Participants in the SPRP should identify their learning goals and discuss with their educational supervisor. This form should then be completed and signed by both the SPRP participant and the educational supervisor, and submitted to the RANZCP CPD office before commencement of the program.

<table>
<thead>
<tr>
<th>Name of SPRP participant:</th>
<th>Name of educational supervisor:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Participant RANZCP ID:**

**PURPOSE**

The purpose of the educational relationship is:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**EXPECTATIONS**

Our shared expectations of the **educational supervisor** are:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Our shared expectations of the **SPRP participant** are:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**PARTNERSHIP COMMUNICATIONS**

We plan to use the following methods to undertake our educational activities (communication methods, frequency of communication, location and duration):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
PARTNERSHIP CONFIDENTIALITY and BOUNDARIES OF DISCUSSION

We understand that confidentiality and boundaries are important in our educational relationship. As such, our shared expectations with respect to confidentiality of information shared and boundaries of discussion are:

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

LEARNING GOALS

Our educational partnership will assist the SPRP participant to achieve the following goals to support their remedial requirements and further professional development activities:

<table>
<thead>
<tr>
<th>TOPIC</th>
<th>Review date</th>
<th>Target date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ACTION PLAN

We agree to the following key action points to assist the SPRP participant in achieving the identified goals:

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________
Participation in program, modules and courses
(If applicable, describe any programs, modules or courses which will be undertaken as part of your overall action plan)

LEARNING OUTCOMES

Identify the SPRP participant’s expected learning outcomes and anticipate how they will be implemented into clinical practice:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

DURATION OF PROGRAM

The length of the program will be a minimum of twelve months. As the program is focused on SMART objectives, and the SPRP participant achieving the identified outcomes within specified time periods, progress will be reported quarterly by the educational supervisor to the CPD Manager and CCPD Chair. Any changes made to the final date must be discussed with RANZCP CPD and potentially the regulator.

Commencement date / / 

Completion date / /
STATEMENT BY SPRP PARTICIPANT AND EDUCATIONAL SUPERVISOR:

Please acknowledge that you have also discussed the following:

- We have discussed the possible challenges to our educational relationship and how we can prevent or manage these challenges.
- We have discussed any limits or constraints that will affect our interactions and how we can handle these.
- We confirm that we have a communication schedule in place.
- We confirm that we have agreed to an initial commencement and completion date including goal milestones and reporting updates to RANZCP CPD.
- We will treat information collected with appropriate confidentiality as per the SRP and Privacy Policies.
- We have scheduled the following quarterly reporting dates whereby the supervisor will update the RANZCP on progress through the program as per the Policy:
  1. 
  2. 
  3. 
  4. 

<table>
<thead>
<tr>
<th>SPRP participant:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Educational supervisor:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
</tr>
</tbody>
</table>

The RANZCP own all intellectual property rights (including any copyright, trade mark rights and patent rights) in the Information and this document. You may download, copy or print reasonable amounts of the Information for your personal, non-commercial use, but must not use it in a commercial way (for example, publishing, selling or modifying the Information) without RANZCP’s prior written consent.