



ANZCA
FPM

IRTP Progress Report

This report relates to IRTP reference # _____

1. Please confirm details regarding the training sites for the trainee during the past semester.

Information regarding the trainee for the entire training to fellowship is required.

Trainee name: _____

Trainee consent form completed and attached? Yes/No

Year/L evel	Primary Employer	Trainee Start Date	Trainee End Date	FTE	Hospital Name/Setting	Medical Indemnity Insurance (Y/N)

Has the trainee met all training requirements to date?* Yes/No _____

If no, please include circumstances in comments section below.

2. Please provide details regarding the expected training site/s of the IRTP trainee for the coming year.

Does this differ from the original training rotation plan? Yes/No

If no, please include circumstances in comments section below.

Trainee Name	Year/Level	Primary Employer	Trainee Start Date	Trainee End Date	FTE	Hospital Name/Setting	Medical Indemnity Insurance (Y/N)
Trainee Name	Year/Level	Primary Employer	Trainee Start Date	Trainee End Date	FTE	Hospital Name/Setting	Medical Indemnity Insurance (Y/N)

3. Comments. Please provide any additional comments or information you consider to be of note e.g. comments on the effectiveness/success of the training position, any obstacles or impediments that have been experienced or may impact on the remainder of the Project period.

If not previously provided, please provide a completed IRTP Privacy Notice and Consent Form for the trainee who will be occupying the training position. This form is available at <http://www.anzca.edu.au/training/specialist-training-program/integrated-rural-training-pipeline>

Report prepared by: _____ Telephone Number: _____

Email: _____ Position: _____

Date: _____

Financial information

4. Please report financial information about each IRTP training expenditure on a separate row.

All amounts should be inclusive of GST for the current reporting period.

Type of IRTP expenditure (Salary support, Rural Support Loading)	Hospital Name/Setting	IRTP funds received (a)	IRTP funds expended (b)	Balance of IRTP funds remaining (a-b=c)	Other funding contributions*
Totals					

* Information for this column is optional, however it helps develop an understanding of the true cost of training. Contributions to the total funding required for the training position may come from the State/Territory, healthcare setting or other Commonwealth programs.

a = amount paid **GST inclusive** by ANZCA to the hospital

b = amount paid **GST inclusive** to the position, adjusted to reflect the actual proportion of FTE worked

c = variance (or balance) – **GST inclusive**

Report prepared by: _____

Telephone Number: _____

Email: _____ Position: _____

Date: _____