

NTGPE Recognition of Prior Learning Term Assessment/Supervisor Feedback Form

Applicable to the terms in accredited Australian or New Zealand hospitals i.e. able to take interns; post general medical registration in lieu of contemporaneous term assessment forms being available.

One form required for each term being applied for, in addition to the [NTGPE Application for Recognition of Prior Learning RACGP ProForma](#) regarding educational activities undertaken, objectives, feedback and assessment.

To be completed by GP Registrar:

Name of Registrar/Doctor:

Date attained General Registration:

Hospital/Health Service:

Rotation and Unit attached to:

Rotation Dates:

Number of weeks:

Primary Clinical Supervisor:

To be completed by Primary Clinical Supervisor:

Do you recall this individual's performance well enough to give meaningful feedback? Yes No

If **No** then please decline to complete this form.

If **Yes** then please rate on the following attributes:

Attributes for level of experience	Below Expected Level	Expected level	Unable to assess/observe
Interest in learning (did they attend/participate in hospital educational events?)			
Clinical Performance			
Medical records			
Rapport with patients			
Team relationships			
Professional ethics and sense of responsibility			
Feedback (did they welcome feedback and constructive comments?)			

Other comments?

Supervisor Name: (please print)

Supervisor Signature:

Date completed:

Please either return to the Registrar who asked you to complete or return confidentially to registrar@ntgpe.org