



Supervised Practice Assessment Report – Form M12

The information on this form contributes to decisions on application for review or removal of supervised practice conditions on general registration

Please read these instructions before completing the form.

An assessment report must be provided to the Board by the supervisor who was supervising the registrant at the time the registrant completed the program.

1 Details of registrant being supervised

Surname

First name

Registration No.

Location of supervised practice

Position of supervisee

Supervision period -

Date of Appointment:

Date of Completion:

Rotations completed during program

2 Details of current supervisor

Surname

First name

Registration No.

Position

Questions 3 to 7 must be completed by the Supervisor

3 List registrant's strengths

4 List areas for improvement

5 Assessment report

The assessment of the registrant is to be made against the duties and responsibilities of the special purpose position. Tick (click) appropriate boxes in columns provided.

	Requires substantial assistance	Requires further development	Consistent with level of position	Performance better than expected	Performance exceptional	N/A Not observed
Clinical						
Knowledge base: Demonstrates adequate knowledge of basic and clinical sciences.						
Clinical skills: Elicits and records accurate, complete history and clinical examination findings.						
Clinical judgment/decision making skills: Organises, synthesises and acts on information and applies knowledge base.						
Emergency skills: Acts effectively and when appropriate acknowledges own limitations and						
Procedural skills: Performs procedures competently.						
Communication						
Patient and family: Interacts effectively and sensitively with patients and families/care givers.						
Medical records/clinical documentation: Provides clear, comprehensive and accurate records.						
Personal and professional						
Professional responsibility: Demonstrates punctuality, reliability, honesty, self-care.						
Teaching: Participates in teaching other health care professionals, patients and/or care providers.						
Time management skills: Organises and prioritises tasks to be undertaken.						
Teamwork and colleagues: Works and communicates effectively within a team.						

6 Did you assess any area as: 'Requires substantial assistance' and/or 'Requires further development'?

No **Go to 8**

Yes Comment on each area below and complete 7.
Give specific examples

7 Complete the following performance action plan with the registrant

Issue	Actions/Tasks (including timeframes)	Review date

8 Please read this before certifying

Section 272 of the *Medical Practitioners Registration Act 2001* provides protection for persons involved in supervising registrants.

S272(1) applies to a person who, honestly and on reasonable grounds, gives information to the board

- (a) about a registrant in the person's capacity as the registrant's internship nominee or supervisor for an internship or supervised practice program; or
- (b) in response to a request made by the board under section 121A(2)(Condition of practice under supervision) or 140A(2)(Standard condition registration under ss 132-137).

S272(2) provides that the person is not liable, civilly, criminally or under an administrative process, for giving the information.

Certification

Consistent with the requirements of the *Medical Practitioners Registration Act 2001*, I declare that the information given in this report is true and correct in every particular.

Supervisor's signature

Date

9 Return signed assessment report by one of the following methods:

Mail to:

**The Medical Board of Queensland
GPO Box 1667
BRISBANE QLD 4001**

Fax to:

(07) 3225 2522

Email to:

registrations@medicalboard.qld.gov.au