Re-training Plan Supervisor Report

Principal Supervisor

At the conclusion of the agreed timeframe for implementing the Re-training Plan, the principal supervisor must complete this report for the Fellowship Review Committee to provide feedback on the Fellow’s performance and extent to which the goals of the Re-training Plan have been achieved.

If you require any support in completing this report, please contact CPD@ranzcog.edu.au.

## Please submit the completed Report to cpd@ranzcog.edu.au for review by the Fellowship Review Committee.

Re-training Plan Supervisor Report

Principal Supervisor

1. **Fellow under supervision**

|  |  |  |  |
| --- | --- | --- | --- |
| **First name:** |   | **Last name:** |   |
| **RANZCOG ID:** |   | **Email:** |   |

|  |  |
| --- | --- |
| 1. **Principal Supervisor**
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| **Name of principal supervisor** |  |
| **Organisation/ institution:** |  |
| **Position of principal supervisor:**  |   |
| **RANZOCG ID** |  |

1. **To what extent have the goals of the Re-entry to Practice Plan been achieved? Please detail the following:**

|  |  |
| --- | --- |
| **Are there any areas of practice and knowledge identified at the commencement of the re-entry period requiring specific attention?****If yes, please describe.** | *Type your answer here* |
| **What was the outcome of Hospital Credentialing?****If no, please state reasons.** | *Type your answer here* |
| **If the Hospital Credentialing was approved, please provide details of the Fellow’s approved scope of clinical practice.** | *Type your answer here* |
| **Provide a summary of the practitioner’s performance review outcomes against the areas described in the Plan, eg log books, record reviews, audit, APSS, multi-source feedback - MSF)** | *Type your answer here* |

1. **Principal Supervisor Signature**

|  |  |  |  |
| --- | --- | --- | --- |
| **Supervisor Name:** |  | **Date:**  |  |
| **Signature:**  |  |  |  |

## Please submit this Report to cpd@ranzcog.edu.au for review by the Fellowship Review Committee.