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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | **Committee for Joint College Training in Endocrinology and Chemical Pathology**  **Supervisor’s Report** | | | | | | | | | | **RCPA logo 4col small** | |
|  | | | | | | | | | | | | | | |
| *Please note:*   * *all nominated supervisors must complete the report and be copied into the email submission of this report.* * *joint RACP/RCPA Endocrinology & Chemical Pathology trainees undertaking a core clinical rotation must complete the clinical Endocrinology Supervisor’s Report.* | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **TRAINEE DETAILS AND POSITION** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Full name of Trainee | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Report covers period: | | | | From | |  | | |  | To |  | | | |
| ***Training will not be certified without a Supervisor’s Report covering the entire period of supervision.*** | | | | | | *Date (dd/mm/yy)* | | |  | | | *Date (dd/mm/yy)* | | |
| Training position | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Hospital/Training site | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Year of Advanced Training | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Division | | | | Adult Medicine  Paediatrics & Child Health | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Please indicate if the trainee undertook full time or part time training and the part time percentage:** | | | | | | | | | | | | | | |
| Full Time | |  | | Part Time | | |  | | Part Time Percentage | | | | |  |
| **Please indicate the period(s) and type(s) of leave (e.g. annual, conference, sick, parental) taken by the trainee during the training rotation:**  *(For trainees at the end of a 12-month rotation, this would include periods of leave already recorded in the previous Supervisor’s Report(s) for this rotation.)* | | | | | | | | | | | | | | |
| **Period of leave** | | | | | | | | | **Type of leave** | | | | | **Total weeks** |
| from |  | | | to |  | | |  |  | | | | |  |
| from |  | | | to |  | | |  |  | | | | |  |
| from |  | | | to |  | | |  |  | | | | |  |
| from |  | | | to |  | | |  |  | | | | |  |
| from |  | | | to |  | | |  |  | | | | |  |
|  | | | | | | | | | | | | | | |
|  | | | | | Total amount of leave | | | | weeks | | | | | |
|  | | | | | | | | | | | | | | |
| **Rostered Days off (for New Zealand trainees only – Rostered Days Offs are not to be counted as leave/absence from training)** | | | | | | | | | | | | | | |
| from |  | | | to |  | | | |  | | | | | |
| from |  | | | to |  | | | |  | | | | | |
| from |  | | | to |  | | | |  | | | | | |
| from |  | | | to |  | | | |  | | | | | |
| from |  | | | to |  | | | |  | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | Total number of rostered days off | | | | | days | | | | | |
|  | | | | | | | | | | | | | | |
| Has the time away from training negatively affected the training outcomes for this rotation? If yes, how? | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |

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| --- | --- | --- | --- |
| **ASSESSMENT IN THE YEAR OF EXAMINATIONS** | | | |
|  | | | |
| **Is the trainee sitting any examination(s) this year?** | | |  |
|  | | | |
| If yes, has preparation for the examination(s) adversely affected Advanced Training? | | |  |
| Please specify below: | | | |
|  | | | |
|  | | | |
| If yes, please specify which examination(s) the trainee has sat or will sit during the year: | | | |
| **RCPA examination:** | Part I | Part II | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SUPERVISION DETAILS** | | | | | | | | |
| *It is recommended that each supervisor complete a separate Supervisor’s Report form. If this is not possible, please include details of both supervisors in the table below.* | | | | | | | | |
| Full Name of Supervisor | |  | | | | | | |
|  | | | | | | | | |
| E-mail | |  | | | | | | |
|  | | | | | | | | |
| Full Name of Supervisor | |  | | | | | | |
|  | | | | | | | | |
| E-mail | |  | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| **MEETING DOCUMENTATION** | | | | | | | | |
| Please document the dates of meetings held between supervisors and the trainee:  *(Supervisors are advised to formally meeting with their trainee(s) at least every three months to set goals and provide feedback.)* | | | | | | | | |
|  | | | | | | | | |
| 1. |  | | 2. |  | 3. |  | 4. |  |
|  | *Date (dd/mm/yy)* | |  | *Date (dd/mm/yy)* |  | *Date (dd/mm/yy)* |  | *Date (dd/mm/yy)* |
| What were the main issues discussed during these meeting? | | | | | | | | |
|  | | | | | | | | |
| If no meetings occurred, please give reasons below: | | | | | | | | |
|  | | | | | | | | |

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| --- | --- |
| **CHEMICAL PATHOLOGY KNOWLEDGE AND SKILLS** | |
|  | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Portfolio forms: refer to Handbook for detailed requirements** | | | | | | |  | Previous total | Number in current year or rotation | Cumulative  total | Minimum for Part I pre-exam Supervisor’s Report | Minimum for Part II pre-exam Supervisor’s Report | | Safety checklist |  |  |  | 1 only | Not applicable | | Direct Observation / Practical Skill (DOPS). See list in Handbook |  |  |  | 5 different techniques from list | 11 different techniques from list | | Case-based discussion (CbD) |  |  |  | 2 different cases | 2 different  cases | | Routine automated biochemistry runs |  |  |  | 10 | No minimum but zero is not acceptable | | Logged metabolic and paediatric biochemistry, trace elements (log of direct involvement) |  |  |  | No minimum but zero is not acceptable | No minimum but zero is not acceptable | | Clinical consultations |  |  |  | 1 per week | 1 per week | | Ward rounds and clinical meetings attended (include case lists) |  |  |  | Minimum 2 per week | Minimum 2 per week | | Presentations at clinical or laboratory meetings |  |  |  | Minimum 4 per year | Minimum 4 per year | | Teaching sessions |  |  |  | Minimum 1 per year | Minimum 1 per year | | Previous supervisor reports |  |  |  | all | all |   In the Tables below, score the Trainee’s performance using this scale **during the current assessment period**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | ➀ Falls far short of expected standards\*  ➁ Falls short of expected standards\*  ➂ Consistent with level of training   * Better than expected standards * Exceptional performance   N/A Not Applicable to this training period | | | | | | | |  | | Routine automated biochem | Metabolic paediatric | Trace element | Protein investi-gations | Drug assays toxicology | Molecular and genetic | | | Skill at bench level | |  |  |  |  |  |  | | | Knowledge of method principles | |  |  |  |  |  |  | | | Ability to interpret results to medical staff | |  |  |  |  |  |  | | | Ability to interpret results to lab staff | |  |  |  |  |  |  | | | Participation in quality assurance | |  |  |  |  |  |  | | | Participation in trouble shooting | |  |  |  |  |  |  | | | Safe handling and adherence to OHS | |  |  |  |  |  |  | | | Average lab workload (samples per day) | |  |  |  |  |  |  | |  |  |  |  |  | | --- | --- | --- | --- | | **Instruments used (refer to log of investigations)** | | | | | Brief description of instrument used | Period used in previous rotations  (weeks) | Period used in current rotation (weeks) | Cumulative  use  (weeks) | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | | **Types of assays done (refer to log of investigations)** | | | | | Brief description of assays used | Period used in previous rotations  (weeks) | Period used in current rotation (weeks) | Cumulative  use  (weeks) | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | **Professional qualities: e-Learning modules** | | | | |  |  |  |  |  | | --- | --- | --- | --- | | Please record completion status for each module | Completed during previous rotation | Completed during this rotation | Not yet completed | | Cultural Safety |  | Date: |  | | Ethics, Professionalism and Confidentiality |  | Date: |  | | Quality Management |  | Date: |  | | Laboratory Safety |  | Date: |  |  |  |  | | --- | --- | | **Research** | **1 to 5** | | Demonstrates up-to-date knowledge of the literature and innovations in relevant areas of medicine and pathology. |  | | Able to critically evaluate sources of medical information, discriminating between them in terms of their currency, format, authority and relevance |  | | Understands and applies the methods used to establish evidence-based practice |  | | Able to prepare reports and papers for publication that comply with the conventions and guidelines for reporting biomedical research |  | | Demonstrates skill in developing a research proposal, conducting appropriate research activities and writing up to a standard suitable for peer review/publication. |  |  |  |  | | --- | --- | | **Professional behaviour** | **1 to 5** | | Complies with legal, ethical and medical requirements, including those related to (a) patient records and documentation (confidentiality, informed consent, data security); (b) human and animal research: (c) copyright and intellectual property. |  | | Demonstrates awareness of own limitations, consulting when needing help and receptive to feedback & views of others. |  | | Able to manage time, prioritise and complete work efficiently and effectively, showing reliability and initiative. |  | | Demonstrates respectful interpersonal communication skills, using appropriate language and showing awareness of cultural, linguistic and intellectual diversity. |  | | Contributes effectively to inter-disciplinary team activities, such as peer review sessions and other education and quality activities, recognising the responsibilities and limitations of own role. |  | | Able to convey technical information in a manner that contributes o the growth of scientific knowledge and understanding among laboratory personnel, peers, medical students and other health professionals. |  | | | |
|  | |
| Please comment on any **strengths** that the trainee displays regarding the above topic areas: | |
|  | |
| Please comment on any **area(s) for development** that the trainee displays regarding the above topic areas and what measures have been implemented to improve the identified area(s): | |
| *(If you have rated the trainee’s performance in any areas above as 1 or 2, please give detailed feedback, including specific examples to support your assessment. As future supervisors will be provided a copy of this report, this information will assist the trainee to be adequately supported in their subsequent training.)* | |
|  | |
|  | |
| Has an [Improving Performance Action Plan](https://www.racp.edu.au/docs/default-source/default-document-library/improving-performance-action-plan-template.docx?sfvrsn=4283331a_8) (IPAP) been completed? |  |
|  | |
| Have outstanding issues from previous reports been satisfactorily addressed? |  |
|  | |
| Please provide comments below: | |
|  | |

|  |  |
| --- | --- |
| **CLINICAL ENDOCRINOLOGY** | |
| How much time was spent in clinical activities during the assessment period? | hours/week |
|  | |
| Hours expressed as a percentage of total hours per week: | % |

|  |  |  |
| --- | --- | --- |
| **PREP REQUIREMENTS (for PREP trainees only)** | | |
| **Throughout this period of training, please indicate if the trainee undertook any of the following activities:** | | |
| Yes | No | Learning Needs Analysis (minimum 2 required per training year for core clinical training) |
| Yes | No | Mini-Clinical Evaluation Exercise (minimum 2 required per training year for core clinical training) |
| Yes | No | Case-based Discussion (minimum 2 required per training year for core clinical training) |
| Yes | No | Professional Qualities Reflection (minimum 1 required per training year for core clinical training) |
|  | | |
| Please comment on specific areas that these activities could focus on in future: | | |
|  | | |

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| **ADVANCED TRAINING RESEARCH PROJECT** |
| *Throughout this period of training, please indicate the trainee’s progress with the Advanced Training research project.*  *Please note trainees who commenced the training program from 2017, completion of a research project by the end of the program is mandatory. Trainees should adhere to the RACP* [*Advanced Training Research Project Guidelines*](https://www.racp.edu.au/docs/default-source/default-document-library/res-research-project-guidelines.pdf?sfvrsn=827311a_16)*.* |
|  |
| Title of project: |
|  |
|  |
| Please provide a description of the project: |
|  |
|  |
| Describe any specific techniques the trainee has learnt: |
|  |
|  |
| Is the trainee competent in study design and statistical analysis? |
|  |
|  |
| List papers and abstracts accepted for publication during this assessment period: |
|  |

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| --- | --- | --- |
| **SUMMARY OF TRAINING YEAR** | | |
|  | | |
| **a)** | **Are you satisfied with the overall performance of the trainee during the period covered by this report?** |  |
|  | If not, are there any specific factors which may have affected this trainee’s performance, or do you have any reservations about performance? | |
|  |  | |
|  | | |
| **b)** | **Does the trainee require Stage 2 Support as per the** [**Trainee in Difficulty Support Policy**](http://www.racp.edu.au/trainees/trainee-support-services)**?** |  |
|  | If yes, please submit the [Improving Performance Action Plan](https://www.racp.edu.au/docs/default-source/default-document-library/improving-performance-action-plan-template.docx?sfvrsn=4283331a_8) (IPAP), reviews of IPAP and Records of Meetings (if available) with this Supervisor Report. | |
|  | | |
| **c)** | **Have the goals identified at the beginning of the training period been met during the period?** |  |
|  | Please comment below: | |
|  |  | |
|  | | |
| **d)** | **What are the major training needs of this trainee prior to admission to Fellowship?** | |
|  | Please comment below: | |
|  |  | |
|  | | |
| **e)** | **For a trainee completing Advanced Training only** |  |
|  | In your opinion, is the trainee now a competent physician and capable of providing a high standard of medical care without supervision? |  |

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| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **COVID-19 IMPACT ON TRAINING**  Has COVID-19 had an adverse impact on training in Endocrinology for this trainee? (consider reduction in inpatient and outpatient training exposure, local meeting provision such as Endocrinology grand rounds journal clubs, external meeting attendance, research, leave due to illness or pregnancy impacting ability to perform usual clinical duties)? Yes  No  If yes, please complete a Rotation Amendment Form. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SUPERVISOR DECLARATION AND COMMENTS** | | | | |
| If you have more than two supervisors, please have the additional supervisor(s) compete a [Supplementary Supervisor Comments form](https://www.racp.edu.au/docs/default-source/default-document-library/supplementary-supervisor-comments-report.docx). | | | | |
| *Please note that the supervisor declaration must be completed and dated for this report to be processed.* | | | | |
| I declare that I have:   * Discussed and completed this assessment with the trainee * Discussed the trainee’s progress with the other supervisor(s) *(if applicable)* * Sighted this trainee’s Supervisor’s Reports from previous training periods | | | | |
|  | | | | |
| Name of Supervisor 1: |  | | | |
| Comments: | | | | |
|  | | | | |
|  | | | | |
|  | Date: |  | | |
|  | | | | |
| I declare that I have:   * Discussed and completed this assessment with the trainee * Discussed the trainee’s progress with the other supervisor(s) *(if applicable)* * Sighted this trainee’s Supervisor’s Reports from previous training periods | | | | |
|  | | | | |
| Name of Supervisor 2: |  | | | |
| Comments: | | | | |
|  | | | | |
|  | | | | |
|  | Date: |  | | |
|  | | | | |
| **TRAINEE DECLARATION AND COMMENTS** | | | | |
| *Please note that the trainee declaration must be completed and dated for this report to be processed.* | | | | |
| I declare that:   * I understand my obligation to complete the training requirements outlined in the relevant Advanced Training Program Requirements Handbook and relevant education policies. * I understand it is my responsibility to organise with my supervisors the completion of all training requirements and submit these to the College prior to the published deadline. I understand failure to do so may result in non-registration or non-certification of the training period. * The supervisor(s) completing this Supervisor’s Report is/are the supervisor(s) nominated on my registration of Advanced Training. Submission of a [Supervisor Amendment Form](https://www.racp.edu.au/docs/default-source/word-documents/at-sr-form.doc?sfvrsn=6) where supervisor arrangement have changed since registration. * The information/comments supplied by my supervisor(s) have been included in this report and any amendments have been done with permission from my supervisor(s). * I have discussed this assessment with my supervisor(s) and make the following comments: | | | | |
| Comments: | | | | |
|  | | | | |
|  | | | | |
|  | | | Date: |  |

*Trainees are advised to retain a copy of the completed form for their records.*

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| **Purpose of the Supervisor’s Report** |
| To evaluate and provide feedback on the trainee’s progress, which informs the certification of training decision.  This is a summative assessment. |
| **Submission Process** |
| 1. Complete the Supervisor’s Report with your nominated supervisors. 2. Email an electronic or clearly scanned copy to [EndoChemPath@racp.edu.au](mailto:EndoChemPath@racp.edu.au) (RACP) and [bea@rcpa.edu.au](mailto:bea@rcpa.edu.au) (RCPA) before the deadline. Supervisors must be copied into the submission email for their records. 3. Ensure you have saved a copy of this report for your records.   The College retains the right to not certify training if the report is submitted after the specified deadline. If your report is submitted late, you must attach an [Application for Special Consideration](https://www.racp.edu.au/docs/default-source/default-document-library/epre-special-consideration-application-guide-and-form.docx?sfvrsn=7775051a_15). Trainees may also wish to submit a letter of explanation to support their application. Please note, all Applications for Special Consideration should be submitted to the College prior to the deadline and will be assessed against the criteria in the [Special Consideration for Assessment Policy](https://www.racp.edu.au/docs/default-source/default-document-library/special-consideration-for-assessment-policy.pdf?sfvrsn=efc3031a_16).  Trainees should refer to the [Progression Through Training Policy](https://www.racp.edu.au/trainees/education-policies-and-governance/education-policy) for further details.  **If you are sitting the RCPA Part I and/or Part II Examinations, please also email a copy of your portfolio summary sheet with the report.** |
| **Submission Dates** |
| **Advanced Trainees approaching the end of their training** should ensure all requirements are completed and submitted to the college within eight weeks prior to their expected completion date. |
| **For Advanced Trainees in 12-month positions:**   * One Supervisor’s Report is to be submitted by 15 July for the first six months of the calendar year. * One Supervisor’s Report is to be submitted by 31 January of the following year covering the final six months of the calendar year.   **For Advanced Trainees in positions of six months or less with separate supervisors, or at separate sites:**   * One Supervisor’s Report should be completed for each rotation and submitted to the College by 15 July (for first half of the year) and 31 January the following year (for the second half of the year).   **Joint RACP/RCPA trainees who have undertaken laboratory training will also be required to submit the RCPA portfolio summary sheet with the report by 31 January.** |
| **Privacy** |
| The Royal Australasian College of Physicians is committed to protecting your personal information. We collect your personal information so that we can, amongst other things, conduct training, peer review, and examinations. Please refer to the [Privacy Collection Statement](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.racp.edu.au%2Fhome%2Fprivacy%2Fcollection-statement&data=05%7C01%7CRebecca.Davis%40racp.edu.au%7Ccf742005904c40299fb908dad4169c05%7C09c2d83fca574dad8a0b502b18e773e8%7C0%7C0%7C638055490811801437%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=xIzCxTNXHoMeGSLCAGMnj6DQsLGUS6A1jye7FV68kTw%3D&reserved=0) and the [Privacy Policy](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.racp.edu.au%2Fhome%2Fprivacy%2Fpolicy&data=05%7C01%7CRebecca.Davis%40racp.edu.au%7Ccf742005904c40299fb908dad4169c05%7C09c2d83fca574dad8a0b502b18e773e8%7C0%7C0%7C638055490811957671%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=naf7PpOFh%2FjYbxyAZsMH6bCNrqcs%2FpNcERdEfEyTLtc%3D&reserved=0) on the RACP website.  Please note that the College may discuss the contents of this Supervisor's Report with subsequent supervisors, where this is deemed necessary for support or assessment purposes. Trainees must provide copies of all previous Supervisor's Reports to their next supervisors.  The College complies with the requirements of the national Privacy Act 1988 (Cwlth) (Australia) and the Privacy Act 2020 (Aotearoa New Zealand). This policy applies to all personal information collected, stored, used and disclosed by the College. Refer to the College’s [Privacy Policy](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.racp.edu.au%2Fhome%2Fprivacy&data=05%7C01%7CRebecca.Davis%40racp.edu.au%7Ccf742005904c40299fb908dad4169c05%7C09c2d83fca574dad8a0b502b18e773e8%7C0%7C0%7C638055490811957671%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=Gl4uDFNWm91eH33sCGYszDkysQVRGQz%2Fj2M0dpwRKB0%3D&reserved=0). |
| **Notification of Certification Decision** |
| Once your report has been considered by the nominated supervising committee(s), you will be notified of the certification decision. Whenever possible, this advice will be sent within eight weeks of the submission deadline. |