



Annual Training Plan Form

DESCRIPTION

All Registrars must complete an Annual Training Plan (ATP) each Training Year. This form should be completed in consultation with the Registrar's supervisors including their Clinical Training Supervisor (CTS), Zone Training Coordinator (ZTC) and Clinical Training Instructor (CTI). The final version must be approved by the Registrar's CTS and ZTC. ATPs should be reviewed during progress reviews at the end of each Training Period and updated if required. Final versions must be uploaded to the Registrar's online portfolio and emailed to registrars@acsep.org.au by 30 November each year.

REGISTRAR DETAILS

Registrar name		Year started on program	
Stage of training		Loading	
Year this ATP relates to		Loading if part-time (%)	

PLACEMENT DETAILS

	Placement #1	Placement #2	Placement #3
Practice details <i>Name and address</i>			
Accreditation	<input type="checkbox"/> AATP <input type="checkbox"/> Other placement	<input type="checkbox"/> AATP <input type="checkbox"/> Other placement	<input type="checkbox"/> AATP <input type="checkbox"/> Other placement
Years worked at practice			
Loading at practice (%)			
CTS(s) at practice			
ZTC			
Mentor(s)			
CTI(s) (optional)			
Events and teams			



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TRAINING HOURS ALLOCATION

		Placement #1	Placement #2	Placement #3	TOTAL
Inside Training Time	With CTS – Lvl 1 Supervision				
	With CTS – Lvl 2 Supervision				
	Weekly College tutorials				
	With CTI – Lvl 1 Supervision				
	TOTAL <i>inside</i> Training Time				
Outside Training Time	Event and team coverage				
	Modules				
	Research				
	Self-directed learning/other				
	TOTAL <i>outside</i> Training Time				

	Training Time	Personal Leave	Events & Teams	TOTAL
Training Time (weeks) <i>Number of weeks the Registrar intends to complete this year</i>				
	<i>Minimum 44 weeks</i>	<i>Maximum 8 weeks. If exceeding 8 weeks, a leave request must be submitted for Training Committee approval</i>		

Goals, development plans or key milestones	
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PROPOSED WEEKLY TIMETABLE

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday



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TRAINING PLAN

In this section, the Registrar must specify the Training Program requirements they have already completed, intend to complete this Training Year, or plan to complete in a future Training Year.

		Previous year(s)	Training Period 1 (year of this ATP)	Training Period 2 (year of this ATP)	Future year(s)
Clinical Practice, Workplace Assessment, Event and Team Coverage	<i>Expected number of patients seen in clinic per week</i>				
	<i>Training Logbook</i>				
	<i>Logbook of Procedures</i>				
	<i>Entrustable Professional Activities (EPAs)</i>				
	<i>Event and team coverage</i>				
	<i>Commentary on anticipated stage progression during the Training Year (required)</i> <i>Further commentary on clinical practice, EPAs or event and team coverage (if required)</i>				



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		Previous year(s)	Training Period 1 (year of this ATP)	Training Period 2 (year of this ATP)	Future year(s)
MODULES	<i>Academic – Research Methodology</i>				
	<i>Academic – Biomechanics</i>				
	<i>Academic – Pharmacology</i>				
	<i>Academic – Psychology</i>				
	<i>Academic – Nutrition</i>				
	<i>Education – required modules</i>				
	<i>Education – optional modules</i>				
Courses and Conference	<i>MOST Course</i>				
	<i>MSK Ultrasound Course</i>				
	<i>Registrar and ACSEP Conference</i>				
	<i>Further commentary on modules and courses (if required)</i>				



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		Previous year(s)	Training Period 1 (year of this ATP)	Training Period 2 (year of this ATP)	Future year(s)
Research	<i>Research proposal</i>				
	<i>Research Based Activity portfolio completion</i>				
	<i>Further commentary on research (if required)</i>				
EXAMINATION	<i>Written Fellowship Exam</i>				
	<i>Clinical Fellowship Exam</i>				
Other	<i>Other self-directed learning</i>				
	<i>Further commentary on training plan (if required)</i>				



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ACKNOWLEDGEMENT

The following people have been consulted in the development of this ATP. It is agreed that by each that the plan is achievable and ensure sufficient progress toward meeting Training Program requirements.

All Practice Managers at practices the Registrar is working at	<input type="checkbox"/> Yes <input type="checkbox"/> No
All the Registrar's Clinical Training Supervisors	<input type="checkbox"/> Yes <input type="checkbox"/> No
All the Registrar's Clinical Training Instructors (if working with a CTI)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
All the Registrar's event/team Chief Medical Officers, managers or organisers	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
ACSEP National Office staff (if required)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
The Registrar's Zone Training Coordinator	<input type="checkbox"/> Yes <input type="checkbox"/> No

SIGNOFF

Registrar name		Signature	
Date			
Primary CTS name		Signature	
Date			
Other CTS name <i>If required</i>		Signature	
Date			
Other CTS name <i>If required</i>		Signature	
Date			
ZTC name		Signature	
Date			