Provisional fellowship training
Individualised positions in an ANZCA accredited site application

This application form should be used by trainees to apply for a provisional fellowship study plan in an ANZCA accredited site not predefined.

Personal details

College ID: _____

First name: _____

Surname: _____

Eligibility

Have you completed the advanced training (AT) requirements?   Yes   No

What is the date you completed or expect to complete AT? _____

Training site details

Name of hospital or training site: _____

State: _____

Country: _____

Is the training site accredited by ANZCA for training?   Yes   No

Speciality (for example anaesthesia, intensive care): _____

Training start date: _____   End date: _____

Full / part time (if part time please complete a part-time training application): _____FTE

Name of director or contact person: _____

Email: _____

Phone: _____

What are the available sub-specialties in this training environment?

Acute pain	Cardiothoracic	Neurosurgery
Paediatrics	Trauma	Perioperative medicine
Regional	Retrieval	Obstetrics

Other: _____

What is the approximate case load per year for this unit?: _____
(Number of theatre cases, deliveries, clinic attendances etc)

Supervisor details

College ID: _____

First name: _____

Surname: _____

Email: _____

I declare that the position characteristics described below reflect the learning opportunities of this role, and that I will fulfil SOT duties for this trainee.

Signature: _____   Date: _____

Trainee Learning Goals

What are your goals for this provisional fellowship training position?

How will this position help you transition to independent practice?

Provide details of how you will spend at least 10 per cent of your provisional fellowship time completing clinical support activities. Activities may include: administration, research, audit, teaching and other quality assurance activities.

Please note, clinical support activities should be recorded under time in TPS.

Declaration of trainee

I solemnly declare that the statements made in this application are true and accurate.

Signature: _____ Date: _____

Supporting documents

Please attach the following supporting documents :

Copy of your position description

Copy of employment contract

Send your completed form and accompanying documents to the college:
ANZCA Training
Email: training@anzca.edu.au
For further information, please email or contact us at +61 3 9510 6299.

ANZCA
FPM

Characteristics of position

To be completed with the supervisor of the position.

Note that this information will be made available on the ANZCA website.

Position title: _____

For example: Simulation provisional fellowship at X Hospital

Clinical experiences

Will the position be at least 20% clinical anaesthesia time?   Yes   No

Does the position involve other (non-anaesthesia) clinical time (OCT)?   Yes   No

If so, what percentage of time will be OCT? _____

Session planner

Please complete the below session planner or attach a copy of the weekly session planner. This should not be a department roster. Please identify which lists are closely supervised and which require independence of practice.

		Monday	Tuesday	Wednesday	Thursday	Friday
Week 1	AM					
	PM					
Week 2	AM					
	PM					

What is the afterhours component of this position? How will this impact on the experiences outlined in the session planner?

How will this position assist in the transition from the provisional fellowship training to independent practice?

Clinical support time

Will the PF trainee have opportunity to spend at least 10% of their   Yes   No
paid and rostered time performing clinical support activities?

CST is time away from the clinical environment and must not involve direct patient care. CST activites include teaching, clinical governance, administration and research, to support continuing professional development.

Note that OCT (Other Clinical Time) should be recorded as such on the TPS, not as CST.

Please provide details of the non-clinical activities that this position will entail:

Please note, clinical support activities should be recorded under time in TPS.

Independence, supervision for learning and supervising others

How many lists per week will the PF trainee manage independently?   # _____

How many junior trainees will the PF trainee be required to supervise at
any time?   # _____

Please outline levels of supervision available in hours and out of hours:

How will workplace-based assessments be managed? (The minimum requirements are two CbDs and one MsF):

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