

## Practice development stage review

The practice development stage review is undertaken once all training requirements have been met.

### 1. Personal information

College ID: \_\_ / \_\_ / \_\_ / \_\_ / \_\_

Surname: \_\_\_\_\_

First name: \_\_\_\_\_ Middle name: \_\_\_\_\_

### 2. Training placements during the practice development stage

A minimum of 44 weeks of approved (1.0 FTE) training is required during the practice development stage.

Training unit	FT/PT	Start date	End date	Weeks of training

Weeks of approved recognition of prior experience:	
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Total training weeks: \_\_\_\_\_

Have 44 weeks of training been undertaken in a level 1 unit during both training stages? Yes / No

### 3. Assessments completed

Assessment	Requirement	Date/s complete
In-training assessments (ITAs)	Quarterly ITAs during the practice development stage with at least two having been assessed as satisfactory	
Long case assessment	1 successful long case required	
Clinical case study	<i>(Can be completed during the core training stage)</i>	
Fellowship examination	<i>(Can be completed during the core training stage)</i>	

#### 4. Workplace based assessments (WBAs)

WBA type	Required number of WBAs over entire pain medicine training program	WBA requirement during practice development stage	Number completed during practice development stage
Requirement per ITA period	At least 3 WBAs per quarter	At least 3 WBAs per quarter	
Clinical skills assessments	8	Nil	
Management plan assessments	6	At least 2 with overall rating of 4 or 5, undertaken by 2 assessors	
Case-based discussion	6	At least 2 with overall rating of 4 or 5, undertaken by 2 assessors	
Professional presentation	2	1	
Multi-source feedback	2	1 satisfactory	
		<b>All WBA requirements met:</b>	Yes / No

#### 5. Trainee and SoT/PDS supervisor declaration:

Trainee signature: \_\_\_\_\_ Date: \_\_\_\_\_

SoT /PDS supervisor: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Send the completed form to:

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