**Please TYPE**

**Trainee and Training Unit Details**

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

**Trainee Checklist (please tick) **

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

* Six-monthly Summative Assessment Report based on the Consultant Assessment Reports
* Six-monthly Performance Summary
* Training Supervisor has sighted your Trainee Logbook
* Clinical Training Summary (CTS) – (Training Supervisor section)
* Components of the CMFM Training Program Record – (Training Supervisor section)
* Assessment of Procedural Skills (APS) Summary (page 8 if applicable)– (Training Supervisor section)
* Scholarly Elective Research Stream (page 10) -(Training Supervisor section)
* Training Supervisor Declaration and Signature (page 14)

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

* Annual leave, sick leave and extended leave details
* Professional Development Leave (PDL) details
* Clinical Training Summary (CTS) - (Trainee section)
* Components of the CMFM Training Program Record (Trainee section)
* Assessment of Procedural Skills (APS) Summary(page 8 if applicable) – (Trainee section)
* Scholarly Elective: Research Stream (page 9 ) or Non-Research Stream (page 12) Progress Report (Trainee section)
* Trainee Declaration and Signature (page 14)

**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 (PDL) (e.g. certificates of attendance)
* Clinical Training Summary (CTS) for the period covered by this TAR
* Clinical Training Summary (CTS) cumulative for the period since the commencement of training (**not applicable for Year 1 Sem 1**)
* Prospective Approval of Scholarly Elective Proposal and Timeline Application **(Year 1 Sem 1 only)** **-** *download the form from here:* [RANZCOG Subspecialty Scholarly Elective](https://ranzcog.edu.au/training-topics/subspecialty-training-general-information/#waypoint=scholarly-elective)

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

***To be completed by the Subspecialty Trainee***

***NOTE: a maximum 26 weeks in any one six-month block, and 46 weeks in anyone training year***

*For information to assist with the completion of this six-monthly assessment, refer to the* [*CMFM TAR Trainee & Training Supervisor Guide*](CMFM%20TAR%20Trainee%20%26%20Training%20Supervisor%20Guide) *link.*

|  |  |  |
| --- | --- | --- |
| 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** | **Dates** | **Total Days** | **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******(10)*** *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 CMFM 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 assessmen**t

|  |  |
| --- | --- |
| 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 other members of the multidisciplinary team |  |  |  |  |
| Demonstrates appropriate maternal fetal medicine procedural and surgical skills  |  |  |  |  |
| Demonstrates appropriate maternal fetal medicine non- procedural skills  |  |  |  |  |
| Demonstrates appropriate ultrasound skills |  |  |  |  |
| Demonstrates appropriate documentationand 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 the MFM subspecialty and principles of evidence-based medicine |  |  |  |  |
| Demonstrates an appropriate knowledge of the literature in obstetrics and gynaecology, and maternal and fetal medicine |  |  |  |  |
| Demonstrates appropriate skills in all aspects of clinical research |  |  |  |  |
| Demonstrates effective teaching at both undergraduate and postgraduate level |  |  |  |  |
| Demonstrates attendance and participation at continuing education meetings |  |  |  |  |

**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 |  |  |  |  |

**Training Supervisor’s summary comments**

**Areas of strength**

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**

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-monthly Performance Summary – please tick boxes where appropriate**

**Clinical Training Summary (CTS)**

□ 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 CMFM 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

**Trainee Logbook**

□ I have sighted the Trainee’s logbook

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

□ Satisfactory

**or**

□ Referred for Review to CMFM Committee

If referred to CMFM Committee, a **Learning Development Plan (LDP) MUST** be submitted with this Summative Assessment Report. The LDP template can be found on the RANZCOG website: [CMFM Training Program webpage](https://ranzcog.edu.au/training-topics/current-trainees-cmfm/)

**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: [RANZCOG Training Support Plan](https://ranzcog.edu.au/wp-content/uploads/2022/06/Training-Support-Plan.pdf)

**Comments**

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**C****linical Training Summary (CTS)**

## **High Risk Obstetrics**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Clinical Field** | **Number of patients seen in first consultation** | **Cumulative****total****(for all training periods)** | **Number of patients with continuing management responsibility** | **Cumulative** **total** **(for all training periods)** |
| Maternal disorders in pregnancy |  |  |  |  |
|  Ante natal venous thrombosis/VTE or history of VTE |  |  |  |  |
|  Severe pre-eclampsia presenting at less than 30 weeks |  |  |  |  |
|  Other maternal medical disorders |  |  |  |  |
| Fetal Complications in Pregnancy  |  |  |  |  |
|  Assessment of fetal abnormality |  |  |  |  |
|  Early onset IUGR (less than 32 weeks) |  |  |  |  |
|  Multiple pregnancy  |  |  |  |  |
|  Other fetal complications  |  |  |  |  |

Involvement required during the 3-year clinical training program

## **Ultrasound and Prenatal Diagnosis**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Procedure Performed****this six months** | **Supervised** | **Independently** | **Cumulative total to date** |  **Procedure numbers required supervised and independently** |
| Ultrasound  |  |  |  | 2000 |
| Amniocenteses |  |  |  | 100 |
| Chorionic villus sampling |  |  |  | 50 |

Procedure numbers required during the 3 year clinical training program

## **Other training in Ultrasound and Prenatal Diagnosis**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Procedure Performed** | **Assisted** | **Cumulative** | **Supervised** | **Cumulative** | **Independently** | **Cumulative** |
| FBS/Transfusion |  |  |  |  |  |  |
| Laser Photocoagulation |  |  |  |  |  |  |
| Other Fetal Procedures |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Components of the CMFM Training Program**

## **Perinatal Pathology Attended**

|  |  |  |  |
| --- | --- | --- | --- |
| **Number** | **Date** | **Meeting** | **Location** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |
| 11 |  |  |  |
| 12 |  |  |  |

## **Full Perinatal Autopsy**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 |  |  |  |  |

Trainees are required to attend at least 12 clinical pathology meetings and 1 full perinatal autopsy.

**Number attended in this 6-month training period ………………………….** **Cumulative total to date …………………………..**

## **Genetics Clinics Attended**

|  |  |
| --- | --- |
| **Date** | **Name of Certified Geneticist Supervisor** |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| 6 |  |
| 7 |  |
| 8 |  |
| 9 |  |
| 10 |  |
| 11 |  |
| 12 |  |

Trainees are required to attend 12 perinatal genetics clinics during the 3-year training program

**Number attended in this 6-month training period ………………………… Cumulative total to date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## **Neonatology Experience**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Number of Hours** | **Cumulative** **Total to Date** | **Expected Minimum over** **3 year training program** |
| Ward Rounds and management |  |  | 100 |
| Education and teaching rounds |  |  | 50 |

Trainees are required to spend 100 hours attendance at Neonatology ward rounds over the 3 year clinical training program

## **Paediatric Surgery**

It is desirable trainees directly observe surgical correction of the following neonatal problems during the 3 year clinical training program

|  |  |  |
| --- | --- | --- |
| **Cases this six months** | **Number of cases observed** | **Cumulative Total to Date** |
| Repair of Abdominal wall defect |  |  |
| Repair of Diaphragmatic hernia |  |  |
| Repair of Bowel Atresia |  |  |
| Repair of Neural Tube  |  |  |

**Assessment of Procedural Skills (APS) Summary Sheet**

**Name of Trainee** ……………………………………………..

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Procedure being Assessed** | **Formative Assessment****Date and Signature of Assessor****If more than 3 formative assessments use a new sheet** | **Date of Summative Assessment** | **Summative Assessor Surname & Signature** | **Summative Assessments Attached** |
| **1** | **2** | **3** |
| **Amniocentesis** | \_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | □ |
| **Chorionic Villus Sampling (CVS)** | \_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | □  |

**Submit APS Summative Assessment forms (if applicable) with your TAR**

**Scholarly Elective Research Stream Progress Report**

***To be completed by Trainee only when Research or Non-Research Proposal and Timeline has been approved***

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

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

**Training Supervisor ………………………………………………………**

**Scholarly Elective options (tick one only)**

**Research Stream** □ (**pages 9 – 11)**  **Non-Research Stream** □ (**page 12)**

### IMPORTANT: Scholarly Elective - trainees are encouraged to nominate a Subspecialist to act as a Mentor/Supervisor, who shall provide reports on the trainee’s progress. These reports must be submitted within six (6) months of clinical training and every six (6) months thereafter until the satisfactory completion of their research project.

**Scholarly Elective: Research Stream**

**Title of Research:** …………………………………………………………………………………………………………………………….

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 CMFM 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)**

**Scholarly Elective - Research Stream 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? □ □

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

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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 Yes No

Has the trainee shown clear progress and learning in research techniques? □ □

Has the research progress as proposed in the timeline been followed in this six months? □ □

Results Yes No N/A

Has the trainee been able to clearly describe any results established in the past six months? □ □ □

If No, please comment.

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

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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.

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

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***Overall Opinion of the Research Stream Progress***

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

**Satisfactory** □ **Unsatisfactory** □

Comments

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* 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

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**Scholarly Elective – Non -Research Stream Progress Report**

**Title of Qualification and Course Name:**

……………………………………………………………………………………………………………………………………………………………………………………

* Describe the progress made of the course curriculum during this training period

 **OR**

* Describe the progress made whilst attending your course

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**What structured assessment tools have you completed during this time?**

For Example: Exams, Workplace Assessments, Ongoing Progress Reports, Submission of Thesis / Assignment etc.

|  |  |  |
| --- | --- | --- |
| **Assessment Type** | **Description** | **Date Completed** |
|  |  |  |
|  |  |  |

**Any other comments/feedback**

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Trainee Signature: ……………………………………………………………… Date: ………………………………………………

**Subspecialist / Mentor Declaration and Signature**

I have discussed the Non-Research Stream Proposal and Timeline with the Trainee □ (please tick)

**Subspecialist/Mentor Name:** ………………………………………………………………

**Subspecialist / Mentor’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** |
|  | From \_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_/\_\_\_\_\_/\_\_\_\_ |
|  | From \_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_/\_\_\_\_\_/\_\_\_\_ |
|  | From \_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_/\_\_\_\_\_/\_\_\_\_ |

**Training Supervisor and Trainee Declaration and Signatures**

**Training Supervisor**

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

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

**Trainee**

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

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

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

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## **Office Use Only**

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

* SATISFACTORY
* NOT SATISFACTORY following review of CMFM Subspecialty Committee

**Name**……………………….…………………… **Signature**…………………….………………………

**Chair, CMFM Subspecialty Committee**

 **Date** …………………………………

Comments

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