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| RACP2016_CMYK_withtag_OL | Committee for Joint College Training in Immunology and Allergy  Supervisors Report | The Royal College of Pathologists of Australasia |
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| *Please note, all nominated supervisors 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 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 / Site |  | | | | | |  | | | | | | | Year of Advanced Training |  | | | | | |  | | | | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Please indicate if the trainee undertook full time or part time training and the part time percentage:** | | | | | | | Full Time |  | Part Time |  | Part Time Percentage |  | |
| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Nature of current training year: | | | Mostly Clinical | | Mostly Laboratory | | | Equal mix | | | **Please indicate the period(s) and type(s) (e.g. annual, conference, sick, parental) of leave 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 previous Supervisor Reports 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 NZ 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 |  |  |  | | 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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| **SUPERVISION DETAILS** |
| |  |  | | --- | --- | | Full Name of Supervisor |  | |  |  | | E-mail |  |  |  |  | | --- | --- | | 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)* |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | 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 meetings?   |  | | --- | |  |   If no meetings occurred, please give reasons below:   |  | | --- | |  | |
| |  | | --- | |  | | **ASSESSMENT OF THE CURRENT YEAR OF TRAINING** | | *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.* | | |  |  | | --- | --- | |  |  | |  | Knowledge of Basic Immunological Concepts Demonstrates up-to-date understanding of clinically relevant basic immunological concepts (as included in curriculum) | |  | Medical Knowledge Demonstrates up-to-date knowledge required to manage patients | |  | Application of Medical Knowledge Shows ability to use the knowledge and other derived evidence based information | |  | Procedural Skills Demonstrates ability to perform practical/technical procedures | |  | Interpersonal/Communication Skills Demonstrates ability to relate to and communicate with patients and their families | |  | Clinical Judgement Demonstrates ability to integrate cognitive and clinical skills, and consider alternatives in making diagnostic and therapeutic decisions | |  | Responsibility Accepts responsibility for own actions and understands the limitations of own knowledge and experience | |  | Problem Solving Skills Critically assesses information, identifies major issues, makes timely decisions and acts upon them | |  | Humanistic Qualities Demonstrates integrity and compassion in patient care | |  | Respect Shows personal commitment to honouring the choices and rights of other persons | |  | Moral and Ethical Behaviour Exhibits high standards of moral and ethical behaviour towards patients and families | |  | Professional Attitudes and Behaviour Shows honesty at all times in their work; puts patient welfare ahead of personal consideration | |  | Patient Management Shows wisdom in selecting treatment; adapts management to different circumstances | |  | Psychological Development Demonstrates ability to recognise and/or respond to psychological aspects of illness | |  | Medical Care Effectively manages patients through integration of skills resulting in comprehensive high quality care | |  | Research Methodology Understands scientific methodology; participates in research studies by formulating and testing hypothesis and analysing the results | |  | Quality Assurance Demonstrates ability to initiate and evaluate Quality Assurance programs | |  | Record Keeping Maintains complete and orderly records and up-to-date progress notes | |  | Discharge/Planning Summaries Ensures that all problems are explained prior to discharge from hospital; prepares concise and prompt discharge summaries | |  | Reports Completes succinct and accurate reports without delay; communicates with referring practitioner for continuing care | |  | Relationships with Medical Staff Maintains the respect of his/her colleagues | |  | **Relationships with Health Professionals**  Demonstrates ability to work well and efficiently in the health care team; values the experience of others | |  | **Relationships with Clerical Staff**  Relates easily to members of staff; maintains team spirit and encourages cooperation | |  | **Organisation Skills**  Demonstrates ability to plan, coordinate and complete administrative tasks associated with medical care | |  | **Self-Assessment**  Accepts the limits of own competence and functions within own capabilities; seeks advice and assistance when appropriate; accepts criticism | |  | Continuing Education Shows a resourceful attitude towards continuing education to enhance quality of care | |  | **Experience in diagnostic immunopathology**  Understands diagnostic methodology in the laboratory (for clinical trainees) | | | **Laboratory Skills (applies only to RCPA/RACP joint trainees during laboratory training)**   |  |  | | --- | --- | |  |  | |  | Autoimmune serology - experience Exposure to autoimmune serology testing | |  | Autoimmune serology - competence Ability to interpret autoimmune serology patterns | |  | Flow cytometry – Lymphocyte subsets - experience Exposure to lymphocyte subset analysis | |  | Flow cytometry – Lymphocyte subsets - competence Ability to interpret lymphocyte subset analysis | |  | Flow cytometry – Immunophenotyping - experience Exposure to immunophenotyping of haematopoietic samples | |  | Flow cytometry – Immunophenotyping - competence Ability to interpret immunophenotyping results and correlate with cytology/morphology | |  | Immunochemistry - experience Exposure to protein chemistry analyses | |  | Immunochemistry - competence Ability to interpret protein chemistry analyses | |  | Allergy testing - experience Exposure to the measurement of allergen-specific IgE | |  | Allergy testing - competence Ability to interpret allergen-specific IgE results | |  | Tissue typing - experience Exposure to HLA testing (within the laboratory or by attachment) | |  | Tissue typing - competence Ability to interpret and apply HLA testing results | |  | Communication of results to ordering clinicians Ability to advise on and interpret diagnostic tests and to communicate their significance | |  | Follow-up and completion of assigned tasks Reliability in following directions | |  | **Knowledge of specialised research techniques**  Understands the nature of assays and tests outside routine diagnostic methodologies | |  | **Laboratory management**  Understands and participates in laboratory management processes | |  | **Laboratory safety**  Understands and practises laboratory safety requirements | |  | **Quality assurance**  Understands and participates in external and internal laboratory QA activities |   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:   |  | | --- | |  | | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **TRAINING ACTIVITIES**  **Inpatient care (hours per week)** | | | | | | |  | | | | | | | **Outpatient care (hours per week)** | | | | | | |  | | | | | | | **Diagnostic immunology laboratory (hours per week)** | | | | | | |  | | | | | | | **Other activities – please specify (hours per week)** | | | | | | |  | | | | | | | **ASSESSMENT OF THE YEAR IN WHICH THE EXAMINATION IS PASSED** | | | | | | | *Please indicate below whether the trainee is sitting or has sat any examinations during this year.* | | | | | | | **RCPA Examinations:** | Part I |  |  | | | **RACP Examinations:** | Written |  | Clinical |  | | | Has preparation for the examination adversely affected advanced training? If yes, please specify below: | | | | | | |  | | | | | | | |  | | **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 core clinical training year) | | Yes | No | Case-based Discussion (minimum 4 required per core clinical training year) | | Yes | No | Direct Observations of Procedural Skills (minimum 2 required per training year) |   **Please comment on specific areas these activities could focus on in future:**   |  | | --- | |  | | |  | | |  |  |  | | --- | --- | --- | | **ADVANCED TRAINING RESEARCH PROJECT**  *Throughout this period of training, please indicate the trainee’s progress in their Advanced Training research project in adherence with the* [*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:   |  | | --- | |  |   Project progress to date including supervisor meetings, research activities undertaken etc:   |  | | --- | |  | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_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?  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 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? |  | | | |  |  | | --- | --- | | |  | | --- | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **COVID-19 IMPACT ON TRAINING**  Has there been significant changes to your training period due to COVID-19? Yes  No  If yes, please contact [ImmunologyAllergy@racp.edu.au](mailto:ImmunologyAllergy@racp.edu.au) to confirm whether you should complete a Rotation Amendment Form or if a revised Application for Approval of Training is required. | | | **SUPERVISOR’S DECLARATION AND COMMENTS** | | If you have more than two supervisors, please have the additional supervisors complete a [Supplementary Supervisor Comments form](https://www.racp.edu.au/docs/default-source/default-document-library/supplementary-supervisor-comments-report.docx).  *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 with the trainee * discussed the trainee’s progress with other supervisors (if applicable) * sighted this trainee’s supervisor’s reports for previous training periods  |  |  | | --- | --- | | Name of Supervisor 1: |  | |  | |  |  |  | | --- | --- | | Date: |  |   I declare that I have:   * discussed and completed this assessment with the trainee * discussed the trainee’s progress with other supervisors (if applicable) * sighted this trainee’s supervisor’s reports for previous training periods  |  |  | | --- | --- | | Name of Supervisor 2: |  | |  | | | | |  |  | | --- | --- | | 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 Advanced Training Program Requirements Handbook and relevant education policies * I understand it is my responsibility to organise with my supervisors, 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 * I understand it is my responsibility to organise with my supervisors, 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 Supervisor’s Report is the supervisor nominated on my registration of Advanced Training * 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:  |  | | --- | |  |  |  |  |  |  | | --- | --- | --- | --- | |  |  | Date: |  | | | | |

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

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| **Purpose of the Supervisors 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 the relevant email address below before the deadline. Supervisors must be copied into the submission email for their records. 3. Ensure you have saved a copy 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.   |  |  | | --- | --- | | **RACP Office** | **RCPA Office** | | [immunologyallergy@racp.edu.au](mailto:immunologyallergy@racp.edu.au) | [bea@rcpa.edu.au](mailto:bea@rcpa.edu.au) | | **Submission deadline:** 31 January and 15 July | | |
| **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. |
| **Australia** |
| **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). |
| **New Zealand** |
| **For Advanced Trainees in 12-month positions:**   * One Supervisor’s Report is to be submitted by 31 May for the first six months of the rotation. * One Supervisor’s Report is to be submitted by 31 October covering the full 12 months.   **For Advanced Trainees in three, four, or six-month positions:**  One Supervisor’s Report must be completed for each rotation and submitted by 31 May (for rotations in the first half of the year) and 31 October (for rotations in the second half of the year). |
| **Privacy Legislation** |
| The College may discuss the contents of this report with subsequent supervisors, where this is deemed necessary for support or assessment purposes. Trainees must provide copies of previous Final Supervisor's Report(s) to the next year's/rotation’s supervisor.  The College complies with the requirements of the national Privacy Act 1988 (Cwlth) (Australia) and the Privacy Act 1993 (New Zealand). This policy applies to all personal information collected, stored, used and disclosed by the College. Further details can be found [here](https://www.racp.edu.au/home/privacy). |
| **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. |