



The Royal Australasian
College of Physicians

Faculty of Occupational and Environmental Medicine Training Status Report

Important Information

- ❖ For each 6-month period of training, all nominated supervisors are required to either complete and co-sign a composite report OR complete an individual report
- ❖ Training will not be certified without a Training Status Report covering the entire period of supervision
- ❖ Supervisors should ensure that the trainee receives a copy of all Training Status Reports submitted for assessment, to ensure the trainee can provide copies of these to subsequent supervisors
- ❖ The Faculty may discuss the contents of Training Status Reports with subsequent supervisors, where this is deemed necessary for support or assessment purposes.

You are advised to retain a copy of the completed form for your records.

Before you complete this form:

Please ensure you have read and familiarised yourself with the following:

- The relevant [AFOEM Training Program Requirements Handbook](#)
- [Flexible Training Policy](#)
- [Progression through Training Policy](#)

Submission Dates

31 January	Training Status Report for the July to December training period due
31 July	Training Status Report for the January to June training period due

Privacy Legislation

The College complies with the requirements of the national Privacy Act 1988 (Cwlth) (Australia) and the Privacy Act 1993 (New Zealand) and has adopted the Australian National Privacy Principles as the guidelines for ensuring the protection of personal information in its care. This policy applies to all personal information collected, stored, used and disclosed by the College.

Personal and training related information that you provide will only be used by the College (including its boards and training committees, state/regional committees and supervisors of training) to administer, assess and develop the training program and monitor workforce trends. Confirmation of training status will be provided to Medical Boards upon request. Further details can be found [here](#).

Enquiries & Application Submission

Enquiries:

Phone: +61 2 8076 6388
Email: OccEnvMed@racp.edu.au

Please send Training Reports to:

OccEnvMed@racp.edu.au

Pre-Submission Checklist

✓ if completed	
<input type="checkbox"/>	I have read the important information on the front of this form.
<input type="checkbox"/>	My supervisor and I have signed this form on pages 7 and 8 (VERY IMPORTANT!)
<input type="checkbox"/>	My supervisor has given me a copy of the completed Training Status Report for my personal records (trainees are required to show previous reports to subsequent supervisors).
<input type="checkbox"/>	I have emailed the form to OccEnvMed@racp.edu.au by the appropriate due date.
<input type="checkbox"/>	The supervisor completing this Training Status Report is the supervisor nominated on my AFOEM Annual Prospective Training Application.
<input type="checkbox"/>	The dates on this form correspond to the entire period of supervision, as nominated on my AFOEM Annual Prospective Training Application.

Notification of Certification Decision

Once your report has been considered by the nominated supervising committee(s), you will be notified of the certification decision. Whenever possible, this advice will be sent within eight weeks of the submission deadline. The committee will either certify the training or defer the decision pending provision of further information or the outcome of an Independent Review of Training. In rare circumstances, the training may not be certified.

Consideration of reports submitted after the deadline may be delayed. The College retains the right to not certify training if the report is submitted after the specified deadline. If your report is submitted late, you must attach an [Application for Special Consideration](#).

Trainees should refer to the [Progression Through Training Policy](#) for further details.



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TRAINEE DETAILS AND TRAINING POSITION

Full Name of Trainee	<input type="text"/>						
Report covers period from	<input type="text"/> <i>Date (dd/mm/yy)</i>	to	<input type="text"/> <i>Date (dd/mm/yy)</i>				
Employment details covering OEM practice	<table><tr><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table>			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>						
<input type="text"/>	<input type="text"/>						
Number of hours/days per week in OEM	<input type="text"/>						
Year commenced AFOEM training	<input type="text"/>	Stage of training	<input type="text"/>				
Training position	<input type="text"/>						

SUPERVISOR DETAILS

Full Name of Supervisor	<input type="text"/>		
Qualifications (FAFOEM, RACP or other)	<input type="text"/>		
Organisation	<input type="text"/>		
	<input type="text"/>		
Phone (W)	<input type="text"/>	Fax (W)	<input type="text"/>
Email	<input type="text"/>		

ASSESSMENT OF THE YEAR IN WHICH THE EXAMINATION IS PASSED

Has the trainee attempted the AFOEM Examination or other examinations during this year?

Specify examination/s (if applicable)

If YES has preparation for the examination adversely affected the Stage of training?

TIMETABLE OF WORK ACTIVITIES

OCCUPATIONAL MEDICINE PRACTICE		
	PRINCIPAL PRACTICE	OTHER
Employer/self employed		
Role/Tasks/Responsibility (e.g. primary or secondary clinical care, report writing, research, etc.,)	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.

Hours per week in OEM		
Nature of OEM Activities	<input type="checkbox"/> Clinical treatment <input type="checkbox"/> Return to work <input type="checkbox"/> Risk assessment / Management <input type="checkbox"/> Insurance / Medico-legal <input type="checkbox"/> Environment issues <input type="checkbox"/> Other	<input type="checkbox"/> Clinical treatment <input type="checkbox"/> Return to work <input type="checkbox"/> Risk assessment / Management <input type="checkbox"/> Insurance / Medico-legal <input type="checkbox"/> Environment issues <input type="checkbox"/> Other

ASSESSMENT OF THE CURRENT PERIOD OF TRAINING

Please rate the trainee's performance for each topic area by placing a rating of 1-5 (or N/A) in the box next to each topic area (taking into account the expected standard given their Stage of training).

Interpretation of the Rating Scale

- (1) Falls far short of expected standards*
- (2) Falls short of expected standards*
- (3) Consistent with level of training
- (4) Better than expected standards
- (5) Exceptional performance
- N/A Not Applicable to this training period

❖ These standards will place the trainee on a College Trainee in Difficulty Pathway and/or an Independent Review of Training

	RATING	Curricula Domains and Assessment outcomes
1		CLINICAL PROCESS: CLINICAL SKILLS AND PROCEDURAL SKILLS: MEDICAL EXPERTISE – MANAGEMENT OF SPECIFIC MEDICAL PROBLEMS INCLUDING THOSE RELATED TO OEM: Demonstrates up-to-date medical knowledge and clinical skills
2		WORKPLACE HAZARD ASSESSMENT FITNESS AND RETURN TO WORK: LAW AND MEDICINE: Demonstrates appropriate knowledge and awareness of skills in relation to the practice of OEM including hazard assessment, fitness for work and workplace rehabilitation and an understanding of the laws as relevant to OEM practice.
3		COMMUNICATION: SPOKEN AND WRITTEN PROFESSIONAL RELATIONSHIPS Shows competency in both written and spoken communication with patients, clients and other stakeholders, including awareness of cultural differences, in addition to developing and maintaining appropriate professional relationships and networks.
4		QUALITY AND SAFETY: THE BROADER CONCEPT OF HEALTH: HEALTH ADVOCACY: Demonstrates involvement in quality assurance programs, an understanding of the broader concepts of health and an awareness of their role as a health advocate.
5		TEACHING AND LEARNING: LEADERSHIP AND MANAGEMENT: Demonstrates competency in leadership and management roles; a resourceful attitude to their own continued education and skills as an educator.
6		ETHICS: Exhibits high standards of moral and ethical behaviour, honesty, integrity and respect in their clinical practice and professional interactions.
7		ENVIRONMENTAL MEDICINE Demonstrates an understanding of environmental medicine, including planning for and managing an environmental incident.

Please comment on any **strengths** that the trainee displays.

Please comment on any **weaknesses** that the trainee displays.

PREP REQUIREMENTS

Throughout this period of training, please indicate whether the trainee undertook any of the following mandatory activities:

Learning Needs Analysis (LNA) submitted and approved (1 required per 6 month training period)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Self-evaluation of Learning Needs Analysis (1 required per 6 month training period)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Professional Qualities Reflection (PQR) - Stages B & C Only (1 required per 6 month training period)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Attendance at regional training meetings:

For the information and requirements of regional training meetings, please refer to AFOEM website: [Regional Training Meetings](#), or the [AFOEM PREP Training Handbook](#).

Regional training meeting requirements:

- Attend a minimum of **five** regional training meetings per year (in person or by teleconference);
- Present material at least **twice** per year (one per 6 month training period)

Please list the regional training meetings attended in this period.

No.	Date (DD/MM/YYYY)	Presentation Title
1.		
2.		
3.		
4.		
5.		
6.		
7.		

STAGE A FORMATIVE ASSESSMENTS

2 x Mini-Clinical Evaluation Exercises (Mini-CEX) (per 6 month training period)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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STAGE B FORMATIVE ASSESSMENTS

1 x Direct Observation of Field Skills (DOFS) (per 6 month training period)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1 x Case-based Discussion (CbD) (per 6 month training period)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1 x Mini-Clinical Evaluation Exercise (Mini-CEX) (per 6 month training period)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

STAGE C FORMATIVE ASSESSMENTS

1 x Direct Observation of Field Skills (DOFS) (per 6 month training period)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1 x Direct Observation of Field Skills (DOFS) (per 6 month training period)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

SUMMATIVE REQUIREMENTS

Current year of training: _____

Important note: AFOEM training must be completed within a maximum 10-year time period, therefore all summative assessment components must be satisfactorily completed within a 10-year period in order to gain Fellowship. Periods of inactivity contribute to this 10-year maximum time period.

Completed Dates (if applicable)	Assessment Type (only tick the box, if you have completed)	Plan to Complete Year (for assessment not completed)
_____	<input type="checkbox"/> Stage A Written Examination	_____
_____	<input type="checkbox"/> Stage B Written Examination	_____
_____	<input type="checkbox"/> Stage B Practical Examination	_____
_____	<input type="checkbox"/> ALS Course (trainees starting July 2012 onwards)	_____
_____	<input type="checkbox"/> Ramazzini Presentation	_____
_____	<input type="checkbox"/> Research Project(detail below)	_____
_____	<input type="checkbox"/> Stage C Written Communications Portfolio	_____

RESEARCH PROJECT REPORT

Project Title

Please comment on the quality of the material presented and the trainee's evaluation of the project material. Also indicate approval or otherwise of the written report (please refer to the [Requirements for Physician Training](#), [Research Projects online](#) for guidance).

SUPERVISOR/TRAINEE COMMUNICATION

Did you meet with the trainee regularly during the year to set goals and provide feedback?

(Supervisors have been advised to meet formally with their trainee(s) at least every three months)

If yes, please document the dates of these meetings:

1. 2. 3. 4.
Date (dd/mm/yy) *Date (dd/mm/yy)* *Date (dd/mm/yy)* *Date (dd/mm/yy)*

If no, please give reasons below:

SUMMARY OF TRAINING YEAR

- a) Are you satisfied with the overall performance of the trainee during the period covered by this report?

If no, are there any specific factors which may have affected this trainee's performance or do you have any reservations about performance?

- b) What are the major training needs of this trainee prior to admission to Fellowship? How are these outstanding requirements to be addressed? In particular please comment upon how the next year of training will address these needs.

Please comment below:

- c) Did the trainee take any leave during the period covered by this report?

If yes, please indicate the periods and types of leave (e.g., annual, maternity, paternity, sick):

Period of leave

Type of leave

from	<input type="text"/>	to	<input type="text"/>	<input type="text"/>
from	<input type="text"/>	to	<input type="text"/>	<input type="text"/>

- d) **For a trainee completing Stage C Advanced Training only**

Has the trainee completed all the activities required under the current guidelines?

In your opinion, is the trainee now a competent physician and capable of providing a high standard of medical care without supervision?

SUPERVISOR'S COMMENTS

☐ I have discussed this assessment with the trainee and make the following comments:

or

☐ I have not discussed this assessment with the trainee for the following reasons:

Supervisor's Signature

Date (dd/mm/yy)

DIRECTOR OF TRAINING'S COMMENTS

Director of Training's signature

Date dd/mm/yy)

TRAINEE'S COMMENTS

- ☐ I understand my obligation to complete the training requirements outlined in the relevant AFOEM Training Program Requirements Handbook.
- ☐ I have familiarised myself with my obligations as documented in the Progression through Training and Flexible Training policies.
- ☐ I have discussed this assessment with my supervisor(s) and make the following comments:

Trainee's Signature

Date (dd/mm/yy)

Thank you for acting as supervisor for this trainee and for completing this assessment.