

Specialist Training Program Integrated Rural Training Pipeline (IRTP) Funded Post PROGRESS REPORT 2 – 2022

Training Provider: <i>Legal entity name – eg Ramsay Healthcare Australia</i>	
Training Facility Name: <i>eg Greenslopes Private Hospital</i>	

HOW TO COMPLETE THIS REPORT:

PART 1 Complete the table with details of the trainee who occupied the IRTP-funded post during Term 2.

PART 2 Please list all the physical locations that the trainee visited to undertake their training. i.e:

- List the trainee’s rotations to any health settings that occurred throughout the term.
- Provide details of the physical location, including the [MMM 1-7 \(2019\) location](#), and FTE spent in each.
- For rotations that occurred on an ad hoc basis please make a pro-rata calculation of the FTE.

PART 3 Provide details of COVID-19 impact with respect to training.

PART 4 Provide details of the trainee's Primary and Secondary Supervisors.

PART 5 Declaration and signature

IMPORTANT:

1. Trainees occupying IRTP-funded positions must spend **at least 66%** of their total Fellowship training in a rural area ([MMM 1-7](#)).
2. All parts of this Report must be completed in full and signed off by the **STP Liaison Officer or the Trainee’s Supervisor**.
3. Any changes to supervision of a trainee, at **any** time, must be immediately reported to RACMA in writing to stp@racma.edu.au
4. Report is due to be submitted to the College by **7 February 2023**

PART 1

TRAINEE INFORMATION - 1 August 2022 to 31 January 2023

Please provide details of the IRTP trainee below. *Refer to example provided in the first line.*

STP Ref #	Trainee name	Year of Fellowship Training	Position Title	Occupancy for this period		Training Setting Details			
				Trainee start date*	Trainee end date*	Health setting	MMM Location	Public or Private	FTE
123	<i>e.g. Dr Jennifer Smith</i>	1	<i>Medical Administration Registrar</i>	<i>01/08/22</i>	<i>31/01/23</i>	<i>Greenslopes Private Hospital</i>	<i>RA-1</i>	<i>Private</i>	<i>1</i>

* Start and end dates for this reporting period.

Year that the current trainee intends to sit the Fellowship Exam? _____

PART 2

ROTATIONAL ARRANGEMENTS - 1 August 2022 to 31 January 2023

The Commonwealth Department of Health requires Colleges to provide details of the trainee's rotations to other health settings. Please list **all** the physical locations that the trainee visited to undertake their training during Term 2. If the trainee did not rotate to other health settings, please leave blank. *Refer to examples provided below.*

Physical location	MMM 1-7 Location	Public or Private	FTE
<i>E.g. Greenslopes Private Hospital</i>	<i>MM-1</i>	<i>Private</i>	<i>0.6</i>
<i>E.g. Princess Alexandra Hospital</i>	<i>MM-1</i>	<i>Public</i>	<i>0.4</i>

PART 3 COVID-19 IMPACT

The Commonwealth Department of Health recognises the challenges associated with the continuation of specialty training during COVID-19. Colleges have been asked to record the impacts of the COVID19 on STP funded posts and activities.

If settings have needed to redeploy trainees in STP funded positions due to COVID-19, please provide the following information as outlined in the example below. This will then enable RACMA to meet its reporting requirements with the Commonwealth Department of Health.

Issue	Date From	Date To	Impact on Specialty
<p><i>E.g. Trainee redeployed away from specialty training post to frontline COVID-19 health service response within the same health service</i></p> <p>OR</p> <p><i>Trainee redeployed to another health service.</i></p>			<ul style="list-style-type: none"> • <i>Online learning modules and other college support mechanisms provided to trainee to continue with meeting requirements of training program.</i> • <i>Trainee participation in specialty training program continues part time.</i> • <i>Change in supervision arrangements, training continues</i> • <i>Extension of duration of training time / rotation provided to enable continuation of training progression.</i> • <i>Training postponed during crisis</i>

PART 4

SUPERVISOR INFORMATION

Name of Primary Supervisor	
Name of Secondary Supervisor (if applicable)	
Is the Primary Supervisor on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Primary Supervisor a:	<input type="checkbox"/> FRACMA? <input type="checkbox"/> AFRACMA? <input type="checkbox"/> Non-RACMA?
If non-RACMA what is the Primary Supervisor's position?	
Contact Phone Number	
Email Address	

PART 5

DECLARATION

I declare the information provided in this report is true and correct at time of submission:

Signed by (Print Name) <i>(Trainee's Supervisor or STP Liaison Officer)</i>	
Signature	
Date	