



ANZCA
FPM



Dual Training Pathway

Guidance Document

December 2024

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Preamble

The ANZCA Handbook for Training complements this guidance document and sets out in detail the requirements of the training program leading to FANZCA. It is intended that the Handbook for Training will be the usual source consulted by those seeking information about training. The Handbook for Training is on the ANZCA website. Should there be conflict between regulation governing ANZCA training and the Handbook for Training, Regulation 37 takes precedence.

The CICM Regulations (specifically section 5) and relevant training documents should be read in conjunction with this guidance document to understand the requirements underpinning the intensive care training program and to understand the objectives of training. The Regulations and training documents are available readily on the CICM website and where there is any conflict between this guidance document and the CICM Regulations, the Regulations will take precedence.

Document purpose

This guidance document offers information on training areas that allow for cross-college recognition and does not address all ANZCA and CICM training and assessment requirements.

The purpose of this document is to act as a guide for current and prospective dual trainees. Dual trainees are advised to consult individual college documents for a complete understanding of both ANZCA and CICM training program requirements.

[ANZCA handbook for training](#)

[Anaesthesia training program curriculum](#)

[CICM syllabus](#)

[CICM regulations](#)

Introduction

The Australian and New Zealand College of Anaesthetists (ANZCA) and the College of Intensive Care Medicine (CICM) dual pathway for training offers a mechanism for combining training towards FANZCA and FCICM, allowing completion in a minimum of 7.3 years, compared with 10-years, if both training programs were to be undertaken sequentially.

Graduates of the dual training pathway are considered appropriately trained anaesthetists *and* intensive care medicine specialists, therefore, medical practitioners well-placed for addressing an unmet need within the communities we serve.

Terminology and acronyms used

ALS	Advanced life support (course)
APLS	Advanced Paediatric Life Support (course)
ARDS	Acute Respiratory Distress Syndrome
AT	Advanced Training (ANZCA)
BT	Basic Training (ANZCA)
CAT	Clinical anaesthesia time (ANZCA)
CbD	Case based Discussion (ANZCA)
CICO	Can't Intubate, Can't Oxygenate
CPD	Continuing professional development
CPR	Clinical Placement Review (ANZCA)
CST	Clinical support time (ANZCA)
CUR	Core Unit Review (ANZCA)
DHM	Diving and Hyperbaric Medicine
DOPS	Direct Observation of Procedural Skills (ANZCA)
DPA	Director of Professional Affairs
EM	Emergency Medicine
EMAC	Effective Management of Anaesthetic Crises (ANZCA)
FITER	Final In-Training Evaluation Report (CICM)
FPM	Faculty of Pain Medicine (ANZCA)
FTE	Full-time equivalent
IT	Introductory Training (ANZCA)
ITER	In-Training Evaluation Report (CICM)
Mini-CEX	Mini Clinical Evaluation Exercise (ANZCA)
MsF	Multisource Feedback (ANZCA)
OCE	Observed Clinical Encounter (CICM)
OCT	Other Clinical Time (ANZCA)
PFT	Provisional Fellowship Training (ANZCA)
QA	Quality Assurance
RACP	Royal Australasian College of Physicians
RPL	Recognition of prior learning
SOT	Supervisor Of Training
SSU	Specialised Study Unit (ANZCA)
TY	Transition Year (CICM)
WBA	Workplace-based assessment (ANZCA)
WCA	Workplace Competency Assessment (CICM)

1. Getting started

1.1 Application and registration process

ANZCA and CICM maintain autonomy over trainee selection. Successful registration with one college does not guarantee selection or entry into the other college's training program.

Trainees applying and subsequently registering for dual training must apply to and register with both colleges as per the guidelines published by ANZCA and CICM.

[ANZCA application and registration process](#) (Handbook information)

[ANZCA application and registration process](#) (Regulation 37)

[Trainee selection policy](#) (CICM)

1.2 Recording training

Dual trainees will have access to ANZCA's training portfolio system (TPS) and CICM's e-Learning and member's portal. There is not a separate dual-training online portfolio system.

ANZCA training and work-place based assessment (WBA) requirements are to be recorded in the ANZCA TPS, while CICM training and WBA requirements are to be recorded in CICM's e-learning or member's portal.

[ANZCA's training portfolio system](#)

[CICM's e-Learning portal](#)

[CICM Training Portal](#)

1.3 Fees and fee structures

To be determined.

1.4 Recognition of prior learning and experience

ANZCA and CICM maintain autonomy over granting recognition of prior learning and experience (RPLE) to current and prospective dual trainees.

Dual trainees applying for RPLE must apply to the relevant college and pay the associated non-refundable RPLE fees.

[ANZCA Recognition of prior learning](#)

CICM guide to recognition of prior learning (*Link to be added*)

1.5 Mandated Terms and Clinical Placements

The following table outlines opportunities for cross-college recognition for diving and hyperbaric medicine (DHM), emergency medicine (EM), medicine and perioperative medicine, obstetrics, paediatrics and retrieval medicine.

The College of Intensive Care Medicine (CICM) rural term requirements can be met at any time during or prior to training, including in dual fellowship transition training, provided the term meets the T-34 [Guidelines for the Rural Term](#).

Diving and hyperbaric medicine (DHM)
<ul style="list-style-type: none">• Time spent in DHM will be additional to minimum dual-training requirements.

<ul style="list-style-type: none"> • All allowable other clinical time (OCT) within ANZCA training will be accounted for by time spent in intensive care medicine (to complete CICM training requirements). • The CICM minimum three-months of acute medicine requirement is met by perioperative medicine embedded in the ANZCA training program.
Emergency medicine (EM)
<ul style="list-style-type: none"> • Time spent in EM will be additional to dual-training minimum requirements. • All allowable other clinical time (OCT) within ANZCA training will be accounted for by time spent in intensive care medicine (to complete CICM training requirements).
Medicine and perioperative medicine
<ul style="list-style-type: none"> • Perioperative and pain medicine embedded within ANZCA training is recognised towards six-months of the CICM required medicine term; being three-months of acute medicine (perioperative medicine) and three-months of inpatient care (pain medicine). • In addition to these embedded experiences, dual trainees require a minimum six-months medicine term in either acute or inpatient medicine (or a combination of these). This term must be accredited by the Royal Australasian College of Physicians (RACP) for basic or advanced training. The experience must be in a registrar position, and no more than three-months of nights or relieving will be approved. This term cannot be completed in diving and hyperbaric medicine, emergency medicine or retrieval medicine.
Obstetrics
<ul style="list-style-type: none"> • Dual trainees are encouraged to complete additional case-based discussions (CbD) on the assessment and management of critically ill obstetric patients. The aim is to enhance learning and experience with these patients and would be additional to minimum ANZCA CbD requirements.
Paediatrics
<ul style="list-style-type: none"> • Paediatrics In dual training, completing the ANZCA paediatric Specialised Study Unit (with requisite learning outcomes, volumes of practice, courses, and mandatory assessments) meets the requirement for paediatric experience in CICM training. • PICU Although not mandated, dual trainees are encouraged to complete Paediatric Intensive Care Unit (PICU) time in CICM core training (phase 2 from 2024), to facilitate their specialist practice and management of critically ill paediatric patients in regional and rural areas.
Retrieval medicine (RM)
<ul style="list-style-type: none"> • Time spent in RM will be additional to dual-training minimum requirements. • All allowable other clinical time (OCT) within ANZCA training will be accounted for by time spent in intensive care medicine (to complete CICM training requirements), and the CICM acute medicine requirement is met by perioperative medicine embedded within the ANZCA training program.

- Up to 26 weeks FTE training time in retrieval medicine is permitted to the end of AT, however, only the first 13 weeks can be accrued towards ANZCA training as CAT, any further time will be in addition to the minimum time required for completing DTP.

1.6 Specific curriculum and assessment components

The specific curriculum comparisons in the following table demonstrate areas of skills transferability and common training requirements where reciprocity can be applied.

Airway assessment and management
<ul style="list-style-type: none"> • Dual trainees are encouraged to complete some ANZCA case-based discussions (CbD) and direct observation of procedural skills (DOPS) for airway assessment and management in critically ill patients, during their ICM placements. • These WBAs can be recorded in the ANZCA training portfolio system (TPS) and may be additional assessments or be counted towards the non-specified CbD during basic training (BT) and advanced training (AT). • The assessment must be undertaken by an ANZCA-approved WBA assessor.
Anaesthesia for percutaneous tracheostomy
<ul style="list-style-type: none"> • Relevant training requirements of both programs must be met, with no areas for cross-recognition.
Arterial line insertion
<ul style="list-style-type: none"> • For arterial line insertion, the ANZCA DOPS in Basic Training may be completed in either anaesthesia or ICM settings. A FANZCA, a FCICM or a dual fellow can assess this skill. • Dual trainees must complete the requisite ANZCA volume of practice. This can be completed during either anaesthesia or intensive care placements.
Assessment of brain death
<ul style="list-style-type: none"> • There are no areas for cross-recognition.
Central venous lines/catheter (CVL/CVC) insertion with ultrasound guidance
<ul style="list-style-type: none"> • For central line insertion, the completion of the CICM workplace competency assessment (WCA) by the end of core training, and the ANZCA direct observation of procedural skills (DOPS) in basic or advanced training are equivalent, provided the procedure is performed under ultrasound guidance (as required for ANZCA training). A FANZCA, a FCICM or a dual fellow can assess this skill. • For ANZCA training, the requisite volume of practice and an additional DOPS on central line insertion with ultrasound guidance is required. • The ANZCA volume of practice can be completed during intensive care placements. • Dual trainees are encouraged to complete multiple ANZCA DOPS and CICM WCAs for feedback as they develop mastery of this skill, including insertion via multiple routes.

CICM communication domain and ANZCA communicator role in practice
<ul style="list-style-type: none"> • Both the ANZCA Effective Management of Anaesthetic Crises (EMAC) course and the CICM Communication Course and module must be completed by dual trainees. • The ANZCA multi-source feedback (MsF) in the provisional fellowship year and the CICM advanced communication workplace competency assessment (WCA) in the transition year assesses similar broad areas of non-technical skills, therefore, dual trainees may complete either for dual fellowship transition training.
Cultural safety
<ul style="list-style-type: none"> • There are currently limited areas for cross recognition in cultural safety. Both colleges have plans to further develop cultural safety in their training programs.
Pacing and pacemakers
<ul style="list-style-type: none"> • There are limited opportunities for cross-college recognition, except for assessment of the basic sciences.
Pain medicine
<ul style="list-style-type: none"> • For dual trainees, the mandatory ANZCA case-based discussion (in advanced training) on 'assessment and management of a patient with a complex pain issue, for example acute on chronic pain or history of intravenous drug use (IVDU), on a pain round' may be completed for a patient in an intensive care unit who meets the complexity criteria, provided this occurs in the context of an acute pain round.
Percutaneous tracheostomy insertion
<ul style="list-style-type: none"> • There are no areas for cross-recognition.
Peripherally inserted central catheter (PICC)
<ul style="list-style-type: none"> • There are no areas for cross-recognition.
Pleural drain insertion
<ul style="list-style-type: none"> • There are no areas for cross-recognition.
Regional blocks (neuraxial, plexus and nerve blocks)
<ul style="list-style-type: none"> • There are no areas for cross-recognition.
Resuscitation and crisis management
<ul style="list-style-type: none"> • Dual trainees must complete the ANZCA Effective Management of Anaesthetic Crises (EMAC) course • Dual trainees may complete some of the mandatory ANZCA case-based discussion (CbD) requirements under the resuscitation, trauma and crisis management clinical fundamental during their intensive care medicine placements. • The assessment must be undertaken by an ANZCA-approved WBA assessor.

Safety and quality in practice
<ul style="list-style-type: none"> • See section 2.7 of this resource.
Sedation
<ul style="list-style-type: none"> • There are no areas for cross-recognition.
Trauma management
<ul style="list-style-type: none"> • There are no areas for cross-recognition.
Use of invasive ventilation
<ul style="list-style-type: none"> • There are no areas for cross-recognition.
Use of non-invasive ventilation
<ul style="list-style-type: none"> • There are no areas for cross-recognition.

1.7 Levels of supervision throughout dual training

Dual trainees completing ANZCA training and assessment requirements will be entrusted to do so under ANZCA's [levels of supervision](#).

1.8 Examinations

Dual trainees are required to complete the following examinations throughout dual training:

Training period	Examination
ANZCA Basic Training / CICM Phase 1	ANZCA Primary Exam plus CICM Gap Assessment OR CICM First Part Exam plus ANZCA Gap Assessment
CICM Phase 2	CICM Second Part Examination
ANZCA Advanced Training	ANZCA Fellowship Examination

Important points for dual trainees
<ul style="list-style-type: none"> • The order in which the ANZCA Primary / CICM First Part exam and gap assessment can be completed will be published once the process is finalised. • This process is for Dual Trainees only. If a trainee decides to cease dual training and continue single specialty training – they must comply with the relevant college's training requirements. • A DTP trainee is eligible to sit either (but not both) the ANZCA Primary or CICM First Part exam. If the DTP trainee is unsuccessful with the selected exam and wishes to

continue with DTP, they will be required to continue with the selected (first attempted) exam and be subject to the maximum number of attempts allowed by the respective college. If the trainee chooses to withdraw from DTP, they will be required to pass the primary exam of the specialty they are continuing with.

1.9 Volume of Practice

Volume of Practice (VOP) refers to the minimum number of cases, procedures and sessions required in the ANZCA training program curriculum.

Throughout dual training, trainees must meet all ANZCA volume of practice requirements.

There is no cross-college recognition available for ANZCA VOP.

[ANZCA Volume of Practice requirements](#) (ANZCA handbook for training)

[ANZCA Volume of Practice requirements in the context of Specialised Study Units](#) (ANZCA training program curriculum)

1.10 Scholar role activities and assessments

ANZCA

Dual trainees must meet all requirements of ANZCA's scholar roles activities, unless granted an exemption as per regulation 37.

[ANZCA scholar role activities, assessments and exemptions](#) (ANZCA handbook for training)

[Exemptions from scholar roles](#) (regulation 37)

CICM

Dual trainees must meet the requirements of CICM's Formal Project as outlined in the [T-9 Requirements for the Formal Project](#).

[Formal Project resources](#)

Cross-college recognition of scholar role activities and assessments and formal project

As both colleges require evidence of scholarly activity, DTP trainees are advised to review both colleges' scholar role activities / formal project requirements and consider discussing their planned activities with their supervisors if they are seeking simultaneous credits from both colleges with the same activity.

Cross-college recognition of conferences

Dual trainees can record CICM courses towards the conference requirement, to be met by the end of ANZCA training, provided that such courses are run at a regional, national, or binational level (i.e., not local), and are of at least 7 hours duration (noting that two shorter courses can be combined to equate to 1 meeting).

Cross college recognition – Q&A activities

- Dual trainees can record QA activities (morbidity and mortality meetings, and critical incident meetings) in which they participate in the intensive care setting towards the requirements for 20 such meetings during ANZCA training.
- Dual trainees are strongly encouraged to make sure that at least 10 of the minimum 20 meetings are for anaesthesia-related quality assurance and improvement

1.11 Mandatory course requirements

Course type	Cross-college recognition
Airway skills course	<ul style="list-style-type: none"> • Dual trainees are encouraged to plan for a diverse range of experiences and approaches. • Dual trainees can meet ANZCA requirements for the can't intubate, can't oxygenate (CICO) course during one ANZCA training period (initial training (IT), basic training (BT) or advanced training (AT)) by completing a CICM-recognised advanced airways course during that training period. • Dual trainees can meet CICM advanced airway course requirements by completing the Effective Management of Anaesthetic Crises (EMAC) course (which is mandated for ANZCA training).
Advanced life support & advanced paediatric life support course	<ul style="list-style-type: none"> • Dual trainees can achieve requirements of both programs by completing a level 2 advanced life support (ALS) course prior to dual fellowship transition training, an Effective Management of Anaesthetic Crises (EMAC) course (in a different ANZCA training period to the ALS 2 course and following completion of ANZCA initial training (IT)) and an ANZCA ALS course in IT and the other training period in which either level 2 ALS or EMAC is not completed. • A level 2 Advanced Paediatric Life Support (APLS) course meets both the CICM requirement for an ALS course and the ANZCA requirement for the paediatric ALS course (required to complete the paediatric Specialised study unit). It does not allow exemption from the ANZCA requirement to complete an ALS course during each training period, as this requires an adult ALS course.
Donor awareness course	<ul style="list-style-type: none"> • As there is no equivalent in ANZCA training, dual trainees must complete the CICM-required donor awareness course for their country.
The effective management of anaesthetic crises (EMAC) course	<ul style="list-style-type: none"> • As there is no equivalent in CICM training, dual trainees must complete the ANZCA-required EMAC course. • The EMAC course meets some other requirements in the dual training pathway.
Introductory echocardiography and ultrasound course	<ul style="list-style-type: none"> • Dual trainees must complete CICM training requirements in echocardiography (which provide them with learning that is transferrable to an anaesthesia setting). • Images from echocardiography scans performed during the ANZCA cardiac and interventional cardiology specialised study unit may be logged and stored (with appropriate consent procedures) to form part of the CICM required 30 cases for later discussion with a CICM-appointed assessor.

Course type	Cross-college recognition
Introductory intensive care medicine (ICM) course	<ul style="list-style-type: none"> • As there are no equivalent during ANZCA training, dual trainees must complete the CICM Introductory ICM course. • Given the focus of the course is on introductory ICM, it is highly recommended that this is completed early in the dual training pathway.
Management skills	<ul style="list-style-type: none"> • As there is no equivalent during ANZCA training, the CICM management skills course must be completed by dual trainees as per CICM regulations, supporting dual trainees' practice in both disciplines. • The ANZCA Library provides a library guide to support this learning under the Leader and Manager role.

1.12 Clinical reviews

Dual trainees are required to complete the mandatory clinical reviews relevant to the training period being undertaken.

There are no opportunities for cross-college recognition of clinical reviews.

[ANZCA clinical placement reviews – ANZCA handbook for training](#)

[ANZCA clinical placement reviews – Regulation 37](#)

[CICM In-training Evaluation Report \(ITER\)](#)

1.13 The Dual Fellowship Transition Training year

Combined training year

Dual fellowship transition training may be completed in an integrated fashion with mixed rostering to anaesthesia and intensive care medicine. This provides flexibility for positions in rural and regional areas, recreates how specialist practice may be organised in a rural and regional area, and provides an incentive for dual fellowship transition training to occur in these geographical locations.

Part time training is support by both colleges and if undertaking part time training, the minimum fraction is 0.5 FTE throughout the DTP.

* A 'rural and regional' area in this context is as defined by CICM for its rural term in T34 Guidelines for the rural term as 'not in a capital city or metropolitan centre' (see T34 for details).

Dual fellowship transition training requirements:

1. All requirements of the CICM phase 2 training and ANZCA advanced training (AT) must be completed before commencement of dual fellowship transition training.
2. Dual trainees maintain the current ANZCA requirement of 138 weeks FTE clinical anaesthesia time by the end of Advanced Training (AT) and a minimum 10 weeks FTE of clinical anaesthesia time by the end of Provisional Fellowship Year.
3. The dual trainee Transition Training year must be prospectively approved by the ANZCA Provisional Fellowship Program Subcommittee or a DPA assessor and the CICM Censor to ensure learning objectives of this training stage of both specialities can be met.
4. All final year requirements of both specialities must be fulfilled.

5. All transition year training must be undertaken at the one accredited training site.
6. Comply with medical regulatory authority requirements on recency of practice standards.
7. Leave and flexible training requirements of both colleges must be met – for CICM this is no more than 4 weeks leave within a 6-month FTE rotation; for ANZCA this is up to 4 weeks within a 26-week FTE period.

ANZCA training requirements

1. A minimum of 52 weeks FTE training, comprising at least 10 weeks FTE clinical anaesthesia time. ANZCA will recognise dual fellowship transition training that is a minimum of 52 weeks FTE with a mixture of CAT and ICM experience in a regional or rural centre. This requires prospective approval of an ANZCA individual PF study plan. The CAT component must be completed at a minimum of 0.5 FTE.
2. A CPR should be completed for every continuous CAT placement. If the placement is longer than 26 weeks FTE, then a CPR must be performed at least every 26 calendar weeks. This is because:
 - A. ANZCA requirements for recency of practice for admission to ANZCA Fellowship.
 - B. Dual trainees are likely to have completed the minimum CAT during basic and advanced training, so documented proficiency in CAT is required.
3. If a dual trainee is assessed as underperforming in the CAT component of dual fellowship transition training, the trainee may require additional CAT. This should be discussed with the trainee and an ANZCA trainee support process initiated. Implications for dual training should be determined on a case-by-case basis.
4. Completion of the ANZCA provisional fellowship review is required prior to admission to FANZCA.
5. A minimum of 4 weeks FTE in clinical support time is required. This needs not be continuous and may be accrued any time during dual fellowship transition training.
6. A minimum of 50 hours per 52 calendar weeks of CPD as part of the ANZCA and FPM CPD program, which may be completed across dual fellowship transition training and in both disciplines. Dual trainees are strongly encouraged to ensure that at least 25 hours of these CPD activities are directly relevant to clinical anaesthesia.

CICM training requirements

1. 42 weeks FTE in intensive care medicine where a trainee is completing 10 weeks in anaesthesia. This may be completed part-time at 0.5 FTE minimum. One FITER for this period, to be completed at the end of dual fellowship transition training.
2. The CICM management course (which can be recorded towards ANZCA CPD requirements, see specific findings in Section 6).
3. If a dual trainee is assessed as underperforming in the CICM component of dual fellowship transition training, the trainee may require additional ICM time. This should be discussed with the trainee and an CICM T13 process (the trainee identified as needing additional support) initiated. Implications for dual training should be determined on a case-by-case basis.

2. Dual training options and trainee support

2.1 Leave throughout dual training

Leave consists of all time not spent in training. Examples of leave include annual leave, bereavement leave, sick leave, parental leave, study leave, examination leave, personal leave and industrial action.

ANZCA and CICM maintain autonomy over leave allowances at each stage. The permitted leave is 8 weeks full time equivalent (FTE) in a 52 weeks training period.

of training (e.g., during Initial Training (IT) or Core Training).

[ANZCA leave allowances](#) (ANZCA handbook for training)

[ANZCA leave allowances](#) (Regulation 37)

[Section 5.7 – CICM regulation – leave](#)

[CICM parental leave policy](#)

Leave during dual fellowship and transition training

The maximum allowable leave within the 6-month FTE CICM rotation is no more than 4-weeks.

The maximum allowable leave within the 26-week FTE ANZCA rotation is up to 4-weeks.

2.2 Part-time study

If undertaken part-time, a dual training position would require a minimum of 0.5 training to meet both colleges' regulations.

[ANZCA Part-time training](#) (ANZCA handbook for training)

[ANZCA Part-time training](#) (regulation 37)

[Section 5.6 – CICM regulation – part-time study](#)

2.3 Withdrawal from training

Dual trainees who withdraw from dual training to complete a single chosen training pathway should consult an ANZCA DPA assessor, a CICM censor or training staff member for advice relating to recognition of prior learning and experience (RPLE) and any potential impacts on training or assessment requirements.

2.4 Interrupted training

Interrupted training allows a trainee to pause their training.

[ANZCA Interrupted training](#) (ANZCA handbook for training)

[Section 5.8 – CICM regulation – Interrupted Training](#)

2.5 Re-entry to practice

The colleges maintain autonomy over their re-entry to practice requirements.

[ANZCA re-entry into training in clinical anaesthesia process](#)

2.6 Dual trainee support

2.6.1 Supporting a trainee to meet the expected level of performance

Dual trainees will be supervised and assessed by CICM and ANZCA supervisors of training (SOTs), assessors and advisors.

If a dual trainee is identified as requiring more support during an ANZCA training period they will be referred to the ANZCA [trainee support process](#) (TSP). [Trainee support process](#) (regulation 37)

If a dual trainee is identified as requiring more support during a CICM training period, the [trainee welfare and support](#) section in the [Guide to CICM Training](#) resource should be consulted by the trainee. [Framework for Supporting Trainees and SIMGs at Risk of or Not Making Satisfactory Progress](#) document should be consulted by the SOT.

2.6.2 Cross-college notification of a trainee requiring additional support

It is not a requirement of either college to notify the other of a dual trainee requiring additional support.

Where issues relate to employment, misconduct or where patients and/or the dual trainee are at risk of harm, the head of department must be notified immediately, and advice sought from the employer's human resources department. Trainee support, without other action, is not appropriate in such circumstances.

2.6.3 Dual Training Pathway Advisor

Dual trainees should consult with their respective college's DTP Advisor regarding meeting both colleges' objectives.

The DTP Advisor will advise on the DTP requirements as well as on how to escalate any concerns through the DPAs and then on to relevant colleges committees.

It is not mandatory for the DTP advisor to be a dual fellow, but they may be a SOT/EO in either college.

3. Supervisors, assessors and tutor roles

3.1 Supervisors of training

Dual training supervisors of training (SOT) carry out duties as per the requirements of each college.

ANZCA training and assessment requirements must be signed-off by an ANZCA SOT or FANZCA in other roles with oversight from the SOT.

CICM training and assessment requirements must be signed-off by a CICM SOT or FCICM where applicable.

Cross-college sign-off is prohibited unless otherwise stated in relevant sections of this document.

[ANZCA supervisor of training information](#)

[CICM resources for supervisors of training](#)

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4. Dual training pathway diagram - Areas for cross-college recognition

ANZCA and CICM Dual Training Pathway											
Specialist roles	Medical Expert, Communicator, Collaborator, Leader & Manager, Health Advocate, Scholar, Professional										
Duration	Minimum pathway duration 7.3 years										
	Minimum combined duration of CICM Core training, ANZCA IT, BT & AT 5.3 years										
Clinical Experience @	Foundation Training 6 mths FTE	Selection	Selection	Introductory Training 26 wks FTE Must include continuous CAT	Basic Training 78 wks FTE	Core Training @@ 24 mths FTE	Advanced Training \$ 104 wks FTE	Internal Medicine 6 mths FTE (accredited by RACP for basic or advanced training)	Dual Fellowship Transition Training* 26 wks FTE anaesthesia 6 mths FTE ICM		
	ICU placements recorded as ANZCA OCT (max. 1 wk in IT; 19 wks in IT & BT; 38 wks in IT, BT & AT combined)										
							ANZCA ICM SSU & mandatory 11 wks completed during CICM core training				
							Must include 6 mths in trauma ICU				
							PICU experience encouraged				
						CICM paediatric term requirement met by ANZCA Paediatric SSU (includes VoP, APLS, WBAs)					
	CICM anaesthesia term requirement met during ANZCA CAT placements (ITER required)										
	CICM rural term 6 mths FTE in ICM, anaesthesia or medicine (can also be by recognition of prior learning)										
	CICM 6 mths elective requirement met by ANZCA CAT time										
	Volumes of practice	As per ANZCA handbook for training									
Teaching & learning	EMAC (provides exemption for ALS & CICO in ANZCA training period in which completed; meets CICM advanced airway course requirement)										
	ALS, CICO			ALS, CICO			ALS, CICO			ALS	
	CICM Advanced airway course meets ANZCA requirements for CICO course for ANZCA training period in which it is completed									Clinical support time 4 wks FTE	
	Introductory ICM course (recommended early in training, usually BASIC)									ANZCA & FPM CPD program	
	ALS 2 course (meets requirement for 1 ALS course for the relevant ANZCA training period; CICM APLS does not meet ANZCA adult ALS requirement)										
	CICM courses on communication, donor awareness, introductory echocardiography & ultrasound (including online module)									Management skills	
	CICM online courses: brain death & organ donation, burns & inhalational injury, cultural awareness, evidence-based medicine, neurointensive care, safe patient transport, spinal cord injury										
	CICM Aboriginal & Torres Strait Islander cultural safety module (Australia) or Māori cultural competency module (Aotearoa)										
Workplace assessments	IT DOPS, CEX, MsF, IAAC			BT CbD, DOPS, Mini-CEX, MsF		ANZCA MsF for ICM SSU			AT CbD, DOPS, Mini-CEX, MsF		
	PFT CbD										
	OCE every 3 mths, 4 WCAs#										
2 WCAs: percutaneous tracheostomy, anaesthesia for percutaneous tracheostomy, communication - standard											
See dual pathway guidance on cross-recognised assessments (e.g., DOPS and WCA for central lines) & assessments in either ICU or anaesthesia settings (e.g. ANZCA DOPS arterial lines, CbD crises, CbD complex acute pain management, CICM WCA pleural drain, CICM echo images)									CICM adv. communication WCA OR ANZCA MSF		
In Training Assessments	CPR, CUR		CPR, CUR		ITER every 6 mths			CPR, CUR		ITER	
ITER, FITER											
Examinations	ANZCA Primary plus CICM Assessment Resource OR CICM First Part plus ANZCA Assessment Resource				CICM 2nd part exam			ANZCA Fellowship exam			
	Flexible training regulations for each college as relevant (0.5 FTE minimum ANZCA, 0.4 FTE minimum CICM), interrupted training, ANZCA extended training										
Other requirements	One high-quality audit for CICM Formal Project and ANZCA Scholar Role audit: prospective approval, single application, start early, submit before Dual Fellowship Transition Training										
	ANZCA Scholar Role activities teach a skill, critical appraisal of a topic, critical appraisal of a paper, facilitating a small group discussion/tutorial (2 by end BT, other 2 by end of AT)										
	Some training requirements can be completed in either anaesthesia or ICM settings (e.g., some procedural skills, conferences, courses, QA activities).										
	Trainees are encouraged to complete additional ANZCA WBAs, CICM WCAs & OCAs										
	Dual pathway training resources and advisory role to support prospective trainees, new trainees and ongoing training										
Rules & procedures to support mid-way entry to dual training & early exit before completion of dual pathway											

	ANZCA requirements
	CICM requirements
	Joint requirements

@ CICM expresses time in months (including leave) and ANZCA expresses it in weeks (excluding leave). This variation is preserved in the diagram for consistency with college training documents.

@@ CICM core training term must be at least 6 mths with 12 mths in a single unit. Foundation & non-ICM terms can be undertaken in 3 mths minimum blocks. All duration includes leave.

\$ Dual training must consider requirements for re-entry to training in clinical anaesthesia after a period of absence (26+ wks in BT, 52+ wks in AT).

* Must progress from ANZCA AT to PFT and meet requirements for entry to CICM TY for commencement of dual fellowship transition training.

Assessment of brain death, Use of invasive ventilation, Pleural drain insertion and management (latter may be done in theatre setting).