**Advanced Specialised Training**

 **Plan and Progress Report**

**Instructions**

Registrars and supervisors use this document to plan and report on Advanced Specialised Training (AST).

Registrars complete the AST Details and Training Plan sections at the beginning of training and then discuss with their supervisor.

Registrars and supervisors complete the report section each quarter (3 months).

The report, plus completed workplace-based assessments (WBA) and course certificates are sent to the Regional Training Organisations and to training@acrrm.org.au.

**Advanced Specialised Training (AST) details**

|  |  |
| --- | --- |
| Registrar name  | Click or tap here to enter text. |
| Training organisation name | Click or tap here to enter text. |
| Training post name | Click or tap here to enter text. |
| Training post locality (town and state) | Click or tap here to enter text. |
| Departments/services | Click or tap here to enter text. |
| Supervisor name | Click or tap here to enter text. |
| AST discipline name | Click or tap here to enter text. |
| AST start date | Click or tap here to enter text. |
| Registrar hours per week | Click or tap here to enter text. |
| Quarter | 1 [ ]  2 [ ]  3 [ ]  4 [ ]   |

**Training Plan**

Complete this section at the beginning of training and submit with the first quarter report.

Registrar, in the table below detail mandatory requirements for your AST and other courses, skills that you wish to achieve. You will need to customise the assessment section to your discipline.

Refer to the relevant sections of [Rural Generalist Curriculum](https://www.acrrm.org.au/docs/default-source/all-files/rural-generalist-curriculum_final.pdf?sfvrsn=b0fe42c8_4) and [Fellowship Training Program Handbook](https://www.acrrm.org.au/docs/default-source/all-files/handbook-fellowship-training.pdf?sfvrsn=bdb27590_20).

|  |  |
| --- | --- |
| **Training**  | **Minimum 12 months** |
| RPL awarded (as relevant) | Click or tap here to enter text. |
| Specific requirements | Click or tap here to enter text. |
| Mandatory skills  | Click or tap here to enter text. |
| Desired skills  | Click or tap here to enter text. |
| **Education**  | **Minimum 4 hours per week** |
| Mandatory courses (list) | Click or tap here to enter text. |
| Other courses you have identified (list) | Click or tap here to enter text. |
| Education provided by post (when offered) | Click or tap here to enter text. |
| **Assessment** | Click or tap here to enter text. |
| Quarterly reports (dates due)  | Click or tap here to enter text. |
| MiniCEX (5 required) | Click or tap here to enter text. |
| CBD (5 encouraged) | Click or tap here to enter text. |
| Logbook (if relevant) | Click or tap here to enter text. |
| StAMPS (date sitting)/ Project title | Click or tap here to enter text. |

**Registrar report**

|  |  |
| --- | --- |
| Reporting Period | (Start Date – End Date)  |
| Education/courses attended | Click or tap here to enter text. |
| Courses booked | Click or tap here to enter text. |
| Skills/procedures gained | Click or tap here to enter text. |
| Skills/procedures seeking | Click or tap here to enter text. |
| Cases types good exposure | Click or tap here to enter text. |
| Cases types seeking exposure | Click or tap here to enter text. |
| WBAs done | Click or tap here to enter text. |
| Strengths (self-identified) | Click or tap here to enter text. |
| Development areas (self-identified) | Click or tap here to enter text. |

**Supervisor report**

|  |  |
| --- | --- |
| Date | Click or tap to enter a date. |

Please indicate team members who you have consulted to write this report:

[ ]  Registrars [ ]  Specialists

[ ]  Nurses [ ]  Allied health

[ ]  Support staff [ ]  Cultural mentor

[ ]  ACCHS Board member

**Attributes**

Please list which of the following attributes are the registrars top three to four key strengths and limitations (write number eg 3):

|  |  |
| --- | --- |
| Strengths | Click or tap here to enter text. |
| Limitations | Click or tap here to enter text. |
| Comments | Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Accountability
 | 6. Compassion | 11. Integrity | 16. Resilience |
| 1. Adaptability
 | 7. Empathy | 12. Patience | 17. Resourcefulness |
| 1. Agency
 | 8. Honesty | 13. Pragmatism | 18. Self-knowledge |
| 1. Clinical courage
 | 9. Humility | 14. Receptivity | 19. Self-reliance |
| 1. Commitment
 | 10. Initiative | 15. Reflection | 20. Sensitivity |

**Summary comments**

|  |  |
| --- | --- |
| Registrar strengths | Click or tap here to enter text. |
| Registrar areas for improvement | Click or tap here to enter text. |

Summary of discussion between supervisor and registrar and agreed actions

|  |  |
| --- | --- |
| Date | Click or tap to enter a date. |
| Registrar comments | Click or tap here to enter text. |
| Registrar signature |  |
| Supervisor comments  | Click or tap here to enter text. |
| Supervisor signature |  |

**Medical Educator**

**Progression review**

|  |  |
| --- | --- |
| Medical Educator name | Click or tap here to enter text. |
| Medical Educator signature |  |
| Date | Click or tap to enter a date. |
| **COMMENTS** |
| Training | Click or tap here to enter text. |
| Education | Click or tap here to enter text. |
| Assessment | Click or tap here to enter text. |
| General | Click or tap here to enter text. |