

Education renewal

Progress Review Panels

Trainee case examples – Advanced Training



About this document

This document provides example trainee scenarios to illustrate how a Progress Review Panel might interpret available information and make decisions. Each example includes a fictional trainee who has completed various components of the Advanced Training Programs, along with sample Progress Review Panel decisions and feedback.

These examples are intended as guidance only. Actual panel decisions should always be made based on the specific context, evidence available and the collective judgement of the panel members.

For more information or to provide feedback contact curriculum@racp.edu.au.

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Trainee snapshot

Table 1 outlines an overview of the trainee scenarios listed in further detail in this document.

Table 1.

	Review trainee progress – requiring attention					
	Trainee name	Supervisor	Training program	Location	Phase of training	Progression decision
1.	Dr Taylor Monroe	Dr Raphael Assaf	Adult Medicine	South Australia	Consolidation	Conditions placed, able to progress to completion phase
2.	Dr Samuel Hartley	Dr Olivia Chu	Adult Medicine	Western Australia	Foundation	Unable to progress to consolidation phase
	Review trainee progress – on track					
3.	Dr Amelia Qureshi	Dr Nick Strapoulos	Paediatrics & Child Health	Aotearoa, New Zealand	Foundation	Able to progress to the completion phase

Geriatric Medicine - Adult Medicine

Trainee 1 – conditions placed on the trainee, able to progress to the next phase

Name: Dr Taylor Monroe			
Training location: South Australia			
Stage of training: Consolidation			
Case overview: Taylor has completed all required components of the Consolidation phase. While she has demonstrated a solid understanding of clinical concepts and appropriate patient care in routine scenarios, there are ongoing concerns from her supervisors in a few areas, particularly clinical prioritisation, documentation and communication with the team.			
Rotation details completed <ul style="list-style-type: none"> Core rotation: 12 months – Geriatric Medicine (AIM) 			
Assessments completed during the rotation			
Observation Captures completed 12		Learning Captures completed 12	
Learning goal	Supervision rating	Learning goal	Topic
1. Professional behaviours	Is able to act with indirect supervision	1. End of life care	Discussing palliative care
2. Management of transitions in care	Is able to act with indirect supervision	2. Cognitive assessment and management	Cognitive screening tools
3. Longitudinal care	Is able to act with indirect supervision	3. Comprehensive geriatric assessment	Conducting CGA
4. Clinic management	Is able to act with indirect supervision	4. Complex family meetings	Leading a complex family discussion
5. Team leadership	Is able to act with indirect supervision	5. Clinical and social sciences	Applying theory in practice
6. Clinical assessment and management	Is able to act with supervision at a distance	6. Cognition and mental state	Mental state and examination
7. Acutely unwell patients	Is able to act with supervision at a distance	7. Falls and mobility	Falls prevention plan
8. Supervision and teaching	Is able to act with indirect supervision	8. Continence	Managing incontinence
9. Communication with patients	Is able to act with supervision at a distance	9. Pain management	Pain control strategies
10. Quality improvement	Is able to act with indirect supervision	10. Frailty and functional decline	Addressing frailty in older adults
11. Investigations	Is able to act with supervision at a distance	11. Neurological disorders	Diagnosing Parkinsonism
12. Prescribing	Is able to act with supervision at a distance	12. Specialty medical conditions as they apply to ageing	Managing multimorbidity in older patients
Ratings against the learning goals – end of phase report			
Learning goal	Trainee self-reflection	Supervisor rating	Expected standard at the end of the Consolidation phase

Professional behaviours	Needs to work on behaviour in 1 or 2 domains of professional practice	Needs to work on behaviour in 1 or 2 domains of professional practice	consistently behave in line with all 10 domains of professional practice
Team leadership	is able to act with indirect supervision	is able to act with indirect supervision	be able to act with supervision at a distance
Supervision and teaching	is able to act with indirect supervision	is able to act with indirect supervision	be able to act with supervision at a distance
Quality improvement	is able to act with direct supervision	is able to act with indirect supervision	be able to act with supervision at a distance
Clinical assessment and management	be able to act with supervision at a distance	be able to act with supervision at a distance	be able to act with supervision at a distance
Management of transitions in care	is able to act with indirect supervision	be able to act with supervision at a distance	be able to act with supervision at a distance
Acutely unwell patients	be able to act with supervision at a distance	be able to act with supervision at a distance	be able to act with supervision at a distance
Longitudinal care	is able to act with indirect supervision	be able to act with supervision at a distance	be able to act with supervision at a distance
Communication with patients	be able to act with supervision at a distance	be able to act with supervision at a distance	be able to act with supervision at a distance
Prescribing	be able to act with supervision at a distance	be able to act with supervision at a distance	be able to act with supervision at a distance
Investigations	be able to act with supervision at a distance	be able to act with supervision at a distance	be able to act with supervision at a distance
Clinic management	is able to act with indirect supervision	be able to act with supervision at a distance	be able to act with supervision at a distance
End-of-life care	be able to act with supervision at a distance	be able to act with supervision at a distance	be able to act with supervision at a distance

Cognitive assessment and management	is able to act with indirect supervision	be able to act with supervision at a distance	be able to act with supervision at a distance
Comprehensive geriatric assessment	is able to act with indirect supervision	be able to act with supervision at a distance	be able to act with supervision at a distance
Complex family meetings	is able to act with indirect supervision	be able to act with supervision at a distance	be able to act with supervision at a distance
Clinical and social sciences	know how to apply the knowledge in this knowledge guide to specialty practice (knows how)	know how to apply the knowledge in this knowledge guide to specialty practice (knows how)	frequently show they can apply knowledge in this knowledge guide to specialty practice (shows how)
Cognition and mental state	know how to apply the knowledge in this knowledge guide to specialty practice (knows how)	know how to apply the knowledge in this knowledge guide to specialty practice (knows how)	frequently show they can apply knowledge in this knowledge guide to specialty practice (shows how)
Falls and mobility	know how to apply the knowledge in this knowledge guide to specialty practice (knows how)	know how to apply the knowledge in this knowledge guide to specialty practice (knows how)	frequently show they can apply knowledge in this knowledge guide to specialty practice (shows how)
Frailty and functional decline	know how to apply the knowledge in this knowledge guide to specialty practice (knows how)	know how to apply the knowledge in this knowledge guide to specialty practice (knows how)	frequently show they can apply knowledge in this knowledge guide to specialty practice (shows how)
Continence	know how to apply the knowledge in this knowledge guide to specialty practice (knows how)	know how to apply the knowledge in this knowledge guide to specialty practice (knows how)	frequently show they can apply knowledge in this knowledge guide to specialty practice (shows how)
Pain management	know how to apply the knowledge in this knowledge guide to specialty practice (knows how)	know how to apply the knowledge in this knowledge guide to specialty practice (knows how)	frequently show they can apply knowledge in this knowledge guide to specialty practice (shows how)
Neurological disorders	know how to apply the knowledge in this knowledge guide to specialty practice (knows how)	know how to apply the knowledge in this knowledge guide to specialty practice (knows how)	frequently show they can apply knowledge in this knowledge guide to specialty practice (shows how)

Specialty medical conditions as they apply to ageing	know how to apply the knowledge in this knowledge guide to specialty practice (knows how)	know how to apply the knowledge in this knowledge guide to specialty practice (knows how)	frequently show they can apply knowledge in this knowledge guide to specialty practice (shows how)
Perioperative assessment and management	know how to apply the knowledge in this knowledge guide to specialty practice (knows how)	know how to apply the knowledge in this knowledge guide to specialty practice (knows how)	frequently show they can apply knowledge in this knowledge guide to specialty practice (shows how)
Rehabilitation of specific conditions as applied to ageing	know how to apply the knowledge in this knowledge guide to specialty practice (knows how)	know how to apply the knowledge in this knowledge guide to specialty practice (knows how)	know how to apply the knowledge in this knowledge guide to specialty practice (knows how)

Trainee reflective comments

What I have done well	I've become more aware of how to communicate clearly and concisely, especially with patients. I've also worked hard on my documentation and applying feedback.
What I could improve on	It can be difficult to remember effective communication techniques with colleagues when things are busy on the ward or when there is an urgent situation with a patient. I sometimes hesitate to speak up in team discussions, especially when I am unsure if my perspective is correct or if others will disagree. I also find it challenging to prioritise tasks quickly when multiple issues arise at once. I would like to keep working on building my confidence in these situations, so I can communicate more clearly and step into a leadership role when needed.

Supervisor comments

What the trainee has done well	Taylor has demonstrated steady progress throughout the rotation, especially in clinical documentation and patient communication. She consistently shows empathy in her interactions with older patients and demonstrates sound clinical judgement in routine presentations. Taylor has engaged well with structured learning activities and supervision, applying feedback thoughtfully and showing initiative in her reflective practice.
What the trainee could improve on	Taylor would benefit from further development in team communication and clinical prioritisation. While respectful and professional, she often hesitates to speak up during multidisciplinary team meetings or ward rounds, particularly when under pressure or when asked to present a clinical plan. This can limit

	her ability to effectively advocate for patients or lead aspects of care. In high-demand situations, Taylor sometimes struggles to independently identify clinical priorities, resulting in delays in escalating care or delegating tasks.	
Progression recommendation	Trainee able to progress to the next phase of training	
<p>Panel decision: Trainee can progress with conditions</p> <p>Comments: Taylor has demonstrated adequate progress and has met the required standard across most learning goals. The panel recognises areas for further growth, particularly in team communication and clinical leadership, and will support this with structured goals. Taylor may move to the completion phase with the following condition:</p> <ul style="list-style-type: none"> • Condition 1: complete 4 additional observation captures focused on team leadership and supervision and teaching learning goals. • Condition 2: trainee is rated as level 4 – able to act with supervision at a distance for team leadership and supervision and teaching. 		

Rehabilitation Medicine - Adult Medicine

Trainee 2 – unable to progress to the next phase

Name: Dr Samuel Hartley			
Training location: Western Australia			
Stage of training: Specialty Entry phase			
<p>Case overview: This trainee has engaged well with clinical duties and educational activities throughout the year and is performing satisfactorily against most expected learning goals for this phase. However, he sat the AFRM Entry Phase Exam (EPE) and did not pass. As this exam is a formal progression requirement, this presents as a barrier to progression into the Specialty Foundation phase.</p>			
<p>Rotation details completed</p> <ul style="list-style-type: none"> • Core rotation: 12 months – Rehabilitation Medicine unit 			
Assessments completed during the rotation			
Observation Captures completed 10		Learning Captures completed 10	
Learning goal	Supervision rating	Learning goal	Topic
1. Supervision and teaching	Is able to act with supervision at a distance	1. Pain	Pain management strategies

2. Longitudinal care	Is able to act with direct supervision	2. Cardiac and respiratory conditions	Cardiac rehab planning
3. Handover of care	Is able to act with indirect supervision	3. Spasticity and its management	Managing spasticity in rehab
4. Clinical management	Is able to act with direct supervision	4. Neurological conditions	Neuro rehab case planning
5. Procedures	Is able to act with indirect supervision	5. Adults with disabilities arising in childhood	Transition planning for young adults
6. Team leadership	Is able to act with direct supervision	6. Rehabilitation of other specific conditions	Rehab plans for complex conditions
7. Professional behaviours	need to work on behaviour in two or three areas of professional practice	7. Rehabilitation of older people	Rehab needs of older patients
8. Clinical assessment and management of function	Is able to act with direct supervision	8. Musculoskeletal conditions	MSK rehabilitation for return to work
9. Quality improvement	Is able to act with indirect supervision	9. Amputation of limb and prosthetics	Approach to amputee rehab
10. Communication with patients	Is able to act with indirect supervision	10. Stroke management	Stroke unit assessment
11. N/A		11. N/A	
12. N/A		12. N/A	

Ratings against the learning goals – end of phase report

Learning goal	Trainee self-reflection	Supervisor rating	Expected standard at the end of the Consolidation phase
Professional behaviours	need to work on behaviour in 1 or 2 domains of professional practice	need to work on behaviour in 1 or 2 domains of professional practice	need to work on behaviour in 1 or 2 domains of professional practice
Team leadership	be able to act with direct supervision	be able to act with indirect supervision	be able to act with direct supervision
Supervision and teaching	be able to act with direct supervision	be able to act with direct supervision	be able to act with direct supervision
Quality improvement	be able to act with direct supervision	be able to act with direct supervision	be able to act with direct supervision
Clinical assessment and management of function	be able to act with indirect supervision	be able to act with indirect supervision	be able to act with direct supervision
Handover of care	be able to act with indirect supervision	be able to act with indirect supervision	be able to act with indirect supervision
Longitudinal care	be able to act with direct supervision	be able to act with indirect supervision	be able to act with direct supervision

Communication with patients	be able to act with indirect supervision	be able to act with supervision at a distance	be able to act with indirect supervision
Procedures	be able to act with direct supervision	be able to act with direct supervision	be able to act with direct supervision
Clinical management	be able to act with direct supervision	be able to act with indirect supervision	be able to act with direct supervision
Traumatic brain injury	know how to apply the knowledge in this knowledge guide to specialty practice (knows how)	know how to apply the knowledge in this knowledge guide to specialty practice (knows how)	know the topics and concepts in this knowledge guide that underpin specialty practice (knows)
Stroke management	know how to apply the knowledge in this knowledge guide to specialty practice (knows how)	know how to apply the knowledge in this knowledge guide to specialty practice (knows how)	know the topics and concepts in this knowledge guide that underpin specialty practice (knows)
Neurological conditions	know how to apply the knowledge in this knowledge guide to specialty practice (knows how)	know how to apply the knowledge in this knowledge guide to specialty practice (knows how)	know the topics and concepts in this knowledge guide that underpin specialty practice (knows)
Spinal cord dysfunction	know the topics and concepts in this knowledge guide that underpin specialty practice (knows)	know how to apply the knowledge in this knowledge guide to specialty practice (knows how)	know the topics and concepts in this knowledge guide that underpin specialty practice (knows)
Amputation of limb and prosthetics	know the topics and concepts in this knowledge guide that underpin specialty practice (knows)	know the topics and concepts in this knowledge guide that underpin specialty practice (knows)	know the topics and concepts in this knowledge guide that underpin specialty practice (knows)
Musculoskeletal conditions	know how to apply the knowledge in this knowledge guide to specialty practice (knows how)	know how to apply the knowledge in this knowledge guide to specialty practice (knows how)	know the topics and concepts in this knowledge guide that underpin specialty practice (knows)
Cardiac and respiratory conditions	know the topics and concepts in this knowledge guide that underpin specialty practice (knows)	know how to apply the knowledge in this knowledge guide to specialty practice (knows how)	know the topics and concepts in this knowledge guide that underpin specialty practice (knows)
Adults with disabilities	know the topics and concepts in this	know the topics and concepts in this	know the topics and concepts in this

arising in childhood	knowledge guide that underpin specialty practice (knows)	knowledge guide that underpin specialty practice (knows)	knowledge guide that underpin specialty practice (knows)
Rehabilitation of older people	know how to apply the knowledge in this knowledge guide to specialty practice (knows how)	know how to apply the knowledge in this knowledge guide to specialty practice (knows how)	know the topics and concepts in this knowledge guide that underpin specialty practice (knows)
Rehabilitation of other specific conditions	know the topics and concepts in this knowledge guide that underpin specialty practice (knows)	know the topics and concepts in this knowledge guide that underpin specialty practice (knows)	know the topics and concepts in this knowledge guide that underpin specialty practice (knows)
Pain	know the topics and concepts in this knowledge guide that underpin specialty practice (knows)	know how to apply the knowledge in this knowledge guide to specialty practice (knows how)	know the topics and concepts in this knowledge guide that underpin specialty practice (knows)
Orthotics and footwear	know the topics and concepts in this knowledge guide that underpin specialty practice (knows)	know the topics and concepts in this knowledge guide that underpin specialty practice (knows)	know the topics and concepts in this knowledge guide that underpin specialty practice (knows)
Spasticity and its management	know the topics and concepts in this knowledge guide that underpin specialty practice (knows)	know how to apply the knowledge in this knowledge guide to specialty practice (knows how)	know the topics and concepts in this knowledge guide that underpin specialty practice (knows)

Trainee reflective comments

What I have done well	This year I've learned to apply my clinical knowledge in real-world rehabilitation settings, including stroke and musculoskeletal rehabilitation. I've gained confidence in managing patient handover, setting rehab goals and working closely with allied health teams. I've also appreciated the feedback from my supervisor in helping me strengthen my patient communication and day-to-day clinical judgement.
What I could improve on	While I've met most of my clinical goals this year, I was disappointed not to pass the Entry Phase Exam. I recognise that I need more focused preparation and practice with structured clinical scenarios. My goal is to approach the next sitting with a clear study plan and use targeted feedback to improve. I also aim to become more confident leading discussions and contributing in teaching settings.

Supervisor comments	
What the trainee has done well	Samuel is a diligent and capable trainee who has engaged well in his clinical work and met most expectations for the Entry Phase. He works well with patients, contributes positively to the team and is developing sound clinical reasoning and rehabilitation planning skills.
What the trainee could improve on	Samuel will benefit from further exam focused preparation and increasing his familiarity with OSCE-style case presentation and time management. He has the right attitude and commitment and is well-placed to succeed with additional time and support.
Progression recommendation	Trainee able to progress to the next phase of training
Panel decision: Trainee is unable to progress to Specialty Foundation phase Comments: Samuel has demonstrated appropriate development across the Entry Phase learning goals and is engaging well in training. However, he has not passed the AFRM Entry Phase Exam, which is a mandatory progression requirement under the new curriculum. As per the current policy, the panel cannot support progression to the Specialty Foundation phase. The trainee may reattempt the exam and reapply for continuation once successful.	

Gastroenterology Medicine – Paediatrics and Child Health

Trainee 3 –able to progress to the next phase

Name: Dr Amelia Qureshi	
Training location: Aotearoa New Zealand (AoNZ).	
Stage of training: Foundation year	
Case overview: There are no concerns about this trainee. Amelia has demonstrated steady progress and consistent performance throughout her Foundation phase of Advanced Training in Paediatric Gastroenterology.	
Rotation details completed <ul style="list-style-type: none"> Core rotation: 12 months – Paediatric Gastroenterology (Principal Training Program: Paediatrics) 	
Assessments completed during the rotation	
Observation Captures completed	Learning Captures completed

12		12	
Learning goal	Supervision rating	Learning goal	Topic
1. Longitudinal care, including transitions and end-of-life	Is able to act with supervision at a distance	1. Liver disease/hepatology	Approach to paediatric hepatitis
2. Acute care	Is able to act with indirect supervision	2. Nutrition	Feeding strategies for malnutrition
3. Communication with patients	Is able to act with indirect supervision	3. Gastrointestinal cancer	Recognising GI cancer red flags
4. Clinical management	Is able to act with supervision at a distance	4. Lower gastrointestinal luminal, and anal conditions	Chronic constipation in children
5. Investigations	Is able to act with supervision at a distance	5. Upper gastrointestinal and small bowel luminal disease	Managing coeliac disease
6. Professional behaviours	consistently behaves in line with each of the ten areas of professional practice	6. Inflammatory bowel disease	Nutrition in IBD
7. Supervision and teaching	Is able to act with supervision at a distance	7. Pancreatic and biliary disease	Pancreatitis case study
8. Procedures	Is able to act with supervision at a distance	8. Function and motility	Motility testing interpretation
9. Quality improvement	Is able to act with supervision at a distance	9. Gastrointestinal emergencies	Responding to GI bleeds
10. Team leadership	Is able to act with indirect supervision	10. Scientific foundations of gastroenterology	Gastro science literature review
11. Clinical assessment and management, including prescribing	Is able to act with indirect supervision	11. Diagnostic pathways for GI symptoms	Workup for chronic abdominal pain
12. Nutrition	frequently show they can apply knowledge in this knowledge guide to specialty practice (shows how)	12. Psychosocial aspects of chronic illness	Supporting young patients with chronic GI

Ratings against the learning goals – end of phase report

Learning goal	Trainee self-reflection	Supervisor rating	Expected standard at the end of the Foundation phase
Professional behaviours	consistently behave in line with all 10 domains of professional practice	consistently behave in line with all 10 domains of professional practice	consistently behave in line with all 10 domains of professional practice
Team leadership	able to act with indirect supervision	able to act with indirect supervision	able to act with indirect supervision
Supervision and teaching	able to act with indirect supervision	able to act with supervision at a distance	able to act with indirect supervision

Quality improvement	able to act with direct supervision	able to act with indirect supervision	able to act with direct supervision
Clinical assessment and management, including prescribing	able to act with indirect supervision	able to act with indirect supervision	able to act with indirect supervision
Acute care	able to act with supervision at a distance	able to act with supervision at a distance	able to act with supervision at a distance
Longitudinal care, including transitions and end-of-life	able to act with indirect supervision	able to act with supervision at a distance	able to act with indirect supervision
Communication with patients	able to act with supervision at a distance	able to provide supervision	able to act with supervision at a distance
Procedures	able to act with direct supervision	able to act with indirect supervision	able to act with direct supervision
Investigations	able to act with supervision at a distance	able to act with supervision at a distance	able to act with supervision at a distance
Clinical management	able to act with indirect supervision	able to act with supervision at a distance	able to act with indirect supervision
Scientific foundations of gastroenterology	know how to apply the knowledge in this knowledge guide to specialty practice (knows how)	frequently show they can apply knowledge in this knowledge guide to specialty practice (shows how)	know how to apply the knowledge in this knowledge guide to specialty practice (knows how)
Gastrointestinal emergencies	know how to apply the knowledge in this knowledge guide to specialty practice (knows how)	frequently show they can apply knowledge in this knowledge guide to specialty practice (shows how)	know how to apply the knowledge in this knowledge guide to specialty practice (knows how)
Upper gastrointestinal and small bowel luminal disease	know how to apply the knowledge in this knowledge guide to specialty practice (knows how)	frequently show they can apply knowledge in this knowledge guide to specialty practice (shows how)	know how to apply the knowledge in this knowledge guide to specialty practice (knows how)
Lower gastrointestinal	know how to apply the knowledge in this knowledge guide to	frequently show they can apply knowledge in this knowledge	know how to apply the knowledge in this knowledge guide to

luminal, and anal conditions	specialty practice (knows how)	guide to specialty practice (shows how)	specialty practice (knows how)
Liver disease/hepatology	know how to apply the knowledge in this knowledge guide to specialty practice (knows how)	frequently show they can apply knowledge in this knowledge guide to specialty practice (shows how)	know how to apply the knowledge in this knowledge guide to specialty practice (knows how)
Pancreatic and biliary disease	Knows the topics and concepts in this knowledge guide that underpin specialty practice (knows)	Knows the topics and concepts in this knowledge guide that underpin specialty practice (knows)	know how to apply the knowledge in this knowledge guide to specialty practice (knows how)
Inflammatory bowel disease	know how to apply the knowledge in this knowledge guide to specialty practice (knows how)	frequently show they can apply knowledge in this knowledge guide to specialty practice (shows how)	know how to apply the knowledge in this knowledge guide to specialty practice (knows how)
Gastrointestinal cancer	Knows the topics and concepts in this knowledge guide that underpin specialty practice (knows)	Knows the topics and concepts in this knowledge guide that underpin specialty practice (knows)	know how to apply the knowledge in this knowledge guide to specialty practice (knows how)
Function and motility	know how to apply the knowledge in this knowledge guide to specialty practice (knows how)	frequently show they can apply knowledge in this knowledge guide to specialty practice (shows how)	know how to apply the knowledge in this knowledge guide to specialty practice (knows how)
Nutrition	know how to apply the knowledge in this knowledge guide to specialty practice (knows how)	frequently show they can apply knowledge in this knowledge guide to specialty practice (shows how)	know how to apply the knowledge in this knowledge guide to specialty practice (knows how)

Trainee reflective comments

What I have done well	This year has helped me grow in confidence managing common presentations in paediatric gastroenterology. I've been able to build effective communication with patients and families and received helpful feedback on my documentation and clinical reasoning. I've also enjoyed contributing to departmental teaching and beginning a literature review project related to nutrition in inflammatory bowel disease.
What I could improve on	I've had limited exposure to gastrointestinal oncology this year, particularly around the diagnosis and management of gastrointestinal cancer in paediatrics, which I understand is rare but still

	important. I'd like to seek opportunities to build knowledge in this area in the next phase – whether through a learning capture, case-based discussion specialist clinics or review of relevant guidelines – so I feel better prepared to recognise red flags and understand referral pathways. Similarly, I'd like to strengthen my understanding of pancreatic and biliary disease, as I haven't seen many cases and would benefit from more focused clinical learning in this area.	
Supervisor comments		
What the trainee has done well	Amelia is a thoughtful and capable trainee who consistently performs to a high standard. She demonstrates strong clinical reasoning, professional behaviour and excellent rapport with patients and families. She is proactive, organised and engages well in team discussions and educational activities.	
What the trainee could improve on	Due to the nature of the service, Amelia has had limited exposure to gastrointestinal oncology. This is not unexpected at this stage of training, particularly in paediatrics. Exposure to pancreatic and biliary disease has also been minimal and further experience will be beneficial in future rotations. I expect she will gain more experience in these areas moving forward. No concern about progression.	
Progression recommendation	Trainee able to progress to the next phase of training	
Panel decision: Trainee can progress to the next phase Comments: Amelia has met the expected standard across the majority of learning goals and has shown strong engagement, professionalism and clinical capability in her Foundation phase. While she has not yet reached the expected level in pancreatic and biliary disease and gastrointestinal oncology, the panel acknowledges that these areas are less commonly encountered in her current paediatric setting. These gaps are appropriate for her stage of training and will be addressed in future rotations. The panel supports progression to the Consolidation phase without conditions.		