

Name		RACGP no.	ACRRM no.
Address		I	Postcode
Date of birth	Email		
Mobile	Phone	Fax	
Qualification/s			
Primary medical degree		Date	Country
Anaesthesia qualifications		Date	Country
General practice qualifications		Date	Country
Other qualifications		Date	Country
Anaesthetics trainin	ng		
Hospital/practice		Time (weeks	s) Dates (from) Dates (to)
			-
			-
			_

Training reports

Please attach – Copies of all assessment forms from training supervisor/s

Details of any examinations undertaken whilst training.

The Joint Consultative Committee on Anaesthesia (JCCA) is a tripartite committee of the Australian and New Zealand College of Anaesthetists (ANZCA), The Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM)



sixth edition, 2020?



How does this training meet the learning objectives and training requirements of the Curriculum for general practitioner anaesthesia,







JOINT CONSULTATIVE COMMITTEE ON ANAESTHESIA

Current anaesthetic practice

Full Part-time	No. of years	Dates	-
Cases/year (avg)*	GA	Regional	Combined GA/Reg
	LA/Sed	Other	Total
Regional*	Spinal	Epidural	Other (specify)
Type of surgery*	General	Orthopaedics	Obstetrics
	Gynaecology	Urology	ENT
	Ophthalmology	Vascular	Other
*Please indicate numbers,	Paediatric anaesthesia (<10)	Minimum age (years)	
even if approximate	Elective	Emergency	

Previous anaesthetic practice 1 (if different from current)

Location

Full Part-time	No. of years	Dates	-
Cases/year (avg)*	GA	Regional	Combined GA/Reg
	LA/Sed	Other	Total
Regional*	Spinal	Epidural	Other (specify)
Type of surgery*	General	Orthopaedics	Obstetrics
	Gynaecology	Urology	ENT
	Ophthalmology	Vascular	Other
*Please indicate numbers,	Paediatric anaesthesia (<10)	Minimum age (years)	
even if approximate	Elective	Emergency	











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Previous anaesthetic practice 2 (if different from current)

Location

Full Part-time	No. of years	Dates	-
Cases/year (avg)*	GA	Regional	Combined GA/Reg
	LA/Sed	Other	Total
Regional*	Spinal	Epidural	Other (specify)
Type of surgery*	General	Orthopaedics	Obstetrics
	Gynaecology	Urology	ENT
	Ophthalmology	Vascular	Other
*Please indicate numbers,	Paediatric anaesthesia (<10)	Minimum age (years)	
even if approximate	Elective	Emergency	









Sample logbook

A sample of a log of anaesthesia cases is to be provided along the lines of the proforma from the current anaesthesia practice and the original anaesthesia training.

Details of paediatric anaesthesia experience/training

Please detail ongoing case volume with the details of experience/training using the logbook template at this link. Additional comments can be added in the box below.

Details of epidural skills experience/training

Please detail ongoing case volume with the details of experience/training either in a logbook or below.

Current hospital accreditation(s)

Anaesthesia educational activities undertaken within the last two years









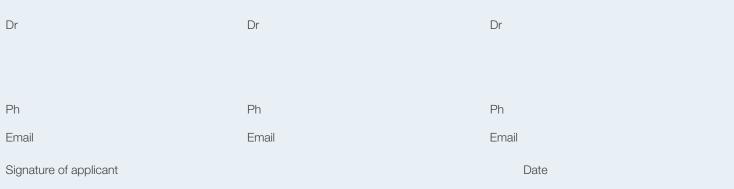


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Rural general practice

The applicant must attach evidence of intentions for work in the area of rural general practice in the future, eg FRACGP, FACRRM or enrolment in a general practice training program.

Referees



Checklist

i comi o c		
Recognition of prior learning (RPL) application form which includes details of all anaesthesia training all positions	A sample log of cases which includes information on epidural skills attained and the sample log of paediatric	Evidence of intentions for work in the area of rural general practice in the future
involving anaesthesia and the work involved and current anaesthesia work	anaesthesia cases	Continuing professional development activities in anaesthesia undertaken during
Detailed curriculum vitae	Copies of all assessment forms from training supervisor/s	the last two years
Current AHPRA medical registration and qualification	Copies of details of any examinations undertaken whilst training	The names and email contacts for three referees who have knowledge of your anaesthesia experience
	Details of the emergency medicine courses completed in the last five years	

How to lodge this application

This application is to be completed and emailed to the JCCA Secretariat.

Email: jcc@racgp.org.au

For more information email jcc@racgp.org.au

Note: It is advisable to save the completed version of this apllication form to your documents library.

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Australian College of Rural & Remote Medicine WORLD LEADERS IN RURAL PRACTICE

