

Core training stage review

The core training stage (CTS) review needs to be completed to progress to the practice development stage (PDS).

1. Personal information

College ID: __ / __ / __ / __ / __

Surname: _____

First name: _____ Middle name: _____

2. Training placements during the core training stage

A minimum of 44 weeks of approved (1.0 FTE) training is required during the core training stage with at least 22 weeks in a level 1 training unit.

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

Total training weeks: _____

Have 22 weeks of training been completed in a level 1 training unit? Yes / No

3. Assessments completed

Assessment	Requirement	Date/s complete
General physical examination assessment	To be completed within 11 weeks of commencement of training	
In-training assessments (ITAs)	An ITA is required for every 11 weeks of training.	
	At least 3 ITAs need to be assessed as satisfactory to complete the core training stage.	
<i>The following may be completed during the CTS but are not required to progress to the PDS.</i>		
Long case assessment	<i>(One can be completed during the core training stage)</i>	
Clinical case study	<i>(Can be completed in either training stage)</i>	
Fellowship examination	<i>(Can be completed in either training stage)</i>	

4. Workplace based progressive feedback (WBPFs)

WBPF (Workplace-based progressive feedback) type	Requirement	Number completed
Requirement per ITA period	a minimum of 3 Workplace-based Progressive Feedback forms per quarter	
Clinical skills	At least 2 with overall rating of 4 or 5, undertaken by 2 assessors	
Management plan	At least 2 with overall rating of 4 or 5, undertaken by 2 assessors	
Case-based discussion	Nil specifically in core training stage	
Professional presentation	1	
Multi-source feedback	1 satisfactory	
All WBPF requirements met:		Yes / No

Please submit the SoT Summary from the multi-source feedback with this core training stage review.

5. Trainee and SoT declaration:

Date core training stage requirements met: _____

Trainee signature: _____ Date: _____

SoT: _____ Signature: _____

Date: _____

Send the completed form to:

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