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| RACP2016_CMYK_withtag_OL | Faculty Training Committee in Occupational and Environmental Medicine  Training Status Report | Logo |
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| *Please note, both your Supervisor and Training Program Director (TPD) must complete the report and be copied into the email submission of this report.*  **TRAINEE DETAILS AND TRAINING POSITION** | |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Full Name of Trainee | |  | | | | | | | |  | | | | | | | | | | Report covers training period | | From |  | | To | |  | | |  | | | *Training period start date* | | |  | *Training period end date* | | |  | | | | | | | | | | Training position | |  | | Stage of Training | | | |  | | Site | |  | | | | | | | |  | | | | | | | | | | Site Accreditation Status: | | Accredited  Not Accredited | | | | | | | | |  | | | | | | | | | |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Please indicate the period(s) and type(s) (e.g. annual, conference, sick, parental) of leave taken by the trainee during the training rotation:** | | | | | | | | **Period of leave** | | | |  | **Type of leave** | **Total weeks** | | from |  | to |  |  |  |  | | from |  | to |  |  |  |  | | from |  | to |  |  |  |  | |  | | | | | | | | Total amount of leave | | | | | weeks | | | |
| Has the time away from training negatively affected the training outcomes for this rotation? If yes, how?   |  | | --- | |  | | |
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| **SUPERVISION DETAILS** | |
| |  |  | | --- | --- | | Full Name of Supervisor |  | |  |  | | E-mail |  | | |
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| **MEETING DOCUMENTATION**  Please document the dates of meetings held between supervisor/s and the trainee:  *(Supervisors have been advised to formally meet with their trainee(s) at least every three months to set goals and provide feedback)* | |
| |  |  |  | | --- | --- | --- | | **Meeting** | **Date** | **Who trainee met with (nominated supervisor or other, e.g. FAFOEM, employer, etc.)** | | 1. |  |  | | 2. |  |  | | 3. |  |  | | 4. |  |  | | 5. |  |  | | 6. |  |  | | 7. |  |  | | |
| |  | | --- | |  | | **ASSESSMENT OF THE CURRENT TRAINING PERIOD** | | *Please rate the trainee’s performance for each topic area by placing a rating of 1-5 (or N/A) in the box next to each topic area.* | | **Interpretation of the Rating Scale**  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  *\*These ratings may place the trainee under review for referral to the Training Support Pathway.* | | |  |  | | --- | --- | |  |  | |  | **CLINICAL PROCESS: CLINICAL SKILLS AND PROCEDURAL SKILLS:**  **MEDICAL EXPERTISE – MANAGEMENT OF SPECIFIC MEDICAL PROBLEMS INCLUDING THOSE RELATED TO OEM:**  Demonstrates up-to-date medical knowledge and clinical skills | |  | **WORKPLACE HAZARD ASSESSMENT**  **FITNESS AND RETURN TO WORK:**  **LAW AND MEDICINE:**  Demonstrates appropriate knowledge and awareness of skills in relation to the practice of OEM including hazard assessment, fitness for work and workplace rehabilitation and an understanding of the laws as relevant to OEM practice. | |  | **COMMUNICATION: SPOKEN AND WRITTEN**  **PROFESSIONAL RELATIONSHIPS** Shows competency in both written and spoken communication with patients, clients and other stakeholders, including awareness of cultural differences, in addition to developing and maintaining appropriate professional relationships and networks. | |  | **QUALITY AND SAFETY:**  **THE BROADER CONCEPT OF HEALTH:**  **HEALTH ADVOCACY:**  Demonstrates involvement in quality assurance programs, an understanding of the broader concepts of health and an awareness of their role as a health advocate. | |  | **TEACHING AND LEARNING:**  **LEADERSHIP AND MANAGEMENT:**  Demonstrates competency in leadership and management roles; a resourceful attitude to their own continued education and skills as an educator. | |  | **ETHICS:**  Exhibits high standards of moral and ethical behaviour, honesty, integrity and respect in their clinical practice and professional interactions. | |  | **ENVIRONMENTAL MEDICINE**  Demonstrates an understanding of environmental medicine, including planning for and managing an environmental incident. | | |  | | Please comment on any **strengths** that the trainee displays in regards to the above topic areas:   |  | | --- | |  | | | Please comment on any **areas for development** that the trainee displays in regards to the above topic areas and what measures have been implemented to improve the identified area:  *If you have rated the trainee’s performance in any areas above as a 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 (IPAP) been completed? |  | | | Have outstanding issues from previous reports been satisfactorily addressed?  Please provide comments below:   |  | | --- | |  | | |  | |  | | **ASSESSMENT OF THE YEAR IN WHICH AN EXAMINATION IS PASSED** | | |  |  |  | | --- | --- | --- | | Has the trainee attempted an AFOEM examination or other examinations during this year? | |  | |  |  | | | Specify examination/s (if applicable) |  | |  |  |  | | --- | --- | | If YES, has preparation for the examination adversely affected the training period? |  | | | **TIMETABLE OF WORK ACTIVITIES**   |  |  |  | | --- | --- | --- | |  | **PRINCIPAL PRACTICE** | **OTHER** | | **Role/Tasks/Responsibility (e.g. primary or secondary clinical care, report writing, research, etc.)** | 1.  2.  3.  4.  5.  6. | 1.  2.  3.  4.  5.  6. | | **Hours per week in OEM** |  |  | | **Nature of OEM Activities** | Clinical Treatment | Clinical Treatment | | Return to work | Return to work | | Risk Assessment / Management | Risk Assessment / Management | | Insurance / Medico-legal | Insurance / Medico-legal | | Environment issues | Environment issues | | Other: | Other: | | | **PREP REQUIREMENTS** | | *Throughout this six-month period of training, please indicate if the trainee undertook any of the following activities:*   |  |  |  | | --- | --- | --- | | **Stage A** | | | | 1x Learning Needs Analysis (LNA) and self-evaluation | Yes | No | | 2 x Mini-Clinical Evaluation Exercises (Mini-CEX) | Yes | No | | **Stage B** | | | | 1 x LNA and self-evaluation | Yes | No | | 1 x Professional Qualities Reflection (PQR) | Yes | No | | 1 x Direct Observation of Field Skills (DOFS) | Yes | No | | 1 x Direct Observation of Field Skills Report (DOFSR) | Yes | No | | 1 x Case-based Discussion (CbD) | Yes | No | | 1x Case-based Discussion Report (CbDR) | Yes | No | | 1 x Mini-CEX | Yes | No | | **Stage C** | | | | 1 x LNA and self-evaluation | Yes | No | | 1 x DOFS | Yes | No | | 1 x DOFSR | Yes | No | | 1 x CBD | Yes | No | | 1 x CbDR | Yes | No | | 1 x PQR | Yes | No |  |  |  |  |  | | --- | --- | --- | --- | | **Attendance at regional training meetings:** | | | | | *Regional training meeting requirements:*   * *Attend a minimum of* ***three*** *regional training meetings per six-month training period (in person or by tele/videoconference), for a total of* ***six*** *regional training meetings per year;* * *Present material at least* ***once*** *per six-month training period, for a total of twice per year.*   *Please list the regional training meetings attended in this period.* | | | | |  | **Date**  (DD/MM/YYYY) | **Trainee’s Presentation Title**  *(only if the trainee in question presented at this meeting)* |  | | 1. |  |  |  | | 2. |  |  |  | | 3. |  |  |  | | 4. |  |  |  | | 5. |  |  |  | | 6. |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **SUMMATIVE REQUIREMENTS**   |  |  |  | | --- | --- | --- | | *Important note: OEM training must be completed within a maximum 10-year time period, therefore all summative assessment components must be satisfactorily completed within a 10-year period in order to gain Fellowship. Periods of interruption contribute to this 10-year maximum time period.* | | | | **Completed Dates**  ***(if applicable)*** | **Assessment Type**  ***(only tick the box, if you have completed)*** | **Plan to Complete Year**  ***(for assessment***  ***not completed)*** | |  | ALS Course (trainees starting in or after July 2012) |  | |  | Stage A Written Examination |  | |  | Postgraduate Course |  | |  | Stage B Written Examination |  | |  | Stage B Practical Examination |  | |  | Ramazzini Abstract and Presentation |  | |  | Research Project |  | |  | Stage C Written Communications Portfolio |  | |  | Attendance at two Annual Training Meetings |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | **Research Project Title** |  |   Please comment on the quality of the material presented and the trainee’s evaluation of the project material. Also indicate approval or otherwise of the project.   |  | | --- | |  |   **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **SUMMARY OF TRAINING PERIOD**   |  |  |  |  | | --- | --- | --- | --- | | **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?  If you have awarded any ratings of 2 or below but have indicated satisfaction with the overall performance, please provide further information. | | | |  |  | |  |  |  |  | | --- | --- | --- | | **b)** | **Does the trainee require Stage 2 Support as per the** [**Trainee in Difficulty Support**](http://www.racp.edu.au/trainees/trainee-support-services) **Policy?** |  | | If yes, please submit the Improving Performance Action Plan (IPAP), reviews of IPAP and Records of Meetings 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 Stage C trainees only:** | | | In your opinion, is the trainee now a competent physician and capable of providing a high standard of medical care without supervision? | |  | | | |  | | --- | |  | | **SUPERVISOR DECLARATION AND COMMENTS** | | *Please note the supervisor declaration must be completed and dated for it to be processed.* | | I declare that I have:   * discussed and completed this assessment in collaboration with the trainee * discussed the trainee’s progress with other supervisors (if applicable) * sighted this trainee’s supervisor’s reports for previous training periods (if applicable)  |  |  | | --- | --- | | Name of Supervisor: |  | | Further Comments |  |  |  |  | | --- | --- | | Date: |  |   **TRAINING PROGRAM DIRECTOR DECLARATION AND COMMENTS**  *Please note the Training Program Director’s declaration must be completed and dated for it to be processed*  I declare that I have:   * discussed and completed this assessment in collaboration with the trainee and supervisor * discussed the trainee’s progress with other supervisors (if applicable) * sighted this trainee’s supervisor’s reports for previous training periods (if applicable)  |  |  | | --- | --- | | Name of Training Program Director: |  | | Further Comments |  | | | |  |  | | --- | --- | | Date: |  | | |  | | **TRAINEE DECLARATION AND COMMENTS**  *Please note the trainee declaration must be completed and dated for it to be processed.* | | I declare that:   * I understand my obligation to complete the training requirements outlined in the relevant Training Program Requirements Handbook and relevant education policies * I understand it is my responsibility to organise completion of all training requirements and to submit these to the college prior to the published deadline. I understand failure to do so may result in non-registration or non-certification. * the supervisor completing this Training Status Report is the supervisor nominated on my Annual Prospective Registration * the information/comments supplied by my supervisor/s and TPD have been included in this report and any amendments have been done with permission from my supervisor/s and TPD * I have discussed this assessment with my supervisor(s) and TPD and make the following comments:  |  | | --- | |  |  |  |  |  |  | | --- | --- | --- | --- | |  |  | Date: |  | | | |   *Trainees are advised to retain a copy of the completed form for their records.* | |

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| **Important Information** | |
| * For each 6-month period of training, all nominated supervisors are required to either complete and co-sign a composite report OR complete an individual report. * Training will not be certified without a Training Status Report covering the entire period of supervision. * Supervisors should ensure that the trainee receives a copy of all Training Status Reports submitted for assessment, to ensure the trainee can provide copies of these to subsequent supervisors. * The College may discuss the contents of Training Status Reports with subsequent supervisors, where this is deemed necessary for support or assessment purposes. | |
| **Pre-Submission Checklist** | |
| |  |  | | --- | --- | |  | The supervisor completing this Training Status Report is the supervisor nominated on my OEM Annual Prospective Training Application. | |  | The dates on this form correspond to the entire period of supervision, as nominated on my OEM Annual Prospective Training Application. | |  | My Supervisor, Training Program Director have ticked the declaration box and dated the form. | |  | I have emailed the form complete with all information and signatures to [OccEnvMed@racp.edu.au](mailto:OccEnvMed@racp.edu.au) and copied in my Supervisor and Training Program Director by the appropriate due date (refer to the below submission dates). | | |
| **Submission Dates** | |
| **31 January** | Completed Training Status Report for the July to December training period due |
| **31 July** | Completed Training Status Report for the January to June training period due |
| **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 Training Status Report with subsequent supervisors, where this is deemed necessary for support or assessment purposes. Trainees must provide copies of all previous Training Status 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. The committee will either certify the training or defer the decision pending provision of further information. In rare circumstances, the training may not be certified.  Trainees should refer to the [Progression Through Training Policy](http://www.racp.edu.au/trainees/education-policies-and-governance/education-policy) for further details. | |
| **TRAINEE RESPONSIBILITIES** | |
| * It is the responsibility of the trainee to ensure that the Training Status Report is submitted by the due date complete with **all** signatures. Trainees are expected to follow up with all parties to ensure timely submission. * It is the responsibility of the trainee to ensure that work on the Training Status Report is begun with enough time for both the Supervisor and the Training Program Director to review and sign. * The College retains the right to not certify training if the report is submitted after the specified deadline. * Trainees are expected to determine with enough time in advance whether there will be time constraints for their Supervisor or Training Program Director due to leave or other circumstances, and to plan for this to ensure timely submission. * It is the responsibility of the trainee to submit an [Application for Special Consideration for Assessment](https://www.racp.edu.au/trainees/education-policies-and-governance/education-policy) **before** the deadline if there will be an anticipated delay in submission due to exceptional circumstances. Please note, all Applications for Special Consideration 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). | |