

Trainee Details

Trainee Name:		Member Identification Number (MIN):		Training Program:	
Rotation Start:		Rotation End date:		Site:	
Supervisor/ DPE Name:					
Supervisor name:					

Review

Date of review meeting		Overall progress	Satisfactory ☐	Unsatisfactory ☐
Have the agreed goals/actions/tasks been completed?		Yes ☐	No ☐ (if no, please list below outstanding goals/actions/tasks and if there were any barriers that may have affected the completion of the task)	
Outstanding Tasks (if applicable)				
Summary of feedback given to the trainee				

Next steps (please note this is a recommendation only)	
No further action required, exit Training Support Pathway	☐
Further action required, continue Stage 1 of Training Support Pathway (local remediation)	☐
Further action required, refer to Stage 2 of Training Support Pathway (College monitoring)	☐
Recommendations to improve performance if expected standard has not been met:	

Comments and declaration

Supervisor comment
Trainee comment



Agreement

By signing this document, you agree to the below:

- ❖ This is an accurate record of what was discussed at this meeting. We have discussed the Improving Performance Action Plan (IPAP) detailed above and commit to undertaking the actions allocated within.
- ❖ We understand that the IPAP does not guarantee the issues will be addressed to the satisfaction of the relevant training committees of the College, but failure to make all reasonable attempts to satisfactorily complete the goals, actions and tasks in the IPAP may result in further action by the College in accordance with relevant policies and procedures.
- ❖ We acknowledge that in line with the principles of adult education, this plan is to support the trainee in taking responsibility for their own learning and progression, and does not lessen in any way the trainee's responsibilities in this regard.
- ❖ Trainees on the Training Support Pathway who are in dual specialties and/or transition to a new specialty during their training will continue to be supported on the Pathway in their additional / new specialty. Handover information will be provided to the new supervisors / training committee once the trainee/supervisor partnership is activated within the additional / new specialty. The aim is to ensure uninterrupted support during the transition contributing to ongoing training progression.

Trainee	Supervisor/DPE	Supervisor
Name:	Name:	Name:
Date:	Date:	Date:
Signature:	Signature:	Signature:

Please keep a copy for your records. Please note if a trainee has been referred to Stage 2 of the Training Support Pathway, it is their responsibility to submit this document to the Training Support Unit

Australia: TrainingSupport@racp.edu.au

New Zealand: TrainingSupport@racp.org.nz