**Specialist Training Program (STP) Funded Post**

**PROGRESS REPORT 2 – 2023**

|  |  |
| --- | --- |
| **Training Provider:** *Legal entity name – eg Ramsay Healthcare Australia* |  |
| **Training Facility Name:***eg Greenslopes Private Hospital* |  |

**HOW TO COMPLETE THIS REPORT:**

|  |  |
| --- | --- |
| **PART 1** | Complete the table with details of the trainee who occupied the STP-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 of the health settings that the trainee has spent time at during the reporting period, including the [MMM 1-7 (2019) location](https://www.health.gov.au/resources/apps-and-tools/health-workforce-locator/health-workforce-locator), 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. All parts of this Report must be completed in full and signed off by the **STP Liaison Officer** **or the Trainee’s Supervisor.**
2. Any changes to supervision of a trainee, at **any** time, must be immediately reported to RACMA in writing to stp@racma.edu.au
3. Report is due to be submitted to the College by **7 February 2024.**

**PART 1**

**TRAINEE INFORMATION -** **1 August 2023 to 31 January 2024**

Please provide details of the STP trainee below. *Refer to examples 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* | *e.g. Dr Jennifer Smith* | *1* | *Medical Administration Registrar* | *01/08/23* | *31/01/24* | *Greenslopes Private Hospital* | *MM-1* | *Private* | *1* |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| *\* 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 2023 to 31 January 2024**

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** |
| *E.g. Greenslopes Private Hospital* | *MM-1* | *Private* | *0.6* |
| *E.g. Princess Alexandra Hospital* | *MM-1* | *Public* | *0.4* |
|  |  |  |  |
|  |  |  |  |

**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** |
| *E.g. Trainee redeployed away from specialty training post to frontline COVID-19 health service response within the same health service* *OR* *Trainee redeployed to another health service.* |  |  | * *Online learning modules and other college support mechanisms provided to trainee to continue with meeting requirements of training program.*
* *Trainee participation in specialty training program continues part time.*
* *Change in supervision arrangements, training continues*
* *Extension of duration of training time / rotation provided to enable continuation of training progression.*
* *Training postponed during crisis*
 |
|  |  |  |  |

**PART 4**

**SUPERVISOR INFORMATION**

|  |  |
| --- | --- |
| Name of Primary Supervisor |  |
| Name of Secondary Supervisor (if applicable) |  |
| Is the Primary Supervisor on site? | [ ]  Yes [ ]  No |
| Is the Primary Supervisor a: | [ ]  FRACMA? [ ]  AFRACMA?[ ]  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)***(Trainee’s Supervisor or STP Liaison Officer)* |  |
| **Signature** |  |
| **Date** |  |