

## 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 assessments (WBAs)

WBA type	Requirement	Number completed
Requirement per ITA period	a minimum of 3 WBAs per quarter	
Clinical skills assessments	At least 2 with overall rating of 4 or 5, undertaken by 2 assessors	
Management plan assessments	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	
<b>All WBA requirements met:</b>		Yes / No

Please submit the SoT Summary from the multi-source feedback workplace based assessment 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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