Specialist Performance Remediation Program





Learning Agreement

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.

Name of SPRP participant:	Name of educational supervisor:
Participant RANZCP ID:	
PURPOSE	
The purpose of the educational relationship is:	
EVEL OT A TIONS	
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 ecommunication, location and duration):	educational activities (communication methods, frequency of

Learning Agreement







PARTNERSHIP CONFIDENTIALITY and BOUNDARI	ES 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 requirements and further professional development activities:	e following goals to support to	heir remedial		
TOPIC	Review date	Target date		
ACTION PLAN				
We agree to the following key action points to assist the SPRP participan	t in achieving the identified go	pals:		

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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 outcome practice:	es and anticipate h	now they will be implemented into clinical			
DUDATION OF PROCRAM					
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	1	1			
Completion date	1	1			





Learning Agreement

STAT	TEMENT BY SPRP PARTCIPANT	T AND EDUCATIONAL SUPERVIS	OR:			
Please	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.					
SPRP	participant:					
Name:		Signature:	Date:			
Educa	ational supervisor:					
Name	2:	Signature:	Date:			

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