Prospective Approval of Scholarly Elective Proposal and Timeline

Please TYPE

Trainee Details

|  |  |  |  |
| --- | --- | --- | --- |
| Trainee Name: |  | Subspecialty |  |
| Date Commenced Subspecialty Training: |  | Year of Training: |  |
| Training Period: |  | | |

Scholarly Elective

Research Stream  (pages 2 - 5) (All Subspecialty Training Programs)

Non-Research Stream  (pages 6 - 8) (CMFM, COGU & CREI Trainees Only)

Important

**Research and Non-Research Streams** - 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.

Research Stream

Title of Research Project:

Name and title of Principle Research Supervisor:

The role and involvement of the trainee in the Research Project:

Location/Site at which the research was conducted:

Aim and Hypothesis of Research Project:

Background to Research Project including Literature Review *(attach additional sheet if required):*

Project Summary including Research Methods, Study Design, Selection Criteria, Data Collection and Statistical Analysis (attach additional sheets if required):

Research Project and Timeline

The purpose of the Research Project Timeline is to provide trainees with a platform on which to receive useful insights and feedback on their planned progress and research direction and identify and remedy any foreseeable difficulties that may impede successful completion of the research project.

The timeline must give a **DETAILED DESCRIPTION** of when the following aspects of the research project will be conducted over the course of the training program

* data collection
* statistical analysis
* report drafting and editing
* report submissions

Proposed Timeline

|  |  |
| --- | --- |
| Expected Completion Date | Tasks to be Completed |
|  |  |
|  |  |
|  |  |

It is a requirement for all subspecialist trainees to move training units during their clinical training period.

Please outline your plan to prevent moving units impacting your research.

The draft research project proposal, including timelines, must be submitted within the first six-months of training within the approved timeframe for submission of training documentation.

A detailed research project proposal with institutional ethics approval, if necessary, must be submitted at the end of the first 46 weeks of training within the approved timeframe for submission of training documentation.

Progress reports must be submitted with training documentation at 69 and 92 weeks.

The research project must be submitted no later than one (1) year (for trainees commencing training 1 December 2018) two (2) years (for trainees commencing training prior to 1 December 2018) following satisfactory completion of the clinical component of the subspecialty training program and must be assessed as satisfactory with three (3) years of satisfactory completion of the clinical training component of the subspecialty training program or the candidate will be recommenced for removal from the training program.

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

Research Project Mentor/Supervisor:  
I have discussed the Research Project Proposal and Timeline with the Trainee □ (please tick)

Name: ………………………………………………………………

Signature: ……………………………………………………….. Date: ………………………………………………

Approval by Chair of Relevant Subspecialty

Application  Approved

Application  Not Approved

Name ………………………………………………………………………

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

Non-Research Stream

Title of Qualification and Course Name:

Duration of course: …………………………

Please write below a statement on *how the course* will differ from the Subspecialty training program curriculum.   
**Note:**  the course curriculum should be in addition and compliment the Subspecialty training program to reach an expert level. There should be no repetition of the current Subspecialty training program curriculum.

*For example:*

1. Why have you chosen this course?;
2. How is it complimentary to the training program curriculum to reach an expert level?;
3. If there is any overlap with this course and the training program curriculum, please explain what additional knowledge will be gain or address any perceived or overlap in the curriculum and
4. How will this benefit your future career?

**My course meets the minimum qualification criteria:**

Australia Framework Qualification (AQF) Diploma Level 5 or above

New Zealand Framework Qualification (NZQF) Diploma Level 5 or above

**Name of Tertiary Institution or Professional College**:

**Attach a copy of the course curriculum**

**What structured assessment tools are part of this course?**

Exams

Workplace Assessment

Ongoing progress reports

Submission of thesis and / or assignments

Other

**Please add the day/times per week that you will be studying:**

|  |  |  |
| --- | --- | --- |
| Day | Morning | Afternoon |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| Saturday |  |  |
| Sunday |  |  |

Non- Research Stream Timeline

The purpose of the Non-Research Stream Timeline is to provide trainees with a platform on which to receive useful insights and feedback on their planned progress and direction and to identify and remedy any foreseeable difficulties that may impede successful completion of this course.

The timeline must give a **DETAILED DESCRIPTION** of when the following aspects of the Non-Research Stream will be conducted over the course of the training program.

List of assessments tasks completed during course.

* Example assessment

Proposed Timeline

|  |  |  |
| --- | --- | --- |
| Type of Assessment | Expected Completion Date | Description |
|  |  |  |
|  |  |  |
|  |  |  |

It is a requirement for all Subspecialist trainees to move training units during their clinical training period.

Please outline your plan to help prevent this impacting your course.

The draft Non-Research Stream proposal, including timelines, must be submitted within the first six-months of training within the approved timeframe for submission of training documentation.

Progress reports must be submitted with training documentation at 69 and 92 weeks.

The Non-Research Stream course must be satisfactorily completed within three years of the clinical components of the Subspecialty training program, or the candidate will be recommended for removal from the training program.

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

Mentor Name: ………………………………………………………………

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

Signature: ……………………………………………………….. Date: ………………………………………………

**Approval by Chair of Relevant Subspecialty**

Application  Approved

Application  Not Approved

Name ………………………………………………………………………

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