

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 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	
All WBA requirements met:			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/PDS supervisor declaration:

Trainee signature: _____ Date: _____

SoT /PDS supervisor: _____ Signature: _____

Date: _____

Send the completed form to:

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