

## REGISTRAR COMPETENCY CHECK-LIST

Registrar: \_\_\_\_\_ Year of training: \_\_\_\_\_ Initial Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Review Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Laboratory: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Rating: 1 = Far short of expected standards for level of training, 2 = Short of expected standards for level of training, 3 = Expected for level of training, 4 = Better than expected for level of training and 5 = Exceptional.

Rating	ACTIVITY	PRIORITY High Medium Low	ACTION(S) TO BE UNDERTAKEN OVER 6 MONTHS	Who will be involved	Reviewed Rating
	Cut-up. Comments:				
	Post-mortem examination and reporting. Comments:				
	Frozen section participation. Comments:				
	Histopathology reporting. Comments:				
	Cytology reporting. Comments:				
	Multidisciplinary Meetings. Comments:				
	Departmental tutorials and presentations. Comments:				

	Laboratory safety and OH&S. Comments:				
	Laboratory techniques. Comments:				
	Quality Assurance activities and RCPA QAP. Comments:				
	Medical Student tutorials. Comments:				
	External conference attendance. Comments:				
	Research and publications Comments:				
	Examinations. Comments:				
	Yearly RCPA supervisor assessment. Comments:				

Signed: (Registrar) \_\_\_\_\_

(Supervisor) \_\_\_\_\_

(Head of Department) \_\_\_\_\_