	2 vivas (1 physiology, 1 pharmacology) 20 mins each	50%	<ul style="list-style-type: none"> • 2 separate vivas, 2 examiners for each • Each viva will last 20 mins • One subject in the morning and the other in the afternoon 	<ul style="list-style-type: none"> • Melbourne or Hong Kong approximately 6-8 weeks later

To attend the orals have to get at least 40% in the MCQ and 40% in the SAQs. To pass a subject you need 50% in the sum of the MCQs, SAQs and vivas.

2.5.2 Final Exam

This is your final examination in Anaesthesia for vocational training. It will cover all areas of clinical anaesthesia contained within the modular training.



Eligibility

- Completed PMET, Basic Training and ATY1, i.e. you need to be in ATY2 or above
- Completed 24 months clinical anaesthesia
- Passed your Primary Examination or granted exemption
- Paid all your training fees etc.

Note:

Exemptions from the Primary Exam can be obtained for some foreign anaesthetic qualifications e.g. if you have been awarded the Diploma of the Fellowship of the Royal College of Anaesthetists. The date of award of the Diploma of FRCA is the date from which Primary Exam exemption applies. You need to approach the Assessor to obtain an exemption (see also chapter 5).

Enrolling for the Exam:

The Final Examination Form needs to be completed and received by the College by the closing date (ca. 8 weeks prior to written examination). The form is available on the ANZCA website.

Exam Format

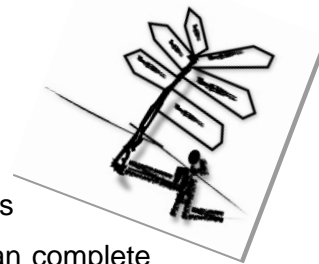
The exam consists of a written component (MCQs and short answer questions (SAQs) held together with the 2 medical vivas, and 8 anaesthetic vivas. It is designed by the Examiners to cover the breadth of anaesthesia, so between the MCQs, SAQs and vivas you should cover most examinable topics.

Section	Format	Weigthing	Details	Locations
MCQ	150 questions in 2.5 hours	20%	<ul style="list-style-type: none">• 2/3 of these come from previous exam papers and 1/3 are newly set questions.• Sources of old MCQs include the MCQ papers released by the College and the Black Bank Wiki.	<ul style="list-style-type: none">• You can choose to sit <u>written and medical vivas</u> in different centres in Australia, New Zealand and SE Asia.(the NZ centre is currently Auckland)• The written examinations (MCQ and SAQ) are conducted on a Friday. It is timed so that all trainees across all regions sit at the same time• The Medical Clinical vivas are then conducted the next day on Saturday (in Auckland)• The Anaesthetic vivas are conducted in either Melbourne or Sydney approximately 6-8 weeks later.
SAQ	15 questions in 2.5 hours	20%	<ul style="list-style-type: none">• Requires a short written answer. You need to allow approx 10 mins per question.• Practice is advised to be able to write short ordered succinct answers under pressure.	
Medical Viva	2 vivas; 18 mins each	12%	<ul style="list-style-type: none">• 2 "live" vivas with a real patient<ul style="list-style-type: none">- Requires you to take a short focused history and examine a patient in 8 minutes followed by a viva on the patient and their problems- Includes investigations relevant to the patient• Practice is needed to perform all required history and examination in such a short time frame	
Anaesthetic Viva	8 vivas; 15 mins each	48%	<ul style="list-style-type: none">• 8 anaesthetic vivas split into 2 sessions of 4 vivas over 1 day.• The viva is divided into 3 parts covering different topic areas<ul style="list-style-type: none">- Mostly directly related to the starting scenario, but not always the case.- Includes investigations• The investigations viva has been eliminated and now there is an opportunity to receive investigations in any viva.	

You must pass either the MCQs, the SAQs or the medicals to get invited to the vivas. You also have to get 50% overall and must pass the viva section.

2.6 Vocational Training Rotations in New Zealand

As explained previously, trainees need to complete 12 modules that consist of both general and sub-speciality areas in anaesthesia practice. Training rotations are designed to rotate a trainee through these sub-speciality areas as well as gaining general exposure in other hospitals. Theoretically you can complete your training without belonging to one of the schemes, but there are distinct advantages in belonging to a scheme.



There are 4 rotations in New Zealand: Northern, Midland, Central and Southern. For more details see Appendix 3.

Joining a Rotational Scheme

- You can join a rotation by undergoing a competitive interview. It is important to confirm the status of your position as you may need to apply to join the local training rotation separately.
- Often trainees begin by doing an anaesthetic SHO year or a non-affiliated registrar position.

Things to note

- Not all the positions in approved training departments in New Zealand are affiliated with rotations. There are some trainees who do not have a rotation agreed at the time of appointment and are therefore non-affiliated, though eligible to participate in the ANZCA training program and have training time accredited.
 - This may often happen when rotation positions are not filled by the rotation and trainees are subsequently appointed to the vacancy by participant hospitals.
 - Such trainees may be able to apply to join the rotation the next appointment round.
- Some of the sub-speciality areas, such as cardiothoracic and neuroanaesthesia, are only available in certain centres in New Zealand and Australia.
- Rotational arrangements in some Australian States differ from those in New Zealand. Trainees transferring across the Tasman should check the implications for their training progression.

2.7 Conferences and Meetings

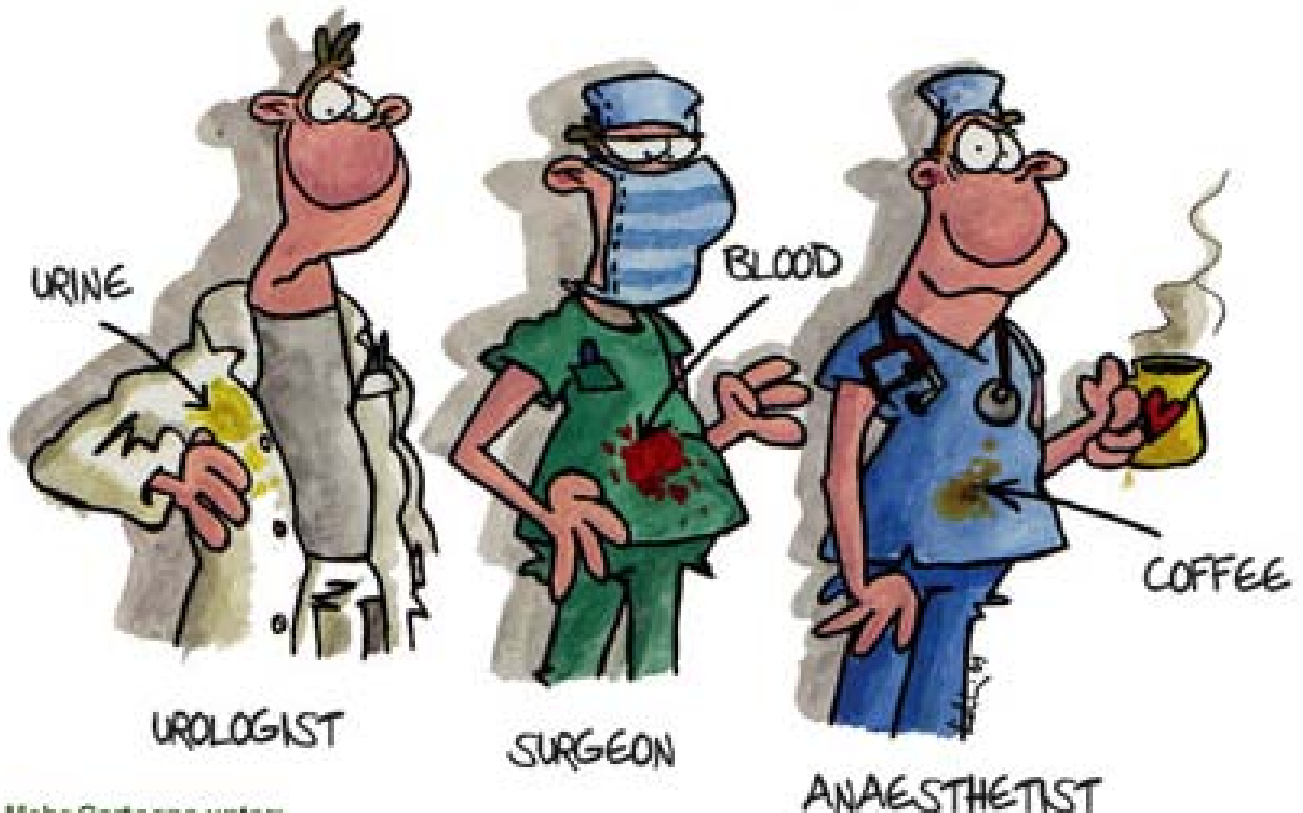
Although there is no official training requirement we would like to encourage you to attend conferences or meetings and especially the [Annual Registrars Meeting](#), which is held once a year in Auckland (this may change - watch this space, look out for the circulated NZTC Newsletter and visit the ANZCA NZ website www.anzca.org.nz).

It is not only great to meet other trainees from around the country but also to get in contact with Specialists, experts in their field and just experience the atmosphere. It is fantastic learning and several sessions are more than worthwhile for Final Exam preparation.

Presenting is an important skill for doctors, and a lot can be learned by observing others. Make an effort to present your Formal Project, e.g. at the Annual Registrars Meeting!

Paragraph amended 1.6.10

Registrars from year 5 on and 3rd year registrars who have passed the part one are entitled to a total of \$6,000 conference leave expenses (no more than \$3,000 of this amount to be taken in any one year). Check www.nzrda.org.nz (search for "treating doctors well") and with your employer!



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3. Housekeeping

Most of us often feel that we are too busy or tired to take care of “admin stuff”. Some of it seems annoying or at times, even pointless.

However, our experience is that people who neglect these pay for it later. More importantly, most of these administrative requirements provide us with an opportunity to record and even showcase our progress. And, however much we may complain, it will not go away!



So, please make sure that you read (and re-read) this section very carefully and make the time to keep abreast with all your admin....

3.1 Supervisor of Training (SOT)

The SOT is the College’s representative on training, liaising between you, the College and Hospital authorities. He/she is the one you can approach with any question or problem regarding your training (e.g. forms, documents required, timeline, exams, but also problems with supervision or other issues with your clinical work).

Paragraph amended 1.7.10

You should have a formal meeting with the SOT at least twice a year. This is when you fill out the ITA online. However, more frequent informal meetings are extremely useful. In order to be able to help you, your SOT needs to know your plans, problems, questions and ideas for improvement!

3.2 Logbooks

Logbooks are an important tool in keeping track of the cases you do. You will need them:

- ✓ To record workload & experience
- ✓ For regular review with the SOT to ensure good case mix
- ✓ For review by the Hospital Accreditation review team if you’re unlucky enough to be asked



Here are some key things you need to know about logbooks (and our opinions)...

Types	<ul style="list-style-type: none"> • There are a vast variety of electronic logbooks available. But handwritten ones are ok, too. • We can recommend the RCA logbook (www.logbook.org.uk) - freeware, works on PC, MAC and PDA (for the latter you need HanDBase). Also available as a paid application for the iPhone. • ANZCA is working on a logbook - watch this space
Using Them	<ul style="list-style-type: none"> • Whatever you use: take it seriously!! And start on the first day of your training! • This is the only way of showing what you did and how much experience you have got! Finding all the patient data retrospectively is almost impossible and a huge hassle. Don't waste your time - document every case you do. • And remember: cases may count for several modules (e.g. a paediatric neuro case can count for module 6 & 8).
Why They are Important	<ul style="list-style-type: none"> • Your training and the modules are NOT about getting the NUMBERS, but about having the EXPERIENCE and being able to handle a particular case safely. BUT: numbers are required in order to get a module signed off...
Patient Details	<ul style="list-style-type: none"> • Do NOT include any patient identifying details in your logbook - no sticky labels, names etc.!

3.3 Training Portfolio

More paperwork to do... Again: take it seriously

- It looks confusing initially but you will get the hang of it.
- Do it in a timely fashion - it is amazing how fast cases and experiences disappear in a blur.



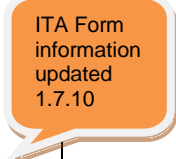
Here are some tips on how to fill in the various sections:

Section A	<ul style="list-style-type: none"> • Easy! Once you ticked all the boxes, you are done...
Section B	<ul style="list-style-type: none"> • Copy your logbook here or print out your electronic version. • Get your Module Supervisor to sign it once you have completed each module (don't delay it - you or the Supervisor may have moved to a different hospital, and life can get complicated). • When you start your module, read the curriculum of this module carefully. This is as close to a syllabus for the Final Exam as it gets. • And even if you are not yet preparing for your Final Exam: have a look at the MCQs and SAQs for this module and discuss questions with your consultants. You will have done a lot of work already in an easy way and during working time, while having an interesting and successful module.
Section C	<ul style="list-style-type: none"> • Self-explanatory. • Make it a routine to go over it at each changeover to a new module.
Section D	<ul style="list-style-type: none"> • Sounds difficult, but if you just remember to do it for each case which troubled you (i.e. you went on talking or thinking about), it's easy. • Write down the case (good or bad experience), why it was troublesome, what went well, what didn't, and what could have been done differently.

The portfolio should also be the place where you keep all your important documents in one place. Keep a copy of everything you send to the College - it may go missing on the long way.

3.4 Forms

You will need to fill in various forms at various stages of your training. Here are the forms you will need to send in: (! the College is just in the process of changing these - watch this space!)

<p>When you First Register With the College</p>	<ul style="list-style-type: none"> • Trainee Registration Form • Training Agreement • Pay the Registration Fee within 3 months of commencing training <p><u>Note:</u> Make sure that you sign all these forms!</p>	 <p>IT A Form information updated 1.7.10</p>
<p>After Each 6 Months (or After Rotation to Another Hospital)</p>	<ul style="list-style-type: none"> • ITA-Short Form (ITA-SF): No longer filled out by the Trainee. SOTs must seek the input of at least three consultants who have worked with you and obtain their feedback via this form for your end-of-term assessment. The information is then used by the SOT to complete the ITA Form. • Online ITA Form: will be filled in by your SOT after consultation with other senior staff and is the base of the discussion with you. This now covers the previous AVT forms. You will have access to view your ITA Online and it is recommended that you print a copy of the completed form at the end-of-term interview. Further information on the ITA Process can be viewed at http://www.anzca.edu.au/trainees/new-ita-process.html/ • Module Completions Form. Send it either after each module or after 6 months. Keep a copy. Ensure the date on the form is the date you fulfilled the Module requirements, not when the form was signed. • <i>The ITA and Module completion forms will be merged into one form in the near future - your SOT will keep you up to date.</i> 	
<p>At the End</p>	<ul style="list-style-type: none"> • At the end of your training, you need to send in the Fellowship Application Form. Make sure you have fulfilled all requirements prior to application. 	
<p>Other Important Forms</p>	<ul style="list-style-type: none"> • Application for Exams • Formal Project • EMAC/EMST Courses • Part Time Training • Retrospective Recognition of Training Time • Provisional Fellowship • Admission to Fellowship 	

You can find all forms online on (www.anzca.edu.au/trainees/trainee-forms)

3.5 Fees

Registration Fee	<ul style="list-style-type: none">You need to pay this only once - it is due within 3 months of commencing training.
Annual Training Fee	<ul style="list-style-type: none">These are due by 31st of January each year! (or within 3 months of commencement of position, if you started after 1st of March).If you don't pay in time, your training time may not count. So make sure they get your money.
Exam Fees	<ul style="list-style-type: none">Make sure they receive your payment (and the application) <u>before</u> the deadline.You would not be the first to be declined to sit the exam just because your paperwork arrives 1 day too late! There is no bargaining with the College...Keep copies of your payment, too.

The Annual Training Fee should be sent to the National Office in Wellington as all NZ fees are processed here rather than in Australia.

Send Exam Fees and the Training Programme Registration Fee, however, directly to Melbourne.

You are able to claim back some of these...

Paragraph amended 1.6.10



- ★ Trainees in New Zealand are reimbursed for all of the above costs by their hospital; ask your SOT which form to fill in.
- ★ Other expenses for your training (exam courses, travel to courses and exams and the accommodation as well as some text books) can also be claimed - see RMO contract / MECA.

But hospitals differ in their “generosity” - check with them first. Some will do the booking for you; some just need the receipts afterwards. DHBs can try to pay less, but the contract is very clear - they have to pay all the fees and all the costs, not just some of them.

3.6 Trainee Profile

- Log onto the ANZCA website (www.anzca.edu.au). Click on “my anzca” (next to your name) and then on ANZCA trainee profile.
- Check your profile regularly (each time you sent in any forms) to confirm that it is correct and up to date.
- Mistakes are common and all it needs is a quick e-mail to rectify things.

3.7 How to Contact the College

You can always ring them:

In Australia:

ANZCA Melbourne Head Office - +61 3 9510 6299

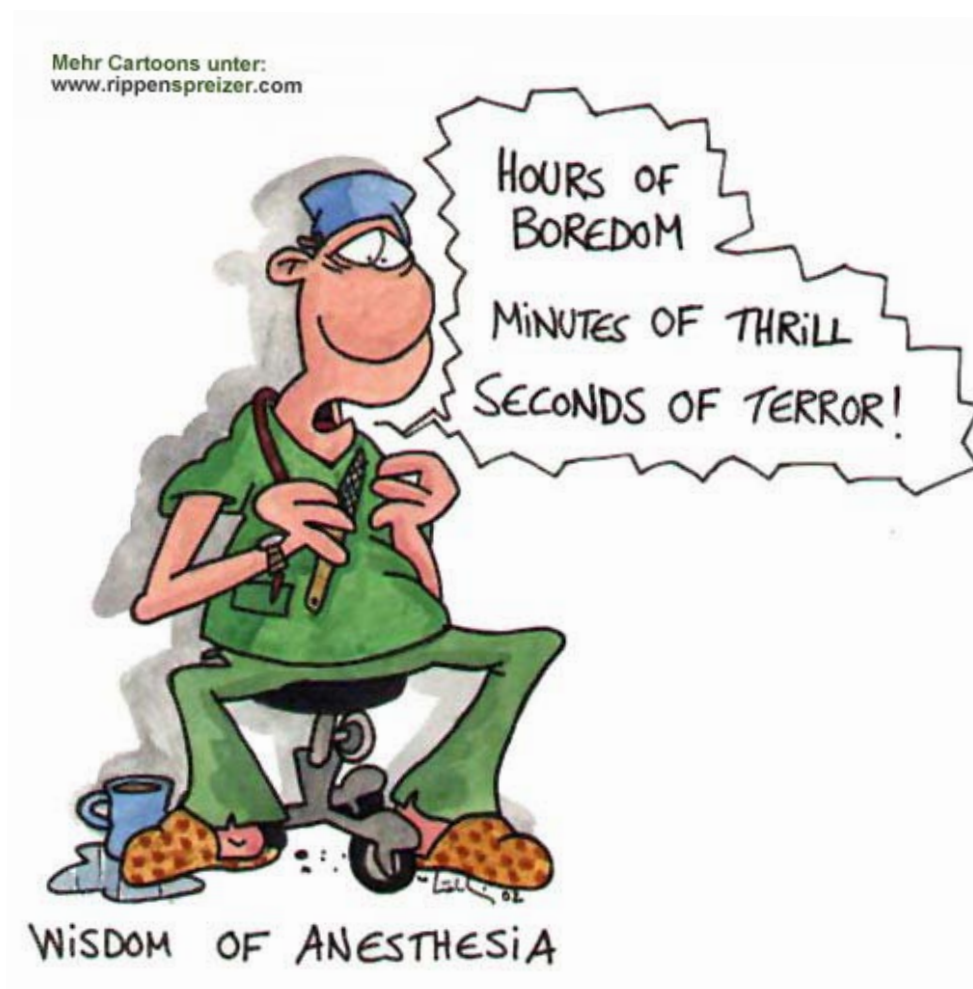
Email: training@anzca.edu.au

In New Zealand:

ANZCA New Zealand National Office - +64 4 499 1213

Email: training@anzca.org.nz

The College is also in the process of putting up a new trainee emailing system, where we have a College email address that we have to use for all correspondence with ANZCA, and that the College will no longer reply to/send emails from/to your own eg hotmail or yahoo account (they get too much spam). It may be coming into force imminently. To avoid having to check both the College and personal accounts regularly, you can set it up so that your College email is diverted into your own email without too much fuss. Watch this space!



4. Welfare of Trainees

Being an anaesthesia trainee puts you into a unique, enjoyable and challenging position. You have heard earlier in this handbook about the requirements for training and what to expect as you progress through ANZCA Training. Anaesthetists are high achievers, with high expectations of themselves and have to negotiate numerous challenges on the road to becoming a specialist, e.g. assuming entire responsibility for the unconscious patient, working under time pressure, taking difficult postgraduate exams, keeping surgeons (and midwives) under control, working shifts and trying to manage a healthy work life balance, to name but a few.

In the face of such challenges it is not surprising and well recognised that trainees may encounter difficulties on their way. Stress, fatigue, burn-out, physical and mental health issues all affect busy junior doctors. In fact, doctors are more likely to encounter some of these problems than the general population.

In this chapter we address some of these issues and provide some tips on how to stay healthy and happy in your work.

4.1 Sick Doctors

Doctors, like everybody else, get sick. The only difference is that doctors know best! And what is more, in New Zealand it is legal to write your own prescriptions. Self diagnosis and treatment, corridor conversations with specialists or friends and denial of your own symptoms (where under normal circumstances you would send your patients off for specialist evaluation) are counterproductive. ANZCA strongly recommends that you get your own GP and visit them regularly, even once a year, for a check up - this is sound advice. If you can't find a GP willing to look after doctors, ask your colleagues or contact the Doctors Health Advisory Service.



4.1.1 Physical Health

In rare instances, your illness may affect your ability to work safely as an anaesthetist. The Doctors Health Advisory Service provides independent confidential advice to doctors with health problems and can advise on such issues or put you through to someone who can help. They do have an obligation in extreme situations to contact the relevant authorities if they think you are likely to harm yourself or your patients.

4.1.2 Mental Health

Tragically one anaesthetist takes his or her own life each year in Australasia. It is well known that doctors have a higher suicide rate than the general population, and anaesthetists have one of the highest rate of all specialties. Depression too is more common in doctors.

4.1.3 Drugs and Alcohol

Rarely anaesthetic trainees may become addicted to drugs. In our specialty the drugs are right there and this is seen to be a major contributing factor. ANZCA recommends that each hospital should have a protocol/strategy for dealing with this very difficult and dangerous problem. A general rule is that you must seek confidential help and advice from a trusted senior colleague immediately if you suspect drugs are being misused.

Alcohol in moderation can of course help you to relax and unwind, but in excess can impair your performance at work and become destructive in your life.

4.1.4 Fatigue and the Anaesthetist

In view of the proven reduction in cognitive psychomotor performance, and potential for increased errors and poor decision making in the fatigued anaesthetist, there is an ANZCA document outlining the problem and steps to reduce risk associated with fatigue (Professional Document PS43 - www.anzca.edu.au/resources/professional-documents/ps43.html).

Some of the responsibility is yours, and life should be organised such that you are not constantly fatigued at work!



Some tips...

- Take your allowed annual leave.
- Take regular breaks during the day from clinical work. In a 24 hour sleepless period, naps of 30-45 minutes are shown to improve performance.
- So is caffeine, but the caffeine content of free hospital coffee cannot, however, be quantified!
- Anaesthesia departments have a responsibility to find cover for you if you are too tired to work safely and (also in accordance with the RDA contract) to organise rosters that allow sufficient rest.

4.1.5 ANZCA Welfare of Anaesthetists Specialist Interest Group (SIG)

This group was created to promote the importance of physicians physical and mental well being. There are 19 resource documents on various welfare issues from personal health to breaking bad news to medico-legal issues and so on. These documents are a useful practical resource, as well as a starting point for the Final Exam professional issues. The documents are available at www.anzca.edu.au/fellows/sig/.

4.1.6 Important Resources

Who can help?	Help provided	Contacts
Your local Occupational Health Team		
Doctors' Health Advisory Service	Confidential personal health assistance for health practitioners	phone: 0800 471 2654 (24/7) dhas@clear.net.nz
Medical Assurance Society	Medico-legal advice	phone: 0800 800 627
Medical Protection Society	Medico-legal advice	phone: 0800 225 5677
Medical Council of New Zealand Health Committee		phone: 0800 286 801 ext 774
Employee Assistance Service	Employees are entitled to 3 hours counselling free with Clinical Psychologist /Counsellors (no questions asked)	I need to talk to someone NOW : 0800 327 669 wn@eapservices.co.nz <u>Regional Officers:</u> Auckland: 09 358 2110 Wellington: 04 472 5886 Christchurch: 03 348 0854
New Zealand Resident Doctors' Association (NZRDA)	Medico-legal advice	Phone: (09) 623 3993 www.nzrda.org.nz

Contact added 1.6.10

And of course: your GP, family, friends, trusted colleagues in the department...

4.2 Trainees with Families

If you are considering starting a family during your training - congratulations, and hopefully the following information will make things easier for you, point out some of the rules and give some suggestions about how to go about it. Good luck!



4.2.1 Training & Pregnancy

While this is not always possible, there are a couple of things you should know if you are contemplating a pregnancy while training in anaesthesia.

1. Make sure this is what you really want to do! It is difficult to come back to work when you realise that even if you can find someone to job-share with, the College requires anyone doing part-time training to do a minimum of 50% of the commitment of a full-time trainee (See regulation 15.9 - www.anzca.edu.au/resources/regulations/regulation-15.html). Since the majority of jobs as a registrar are at least 50 hours a week or more, this means you have to work for at least 25 hours a week.
2. Regulation 15.10 states that training in anaesthesia must include at least 2 continuous years of training time, interrupted only by normal leave. This means that you have to do 2 years of full-time work which can have implications for those considering interrupting their training for a pregnancy. Thus it might be a good idea to have 2 years of continuous training under your belt before you embark on a pregnancy as not having this may preclude part-time training once you have a baby.

What to Do When You Are Pregnant

1. Training that varies from the standard Anaesthesia Training Program requires prospective approval from the DPA Assessor. Contact Karen Atkins at the College in the first instance, who is a gem to deal with - she is extremely helpful and understanding! The easiest way to contact her is through email: Assessor-requests@anzca.edu.au
2. If training is interrupted for more than one year, subsequent training must include at least one continuous year of supervised training. (Regulation 15.10.2 - www.anzca.edu.au/resources/regulations/regulation-15.html).

Tips on working when you are pregnant (non-ANZCA related)

Remember that while it is exciting for you, not everyone in your department may share your excitement, although most people are pretty reasonable and this comes down to personality. Reasons why your colleagues may not be so excited include the thought of trying to fill a roster and the requirement of not doing lists with radiology (including acutes). Also, again while most people are reasonable, the other registrars on the roster do in fact have to take up the slack when your hours cut down as your pregnancy progresses – a tricky situation as you are still ‘at work’, but not really taking a full role, so there is no replacement for you with regards to the roster.

You must apply for parental leave with your RMO Unit. This involves seeing them with a medical certificate from your Lead Maternity Carer (LMC) stating you are pregnant and when you are likely to be finishing work (this doesn't of course mean that the date will be exact, as babies have a habit of coming when they are ready, not necessarily when the RMO Unit is ready!)

Your hours are reduced as your pregnancy progresses. This is for good reasons. Nobody will thank you for doing the extra work when you go into premature labour! The RMO contract is subject to change, but as it stands, the contractual rules are:

- No more nights from 28 weeks
- No more long days from 32 weeks (days in excess of 10 hours)
- No more acute clinical workload from 36 weeks

Please note that employees may have their salary reduced in a manner agreed between the parties on a case-by-case basis.

There are 2 forms of parental leave payment for RMOs:

- The first is the government scheme, which pays a caregiver around \$400 per week for 14 weeks.
 - Everyone is entitled to this.
 - The form can be downloaded from the Department of Labour website.
- The second form of parental leave payment is part of the MECA and entitles the caregiver to a lump sum equivalent to 6 weeks pay after returning to work for 6 months.
 - This is applied for through your DHB.
 - It is payable by the DHB you work for even if you have shifted DHBs in the interim.

(Please see the RDA MECA 29.08.08-31.12.09 for further details)

4.2.2 Support During Your Training

Training is hard enough without throwing a pregnancy or new baby into the mix. One of the things people find really helpful is being able to discuss the issues (maybe even before getting pregnant) with someone who has already been there. Another thing is to be in touch with other trainees who are in the same situation - maybe even swapping study tips! To this end the NZTC is endeavouring to develop an informal network of training/ex-training parents. Currently this is a Facebook group, but is constantly evolving.

If you're interested in finding out more, please contact Juliette (training@anzca.org.nz) for more details.

5. Overseas Trainees

We have many overseas trainees, especially from the UK and if you're reading this, you are probably one of them. Welcome to Aotearoa, The Land of the Long White Cloud. We hope you find the following section helpful as you settle into your new life here.



5.1 Life in New Zealand

... is great! The country is beautiful, there are endless opportunities for great outdoor activities and it is clearly a fantastic lifestyle change to live here. Many things are easier and more relaxed than you may have experienced them at home. Work life balance may be more favourable, too. People are very friendly and often extremely helpful.

In all countries there are bureaucratic requirements to fulfill in order to practise medicine and undertake training. New Zealand is no exception.

5.2 Accreditation of Training Time Done Overseas

- A maximum of 24 months of training time may be undertaken outside ANZCA regions. This time can be counted towards Basic Training only (with rare exceptions), if it is recognised retrospectively.
- The place must be recognised by an appropriate College or University and the job must be of at least 3 consecutive months.
- If you want to go away during your training, apply formally to the College prospectively and get it approved! You can still only do a maximum of 24 months of training time overseas - 12 months can be counted to Basic Training and 12 months towards Advanced Training.

Retrospective accreditation of training time done overseas is a difficult process!

- Each case is assessed individually - allow several months for any decision from the Assessor.
- Don't get frustrated, but if it takes too long, contact the College and ask for the reason.
- Your documents may not have arrived or may not be sufficient.

What paperwork do I need?

1. CV
2. References
3. Documentation about your training experience:

- How much time, full-time or part-time, how much leave, exposure to which sub-specialities, cases/logbook, and information about supervision, modules, teaching/tutorials, and the training program of the College or Training Body you have trained under.
- It requires a letter from your Head of Department or SOT confirming the dates of appointment and that the training was 'recognised by the appropriate authority as appropriate for specialist training purposes'.
- You need to be able to demonstrate appropriate training experience - the more similarities to the training scheme here you can show, the better your chances!

Tips

- Ideally, get your paperwork done even before coming here...
- You will need all the documents in English (get them translated!)
- If you send any original documents - keep a certified copy! It is a nightmare to hunt down people at the other end of the world to re-write a reference from 5 years ago.
- Make sure you use a courier, not just simple mail. Ask for a confirmation upon arrival of your letter.

What can potentially be recognised?

Previous Anaesthesia Experience	<ul style="list-style-type: none"> • Up to 24 months of training time may be accredited (towards BT), if: <ul style="list-style-type: none"> - The foreign training program is acceptable to College. - You can provide verified documented evidence of previous training. • A SHO position in the UK up until 31st July 2007 may be recognised for up to 12 months training time, if: <ul style="list-style-type: none"> - The hospital was accredited by the RCA and had Specialist Registrar posts in Anaesthesia. - The post was held for minimum 3 months to maximum 12 months. • Now SHO positions in the UK are NOT recognised anymore (you need a training position, not a service post).
Certain Postgraduate Anaesthesia Qualifications	<ul style="list-style-type: none"> • Postgraduate anaesthesia qualifications from Hong Kong, Malaysia and Singapore may get exemption from Basic Training, and may get up to 48 months of training time accredited retrospectively if it was in an ANZCA approved department. • Diploma of the Fellowship of the Royal College of Anaesthetists: if you have been awarded this Diploma, the date of the Diploma is regarded as the date of the Primary Exam.
Modules	<ul style="list-style-type: none"> • Modules can be accredited as well, if you can provide evidence showing you have completed experience comparable to the modular requirements. This experience must have been undertaken during time that has been recognised retrospectively by ANZCA as Approved Vocational Training Time.

The decision will depend upon individual circumstances and their application to the regulation. This will be assessed by the DPA Assessor.

Caveats for retrospective accreditation of experience within NZ or from overseas

1. You have to have completed 24 months prevocational experience before commencing approved training in an ANZCA approved department. This does not mean that training time prior to completion of PMET cannot be recognised retrospectively.
2. Training Hospitals are accredited for 6 months, 1, 2 or 3 years of Approved Vocational Training in Clinical Anaesthesia. These AVT limits are applicable for retrospective accreditations, too. But time in other specialty areas or as a PFY may be in addition, up to a maximum of 4 years on any training site.
3. Advanced Training can only be commenced once Basic Training requirements are fulfilled.
4. You will have to sit the Primary Exam, unless you have a postgraduate qualification in anaesthesia by examination that is acceptable.

Tips

- Ideally, get the paperwork and accreditation done before coming here, especially if you already have extensive experience, as there is no guarantee for any recognition, or be prepared to deal with the disappointment of ineligibility.
- If you think of getting anything approved retrospectively, talk to your SOT as early in your training as possible and communicate with the DPA Assessor via Assessor Support (assessor-request@anzca.edu.au).
- More than one regulation may apply to you - so read them all and very carefully! Also talk to someone who has recently been through the process. Be aware that their case may be different though and could be misleading.

5.3 Additional Fees

In addition to the above, you may be required to pay an Assessment Fee, which is rebated from the Registration Fee. If you are granted retrospective recognition of training time done elsewhere, you will have to pay the full Annual Training Fee for each year of training accredited (you may claim it back from the hospital).

6. Retrospective Accreditation of Training Time in Another Specialty

Several trainees join us from the College of Surgeons, Intensive Care, Medicine or other specialties. Welcome!

Paragraph amended 1.7.10

Some of your experience and time can be counted towards your anaesthesia training. This can now be applied for at any stage of training.

Previous Non-Anaesthesia Experience	<ul style="list-style-type: none">• 24 months of training time may be spent in “other disciplines related to Anaesthesia”.• It is subject to approval from the DPA Assessor.• A main condition for retrospective recognition is that the training is ‘recognised by the appropriate College/training body as appropriate for specialist training purposes’ and is of minimum 3 months length. (12 months could be accredited towards Basic Training, 12 months towards Advanced Training)
CICM / JFICM Fellows	<ul style="list-style-type: none">• Even if you are required to sit the Primary Exam, you may get granted retrospective approval of training time in anaesthesia (if supervised position in approved department).• Up to 27 months of training time in ICU or other disciplines related to Anaesthesia may be approved.

Same conditions apply in regards to fees and application tips as for the overseas trainees.

7. Reconsiderations, Review and Appeal Process

If you believe a decision by the College is incorrect or unfair, there is a way of getting them reviewed. Go onto www.anzca.edu.au → Resources → Regulations → Regulation 30: Reconsideration and Review Process. Regulation 31: Appeals Process.

Paragraph updated 1.6.10

The NZRDA can also provide independent advice to NZRDA members.

8. Provisional Fellowship Year (PFY)

If you have completed Basic Training and two years of Advanced Training, passed the Final Exam, and completed all Modules 1 to 10 you can spend your ATY 3 (or parts of it) as a Provisional Fellow (PF). You can still finish your Formal Project during this time.

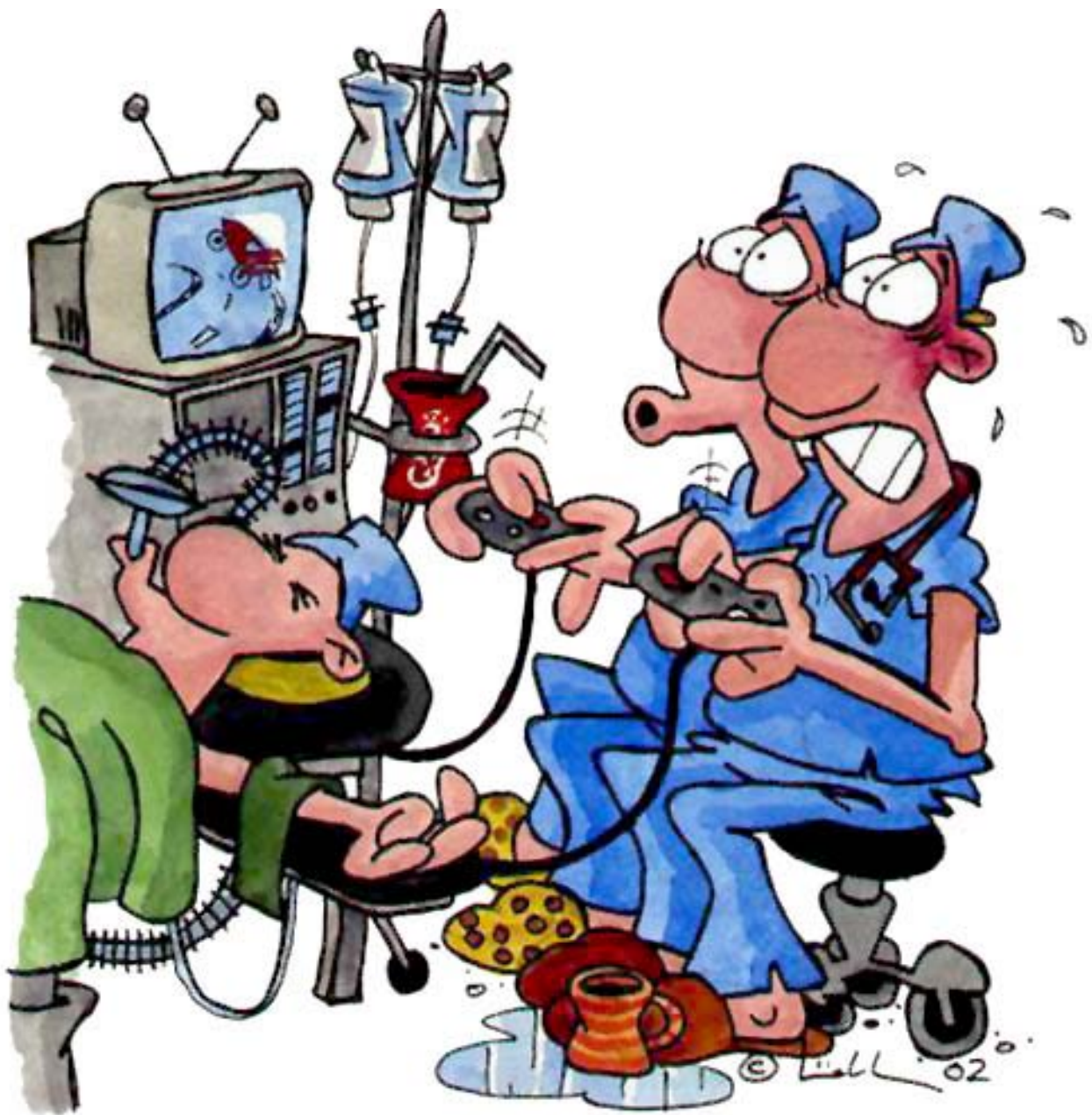
Prospective approval from the DPA Assessor is required.

The PFY is a chance for an individualised program of training and must be within a Hospital Department (or other organisation) approved by the College. As a PF you are not a Specialist and must still be supervised appropriately. Distance supervision will not ordinarily be permitted for more than three months. You will be acceptable to the College to supervise ANZCA Trainees.

A PFY will allow for the development of a consultant approach, an interest in continuing education and teaching, and an understanding of research methods and techniques. It may be recognised for intensive care / pain medicine training and/or experience in a field of special interest or a deficient area of training.

About half of the NZ trainees undertake a PFY, the others remain in ATY3, some even if they would fulfil the criteria to become a PFY. 15% of PFYs are undertaken overseas, with the UK and Canada being most popular.

We will try to publish available PFY positions within NZ in the NZTC newsletter - look out for it!



Mehr Cartoons unter:
www.rippenspreizer.com

Check out the "Amateur Transplants" with their song "Anaesthesia Hymn" on Youtube if you want to know what anaesthesia is all about....<http://www.youtube.com/watch?v=c1JzCDqt3BM>

Also a good laugh: 'The laryngospams'

More cartoons at: www.rippenspreizer.com

Appendix 1: Important Contacts and Sources of Information

ANZCA Contacts

Australia

Person	Contact information
ANZCA Office Melbourne	Ph: +61 3 9510 6299 www.anzca.edu.au
Assessor Support	assessor-request@anzca.edu.au
Training Department	training@anzca.edu.au
Trainee Committee	trainee.committee@anzca.edu.au
Librarian	library@anzca.edu.au

New Zealand

Person	Contact information
ANZCA NZ Office	Ph: 04 499 1213 Fax: 04 499 6013 Postal Address: PO Box 25506 Panama Street Wellington 6146 Street Address: Level 7, Exchange Place 5-7 Willeston Street Wellington 6011 www.anzca.org.nz
Juliette Adlam Administration Officer Trainees, Formal Projects, Education	training@anzca.org.nz
Jan Brown Administration Officer - IMGs, NZNC	anzca@anzca.org.nz
Heather Ann Moodie Executive Officer	eo@anzca.org.nz
Karen Hearfield Financial Officer	finance@anzca.org.nz
Susan Ewart Communications Officer	communications@anzca.org.nz
Training / Education Issues	training@anzca.org.nz
Finance Issues	finance@anzca.org.nz

Websites

Website	Information
www.anzca.edu.au	official site of the college - has all info about the training
www.anzca.org.nz	ANZCA NZ Office Website!!
www.anaesthesiamcq.com	the best for your part 1 and 2 MCQs and SAQs since sliced bread!
www.ncbi.nlm.nih.gov/PubMed/	great for searching literature
www.nysora.com	fantastic info about regional anaesthesia
www.frca.co.uk	homepage of the British College - has good exam stuff and logbook info
www.mcnz.org.nz	Medical Council of New Zealand - for registration issues, also for source of information regarding ethics, consent etc.
www.logbook.org.uk	has info and option for an electronic logbook
www.anaesthesia.org.nz	portal to the NZSA website
www.anzca.org.nz/resources	ANZCA NZ Library
www.anzca.edu.au/resources/library/	ANZCA Library
www.anzca.org.nz/resources/useful-links	links to various sites for information on Anaesthesia, Medical Colleges, Medical Information and Publications

New link added
1.6.10

Appendix 2: More Details on Organisations

2.1. ANZCA Committees Relevant to Trainees

The particular ANZCA committees relevant to us are:

Committees of Council	Trainee Committee (covered elsewhere)
	Education and Training Committee (ETC)
	Training Accreditation Committee (TAC)
Subcommittees of ETC	Primary Examination Subcommittee
	Final Examination Subcommittee
	Assessments Subcommittee
	Workplace Based Assessments Subcommittee
Working Groups of ETC	Curriculum Review Working Group (CRWG)
	Distance Education Working Group (DEWG)
	Clinical Teachers Development Working Group (CTDWG)
New Zealand Committee	New Zealand National Committee (NZNC)
	New Zealand Education Sub-Committee
	New Zealand Trainee Committee (NZTC)

The Training Accreditation Committee (TAC)

- This is the committee that assesses and accredits Hospitals and Rotational Training Programmes for ANZCA training. All are reassessed on a regular basis and you may be involved in a College visit during your training.

The Education and Training Committee (ETC)

- Provides advice on training and education of vocational trainees (that's us) to Council.
- Implements Council policy and coordinates educational activities.

Working Groups

- There are currently a couple of important reviews relevant to trainees.
- The Curriculum Review is looking at rewriting the Curriculum for trainees.
- The Distance Education Working Group is looking at ways to support rural trainees, and provide distance learning resources for all.

2.2. ANZCA in NZ

- NZ has its own National Committee which oversees NZ affairs, as NZ anaesthesia and healthcare differs from that in Australia. This is our local contact with the College.
- Each ANZCA region has its own elected Regional Committee which supports the headquarter's function and conducts appropriate training, supervision and continuing medical education in their region.
- The New Zealand National Committee (NZNC) of the Australian and New Zealand College of Anaesthetists is not only responsible for activities similar to those of the Australian Regional Committees but also represents the College in dealing with NZ national agencies such as the Ministry of Health and the Medical Council.

2.3. ANZCA Library Resource

- Gives you access to books and journals, both electronically or hard copies. Most are available through the College Head Office www.anzca.edu.au/resources/library/
Contact librarian: library@anzca.edu.au
- The NZ Office also holds books useful to training Trainees. www.anzca.org.nz/resources

2.4 Useful NZSA Publications

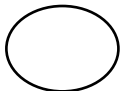
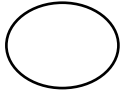
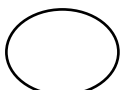



- The Relative Value Guide and The Clinical Services Guideline
These publications are useful tools to aid in the practical and financial aspects of anaesthesia in the private sector.
- Anaesthesia and Intensive Care
Published by the Australian Society of Anaesthetists (ASA), it is the NZSA's home journal. A subscription (and electronic access) is included with NZSA membership. It is not available via the ANZCA library website.
- Patient Information Leaflets
The NZSA produces several guides designed to explain anaesthesia and analgesia to patients. They are a popular way to provide useful education in the pre-operative period and prior to obstetric epidurals.
- Associated Publications
The NZSA acts as a distribution network for other occasional publications of interest to NZ anaesthetists. Recent examples include a DVD on malignant hyperthermia and a book on the history of anaesthesia in NZ.

Appendix 3: Vocational Training Rotations

Rotation	Participating hospitals*	Details
Northern Rotation	<ul style="list-style-type: none"> • Auckland City Hospital (incorporating Women's Health, Cardiothoracic and Starship Childrens Health) • Middlemore Hospital • North Shore Hospital • Whangarei Hospital • Taranaki Base Hospital (New Plymouth) 	All posts are part of a formal rotation except for 2 posts in Whangarei and 3 posts in the Waitemata ICU (The ICU is not accredited).
Midland Rotation	<ul style="list-style-type: none"> • Waikato Hospital • Tauranga Hospital • Rotorua Hospital 	The majority of trainees in the Midland region do not have an agreed rotation and are by definition non-affiliated.
Central Rotation	<ul style="list-style-type: none"> • Wellington Hospital • Hutt Hospital • Palmerston North Hospital • Hawkes Bay Hospital • Nelson Hospital 	All posts except for 3 in Hutt Hospital are formal rotation posts. A number of the Hutt and Wellington Hospital posts are filled by non-trainees.
Southern Rotation: South Island Anaesthesia Training Scheme	<ul style="list-style-type: none"> • Christchurch Hospital • Dunedin Hospital • Southland Hospital (Invercargill) • Timaru Hospital 	Except for 2 posts in Invercargill and 2 in Dunedin all posts are normally part of the rotation.

* This may change as hospitals join (or leave) rotations.

Appendix 4: NZ ANZCA Formal Project Guidelines

1 st 	<p>✓ PROSPECTIVE registration of project & seek advice with National Formal Project Officer (Form FPA)</p> <p>Project: _____ Discussed with: _____ Date: _____</p>
PLUS ANY ONE OF:    	<p style="text-align: center;">THE FOLLOWING MAY BE CONSIDERED FOR EXEMPTION FROM THE FORMAL PROJECT BY THE DPA ASSESSOR</p> <p>✓ A paper published in an indexed and peer-reviewed journal (listed in Index Medicus). Letters to Editor are excluded (5.3.1).</p> <p>✓ A qualification relevant to anaesthetics awarded either before or during vocational training in anaesthesia, conferred by an educational or professional institution, and which requires examination of written dissertation (5.3.2).</p> <p>✓ Diplomas of FJFICM and FFPMANZCA</p> <p>If you believe you have completed the requirements of any of these Exemption categories, forward the following information to the New Zealand National Office:</p> <p>1. A certified copy of the relevant qualification 2. a) An electronic version or hard copy of your dissertation or 2. b) An electronic copy of relevant published papers. 3. A cover letter explaining the relevance of this qualification to the study of Anaesthesia, Intensive Care Medicine and / or Pain Medicine.</p>
PLUS: 	<p style="text-align: center;">SUBMITTED TO NATIONAL FORMAL PROJECT OFFICER (NFPO) FOR ASSESSMENT</p> <p>✓ WRITTEN REPORT:</p> <ul style="list-style-type: none"> • ≥ 1500 words (excluding references) on the work undertaken • <u>Must</u> include: <ul style="list-style-type: none"> - Critical review - Evidence of assessment of background data and assessment of validity • Can take the format of: <ul style="list-style-type: none"> - Case report - Review of a topic relevant to Anaesthesia, Intensive Care, or Pain Medicine - Meta-analyses of published work relevant to Anaesthesia, Intensive Care, or Pain Medicine - Research Project (if multicentre, logbook of involvement needs to be submitted) - Quality Assurance Project - Project submitted for higher qualification relevant to Anaesthesia - Instructional video/Computer program - Documentation of period of research <input type="checkbox"/> needs: <ul style="list-style-type: none"> - prospective approval - equivalent of ~3 months fulltime - appropriate supervisor (who needs to supply written statement to validate work)
	<p>✓ signed statement that the work submitted is original work and that sources of assistance and documented works or ideas of others have been appropriately acknowledged (Form FPB)</p>

FORMAL PROJECT: USUAL STEPS

1. Decide topic → propose question/ problem/ hypothesis
2. Gain approval from Formal Projects Officer (via NZ Office) before starting
[Register \(Formal Project Registration Form \(FPA\)\)](#)
3. Define terms
4. Search literature
5. ± Collect other info/data if doing research study
6. Analyse collected data
7. Derive conclusions from analysis
8. Propose solutions/answers to question/hypothesis
9. Write up work undertaken
10. [Formal Project Completion Form \(and Supervisors Report if required\) \(FPB\)](#)

If undertaking a joint FP with another trainee, it is essential that each contributor keep a detailed logbook of their individual contributions.

Also see the Formal Project Process and Guidelines at www.anzca.edu.au/trainees/atp/curriculum/formal-project

EXEMPTIONS: 3 Options

1) Journal Articles

Looking for:

- when they are considered for exemption (and when not)
- when the Trainee is not the first author, he/she needs to provide verification of contribution (letter from first author)
- relevance to the Specialities of Clinical Anaesthesia, Intensive Care Medicine and/or Pain Medicine

2) Previous Qualifications or 3) other Qualifications

Looking for:

- evidence of assessment of a written dissertation
- relevance to the Specialities of Clinical Anaesthesia, Intensive Care Medicine and/or Pain Medicine

Appendix 5: Exam Resources

5.1 Primary Exam

Sources of info:

ANZCA Website	<ul style="list-style-type: none"> Exam page http://www.anzca.edu.au/trainees/atp/primary-examination/primary-exam Exam reports and MCQ papers http://www.anzca.edu.au/trainees/atp/primary-examination/primary-exam#primary-examination-reports
“The Black Bank Wiki”	<ul style="list-style-type: none"> A resource developed by Primary and Final Exam candidates with discussion forums surrounding the published MCQs and recollected questions from more recent papers www.anaesthesiamcq.net
Courses	<ul style="list-style-type: none"> We are lucky in NZ that we get funding towards exam courses as part of the RMO MECA Primary examination preparation courses: <ul style="list-style-type: none"> Christchurch: February. <u>Contact:</u> Claire Willis (Claire.willis@otago.ac.nz) Hamilton: May. <u>Contact:</u> Erin Dent (dente@waikatodhb.govt.nz) Further information on dates can be found on the NZ National Committee website http://www.anzca.org.nz/

Recommended Books for Primary Exam

(Please refer to www.anzca.edu.au/trainees/atp/primary-examination/syllabus-for-the-basic-sciences-in-anaes for a complete list of officially recommended texts!)

Physiology

Topic	Recommended books
General Physiology	<ul style="list-style-type: none"> Textbook of Medical Physiology (A C Guyton and J E Hall) Review of Medical Physiology (W F Ganong) Lecture Notes on Human Physiology (ed by J J Bray) Principles of Physiology for the Anaesthetist (I Power & P Kam) The Physiology Viva (Kerry Brandis). Order from anaesthesia mcq website
Respiratory	<ul style="list-style-type: none"> Respiratory Physiology : The Essentials (J B West) Nunn's Applied Respiratory Physiology (A B Lumb and J F Nunn)
Cardiovascular Physiology	<ul style="list-style-type: none"> An Introduction to Cardiovascular Physiology (J. R. Levick) Cardiovascular Physiology (R M Berne and M N Levy)
Renal Physiology	<ul style="list-style-type: none"> Vander's Renal Physiology (D C Eaton and J P Pooler)
Clinical Measurement	<ul style="list-style-type: none"> Basic Physics and Measurement in Anaesthesia (Davis and Kenny)

Pharmacology

Topic	Recommended books
General Pharmacology	<ul style="list-style-type: none"> Pharmacology (H P Rang, J M Ritter and M M Dale) Goodman and Gilman's the Pharmacological Basis of Therapeutics (ed by LL Brunton) Basic and Clinical Pharmacology (B G Katzung)
Anaesthetic Pharmacology	<ul style="list-style-type: none"> Pharmacology and Physiology in Anesthetic Practice (R K Stoelting and S C Hillier)
Statistics	<ul style="list-style-type: none"> Statistical Methods for Anaesthesia and Intensive Care (P S Myles and T Gin)

5.2 Final Exam: Sources of Information

ANZCA Website	<ul style="list-style-type: none"> Exam page http://www.anzca.edu.au/trainees/atp/final-examination Exam reports and MCQ papers http://www.anzca.edu.au/trainees/atp/final-examination/examination-reports/final-examination-reports.html Online Final Exam resource. A new development from the College designed to help understand the exam process
“The Black Bank Wiki”	<ul style="list-style-type: none"> A resource developed by Primary and Final Exam candidates with discussion forums surrounding the published MCQs and recollected questions from more recent papers www.anaesthesiamcq.net
Courses	<ul style="list-style-type: none"> We are lucky in NZ that we get funding towards exam courses as part of the RMO MECA. <p><u>Final Exam Long Courses</u></p> <p>NZ: Auckland Part 2 course.</p> <ul style="list-style-type: none"> 2 week didactic course run once a year in the last 2 weeks of June. Highly recommended <p>Australia Part 2 Refresher course in Anaesthesia (Sydney)</p> <ul style="list-style-type: none"> 2 week didactic course run in Feb <ul style="list-style-type: none"> Can be useful for those sitting first sitting and have missed the Auckland course. This has been previously attended by NZ trainees. Courses are listed on the Regional Committee sections of the ANZCA website <p><u>NZ Final Exam Viva Courses</u></p> <p>Wellington Short Course</p> <ul style="list-style-type: none"> 4 day course covering viva technique for medical and anaesthetic vivas Runs twice a year, once for each sitting. Fills up fast – limited numbers. Dates for these can be found on the NZ National Committee website http://www.anzca.org.nz/

My Personal Recommendations (Sabine):

PRIMARY EXAM:

- Pick and choose whatever books you like (one per topic is enough!!). Usually the problem is not to get enough information, but having too much! Don't panic if someone else read a book you didn't... Also: you don't need to own every book - libraries are a great source, too.
- The "Physiology Viva" was my bible for the Vivas, but you need "real" textbooks, too.
- Nunn's is bigger than West, but it really depends on your style.
- Berne & Levy as well as Vanders are short and a good read.
- For all but the core topics Rang & Ritter & Dale is enough.
- Stoelting is well loved by the examiners.
- Myles & Gin is valuable for both exams and for the Formal Project.
- Not on the officially recommended list, but very worthwhile: "Pharmacology for Anaesthesia and Intensive Care" by Peck, Hill & Williams.
- Sasada & Smith: Drugs in Anaesthesia and Intensive Care. Short and well structured.
- The Hamilton Course is a fantastic 14 day course, hard, exam focussed, exactly what you need right before the exam!
- The Christchurch Course: Intensive 7 day course designed for candidates who have completed the bulk of their study and are looking to fine tune exam technique in the weeks leading up to the written papers. Great hints for viva, short answer and multi-choice success. Mental preparation, desensitisation to exam anxiety. Tutors include current examiners.
- Both courses are greatly valuable and highly recommended. Suggest people get in early; courses are very popular and places fill fast.
- www.dr-podcast.com

FINAL EXAM:

- The Black Bank is gold for the MCQs.
- For the SAQs: get together in a group and come up with model answers (and read already existing ones). Practice them in real time - 15 x 10 min is a lot of writing!
- For the medicals: practice with colleagues again and again, hunt down interesting patients and get some medical registrars/ consultants involved (their exam is different, but they are a great source when it comes to ECG/CXR interpretation, examination techniques etc.).
- The Auckland Course is superb. You can either do it just before the exam and use it for last polishing, or do it 1 year before the exam to get you on the right road for your studies ahead.
- The Wellington Course is great. It is mainly for the medical viva, exam focussed and hands on - do it just before your exam.
- Literature: some textbooks are good, but best source are recent articles. I really recommend: BJA, CEACCP, Anaesthesia & Intensive Care (there are 2 journals by that name, one from Britain - in the ANZCA on-line library, and one from Australasia - NOT available via ANZCA, but NZSA), Current Opinion in Anesthesiology.

- “Australasian Anaesthesia” AKA “Blue Books”, published every 2nd year, a must for exams!
- “Examination Intensive Care & Anaesthesia” - nice read especially for the medicals.
- ANZCA scientific evidence for obstetric anaesthesia and pain medicine - both have short summaries which are a MUST.
- Read the college professional documents very carefully (on the homepage).
- Brand-new podcasts are on the ANZCA homepage www.anzca.edu.au/edu/projects/distance-education/rasts/podcasts/rasts-podcast-library.html. Also www.dr-podcast.com
- Also visit www.anzca.edu.au/edu/projects/distance-education/fepor, a new online resource with lots of tips on how to pass the finals.
- Consider going to the Auckland City Symposiums www.acs.ac.nz/home.php or other meetings for expert discussions on topical issues, ie ANZCA ASMs.
- If you like to receive articles via e-mail: register free at www.researchreview.co.nz.

Good luck!

We Need Your Feedback!

In order to make this booklet better, more relevant to you and up-to-date, we need your opinion:

- Have you noticed any mistakes?
- What could be done better? What shall we change?
- What did you like?

Send us a quick e-mail to training@anzca.org.nz

Thanks a lot!

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