



Te Kaunihera
Rata o
Aotearoa

**Medical
Council of
New Zealand**

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Postgraduate trainee report: progress toward learning objectives and comments about supervised practice

RP3-PG
For office use only

Registration No:

- This report is to be completed and forwarded (through medical staffing office if employed in a hospital) to the Council office every three months, or as requested by the Medical Council.
- Both the postgraduate trainee's supervisor and the trainee need to sign the report.
- **Please provide a copy of this report to the Chief Medical Officer (CMO) or Practice Manager.**

Name:

Training Host: Supervisor:

Doctor is working in the following area of medicine:

..... Appointment ends on: / /

Report covers work/training done from: / / to: / /

Has the doctor made any changes to their position, supervisor, or area of medicine during this period of supervision? yes no Do they intend to in the near future? yes no

Important information: Time registered within the special purpose scope of practice will not be counted towards gaining registration within a provisional general or general scope of practice in New Zealand.

1. Report on training objectives (please use a separate sheet as necessary):

Training objectives	Progress to date

2. Comments about supervised practice (please use a separate sheet as necessary):

The public and the profession expect doctors to be competent in the following areas as described in *Good Medical Practice*.

Supervisor: Please comment on the strengths, areas for improvement and any public health and safety concerns about the postgraduate trainee in the space below. (Please use a separate sheet as necessary):

Domain of competence	Supervisor comments
<p>Medical care</p> <ul style="list-style-type: none"> • Diagnostic skills • Clinical clerking • History taking • Procedural skills • Patient management • Time management • Recognising limits 	<p>Are there any public health and safety concerns in this area? <input type="checkbox"/> no <input type="checkbox"/> yes, please explain:</p>
<p>Communication</p> <ul style="list-style-type: none"> • Establishes and maintains trust • Communicates effectively in English • Communicates well with patients and families • Demonstrates sensitivity, ethical and cultural awareness • Ensures patients have adequate information about their medical condition 	<p>Are there any public health and safety concerns in this area? <input type="checkbox"/> no <input type="checkbox"/> yes, please explain:</p>
<p>Collaboration</p> <ul style="list-style-type: none"> • Works well in teams • Demonstrates respect for other health professionals • Effective handover of patients • Refers patients as necessary documenting the referral appropriately 	<p>Are there any public health and safety concerns in this area? <input type="checkbox"/> no <input type="checkbox"/> yes, please explain:</p>
<p>Scholarship</p> <ul style="list-style-type: none"> • Takes responsibility for own learning • Progressing towards above referenced goals 	<p>Are there any public health and safety concerns in this area? <input type="checkbox"/> no <input type="checkbox"/> yes, please explain:</p>
<p>Professionalism</p> <ul style="list-style-type: none"> • Reliability and dependability • Ability to cope with stress, emotional demands, and emergency situations • Approachability, warmth, openness, rapport 	<p>Are there any public health and safety concerns in this area? <input type="checkbox"/> no <input type="checkbox"/> yes, please explain:</p>

Supervisor: Please discuss this report with the postgraduate trainee and obtain their signature below. If you have not done so, please explain why not:

Supervisor's name (please print):

Reg #:

Supervisor's signature:

Date:

Postgraduate trainee: My signature indicates the supervisor has discussed this report with me. I would like Council to consider the following comments (please use a separate sheet if necessary):

Name (please print):Reg #:

Signature:

Date: