**Registrar Training Plan**

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| --- | --- |
| Registrar name |       |
| Training Start Date  |       |
| Medical Educator name |       |
| Date Completed |       |

The training plan is designed to plan prospectively when and how training and assessment requirements will be met. The plan is to be reviewed annually or more frequently if required.

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| **CORE GENERALIST TRAINING** |
| **Training Requirement** | **Plan to meet requirement (location and dates)** | **Your planned completion date** |
| **Hospital Year** |       |       |
| Comments |       |
| **Anaesthetics** |       |       |
| Comments |       |
| **Paediatrics** |       |       |
| Comments |       |
| **Obstetrics** |       |       |
| Comments |       |
| **Primary Care** |       |       |
| Comments |       |
| **Emergency Care** |       |       |
| Comments |       |
| **Secondary Care** |       |       |
| Comments |       |
| **Rural & Remote** |       |       |
| Comments |       |

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| **EDUCATION** |
| **Fellowship Education Program A** |  | Date enrolled | Date completed |
|       |       |
| Comments |       |  |  |
| **Fellowship Education Program B** |  | Date enrolled | Date completed |
|       |       |
| Comments |       |  |  |
| **Fellowship Education Program C &D** |       | Date enrolled | Date completed |
|       |       |
| Comments |       |  |  |
| **Regional Orientation** |  | Date enrolled | Date completed |
|       |       |
| Comments |       |
| **Cultural Education** |  | Date enrolled | Date completed |
|       |       |
| Comments |       |
| **Emergency Courses** | REST Plus 1 x Tier 1orREST Plus 2 x Tier 2ALS | Date enrolled | Date completed |
|       |       |
| Comments |       |
| StAMPS Mock Exam | Strongly recommended | Date enrolled | Date completed |
|       |       |
| Comments |       |
| StAMPS Study Group | Strongly recommended | Date enrolled | Date completed |
|       |       |
| Comments |       |

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| **ASSESSMENT** |
| **Core Generalist Curriculum** |
| **Summative** | **Status/****requirements** | **ACRRM recommended enrolment/completion date** | **Your planned enrolment/completion date** | **Enrolments open/close** |
| MSF |  |  |  |  |
| MCQ |  |  |  |  |
| CBD |  |  |  |  |
| StAMPS |  |  |  |  |
| CGT Logbook |  |  |  |  |
| Formative MiniCEX |  |  |  |  |

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| **ADVANCED SPECIALISED TRAINING** |
| **Discipline**  | **Plan to meet requirement (location and dates)** | **Your planned completion date** |
|  |  |  |
| Comments |       |

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| **AST Education** |
| **Courses/ Other applicable education**  | **Requirement/Status** | **Your planned completion date** |
|  |  |  |
| Comments |       |

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| **AST CURRICULUM** |
| **Assessment** |
| **Summative** | **Status/****Requirements** | **ACRRM recommended enrolment/****Completion date** | **Your planned enrolment/****Completion date** | **Enrolments Open/Close** |
| Project or StAMPS or CBD |       |       |       |       |
| Formative MiniCEX, CBD, Logbook |       |       |       |       |

|  |  |
| --- | --- |
| **Other outstanding requirements** |       |

[ ]  Please tick to confirm that you agree to work towards this plan.

Return your Training Plan to the ACRRM Training Team via email training@acrrm.org.au.