|  |  |  |
| --- | --- | --- |
| Full Name |  | ID |
| Mobile |  |
| Email  |  |
| Training Supervisor |  |
| Training Unit |  |
| Year Training Commenced |  |
| Year of Training | 1 □ 2 □ 3 □ Semester 1 □ 2 □ |
| Six -month Period | \_\_\_\_\_ /\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_ |
|  | Full time □ Part time □ FTE Hours per week  |

**Please TYPE**

**Trainee and Training Unit Details**

**Trainee Checklist (please tick) **

**As part of your Training Assessment Record, ensure that your Training Supervisor completes the following:**

* Summative Assessment of Trainees Progress and Performance (based on the Consultant Assessment Reports)
* Six-monthly Performance Summary
* Surgical Skills Assessment Summary - *signed by the Training Supervisor*
* Components of the CGO Training Program Record - *signed by the Training Supervisor*
* Reviews your Trainee Online Logbook/Clinical Training Summary (CTS)
* Scholarly Elective Research Progress Report (Training Supervisor section)
* Training Supervisor Declaration and Signature (page 12)

**As part of your Training Assessment Record, ensure that you complete the following:**

* Annual leave, sick leave and extended leave details (Six-monthly Summative Assessment Report)
* Professional Development Leave (PDL) details
* Surgical Skills Assessment Criteria Form Summative– download from RANZCOG website
* Scholarly Elective Research Progress Report (Trainee section)
* Trainee Declaration and Signature (page 12)

**The following must be completed online prior to the submission of your TAR:**

* New Online [Subspecialty Trainee TAR Feedback Survey](https://ranzcog.questionpro.com.au/t/ARnBAZRqqn)

**The following documents must be submitted with your Training Assessment Record:**

* Evidence of Professional Development Leave (e.g. certificates of attendance)
* Clinical Training Summary for the period covered by this TAR – download from [my.ranzcog](https://my.ranzcog.edu.au/Home.aspx)
* Clinical Training Summary cumulative for the period since the commencement of training (not applicable for Year 1 Sem 1) – download from [my.ranzcog](https://my.ranzcog.edu.au/Home.aspx)
	+ Prospective Approval of Scholarly Elective Research Project Proposal and Timeline Application (Year 1 Sem 1 only) - download from [RANZCOG website](https://ranzcog.edu.au/training-topics/subspecialty-training-general-information/#waypoint=scholarly-elective)
* Scholarly Elective Research Progress Report - signed by the Training Supervisor and Trainee – download from [RANZCOG website](https://ranzcog.edu.au/training-topics/subspecialty-training-general-information/#waypoint=scholarly-elective)
* Six-monthly Summative Assessment Report - signed by the Training Supervisor and Trainee

**Six-monthly Summative Assessment Report -**Training Time to be Credited

***To be completed by Trainee***

*Maximum 26 weeks in any one six-month block, and 46 weeks in any one training year*

For information to assist with the completion of this six-monthly assessment, refer to the [CGO TAR Trainee and Training Supervisor Guide](https://ranzcog.edu.au/wp-content/uploads/2023/01/Certification-in-Gynaecological-Oncology-CGO-Training-Assessment-Record-TAR-Trainee-and-Training-Supervisor-Guide.pdf)

|  |  |  |
| --- | --- | --- |
| FTE (0.5 – 1.0) as per Prospective Approval (PA) |  | A |
| Leave - Sick | (days) |  |
| Leave – Annual/Recreational | (days) |  |
| Total Leave Days (excluding extended leave and PDL recorded below) | (days) | B |

|  |  |  |  |
| --- | --- | --- | --- |
| Extended Leave (this period) | From\_\_\_/\_\_\_\_/\_\_\_\_\_\_To\_\_\_\_\_/\_\_\_\_/\_\_\_\_ | (weeks) | C |

# Professional Development Leave (PDL)

|  |  |  |  |
| --- | --- | --- | --- |
| **Detail of activity** |  |  | **Evidence attached** |
|  | From\_\_\_/\_\_\_\_/\_\_\_\_\_\_To\_\_\_\_\_/\_\_\_\_/\_\_\_\_ | (days) | □ |
|  | From\_\_\_/\_\_\_\_/\_\_\_\_\_\_To\_\_\_\_\_/\_\_\_\_/\_\_\_\_ | (days) | □ |
|  | From\_\_\_/\_\_\_\_/\_\_\_\_\_\_To\_\_\_\_\_/\_\_\_\_/\_\_\_\_ | (days) | □ |
|  | Total PDL | (days) | D |

*Approved PDL in accordance with relevant RANZCOG regulations is regarded as credited training time, provided evidence of PDL (e.g. certificate of attendance) is attached. A maximum of ten PDL days may be credited per training year.*

 **Submit PDL certificates of attendance with your TAR**

# Office Use Only- for RANZCOG Subspeciality Staff to complete

|  |  |  |  |
| --- | --- | --- | --- |
| Training Weeks Available this period | *(calculated from dates on TAR less Extended Leave weeks ‘C’)* | **E** |  |
| Leave - Total in weeks | *(divide ‘B’ by five (5 days = 1 week)* | **F** |  |
| Training – Total in weeks | *(‘E’ minus ‘F’)* | **G** |  |
| Total Training Time for this Period to be credited  | *Before rounding (‘G’ times ‘A’)* | **H** |  |
|  | *After rounding (‘H’ rounded up/down to the nearest whole week)* | **J** |  |
| **Total Training Time Cumulative for this****training year** | **Semester 1** |  |
| **Semester 2** |  |
| **Total Weeks credited in this training year** |  |
| **Total Training Time** **since commencement** | **Cumulative total weeks since commencement of Subspecialty Training** |  |

**Summative Assessment of Trainee’s Progress and Performance**

 ***To be completed by Training Supervisor***

As collated from Consultant Assessment of Trainee Reports

Please add the relevant number of ratings given by the consultants and your own rating to the appropriate column for each item.

NB: In deciding ratings, Consultants and the Training Supervisor may also take into consideration feedback from relevant health professionals (e.g. other medical, nursing and allied health staff).

# Number of consultants who have contributed to this assessment

|  |  |
| --- | --- |
| Number who have less than 10 contact hours per four-week period, with the Trainee. |  |
| Number who have greater than 10 contact hours per four-week period, with the Trainee. |  |

**Domain – Clinical Expertise Please indicate in number of consultants and not ticks**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Competencies** | **Below expectation of year level** | **At expectation of year level** | **Above expectation of year level** | **Unable to assess** |
| Demonstrates responsibility, reliability and initiative in undertaking clinical and other duties and follow up |  |  |  |  |
| Manages clinical load effectively in consultation with multidisciplinary team |  |  |  |  |
| Demonstrates appropriate gynaecological oncology procedural and surgical skills |  |  |  |  |
| Demonstrates appropriate gynaecological oncology non- procedural skills |  |  |  |  |
| Demonstrates appropriate documentation and organisational skills |  |  |  |  |
| Demonstrates continued improvement in medical expertise, clinical reasoning and judgment |  |  |  |  |

**Domain - Academic Abilities**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Competencies** | **Below expectation of year level** | **At expectation of year level** | **Above expectation of year level** | **Unable to assess** |
| Demonstrates appropriate theoretical knowledge of gynaecological oncology and principles of evidence-based medicine |  |  |  |  |
| Demonstrates appropriate skills in all aspects of clinical research |  |  |  |  |
| Demonstrates teaching at both undergraduate and postgraduate level |  |  |  |  |
| Demonstrates attendance and participation at continuing education meetings |  |  |  |  |
| Demonstrates commitment to learning |  |  |  |  |

**Domain - Professional Qualities**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Competencies** | **Below expectation of year level** | **At expectation of year level** | **Above expectation of year level** | **Unable to assess** |
| Communicates effectively with patients and their families |  |  |  |  |
| Communicates effectively with colleagues |  |  |  |  |
| Works as a member of a team |  |  |  |  |
| Demonstrates appropriate understanding and judgement of ethical issues |  |  |  |  |
| Accepts constructive feedback |  |  |  |  |
| Reviews and updates professional practice |  |  |  |  |
| Leadership and management responsibilities |  |  |  |  |
| Professionalism |  |  |  |  |
| Health Advocacy |  |  |  |  |

**Areas of strength**

**Training Supervisor’s summary comments**

Areas of strength highlighted by the consultants, other assessors and your own observations within the relevant domains. Please give examples of specific competencies.

**Suggestions for development**

Suggestions for development highlighted by the consultants, other assessors and your own observations within the relevant domains.

Please give specific examples of competencies where improvement is needed.

**Six-month Performance Summary**

***To be completed by Training Supervisor – please tick boxes where appropriate***

**Clinical Training Summary** (CTS) – downloaded from my.ranzcog by Trainee

 □ Completed and reviewed

Trainee must meet required assessments for relevant time in training/year level (If required assessments are NOT met, the current period cannot be credited, and this form must be referred for review to the CGO Committee)

* Trainee has met required assessment for year level or
* Trainee has not met required assessment for year level and is referred for review

**Comments**

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**Formative Appraisal Report (FAR)**

* Completed and signed this training period

**Multi-Source Feedback (MSF) Report and Trainee Self-Assessment**

* Completed and discussion with Trainee

**Online Logbook**

* I have sighted the Trainee’s Online Logbook

**Summative Performance (in this six-month training period)**

* Satisfactory or
* Referred for Review to CGO Committee

If referred to CGO Subspecialty Committee, a Learning Development Plan (LDP) MUST be submitted with this Summative Assessment Report. The LDP template can be found on the [RANZCOG website](https://ranzcog.edu.au/training-topics/current-trainees-cgo/#waypoint=training-documents-and-resources)

**Comments**

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 **Submit Learning Development Plan with your TAR (if applicable)**

Where a trainee’s summative performance is satisfactory, however, development and learning opportunities have been identified, a RANZCOG Training Support Plan (TSP) may be used. The TSP focuses on supporting trainees, training supervisors, and training sites in providing additional support for trainees. The TSP template can be found on the RANZCOG Website: [Training Support Plan](https://ranzcog.edu.au/wp-content/uploads/2022/06/Training-Support-Plan.pdf)

Comments

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CGO Surgical Skills Assessment Summary Sheet Name of Trainee: (Submit Summative Assessment forms with your TAR)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Procedure being Assessed | Formative Assessment-Date and Signature of AssessorIf more than 3 formative assessments use a new sheet | Date of Summative Assessment |  | Surname and Signature of Summative Assessor | Summative Assessments Attached |
| 1 | 2 | 3 |  |

# BY END OF YEAR 2

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PSW Exploration and Dissection/Exposure (open) | \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | □ |
| PSW Exploration and Dissection/Exposure (laparoscopic/min. access) | \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | □ |
| Ureteric Tunnel Dissection | \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | □ |
| Omentectomy | \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | □ |
| Radical Hysterectomy  | \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | □ |
| Vulvectomy and Repair (Primary OrFlap) | \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | □ |
| Hysterectomy (laparoscopic/minimal access) | \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | □ |
| Operative Colposcopy | \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | □ |

# BY END OF YEAR 3

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Pelvic Lymphadenectomy (open) | \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | □ |
| Pelvic Lymphadenectomy (laparoscopic/minimal access)) | \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | □ |
| Para-Aortic Exploration/Lymphadenectomy | \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | □ |
| Groin Node Dissection | \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | □ |
| Extensive adhesiolysis > 45 minutes (laparotomy or laparoscopic/min. access) | \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | □ |
| Pelvic peritonectomy (open or minimal access) | \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | □ |

**Desirable But Not Compulsory**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Formation of a Stoma | \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | □ |
| Resection and Anastomosis of Small Bowel | \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | □ |
| Resection and Reanastomosis (any method) of Large Bowel | \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | □ |

Training Supervisor’s signature ……………………………………………………………………. Trainee’s signature ………………………………………………………………………………….. Date …………………………………………….

**Components of the CGO Training Program Record**

Trainee Name ………………………………………………………. Year of Training 1 / 2 / 3

For the six-month period ……………………………………………………… to …………………………………………………………..

In addition to the active participation in the work of an approved gynaecological oncology unit (minimum two years), it is desirable, but not mandatory, that trainees participate in other areas relevant to the subspecialty. Trainees must refer to the *CGO Training Handbook* and the *RANZCOG Regulations, Section D, Subspecialties*, both of which may be accessed on the [RANZCOG website](https://ranzcog.edu.au/training-topics/current-trainees-cgo/#waypoint=training-documents-and-resources) pertaining to these specific rotations.

*NOTE: Prospective approval must be sought prior to commencing work in a special unit program.*

# GENERAL SURGERY

Participation in the work of a general surgical unit, particularly in the areas of gastrointestinal and urological surgery, for a maximum of ONE year may contribute to CGO training. The work should be at an advanced level and this should be reflected in a logbook of cases. The online logbook should be made available to the Training Supervisor upon request. Attach a weekly program and a summary of training to the TAR.

|  |  |  |
| --- | --- | --- |
| Dates | Venue | Supervising Consultants |
|  |  |  |

# MEDICAL ONCOLOGY

It is desirable, but not mandatory, that there be sufficient participation in the medical oncology management of patients to provide an appropriate training, for a maximum of three months. Training experience during this time should be reflected in the trainee’s online logbook and made available to the Training Supervisor upon request.

|  |  |  |
| --- | --- | --- |
| Dates | Venue | Supervising Consultants |
|  |  |  |

# RADIOTHERAPY

It is desirable, but not mandatory, that trainees participate as a member of a team in planning radiotherapy and performing radiation treatment, for a maximum of three (3) months. Training experience during this time should be reflected in the trainee’s online logbook and made available to the Training Supervisor upon request.

|  |  |  |
| --- | --- | --- |
| Dates | Venue | Supervising Consultants |
|  |  |  |

Training Supervisor’s signature ………………………………………………… Date ……………………………………..

**Scholarly Elective Research Stream Progress Report**

***To be completed by Trainee only when Research Project Proposal and Timeline has been approved***

Trainee Name ………………………………………………………. Year of Training 1 / 2 / 3

For the six-month period ……………………………………………………… to ………………………………………………………….. Training Supervisor ………………………………………………………

Title of Research Project …………………………………………………………………………………………………………………………….

Select the option below that applies to the research in which you are involved

* I am completing a Research Project as part of my assessment

OR

* I have completed a formal higher research degree qualification in an area relevant to my subspecialty that has been approved by the CGO Subspecialty Committee, and I am involved in ongoing research.

Trainee Research Progress Report

* Describe the progress made during this training period against the goals set and the timeline. OR
* Describe the progress made in the ongoing research in which you are involved.

Institutional Ethics Committee approval obtained YES □ NO □

 **Submit evidence of Ethics Committee Approval with your TAR (do not attach if already provided)**

Trainee Signature …………………………………………………………………… Date ……………………………………..

**Scholarly Elective Research Progress Report**

***To be completed by Training Supervisor***

If the trainee is completing a Research Project as part of their assessment, please describe the progress made during this period against their set goals and timeline.

 **Role of the Trainee** Yes No

 Has the trainee been actively involved in their research? □ □

 Has the research project changed from the original proposal? □ □

 If Yes, how has the project changed and is this suitable to be considered for the subspecialty training? □ □

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Aims** | Yes | No |
| Has the trainee made satisfactory progress in this area during the past six months?If No, please comment. | □ | □ |

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|  |  |  |
| --- | --- | --- |
| **Literature Review** | Yes | No |
| Has a literature review or a critical appraisal of the literature been undertaken?If No, please comment. | □ | □ |

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 **Methods**

Has the trainee provided adequate information on the progress of - Yes No

Data collection □ □

Data analysis □ □

If no, please comment

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|  |  |  |  |
| --- | --- | --- | --- |
| **Research Content**Has the trainee shown clear progress and learning in research techniques? | Yes□ | No□ |  |
| Has the research progress as proposed in the timeline been followed in this six month period? | □ | □ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Results**Has the trainee been able to clearly describe any results established in the past six months? | Yes□ | No□ | N/A□ |
| If No, please comment. |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Conclusions** | Yes | No | N/A |
| Has the trainee been able to clearly outline any conclusions established in the past six months?If No, please comment. | □ | □ | □ |

# Overall opinion of the Research Project Progress

Progress in the trainee’s Research Project at this stage of training is –

 Satisfactory □ Unsatisfactory □

Comments

If the trainee has completed an approved formal higher research qualification, please describe the progress made in the ongoing research in which the trainee is involved

Training Supervisor’s signature ………………………………………………… Date ……………………………………..

***New Online Subspecialty Trainee TAR Feedback Survey***

To obtain vital feedback about your subspeciality training experiences in the context of the unit where you have trained this last semester, we ask you to complete a short survey.

The information you provide will be used for continuous improvement and quality assurance processes only. RANZCOG staff in the Education Directorate are responsible for the conduct and processing of this survey and analysis of responses. As part of the survey, trainees are asked to provide their RANZCOG ID only. Be assured that:

* Survey data will always be reported as aggregates. ID number or names will never be included in any report.
* Occasionally, RANZCOG staff may need to follow-up or clarify responses and so may use your ID to contact you.
* Should you highlight an issue that poses a serious concern, we will make every reasonable effort to maintain participant confidentiality when bringing the issue to the attention of senior staff or committee chairs. Survey respondents are protected by RANZCOG’s [Code of Conduct](https://ranzcog.edu.au/wp-content/uploads/2022/04/Code-of-Conduct.pdf) and [Whistle Blower Policies](https://ranzcog.edu.au/wp-content/uploads/2022/04/Whistle-blower-Policy.pdf).

When completing the survey:

* If you trained at more than one unit/site, please consider your overall training experience across all units/sites as you are completing the survey. There is also opportunity to discuss a specific experience at a specific unit/site in the comment boxes below.
* Training Supervisor refers to your overall or primary Training Supervisor; Consultant refers to other consultants involved in your training, but who are not your primary Training Supervisor.

This survey will take approximately fifteen minutes to complete.

Find the Online Subspecialty Trainee TAR Feedback Survey at the following link: [Subspecialty Trainee TAR Feedback Survey](https://ranzcog.questionpro.com.au/t/ARnBAZRqqn)

**Training Timetable**

If there were any changes to your prospectively approved timetable during this period, please provide details:

|  |  |
| --- | --- |
| **Details of Changes** | **Dates** |
|  |  / / to / / |
|  |  / / to / / |
|  |  / / to / / |

**Declaration and Signatures**

**Training Supervisor Signature**

* I have discussed this Training Assessment Record (TAR) with the trainee

Training Supervisor Name…………………………………………..Signature ……………………………………………………………..Date …………………………

**Trainee Signature**

* My Training Supervisor has discussed this Training Assessment Record (TAR) with me
* I have completed an *Online Subspecialty Trainee TAR Feedback Survey*

Trainee Name …………………………………………………………Signature…………………………………………………………..Date …………………..………

As specified in the RANZCOG Regulations for Subspecialty training, Training Assessment Records must be submitted within six weeks of the end of the relevant training period. Save and submit to the CGO Training Program Coordinator via email: cgo@ranzcog.edu.au

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **Office Use Only**

## **The Overall Performance of the Trainee in this six-month training period has been**

* SATISFACTORY
* NOT SATISFACTORY following review of CGO Subspecialty Committee

Name……………………….……………………………………..…………Signature…………………….……………………………… Date …………………………………

Chair, CGO Subspecialty Committee

Comments