# Rotation Progress Report – Basic Training (Adult Medicine and Paediatrics & Child Health)

The purpose of the Rotation Progress Report is to assess your progress over a training rotation under the new curriculum.

|  |
| --- |
| **Important note:** This report will be available only until Rotation progress reports can be submitted via the online Training Management Platform (TMP). Once available in TMP, this manual progress report will no longer be accepted. |

## Instructions

**Trainee**

* Fill out the following sections of this Rotation Progress Report: Trainee details, Trainee leave, Assessments completed during the rotation, Learning goal assessment section, Trainee Comments
* Self-assess your progress against your learning goals for the period covered by this report.
  + You can refer to the Curriculum Standards on the [Basic Training Curricula eLearning website](https://elearning.racp.edu.au/course/view.php?id=220#section-0) as you assess each learning goal.

**Rotation Supervisor(s)**

* Review and assess the trainee's progress against each of the learning goals
  + You can view a trainee’s completed assessments which can be viewed by logging into  [TMP](https://tmp.racp.edu.au/).
* Add your feedback and make a progression recommendation.

## Report submission

Trainees and Rotation Supervisors can use a hard copy of the Rotation Progress Report for rotations in the first six months of 2025, if needed. Progress reports are expected to be available in TMP by mid-2025.

Alternatively, your local Director of Physician/Paediatric Education (DPE) may accept the [PREP Ward/Service Consultant Report](https://www.racp.edu.au/docs/default-source/trainees/basic-training/ward-service-consultant-report-form.pdf?sfvrsn=60b22e1a_8) for rotations in the first six months of 2025. For NSW trainees, you can use the HETI End of Term Report, if applicable.

Basic Trainees should submit the completed report to their Educational Supervisor and/or DPE. This report does not need to be submitted to the College.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | **Trainee details** | | | **Trainee name and MIN** *Title, preferred name, surname, MIN*  Click or tap here to enter text. | **Training Phase**  Choose an item. | | **Rotations** Please list the rotation plan(s) for the training period this rotation progress report covers. | | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Plan type** | **Training Setting** | **Start date** | **End date** | **FTE** | **Rotation type** | **Rotation supervisors** | | Choose an item. | Click or tap here to enter text. | Select date | Select date | FTE | Click or tap here to enter text. | Click or tap here to enter text. | | Choose an item. | Click or tap here to enter text. | Select date | Select date | FTE | Click or tap here to enter text. | Click or tap here to enter text. | | | | **Trainee leave** Please enter any leave taken during the rotation (excludes periods of interruption already applied for). Refer to the RACP [Education policies](https://www.racp.edu.au/trainees/education-policies-and-governance/education-policies) for leave types. | | | |  |  |  | | --- | --- | --- | | Leave type | Start Date – End Date | Number of workdays | | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. | | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. | | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. | | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. | | | | |  |  | | --- | --- | |  | I confirm I have not taken any other leave during this training period which is NOT already covered as an Interruption of Training. | | | | **Assessments completed during the rotation** | | | **Learning captures completed**  Choose an item. | **Observation captures completed**  Choose an item. | |

| **Learning goals** | | | |
| --- | --- | --- | --- |
| **Learning goals**  *The curriculum is available on the* [*RACP Online Learning*](https://elearning.racp.edu.au/course/view.php?id=220#section-0) *website.* | | **Trainee Assessment**  *Make a self-assessment against each of the learning goals, refer to the learning opportunities outlined in your rotation plans as well as the expected standards for each goal in* [*Appendix 1*](#Appendix1_Learning_Goals)*.* | **Rotation Supervisor Assessment** *Assess the trainee against each of the learning goals, refer to the expected standards for each goal in* [*Appendix 1*](#Appendix1_Learning_Goals)*.* |
|  | **1. Professional behaviours:**  Behave in accordance with the expected professional behaviours, values, and practices. | Choose an item. | Choose an item. |
| **Entrustable Professional Activities (EPA)** | **2. Clinical assessment:** Clinically assess patients, incorporating interview, examination, and formulation of a differential diagnosis and management plan. | Choose an item. | Choose an item. |
| **3. Communication with patients:** Discuss diagnoses and management plans with patients and their families or carers. | Choose an item. | Choose an item. |
| **4. Documentation:** Document the progress of patients in multiple settings. | Choose an item. | Choose an item. |
| **5. Prescribing:**  Prescribe medications tailored to patients’ needs and conditions. | Choose an item. | Choose an item. |
| **6. Transfer of care:** Transfer care of patients. | Choose an item. | Choose an item. |
| **7. Investigations:** Choose, organise, and interpret investigations. | Choose an item. | Choose an item. |
| **8. Acutely unwell patients:**  Assess and manage acutely unwell patients. | Choose an item. | Choose an item. |
| **9. Procedures:** Plan, prepare for, perform, and provide after care for important procedures. | Choose an item. | Choose an item. |
|  | **10. Knowledge:**  Acquire the baseline level of knowledge for Basic Training. | Choose an item. | Choose an item. |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | **Trainee comments** Provide overall comments about your rotation period for your Rotation Supervisor to consider. These comments may also be viewed by your other supervisors and the Progress Review Panel. | | | **What did you do well during this rotation of training?**  Click or tap here to enter text. | | | **What could you do to improve in the future?**  Click or tap here to enter text. | | |  | **I have had the opportunity to discuss the content of this report with my supervisor(s).** | |  | **I understand my obligation to complete the training requirements outlined in the relevant curriculum** | |  | **I understand the College may share this information with current and future supervisors. This information may also be shared with other Training Committees if I’m a dual trainee or change training programs.** | |  | **I understand my obligation to comply with the relevant College education policies.** | | **Date completed by trainee**  Select date. | |  |  |  |  | | --- | --- | --- | | **Supervisor review**  Provide your feedback on the trainee’s progress throughout the rotation. Your comments will be visible to the trainee, other supervisors, and the Progress Review Panel. | | | | **What did the trainee do well during this rotation of training?**  Click or tap here to enter text. | | | | **What could they improve on in the future?**  Click or tap here to enter text. | | | | **Has the trainee demonstrated the ability to plan and manage their learning and complete their learning and assessments in a timely manner?**  Choose an item. | **Is the trainee on track to meet the RACP’s expected performance standard for the phase?**  Choose an item. | | | |  | | --- | | **Progression recommendation**  Select your recommendation | | **Comments/Notes** General comments are optional, however if the progression recommendation is that a trainee is NOT progressing satisfactorily, please provide additional comments to support your recommendation.  Click or tap here to enter text. | | | | | |  |  | | --- | --- | |  | **I have had the opportunity to discuss the content of this report with my trainee.** | |  | **I have discussed the trainee’s progress with other supervisors if required.** | | | | | **Completed by**  Name: Click or tap here to enter text.Email: Click or tap here to enter text. | | **Date completed**  Select date |  |  |  | | --- | --- | | **Trainee reflection** *(optional)* Provide any comments or reflections relating to your supervisor’s comments or the rotation in general. | | | **Reflection**  Click or tap here to enter text | **Date**  Select date. | |
|  |

**— End of report** **—**

[Instructions to submit this form](#_Report_submission)

