**Registrar Training Plan**

|  |  |
| --- | --- |
| Registrar name |  |
| Training Start Date |  |
| Medical Educator name |  |
| Date Completed |  |

The training plan is designed to plan prospectively when and how training and assessment requirements will be met. The plan is to be reviewed annually or more frequently if required.

|  |  |  |
| --- | --- | --- |
| **CORE GENERALIST TRAINING** | | |
| **Training Requirement** | **Plan to meet requirement (location and dates)** | **Your planned completion date** |
| **Hospital Year** |  |  |
| Comments |  | |
| **Anaesthetics** |  |  |
| Comments |  | |
| **Paediatrics** |  |  |
| Comments |  | |
| **Obstetrics** |  |  |
| Comments |  | |
| **Primary Care** |  |  |
| Comments |  | |
| **Emergency Care** |  |  |
| Comments |  | |
| **Secondary Care** |  |  |
| Comments |  | |
| **Rural & Remote** |  |  |
| Comments |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **EDUCATION** | | | |
| **Fellowship Education Program A** |  | Date enrolled | Date completed |
|  |  |
| Comments |  |  |  |
| **Fellowship Education Program B** |  | Date enrolled | Date completed |
|  |  |
| Comments |  |  |  |
| **Fellowship Education Program C &D** |  | Date enrolled | Date completed |
|  |  |
| Comments |  |  |  |
| **Regional Orientation** |  | Date enrolled | Date completed |
|  |  |
| Comments |  | | |
| **Cultural Education** |  | Date enrolled | Date completed |
|  |  |
| Comments |  | | |
| **Emergency Courses** | REST Plus 1 x Tier 1  or  REST Plus 2 x Tier 2  ALS | Date enrolled | Date completed |
|  |  |
| Comments |  | | |
| StAMPS Mock Exam | Strongly recommended | Date enrolled | Date completed |
|  |  |
| Comments |  | | |
| StAMPS Study Group | Strongly recommended | Date enrolled | Date completed |
|  |  |
| Comments |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ASSESSMENT** | | | | |
| **Core Generalist Curriculum** | | | | |
| **Summative** | **Status/**  **requirements** | **ACRRM recommended enrolment/completion date** | **Your planned enrolment/completion date** | **Enrolments open/close** |
| MSF |  |  |  |  |
| MCQ |  |  |  |  |
| CBD |  |  |  |  |
| StAMPS |  |  |  |  |
| CGT Logbook |  |  |  |  |
| Formative MiniCEX |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **ADVANCED SPECIALISED TRAINING** | | |
| **Discipline** | **Plan to meet requirement (location and dates)** | **Your planned completion date** |
|  |  |  |
| Comments |  | |

|  |  |  |
| --- | --- | --- |
| **AST Education** | | |
| **Courses/ Other applicable education** | **Requirement/Status** | **Your planned completion date** |
|  |  |  |
| Comments |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **AST CURRICULUM** | | | | |
| **Assessment** | | | | |
| **Summative** | **Status/**  **Requirements** | **ACRRM recommended enrolment/**  **Completion date** | **Your planned enrolment/**  **Completion date** | **Enrolments Open/Close** |
| Project or StAMPS or CBD |  |  |  |  |
| Formative MiniCEX, CBD, Logbook |  |  |  |  |

|  |  |
| --- | --- |
| **Other outstanding requirements** |  |

Please tick to confirm that you agree to work towards this plan.

Return your Training Plan to the ACRRM Training Team via email [training@acrrm.org.au](mailto:training@acrrm.org.au).