

OTS SIX MONTHLY SUMMATIVE ASSESSMENT REPORT – CONFIDENTIAL



THE ROYAL AUSTRALIAN
AND NEW ZEALAND
COLLEGE OF OBSTETRICIANS
AND GYNAECOLOGISTS

This form should be used for assessing OTS Trainees. Assessment is to be made at the equivalent of Year 5 ITP or above.
For more information on attributes/competencies refer to the competency maps in the OTS Training Portfolio.

Trainee Name: _____

Hospital: _____

State: _____

Date of commencement of
OTS Training: ____/____/____

Name of OTS
Supervisor: _____

Reporting period of
assessment: From: ____/____/____ To: ____/____/____

Leave taken during
reporting period: From: ____/____/____ To: ____/____/____

ATTRIBUTE (To be completed by OTS Training Supervisor)						
	Competencies Addressed	Demonstrated	Partially Demonstrated	Borderline	Not Demonstrated	Not Assessed
1. Responsibility and Initiative	5.1					
2. Reliability regarding patient care	5.2, 5.3					
3. Communication and rapport with patients	3.1, 3.3					
4. Relationships with other health professionals	3.2					
5. Appropriate theoretical knowledge of the specialty	1.1, 1.2, 1.3, 1.4, 1.5					
6. Attendance at hospital continuing education meetings	3.2, 4.1					
7. Documentation and organisational skills	5.1, 5.3					
8. Clinical judgement	1.4, 1.5					
9. Surgical skill	2					
10. Acceptance of constructive criticism	3.2					

OTS TRAINING SUPERVISOR'S ASSESSMENT OF TRAINEE'S PROGRESS & PERFORMANCE

Assessment must be based on discussions with key consultants who have worked with the trainee.

OTS TRAINEE'S STRENGTHS:

AREAS FOR IMPROVEMENT:

THE OVERALL PERFORMANCE OF THE OTS TRAINEE IN THIS SIX MONTH PERIOD HAS BEEN:

(relevant box to be ticked by OTS Training Supervisor)

SATISFACTORY

OR

REFERRED FOR REVIEW

OTS TRAINEE, OTS TRAINING SUPERVISOR, REGIONAL TA CHAIR AND OTS COMMITTEE CHAIR TO SIGN THESE FORMS ON THE NEXT PAGE.



Please send this form to:

OTS Co-ordinator
RANZCOG
254-260 Albert Street
East Melbourne
VIC 3002
AUSTRALIA

OTS CLINICAL TRAINING SUMMARY (6-MONTHLY)

Six-Monthly Training Summaries (Clinical) for OTS Trainees completing Prospectively Approved Training.

Reminder: Training Supervisors must check and sign off Trainee's logbook in their OTS portfolio every 3 months.



THE ROYAL AUSTRALIAN
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Trainee Name: _____

Hospital: _____

Exact Dates: From: ____/____/____ To: ____/____/____

OTS CLINICAL TRAINING SUMMARY (6-MONTHLY)

	Primary Operator	Assisted
Record TOTALS of each procedure/hours category in the shaded areas		
Normal Deliveries		
Operative Vaginal Deliveries		
Twins Rotational forceps/ventouse Forceps/ventouse		
Caesarean Sections		
Major Abdominal Procedures		
Hysterectomy Other		
Major Vaginal Procedures		
Hysterectomy Other		
Laparoscopies		
Simple Complicated Advanced		
Hysteroscopies		
Colposcopies		
Antenatal Clinic (hours)		
Supervised Ultrasound Training (hours)		

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OTS TRAINING SUPERVISOR SIGNATURE (FOR BOTH 6-MONTHLY REPORT AND CTS)

OTS Training Supervisor Signature: _____

Date: ____/____/____

OTS TRAINEE SIGNATURE (FOR 6-MONTHLY REPORT)

My training supervisor has discussed this assessment with me

OTS Trainee Signature: _____

Date: ____/____/____

THIS 6-MONTHLY REPORT HAS BEEN ASSESSED AS:

- SATISFACTORY
 BORDERLINE (Following Review)
 FAIL (Following Review)

THIS CTS HAS BEEN ASSESSED AS:

- SATISFACTORY
 REQUIRING FURTHER REVIEW

REGIONAL TA
CHAIR SIGNATURE: _____

Date: ____/____/____

OTS COMMITTEE
CHAIR SIGNATURE: _____

Date: ____/____/____

GUIDELINES FOR THE OTS SIX-MONTHLY SUMMATIVE ASSESSMENT REPORT



The OTS Six-monthly Summative Assessment Report is to be completed by the OTS Training Supervisor to assess the trainee's competence as a **clinician**. This report also encompasses the Clinical Training Summary. The OTS Trainee is to be assessed at the equivalent of a Year 5 ITP or above. The six-monthly summative assessment report is a collation of the feedback provided by consultants who have worked with the OTS Trainee in the six-month period of training. It is the OTS Training Supervisor's responsibility to collect this information from the consultants.

COMPLETING THE REPORT

For each competency, indicate the number of consultants who give each rating.

- eg. 5 consultants assess the trainee. For the attribute, Responsibility and Initiative: two give a rating of Partially Demonstrated; three rate the trainee as Borderline. This information should be recorded as follows:

ATTRIBUTE	Competencies Addressed	Demonstrated	Partially Demonstrated	Borderline	Not Demonstrated	Not Assessed
1. Responsibility and Initiative	5.1		2	3		

- OTS Training Supervisor and trainee must meet to discuss the report.
- OTS Training Supervisor and trainee both sign and date the report.

TIMING OF THE REPORT

2-3 WEEKS BEFORE THE END OF THE TRAINEE'S SIX-MONTH PERIOD OF TRAINING:

- Distribute copies of the Consultant Assessment of Trainee form to the relevant consultants.
- Both the OTS Training Supervisor and OTS Trainee need to be aware of the end date of the training period.

AT THE END OF THE SIX-MONTH PERIOD OF TRAINING:

- The OTS Training Supervisor must compile the report and discuss this with the OTS Trainee.
- When an OTS Trainee will undertake their following period of training at a different hospital, it is important that the report is completed before the trainee leaves their current hospital.

2 WEEKS AFTER THE END OF THE SIX-MONTH PERIOD OF TRAINING:

- The Six-monthly Report should be submitted by the OTS Trainee to the OTS Coordinator at College House no later than two weeks after the end of the six-month period of training.

UNSATISFACTORY REPORTS

A report is NOT SATISFACTORY if:

- A NOT DEMONSTRATED is recorded in ANY attribute.
- Half, or a majority, of the consultants assess a trainee as BORDERLINE in THREE OR MORE attributes.

If a report is NOT SATISFACTORY:

- The OTS Training Supervisor MUST refer the report, along with the Training Assessment Record (TAR) to the OTS Coordinator for review.
- The OTS/AoN Chair and the relevant Regional TA Chair Committee confer to determine whether the report will be assessed as SATISFACTORY, BORDERLINE or FAIL.
- If the assessment is deemed FAIL, the result is referred to the OTS/Aon Committee for ratification.
- All decisions are reported to the OTS Training Supervisor by the relevant Regional TA Chair.
- The decision and the report are sent to College House.
- The trainee is provided with a copy of the report.

If a trainee receives THREE reports assessed as FAIL during the course of their training, the trainee will be removed from the program.

WHEN THE REPORT IS COMPLETE

If the report is SATISFACTORY:

- After the OTS Training Supervisor and the trainee have signed the report, the OTS TRAINEE is responsible for submitting the report to the OTS Coordinator, along with the Clinical Training Summaries (CTS).

If the report is NOT SATISFACTORY:

- After the OTS Training Supervisor and the trainee have signed the report the OTS TRAINING SUPERVISOR refers the report/Clinical Training Summaries (CTS) to the OTS Coordinator who will then forward it on for review.

FOR ANY QUERIES RELATING TO TRAINING PLEASE CONTACT:

OTS Coordinator

RANZCOG
254 – 260 Albert Street
East Melbourne
VIC 3002 AUSTRALIA

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Email: OTS@ranzcof.edu.au