



**FORM TP3.3A Clinical Training Supervisor - 6 Month Review**

This Form is used during your 6-Month Review with your Clinical Training Supervisor. For every primary CTS at each Practice you work at, a separate Review and Form must be completed.

The 6 Month Review must be conducted in person or video conference. Prior to the Review, please populate the sections of this form and then email it to your Supervisor. Please ensure you present your Supervisor with a copy of your Annual Training Plan and full Training Portfolio (which can be paper versions or electronically via the LMS). During the review, the Supervisor completes their sections of this Form while discussing your progress during the Training Period being reviewed.

Please upload the completed form to your LMS and email a copy to [registrars@acsep.org.au](mailto:registrars@acsep.org.au). This CTS Review must also be discussed during your 6 Month Review with your Zone Training Coordinator (ZTC).

**SECTION 1 - REGISTRAR'S DETAILS**

|   |  |                         |                         |                          |  |
|---|--|-------------------------|-------------------------|--------------------------|--|
| <b>Registrar's Name:</b>  |  |                         |                         |                          |  |
| <b>Training Program Year:</b><br><i>As per Full Time Equivalent</i> |  | <b>Training Period:</b> |                         | <b>Year of Training:</b> |  |
| <b>Full Time or Part Time:</b>                                      |  |                         | <b>Program Loading:</b> |                          |  |

**SECTION 2 - SUPERVISOR'S & PRACTICE DETAILS**

|  |  |   |  |
|--|--|---|--|
| <b>Clinical Training Supervisor's Name:</b>  |  |   |  |
| <b>Clinical Practice Name &amp; Location:</b>  |  |   |  |
| <b>Work Loading:</b><br>If you worked at more than one Clinical Practice OR with more than one CTS at this practice, during the Training Period being reviewed, what was the loading at THIS practice/CTS? |  | <b>Patient Loading:</b><br>On average, how many patients did you see a week at this Practice? |  |



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**SECTION 3 - TRAINING HOURS ALLOCATION**

Refer to the latest Training Manual and the Registrar's Annual Training Plan to match projected/expected hours.

|  |   | <b>TO BE COMPLETED BY THE REGISTRAR:</b><br>On average, how many hours per week did you work at this Practice and with this CTS? | <b>TO BE COMPLETED BY THE CTS:</b><br>Are you satisfied that the Registrar has successfully met their minimum/maximum Training Program hours? |
|--|---|--|---|
| <b>CLINICAL TRAINING TIME</b><br>Excluding time spent on team/event, research & academic modules | <b>With CTS</b><br>Lvl 1 Supervision  |  |   |
|  | <b>With CTS</b><br>Lvl 2 Supervision  |  |   |
|  | <b>Weekly Tutorials</b><br>with this CTS  |  |   |
|  | <b>TOTAL</b>  |  |   |
|  | <b>Extra Hours</b><br>How many hours above and beyond the Training Program did you work at this practice? |  |   |
|  | <b>Personal Leave</b><br>How many weeks of leave did the Registrar have during this Training Period?      |  |   |
|  | <b>Commentary</b>   |  |   |

|  |  |
|--|--|
| <b>DISCUSS &amp; DOCUMENT</b><br><br>Any <b>Major Wins</b> or <b>Challenges</b> the Registrar Faced during the Training Period |  |
|--|--|



## FORM TP3.3A Clinical Training Supervisor - 6 Month Review

**SECTION 4 - TRAINING PROGRAM DELIVERABLES PROGRESS**

List what HAS OCCURRED during the Training Period. Refer to the latest Training Manual and the Registrar's Annual Training Plan to match projected/expected hours.

| <b>TASKS COMPLETED UNDER CTS</b>   | <b>TO BE COMPLETED BY REGISTRAR:</b><br>Populate what you have successfully completed during Training Period | <b>TO BE COMPLETED BY CTS:</b><br>Are you satisfied that the Registrar has successfully met their minimum requirements? |
|--|--|---|
| <b>1.4 Training Diary &amp; 1.5 Log of Procedural Skills</b>                                 |  |   |
| <b>4.1 College Tutorials</b><br>~22 a Training Period,<br>85% attendance rate                |  |   |
| <b>2.1 - 2.3 Work Based Assessments</b><br>Mini-CEX, DOPS & CbD<br>Min 3 per Training Period |  |   |

| <b>OTHER TRAINING PROGRAM TASKS</b>  | <b>TO BE COMPLETED BY REGISTRAR:</b><br>Populate what you have successfully completed during Training Period   | <b>TO BE COMPLETED BY CTS:</b><br>Provide any feedback to the Registrar that may assist them. |
|--|--|---|
|  | While not necessarily completed under the guidance of the CTS, it is advisable that the CTS should be aware of the Registrars progress of these tasks. |   |
| <b>3.1 - 3.5 Team &amp; Event Categories</b>   |  |   |
| <b>5.1 - 5.6 Academic Modules</b><br>At least 1 completed per year                           |  |   |
| <b>6.1 - 6.4 Research</b>  |  |   |
| <b>Other Tasks</b><br>Eg, Conference Attendance,<br>Conference Presentations,<br>MOST Course |  |   |



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**SECTION 5 - PERFORMANCE PROGRESS**

**TO BE COMPLETED BY THE CTS:** Please rate the Registrar's performance on the following

|  | Unsatisfactory |   |   | Satisfactory |   |   | Above Expectations |   |   | N/A |
|--|----------------|---|---|--------------|---|---|--------------------|---|---|-----|
|  | 1              | 2 | 3 | 4            | 5 | 6 | 7                  | 8 | 9 |     |
| 1. General sports medicine knowledge   |                |   |   |              |   |   |                    |   |   |     |
| 2. General internal medicine knowledge   |                |   |   |              |   |   |                    |   |   |     |
| 3. Patient assessment and investigations   |                |   |   |              |   |   |                    |   |   |     |
| 4. Preventive and therapeutic interventions  |                |   |   |              |   |   |                    |   |   |     |
| 5. Communication with patients (oral & written)  |                |   |   |              |   |   |                    |   |   |     |
| 6. Communication with colleagues (oral & written)  |                |   |   |              |   |   |                    |   |   |     |
| 7. Ability to work with others in team environment (inc healthcare and sports related teams) |                |   |   |              |   |   |                    |   |   |     |
| 8. Manages time and resources effectively  |                |   |   |              |   |   |                    |   |   |     |
| 9. Identifies opportunities for health advocacy  |                |   |   |              |   |   |                    |   |   |     |
| 10. Integrates new learning into practice  |                |   |   |              |   |   |                    |   |   |     |
| 11. Exhibits professional behaviors in practice  |                |   |   |              |   |   |                    |   |   |     |

**DISCUSS &  
DOCUMENT**

What **areas of strength** and **areas of improvement** should the Registrar work on?



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|  |  |
|--|--|
| <p><b>Discuss &amp; Document</b></p> <p><b>Planning for future years.</b></p> <p>eg, What tasks does the Registrar still need to complete? Where do they plan to work next year?</p> |  |
|--|--|

**SECTION 6 - TRAINING PERIOD OUTCOME**

**TO BE COMPLETED BY THE CTS** Any "unsatisfactory" gradings results in an "unsatisfactory" outcome

|  |                     |                       |
|--|---------------------|-----------------------|
| <b>SECTION 4 - Training Program/<br/>Deliverable Progress:</b> | Satisfactory        | Unsatisfactory        |
| <b>SECTION 5 -<br/>Performance Progress:</b>                   | Satisfactory        | Unsatisfactory        |
| <b>OVERALL PROGRESS:</b>                                       | <b>SATISFACTORY</b> | <b>UNSATISFACTORY</b> |
| <b>If "Unsatisfactory", what is the action plan?</b>           |                     |                       |

|                                |                  |             |
|--------------------------------|------------------|-------------|
|                                | <b>Signature</b> | <b>Date</b> |
| <b>Registrar's Signature:</b>  |                  |             |
| <b>Supervisor's Signature:</b> |                  |             |