



**ANZCA**  
FPM



COLLEGE OF INTENSIVE CARE MEDICINE  
OF AUSTRALIA AND NEW ZEALAND

# Dual Training Recognition Process Guidance Document 2026

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## Preamble

Collaboration between ANZCA and CICM has enabled the recognition of prior learning (RPL) process for trainees undertaking concurrent anaesthesia and intensive care medicine training to be formalised and streamlined.

The result of this collaboration reduces the amount of training time and some training requirements a trainee would normally undertake compared to the completion of each program separately, leading to the awarding of both FANZCA and FCICM.

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 regulations 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 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](#)

[Objectives and Competencies for Basic Training in Intensive Care Medicine](#)

[CICM regulations](#)

[Regulation 37 - Training in anaesthesia leading to FANZCA, and accreditation of facilities](#)

## Introduction

The Australian and New Zealand College of Anaesthetists (ANZCA) and the College of Intensive Care Medicine (CICM) dual training recognition process offers a mechanism for combining training towards FANZCA and FCICM, allowing completion in a reduced overall timeframe (*approximately 2.7 years shorter*), if both training programs were to be undertaken sequentially.

Graduates of the Dual Training Recognition Process (DTRP) 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
RPLE	Recognition of Prior Learning and Experience
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.

There is no separate or singular selection application for the dual training recognition process.

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

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

[Trainee selection policy](#) (CICM)

Trainees can only register as a dual trainee once selected onto both programs but can do so regardless of how far they are into the other college's training program.

Recognition of prior learning and experience (RPLE) for training completed on either college's training program prior to registration will be assessed accordingly, noting the acceptable timeframe for prior training to be considered by ANZCA is currently limited to no more than **five years** prior to commencement of ANZCA approved vocational training (AVT).

### 1.2 Recording training

Dual trainees will have access to ANZCA's MyPortfolio and CICM's e-Learning and member's portal. There is no separate dual-training online portfolio system.

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

[ANZCA's MyPortfolio](#)

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

[CICM Training Portal](#)

### 1.3 Fees and fee structures

Dual trainees will continue to pay the training fee of the primary college in which a trainee is currently enrolled. A reduced fee will be charged for registered dual trainees when completing training at the other college.

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

Dual trainees will pay a fee to complete the Gap Assessment on top of the core exam fee. (*This fee is yet to be determined*)

[Information on anaesthesia training fees](#)

[Information on CICM training fees](#)

### 1.4 Recognition of prior learning and experience

ANZCA and CICM maintain autonomy over granting RPLE to current and prospective dual trainees. RPLE will not be granted for CICM Core training or the combined provisional / transition year.

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

CICM is developing a recognition of prior learning policy however all RPL applications are assessed with respect to the [CICM Regulations](#).

[ANZCA Recognition of prior learning](#)

### 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.

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 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](#).

<b>Diving and hyperbaric medicine (DHM)</b>
<ul style="list-style-type: none"> <li>• Time spent in DHM will be additional to minimum dual-training requirements.</li> <li>• The CICM minimum three-months of acute medicine requirement is met by perioperative medicine embedded in the ANZCA training program.</li> </ul>
<b>Emergency medicine (EM)</b>
<ul style="list-style-type: none"> <li>• Time spent in EM will be additional to dual-training minimum requirements.</li> </ul>
<b>Medicine and perioperative medicine</b>
<ul style="list-style-type: none"> <li>• 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).</li> <li>• 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.</li> </ul>
<b>Obstetrics</b>
<ul style="list-style-type: none"> <li>• 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.</li> </ul>
<b>Paediatrics</b>
<ul style="list-style-type: none"> <li>• <b>Paediatrics</b> In dual training, completing the ANZCA paediatric Specialised Study Unit (with requisite</li> </ul>

<p>learning outcomes, volumes of practice, courses, and mandatory assessments) meets the requirement for paediatric experience in CICM training.</p> <ul style="list-style-type: none"> <li>• <b>PICU</b> 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.</li> </ul>
<b>Retrieval medicine (RM)</b>
<ul style="list-style-type: none"> <li>• Time spent in RM will be additional to dual-training minimum requirements.</li> </ul>

## 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.

<b>Airway assessment and management</b>
<ul style="list-style-type: none"> <li>• 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.</li> <li>• These WBAs can be recorded in the ANZCA MyPortfolio and may be additional assessments or be counted towards the non-specified CbD during basic training (BT) and advanced training (AT).</li> <li>• The assessment must be undertaken by an ANZCA-approved WBA assessor.</li> </ul>
<b>Anaesthesia for percutaneous tracheostomy</b>
<ul style="list-style-type: none"> <li>• Relevant training requirements of both programs must be met, with no areas for cross-recognition.</li> </ul>
<b>Arterial line insertion</b>
<ul style="list-style-type: none"> <li>• 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.</li> <li>• Dual trainees must complete the requisite ANZCA volume of practice. This can be completed during either anaesthesia or intensive care placements.</li> </ul>
<b>Assessment of brain death</b>
<ul style="list-style-type: none"> <li>• There are no areas for cross-recognition.</li> </ul>
<b>Central venous lines/catheter (CVL/CVC) insertion with ultrasound guidance</b>
<ul style="list-style-type: none"> <li>• 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</li> </ul>

<p>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.</p> <ul style="list-style-type: none"> <li>• For ANZCA training, the requisite volume of practice and an additional DOPS on central line insertion with ultrasound guidance is required.</li> <li>• The ANZCA volume of practice can be completed during intensive care placements.</li> <li>• 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.</li> </ul>
<p><b>CICM communication domain and ANZCA communicator role in practice</b></p>
<ul style="list-style-type: none"> <li>• Both the ANZCA Effective Management of Anaesthetic Crises (EMAC) course and the CICM Communication Course and module must be completed by dual trainees.</li> <li>• 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.</li> </ul>
<p><b>Cultural safety</b></p>
<ul style="list-style-type: none"> <li>• There are currently limited areas for cross recognition in cultural safety. Both colleges have plans to further develop cultural safety in their training programs.</li> </ul>
<p><b>Pacing and pacemakers</b></p>
<ul style="list-style-type: none"> <li>• There are limited opportunities for cross-college recognition, except for assessment of the basic sciences.</li> </ul>
<p><b>Pain medicine</b></p>
<ul style="list-style-type: none"> <li>• 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.</li> </ul>
<p><b>Percutaneous tracheostomy insertion</b></p>
<ul style="list-style-type: none"> <li>• There are no areas for cross-recognition.</li> </ul>
<p><b>Peripherally inserted central catheter (PICC)</b></p>
<ul style="list-style-type: none"> <li>• There are no areas for cross-recognition.</li> </ul>
<p><b>Pleural drain insertion</b></p>
<ul style="list-style-type: none"> <li>• There are no areas for cross-recognition.</li> </ul>
<p><b>Regional blocks (neuraxial, plexus and nerve blocks)</b></p>

<ul style="list-style-type: none"> <li>• There are no areas for cross-recognition.</li> </ul>
<b>Resuscitation and crisis management</b>
<ul style="list-style-type: none"> <li>• Dual trainees must complete the ANZCA Effective Management of Anaesthetic Crises (EMAC) course</li> <li>• 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.</li> <li>• The assessment must be undertaken by an ANZCA-approved WBA assessor.</li> </ul>
<b>Safety and quality in practice</b>
<ul style="list-style-type: none"> <li>• See section 2.7 of this resource.</li> </ul>
<b>Sedation</b>
<ul style="list-style-type: none"> <li>• There are no areas for cross-recognition.</li> </ul>
<b>Trauma management</b>
<ul style="list-style-type: none"> <li>• There are no areas for cross-recognition.</li> </ul>
<b>Use of invasive ventilation</b>
<ul style="list-style-type: none"> <li>• There are no areas for cross-recognition.</li> </ul>
<b>Use of non-invasive ventilation</b>
<ul style="list-style-type: none"> <li>• There are no areas for cross-recognition.</li> </ul>

### 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](#).

Similarly, dual trainees completing CICM training and assessment requirements will be entrusted to do so under CICM's supervision requirements as follows.

[IC-4 \(2020\) Guidelines on the Supervision of Vocational Trainees in Intensive Care Medicine](#)

And

[Supervisors of Training](#)

### 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 <b>OR</b> CICM First Part Exam plus ANZCA Gap Assessment

Important points for dual trainees
<ul style="list-style-type: none"> <li>• Dual trainees must pass a core examination (ANZCA Primary or CICM First Part) before enrolling in the gap assessment.</li> <li>• Following successful completion of the core examination, a trainee may continue in the specialty training program of that college while awaiting completion of the gap assessment with the other college.</li> <li>• Progression to the next phase of the training program is contingent upon successful completion of the gap assessment.</li> <li>• If a dual trainee is unsuccessful with the selected exam and wishes to continue with DTRP, they will be required to continue with the selected (first attempted) core exam and be subject to the maximum number of attempts allowed by the respective college.</li> <li>• If a dual trainee chooses to withdraw from DTRP, they will be required to pass the core exam of the specialty they are continuing with.</li> </ul>

## 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 VoP 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 for 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, DTRP 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"> <li>• Dual trainees are encouraged to plan for a diverse range of experiences and approaches.</li> <li>• 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.</li> <li>• 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).</li> </ul>
Advanced life support & advanced paediatric life support course	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul>

Course type	Cross-college recognition
Donor awareness course	<ul style="list-style-type: none"> <li>As there is no equivalent in ANZCA training, dual trainees must complete the CICM-required donor awareness course for their country.</li> </ul>
The effective management of anaesthetic crises (EMAC) course	<ul style="list-style-type: none"> <li>As there is no equivalent in CICM training, dual trainees must complete the ANZCA-required EMAC course.</li> <li>The EMAC course meets some other requirements in the dual training recognition process.</li> </ul>
Introductory echocardiography and ultrasound course	<ul style="list-style-type: none"> <li>Dual trainees must complete CICM training requirements in echocardiography (which provide them with learning that is transferrable to an anaesthesia setting).</li> <li>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.</li> </ul>
Introductory intensive care medicine (ICM) course	<ul style="list-style-type: none"> <li>As there are no equivalent during ANZCA training, dual trainees must complete the CICM Introductory ICM course.</li> <li>Given the focus of the course is on introductory ICM, it is highly recommended that this is completed early in the dual training recognition process.</li> </ul>
Management skills	<ul style="list-style-type: none"> <li>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.</li> <li>The ANZCA Library provides a library guide to support this learning under the Leader and Manager role.</li> </ul>

### 1.12 Clinical reviews

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

For both the colleges, there is an opportunity to accept clinical review / in-training evaluation reports (ITERs) from other colleges.

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

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

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

### 1.13 Integrated final training year

The final year of both ANZCA (Provisional Fellowship Training) and CICM (Transition Year) 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 these settings and provides an incentive for dual fellowship transition training to occur in these geographical locations.

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

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'.

### **Integrated final training year requirements**

1. All requirements of the CICM phase 2 training and ANZCA advanced training (AT) must be completed prior to commencing this integrated final year of training.
2. Dual trainees maintain the current ANZCA requirement of 138 weeks FTE clinical anaesthesia time (CAT) by the end of Advanced Training (AT) and a minimum 10 weeks FTE CAT by the end of their Provisional Fellowship Training.
3. The dual trainee must have this integrated final year of training prospectively approved by the ANZCA Provisional Fellowship Program Subcommittee or a DPA assessor and the CICM Censor (or delegate) 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. Trainees may complete ANZCA Provisional Fellowship Training across multiple sites however, for CICM training, the 10 weeks plus 42 weeks should preferably be best in one site.
6. The dual trainee must comply with medical regulatory authority requirements on recency of practice standards.

Leave and flexible training requirements of both colleges must be met. Both ANZCA and CICM allow up to 4 weeks FTE leave within a 26 weeks FTE period.

### **ANZCA Provisional Fellowship Training (PFT) requirements**

A minimum of 52 weeks FTE training, comprising at least 10 weeks FTE CAT. ANZCA will recognise integrated final year of 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 individualised PF study plan. PFT must be completed at a minimum of 0.5 FTE.

Clinical placement reviews (CPR) requirements as outlined by training regulation (regulation 37.14.1):

- A planning CPR must be completed at the beginning of each placement.
- A feedback CPR or interim CPR must be completed with the SOT at least every 26 calendar weeks throughout PFT.
- An interim CPR may occur part way through any placement which is longer than 26 calendar weeks. An interim CPR may occur at other times at the instigation of either the SOT or the trainee.
- A feedback CPR must be completed at the end of each placement, or every 52 calendar weeks.
- These requirements are in line with:
  - ANZCA requirements for recency of practice for admission to ANZCA Fellowship.
  - Dual trainees are likely to have completed the minimum CAT during basic and advanced training, so documented proficiency in CAT is required.

1. 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.
2. Completion of the ANZCA provisional fellowship review is required prior to admission to FANZCA.
3. A minimum of 4 weeks FTE in clinical support time is required. This needs not be continuous and may be accrued any time during the integrated final year of training.
4. A minimum of 50 hours CPD activities per 52 calendar weeks of integrated final year of training as part of the ANZCA and FPM CPD program. CPD activities in both disciplines may be completed. 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**

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 the integrated final year of training.

1. The CICM management course (which can be recorded towards ANZCA CPD requirements, see specific findings in Section 6).
2. 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 4 weeks FTE leave in a 26-week training period. Please note that ANZCA Introductory Training will take at least 26 weeks FTE continuous anaesthesia training, which must include 22 weeks CAT.

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

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

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

[CICM parental leave policy](#)

### **Leave during integrated final training year**

Up to 4 weeks FTE leave is permitted within a 6 month / 26 weeks FTE training period.

### **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)  
[CICM regulation – 5.6 Part-time Training](#)

### 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.

Dual trainees are required to advise both colleges about their withdrawal for consistent record keeping.

### 2.4 Interrupted training

Registered dual trainees undertaking training periods with ANZCA that will be eligible for RPL with CICM should register this period as an interruption to training.

A concession on the annual training fees will apply for the period if eligible.

On successful completion of this period of training, as approved by ANZCA, this period will be recognised as RPL towards the CICM training program.

[ANZCA Interrupted training](#) (ANZCA handbook for training)  
[CICM regulation – 5.8 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 should be sought from the employer's human resources department. Initiation of a Trainee support process without other action, is not appropriate in such circumstances.

### 2.6.3 Dual Training Recognition Process Advisor

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

The DTRP Advisor will advise on the DTRP 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 DTRP advisor to be a dual fellow, but they may be a Supervisor of Training / Education Officer / Training team members in either college.

## 2.7 Removal of trainees

Dual trainees who are removed from a training program of one college may continue training with the other college, unless there are regulatory reasons they are unable to do, such as an AHPRA suspension.

Dual trainees who are removed from one colleges training program must inform the other college so their registration as a dual trainee can cease and advice given as to the impact on their training.

## 2.8 Information sharing within both colleges

*To be confirmed.*

## 3. Supervisors, assessors and tutor roles

### 3.1 Supervisors of training

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](#)