

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.	
	At least two ITAs having been assessed as satisfactory	
Long case assessment	2 successful long cases required with at least one completed during the Practice Development Stage.	
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 progressive feedback (WBPFs)

WBPF (Workplace-based Progressive Feedback) type	Required number of WBPFs (Workplace-based Progressive Feedback forms) over entire pain medicine training program	WBPF (Workplace-based Progressive Feedback) requirement during practice development stage	Number completed during practice development stage
Requirement per ITA period	At least 3 workplace-based progressive feedback forms per quarter	At least 3 workplace-based progressive feedback forms per quarter	
Clinical skills	8	Nil	
Management plan	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	
All WBPF requirements met:			Yes / No

Please submit the SoT Summary from the multi-source feedback with this practice development stage review.

5. Trainee and SoT/PDS supervisor declaration:

Trainee signature: _____ Date: _____

SoT /PDS supervisor: _____ Signature: _____

Date: _____

Send the completed form to:

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