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|  | | | | | | **Advanced Training in Medical Oncology**  **Supervisor’s Report** | | | | | | | |
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| *Please note that all nominated supervisors must complete the report and be copied into the email submission of this report.* | | | | | | | | | | | | | |
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| **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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| **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 | |  | | | | | | | |
|  | | | | | | | | | |
| Have you sighted this trainee’s Supervisor’s Reports from previous training periods? | | | | | | |  | | |
| *(Trainees are required to show previous Supervisor’s Reports to the current supervisors to assist both trainees and supervisors with the development of relevant learning plans for the following period of training.)* | | | | | | | | | |
| Full Name of Supervisor | |  | | | | | | | |
|  | | | | | | | | | |
| E-mail | |  | | | | | | | |
|  | | | | | | | | | |
| Have you sighted this trainee’s Supervisor’s Reports from previous training periods? | | | | | | |  | | |
| *(Trainees are required to show previous Supervisor’s Reports to the current supervisors to assist both trainees and supervisors with the development of relevant learning plans for the following period of training.)* | | | | | | | | | |
|  | | | | | | | | | |
| **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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| **KNOWLEDGE BASE AND SKILLS**  *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\*  ➂Consistent 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*](https://www.racp.edu.au/trainees/trainee-support-services/trainees)*.* |

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| **Generic Personal and Professional Skills** | |
| **Collaborator** | |
|  | Demonstrates ability to work well and efficiently in the health care team; values the experience of others |
|  | |
| **Manager** | |
|  | Demonstrates skills in maintaining complete and orderly records and up-to-date progress notes |
|  | Demonstrates ability to complete succinct and accurate reports without delay |
|  | Demonstrates skills in critically assessing information, identifying major issues, making timely decisions and acting upon them |
|  | Demonstrates ability to plan, prioritise, coordinate and complete administrative tasks associated with medical care |
|  | Ensures that all problems are explained prior to discharge from hospital; prepares concise and prompt discharge summaries |
|  | |
| **Professional** | |
|  | Actively assesses the need to seek advice, and consult appropriately |
|  | Accepts criticism and can modify behaviour accordingly |
|  | Accepts responsibility for own actions and understands the limitations of own knowledge and experience |
|  | Demonstrates integrity and compassion in patient care |
|  | Being responsive to the needs and wishes of patients, including recognition of cultural and spiritual issues |
|  | Demonstrates reliability, dependability and efficiency |
|  | Demonstrates enthusiasm and initiative |
|  | Provides collegiate support |

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| **Medical Oncology Related Clinical Knowledge and Skills** | |
| **The Scientific Basis of Medical Oncology** | |
|  | Demonstrates knowledge of the biology of cancer |
|  | |
| **Cancer Control** | |
|  | Demonstrates knowledge of cancer epidemiology |
|  | Demonstrates knowledge of the principles of cancer prevention |
|  | Demonstrates knowledge of cancer screening and early detection principles and methods |
|  | |
| **Policy and Provision of Cancer Care** | |
|  | Demonstrates knowledge of the role of government and legal aspects in the provision of health care |
|  | |
| **Basic Principles in the Management and Treatment of Malignant Disease** | |
|  | Demonstrates knowledge of the basis for diagnosis, staging and follow-up of malignant disease |
|  | Demonstrates an understanding of the importance of a multi-disciplinary approach to the management and treatment of malignant disease |
|  | Demonstrates proficiency in the psychosocial care of cancer patients and their carers/families |
|  | Demonstrates knowledge of the role of the different therapeutic modalities in cancer treatment |
|  | Demonstrates proficiency in the pharmacological management of patients with cancer |
|  | Demonstrates proficiency in providing supportive care for cancer symptoms and treatment side effects |
|  | Demonstrates proficiency in the management of oncological emergencies |
|  | Demonstrates proficiency in providing palliative and end-of-life care |
|  | Performs procedures required for diagnosis, treatment, supportive and palliative care of cancer patients |
|  | Demonstrates knowledge of the late effects of treatment and survivorship issues |
|  | Demonstrates knowledge of issues relating to the use of complementary and alternative therapies by cancer patients |
|  | |
| **Scholar** | |
|  | Demonstrates the ability and commitment to teach medical students and/or other health personnel |
|  | Demonstrates ability to critically evaluate results of investigations and of the published literature |
|  | Demonstrates knowledge of the principles and conduct of oncology clinical trials |
|  | Demonstrates knowledge of statistical methods relevant to the design and conduct of oncology clinical trials |
|  | Demonstrates skills relevant to the conduct and reporting of clinical research |
|  | Demonstrates the ability to initiate and evaluate Quality Assurance programs |
|  | Demonstrates skills in undertaking all relevant steps in managing/completing a project |

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| **Medical Oncology – Adult Medicine** | |
| **Multidisciplinary Management and Treatment of Patients with Specific Cancers** | |
| *Demonstrates proficiency in the treatment of management of patients with:* | |
|  | Breast cancer |
|  | Colorectal cancer |
|  | Lung cancer |
|  | Ovarian cancer |
|  | Prostate cancer |
|  | Upper GI (gastro-oesophageal and pancreatic cancers) |
|  | Carcinomas of unknown primary site |
| *Demonstrates knowledge of the treatment and management of patients with:* | |
|  | Testicular cancer |
|  | Melanoma and other skin cancers |
|  | Head and neck cancers |
|  | Other gastro-intestinal cancers (including neuroendocrine tumours) |
|  | Other genito-urinary cancers |
|  | Other gynaecological cancers |
|  | Mesothelioma and other tumours of the thoracic cavity |
|  | Sarcomas |
|  | Endocrine cancers (thyroid) |
|  | Central nervous system malignancies |
|  | Haematological malignancies |

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| **Medical Oncology and Haematology – Paediatrics & Child Health** | |
| **Multidisciplinary Management and Treatment of Patients with Specific Cancers** | |
| *Demonstrates proficiency in the treatment and management of patients with:* | |
|  | Brain tumour |
|  | Neuroblastoma |
|  | Renal tumours (e.g. Wilms) |
|  | Lymphoma (NHL & Hodgkin) |
|  | Soft tissue sarcoma (e.g. rhabdomyosarcoma) |
|  | Bone tumours |
|  | Germ cell tumours |
|  | Hepatoblastoma |
|  | Leukemia (ALL, AML, JMML) |
|  | Inherited coagulation disorders |
|  | Thrombosis |
|  | Neutropaenia (congenital and acquired) |
|  | Thrombocytopaenia |
|  | Haemoglobinopathies |
|  | Disorders of marrow failure |
|  | Red cell disorders |

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| Please comment on any **strengths** that the trainee displays regarding the above topic areas: | |
|  | |
| Please comment on any **areas for improvement** that the trainee displays regarding the above topic areas and what measures have been implemented to improve the identified area:  *(If you have rated the trainee’s performance I 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 with 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:* | |
|  | |

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| **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 (2 required per core/non-core training year. Minimum 1 per each 6-month training period.) |
| Yes | No | Case-based Discussion (2 required per core/clinical based non-core training year. Minimum 1 per each 6-month training period.) |
| Yes | No | Mini-Clinical Evaluation Exercise (4 required per core/clinical based non-core training year. Minimum 2 per each 6-month training period.) |
| Yes | No | Professional Qualities Reflection (1 required per core/non-core training year.) |
|  | | |
| 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* [*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: |
|  |
|  |
| Project progress to date including supervisor meetings, research activities undertaken, etc.: |
|  |
|  |
| Please list any presentational publications from this project: |
|  |

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| **SUMMARY OF TRAINING YEAR** | | |
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| **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 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)** | **Has the trainee attended a Communication Skills Workshop? (all Adult Medicine trainees. Paediatric and Child Health trainees who commenced in 2023 onwards)** |  |
|  | If the trainee attended a workshop during the current year, please list the date(s) attended: |  |
|  | *(dd/mm/yyyy)* | |
|  | | |
| **f)** | **Has the trainee completed a research project?** *(Completion of a research project over the course of Advanced Training is mandatory for trainees who commenced the program from 2017 onwards.)* |  |
|  | |  |
| **g)** | **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 there been significant changes to your training period due to COVID-19? Yes  No  If yes, please contact [MedicalOncology@racp.edu.au](mailto:MedicalOncology@racp.edu.au) or [MedicalOncology@racp.org.nz](mailto:MedicalOncology@racp.org.nz) to confirm whether you should complete a Rotation Amendment Form or if a revised Application for Approval of Training is required. |

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| **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 [MedicalOncology@racp.edu.au](mailto:MedicalOncology@racp.edu.au) (Au) or [MedicalOncology@racp.org.nz](mailto:MedicalOncology@racp.org.nz) (AoNZ) 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. |
| **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 30 June for the first six months of the rotation. * One Supervisor’s Report is to be submitted by 15 December 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 30 June (for rotations in the first half of the year) and 15 December (for rotations in the second half of the year). |
| **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. |