**Please TYPE**

**Trainee and Training Unit Details**

|  |  |  |
| --- | --- | --- |
| 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 \_\_\_\_\_ | |

**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
* Reviews your Trainee Online Logbook/Clinical Training Summary (CTS)
* Scholarly Elective Research Progress Report (Training Supervisor section)
* Training Supervisor Declaration and Signature (page 13)

**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
* Scholarly Elective Research Progress Report (Trainee section)
* Directly Observed Procedural Skills Summary Sheet - DOPS (Generic)
* Directly Observed Procedural Skills Summary Sheet – DOPS (Surgical)
* Trainee Declaration and Signature (page 13)

**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)
* Signed Directly Observed Procedural Skills (DOPS) Summative Assessment forms for assessments completed in the period covered by this TAR
* Prospective Approval of Scholarly Elective Research Project Proposal and Timeline Application (Year 1 Sem 1 only) **-** *download form from the website:* [RANZCOG Subspecialty Scholarly Elective](https://ranzcog.edu.au/training-topics/subspecialty-training-general-information/#waypoint=scholarly-elective)
* Research-based Discussion (RbD) documents including Summary Sheet (x1), Assessment Form (x1), Summary Templates (x3) & Articles (x3) (End of Years 1, 2 and 3 only)

**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 [CU Six-monthly Assessment Trainee and Training Supervisor Guide](https://ranzcog.edu.au/wp-content/uploads/2023/01/Certification-in-Urogynaecology-CU-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** | **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 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 |  |  |  |  |
| Demonstrate appropriate skills in urogynaecological procedures (e.g., urodynamic studies, ultrasound, pessary management) |  |  |  |  |
| Demonstrates appropriate skills in urogynaecological surgery |  |  |  |  |
| 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 and knowledge and principles of evidence-based medicine |  |  |  |  |
| Demonstrates appropriate knowledge of the literature in Urogynaecology |  |  |  |  |
| Demonstrates appropriate skills in 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**

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**

***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 CU 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 (Year 1 Sem 2 only)**

□ Completed and discussion with Trainee

**Online Logbook Procedure Numbers**

□ I have sighted the Trainee’s Online Logbook and Trainee’s Clinical Training Summary (CTS)

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

□ Satisfactory

or

□ Referred for Review to CU Committee

If referred to CU Committee, a Learning Development Plan (LDP) MUST be submitted with this Summative Assessment Report. The LDP template can be found on the RANZCOG website: [Learning Development Plan](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Franzcog.edu.au%2Fwp-content%2Fuploads%2F2023%2F01%2FCertification-in-Urogynaecology-CU-Learning-Development-Plan.docx&wdOrigin=BROWSELINK)

Comments

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**Submit Learning Development Plan with this 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

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**CU Directly Observed Procedural Skills (DOPS) – Summary Sheet - Generic (Compulsory)**

Compulsory Generic Procedural Summative assessments to be completed by end of the second year of CU clinical training.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Procedures being Assessed | Formative Assessment Date and Full Name of Assessor  If more than 3 formative assessments use a new sheet | | | Date of Summative Assessment | Full Name of Summative Assessor | Summative Assessments Attached |
| 1 | 2 | 3 |

Procedural Skills

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 Perineal and  transvaginal ultrasound | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ |  |  | □ |
| 2 Dual channel subtracted Cystometry | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ |  |  | □ |
| 3 Urethral pressure profilometry | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ |  |  | □ |
| 4 Insert and change suprapubic catheter | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ |  |  | □ |
| 5 Fit and change ring pessary | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ |  |  | □ |
| 6 Fit and change shelf pessary | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ |  |  | □ |
| 7 Urethral dilation | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ |  |  | □ |
| 8 Hysterectomy for prolapse | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ |  |  | □ |

**Submit Summative Assessment forms with your TAR**

**CU Directly Observed Procedural Skills (DOPS) – Summary Sheet – Surgical (Compulsory)**

**A minimum of four (4) compulsory Surgical Procedural Summative assessments must be completed in each of the first 2 years of clinical training, the remaining to be completed in year 3.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Procedures being Assessed | Formative Assessment Date and Full Name of Assessor  If more than 3 formative assessments use a new sheet | | | Date of Summative Assessment | Surname and Full Name of Summative Assessor | Summative Assessments Attached |
| 1 | 2 | 3 |

**Compulsory Surgical Procedural Skills (All trainees)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 Rigid Cystourethroscopy | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ |  |  | □ |
| 2 Bladder biopsy | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ |  |  | □ |
| 3 Urethral bulking agents | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ |  |  | □ |
| 4 Retropubic sub-urethral sling (synthetic) | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ |  |  | □ |
| 5 Botulinum injections to bladder | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ |  |  | □ |
| 6 Anterior vaginal repair without mesh | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ |  |  | □ |
| 7 Posterior vaginal repair without mesh | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ |  |  | □ |
| 8 Sacrospinous fixation for level 1 support defect | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ |  |  | □ |
| 9 Sacrocolopopexy  – open or laparoscopic | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ |  |  | □ |

**Compulsory Surgical Procedural Skills (For Trainees who commenced training after 1 December 2020)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 10 Hysteropexy – vaginal or laparoscopic | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| 11 Ureteric Stenting | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ |  |  |  |

**Submit Summative Assessment forms with your TAR**

**CU Directly Observed Procedural Skills (DOPS) – Summary Sheet – Surgical (Non-compulsory)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Procedures being Assessed | Formative Assessment Date and Full Name of Assessor  If more than 3 formative assessments use a new sheet | | | Date of Summative Assessment | Surname and Full Name of Summative Assessor | Summative Assessments Attached |
| 1 | 2 | 3 |

**Non-Compulsory Surgical Procedural Skills**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 Anterior vaginal repair with mesh | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ |  |  | □ |
| 2 Posterior vaginal repair with mesh | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ |  |  | □ |
| 3 Transobturator (synthetic) | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ |  |  | □ |
| 4 Vaginal mesh excision | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ |  |  | □ |
| 5 Uterosacral vault suspension  – Intraperitoneal or Extraperitoneal | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_ \_\_  \_\_\_\_\_\_\_\_\_\_\_ |  |  | □ |

**Submit Summative Assessment forms with your TAR**

**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 CU 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? □ □

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

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

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

**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 Project 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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***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 CU Training Program Coordinator via email: [cu@ranzcog.edu.au](mailto:cu@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 CU Subspecialty Committee

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

**Chair, CU Subspecialty Committee**

Comments