



Trainee Remedial Plan

WBA FORM 05

Instructions

- This form is for Oral and Maxillofacial Surgery (OMS) trainees who have received a borderline or unsatisfactory outcome for their midterm interim and/or six-monthly assessment. Supervisors will identify areas of concern and determine what the trainee needs to do to improve. Trainees should refer to relevant sections of the Accredited Training in OMS Handbook detailing requirements for remedial plans.
- Please complete this form and email to omstrainee@racds.org within two weeks of your midterm meeting or by the six-monthly assessment report deadline – 15 February and 15 August of each year.

Trainee Details

Trainee name		Training year	OMS 1	OMS 2	OMS 3	OMS 4
Training centre		Training period	Feb to Aug		Aug to Feb	
Training post/hospital						
Supervisor of Training						
Director of Training						
Regional Surgical Committee Chair						
Type of assessment	Midterm		Six-monthly			

Supervisor of Training – Assessment of Trainee’s Progress and Performance

Trainee Strengths

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Areas for improvement

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Summary of plan for remedial action (use separate sheet if necessary)

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Director of Training Declaration

I have advised the trainee that improvement will be expected over the next three-to-six-month rotation period in the areas specified above or another borderline or unsatisfactory report may result.

Name			
Signature		Date	

Trainee Declaration

I have had the implications of this warning explained to me and I understand them.

Name			
Signature		Date	