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| **DATE ANNUAL UPDATE DUE:** |

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| **TRAINING HOSPITAL:** |
| **ACCREDITATION STATUS:** |
| **DATE OF ACCREDITATION:** |

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| **ACCCREDITED TERMS** |

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| **TERM NAME** | **CORE / NON-CORE** | **NO. OF PGY1** | **NO. OF PGY2** | **Length of Accreditation** | **Accreditation Expiry** |
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| **ACCCREDITED TERMS:**  *Please review your term descriptions and register of training places and ensure consistency with terms accredited.*  *Indicate whether all the training terms have been used this year.* |
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| **PROGRESS REPORT:**  *Please provide an overview on progress related to each of the following recommendations:* |
| ***Recommendation 1:*** |
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| ***Recommendation 2:*** |
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| ***Recommendation 3:*** |
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| ***Recommendation 4:*** |
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| ***Recommendation 5:*** |
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| ***Recommendation 6:*** |
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| ***Recommendation 7:*** |
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| ***Recommendation 8:*** |
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| **GENERAL CLINICAL TRAINING COMMITTEE UPDATE**  ***Please provide an overview of the major achievements of the GCTC in the last 12 months*** |
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| **ACHIEVEMENTS AND INITIATIVES**  ***Please outline any other achievements and initiatives implemented in the last 12 months*** |
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| **SIGNIFICANT ISSUES ARISEN / ADDITIONAL INFORMATION**  ***Please provide an overview of any significant training issues in the last 12 months*** |
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| **REPORT PREPARED BY:**  ***Name, position and signature*** |

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| **CRMEC OFFICE TO COMPLETE** |
| **DATE RECEIVED BY CRMEC:** |
| **DATE REVIEWED BY ACCREDITATION COMMITTEE:** |
| **OUTCOMES OF COMMITTEE REVIEW:** |