

The Royal Australasian College of Physicians

Curricula renewal

Progress Review Panel guide

New Basic Training curricula



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About this document

This guide outlines the processes and considerations for training settings implementing Progress Review Panels under the new Basic Training curricula. This guide is designed to include flexible and practical guidelines and information for settings to adapt to their needs.

There are three sections to this guide.

Section 1 – Setting up a Progress Review Panel

- Describe the role and responsibilities of a Progress Review Panel
- Use the guiding principles for Progress Review Panels
- Apply the guidelines and meeting protocols to a Progress Review Panel
- Identify and access supporting documents to assist with Progress Review Panel meetings.

Section 2 – Decisions on trainee progress

- Describe the decisions and conditions that can be placed on Basic Trainees.
- Calibrate assessment of trainees' progress.
- Outline the barriers to decision making and how these can be mitigated.

Section 3 – Governance and appeals

- Outline the Progress Review Panel reporting lines.
- Explain the Reconsiderations, Reviews and Appeals process

This guide can be read in conjunction with the learning and assessment guide.

For more information or to provide feedback contact curriculum@racp.edu.au.

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At a glance

Section 1: Setting up a Progress Review Panel

Role and responsibilities of a Progress Review Panel:

- review and assess trainees' progress
- communicate and report on progression decisions
- monitor delivery of the local Basic Training program
- ensure compliance to regulatory, policy and ethical matters

Guiding principles

- Informed decision making
- Adherence to [education policy](#) and [curricula standards](#)
- Confidentiality and privacy
- Fairness and equity
- Patient and trainee safety
- Support trainee progression

Guidelines and meeting protocols

When setting up a Progress Review Panel it is helpful to consider the following aspects:

- Responsibility and authority
- Composition
- Conflicts of interest
- Meeting frequency
- Quorum
- Operational matters (agenda and minutes)

Refer to the [Progress Review Panel planning template](#)

Section 2: Decisions on trainee progress

The Progress Review Panel makes important decisions on progression for all trainees in their settings. Decisions made by the Progress Review Panel must be transparent and defensible.

Decision 1

Trainee can progress to the next phase of training.

Decision 2

The trainee can progress to the next phase of training with conditions.

Decision 3

The trainee cannot progress to the next phase of training.

Access the full list of [decisions and outcomes](#) available to Progress Review Panels. A [decision aid](#) has been developed to assist.

There are [barriers to effective decision making](#), including cognitive bias, time pressures and groupthink. It is important for Progress Review Panels to consider how these barriers may impact their decisions and what strategies can be implemented to try and mitigate them.

Section 3: Governance and appeals

The Basic Training program includes RACP-administered committees with oversight of the Basic Training programs in Australia and Aotearoa New Zealand (AoNZ).

Division	Australia	Aotearoa New Zealand
Adult Internal Medicine	Adult Internal Medicine Basic Training Committee	Aotearoa New Zealand Adult Medicine Division Education Committee
Paediatrics & Child Health	Paediatrics & Child Health Basic Training Committee	Aotearoa New Zealand Paediatrics & Child Health Division Education Committee

The RACP has an appeal mechanism in place for the situation where a trainee does not agree with the decision of the Progress Review Panel. The process is outlined in the [Reconsideration, Review and Appeals Process By-Law](#).

Calibration of expectations

To ensure consistency, transparency and fairness in the assessment practices of a setting, it is essential the panel has an effective shared model of how to assess trainee progress. Case studies are a useful way for the panel to consider their approach to trainee issues that may arise. It is recommended that the Progress Review Panel have a pre-meeting to work through the [case studies](#).

Introduction

This document outlines a set of guiding principles, processes, and procedures, which training settings can use as a resource as they transition to the new Basic Training curricula. It is intended that the implementation of Progress Review Panels is flexible and based on the needs of the local training context. The principles and guidelines in this document can be implemented flexibly while ensuring that the governance rules outlined by the RACP are considered. It is anticipated that a range of Progress Review Panels will be implemented by training networks/settings.

Progress Review Panels are being introduced to ensure decisions made about trainees are robust and based on evidence. Group decision-making helps to synthesise information about progression and guards against inadvertent bias. Progression decisions and recommendations will assist trainees to guide their learning and will be tailored to their experience in training.

Members of the Progress Review Panel are considered the local experts in the Basic Training program, including the training objectives, requirements, and administration.

The Basic Training program learning and assessment guide is a useful resource for panel members to review to understand the standard trainees are expected to achieve in the training program.

Basic Training roles and responsibilities









The new Basic Training curricula changes how trainees are assessed. There are a variety of roles and responsibilities in training that contribute to the observation, assessment, and review of trainees. The most substantial change is the introduction of Progress Review Panels who will be responsible for reviewing trainee learning and making progression decisions.

Figure 1 outlines the roles in the Basic Training program.

For more information on the roles and responsibilities in the Basic Training program, please refer to the Basic Training Learning Teaching and Assessment (LTA) programs ([Adult Internal Medicine](#) and [Paediatrics & Child Health](#)).

Directors of Physician / Paediatric Education and Supervisors can also access the [RACP Educational Leadership and Supervisor Framework](#) and the [Supervisor Handbook](#).

Overview of roles and responsibilities in Basic Training

Figure 1 Workplace/training setting						
Provides professional learning and development opportunities						
						
Basic Trainee	Assessor	Rotation Supervisor	Education Supervisor	Director of Physician / Paediatric Education	Network Director of Physician / Paediatric Education	Progress Review Panel
A member who is registered with the RACP to undertake Basic Training.	A person who provides feedback to trainees via the Observation Capture or Learning Capture tool.	A consultant who provides direct oversight of a Basic Trainee during a training rotation.	A RACP Fellow* who provides longitudinal oversight of a Basic Trainee's progress through training. *Or Fellow of another specialty college (Paediatrics & Child Health Division only)	A RACP Fellow who provides educational leadership across a training setting.	A RACP Fellow who provides educational leadership across a network of training settings.	A group convened to make evidence-based decisions on Basic Trainees' progression through and certification of training.
 RACP Oversight Committees						
RACP-administered committees with oversight of the Basic Training programs in Australia and Aotearoa New Zealand. This includes the Adult Internal Medicine Basic Training Committee, Aotearoa New Zealand Adult Medicine Division Education Committee, Paediatrics & Child Health Basic Training Committee, and Aotearoa New Zealand Paediatrics & Child Health Division Education Committee.						

About Progress Review Panels

A Progress Review Panel is a locally based panel made up of Basic Training supervisors and other representatives involved in the Basic Training program at a training network or setting. The Progress Review Panel regularly meet to review trainees' progress and make evidence-based progression decisions for each trainee.

Rationale

The panels' goal is to review the evidence of trainees' progress, performance, and abilities in the Basic Training program and provide input to decision making. Regular review of trainees' progress facilitates a developmental approach, supporting trainee learning over time.

The shared decision-making, based on evidence of trainees' performance, enables a better overview of changes in trainee performance over time and therefore better decision making. Group discussion also increases detection of trainee's problematic performance and patterns of performance, assists in addressing some 'failure to fail'¹ issues, and supports decision makers in cases of appeal and trainees in cases of perceived supervisor bias.

Table 1 outlines how each role in the new Basic Training program works together to build a picture of trainee competence and progression through the training program.

Rotation Supervisor Individual trainee oversight and rotation progression	Education Supervisor Longitudinal oversight of a Basic Trainee's progress through training	Director of Physician / Paediatric Education Provides educational leadership	Progress Review Panel Makes evidence-based decisions on trainees' progression
<ul style="list-style-type: none"> • Conduct work-based assessments. • Provide guidance and feedback for learning. • Complete Rotation Plans and Rotation Progress Reports. • Makes a recommendation to the Education Supervisor. 	<ul style="list-style-type: none"> • Conduct work-based assessments. • Complete Phase Progress Reports. • Monitor trainees' progress over a phase. • Make progression recommendations to the Progress Review Panel. 	<ul style="list-style-type: none"> • Confirm new trainees entering the program. • Lead the coordination of the Basic Training program. • Support supervisors to deliver the Basic Training program. • Sits on the Progress Review Panel. 	<ul style="list-style-type: none"> • Track the progression of all trainees based in a setting. • Make progression decisions for all trainees at the setting. • Recommend modifications to trainees learning plan and activities to aid growth and development.

¹ Yepes-Rios *et al* (2016) define failure to fail as when a supervisor assesses a trainee and feels unprepared and/or unwilling to report a trainee's failing performance.

Progress Review Panel role and responsibilities

Progress Review Panels have an essential role to play in ensuring the integrity and transparency of progression decisions related to Basic Trainees in a setting.

Review and assess trainees' progress

- Synthesise pieces of evidence to make informed decisions about trainees' completion of requirements and eligibility for phase progression.
- Recommend modifications to trainees' learning plans and activities to aid growth and development.
- Flag issues or concerns with progress.



Communicate and report on progression decisions

- Communicate progression decisions and guidance on further learning to supervisors and trainees.
- Report to RACP oversight committees where required.

Monitor delivery of the local Basic Training program

- Track the longitudinal progression of all trainees based in the setting.
- Benchmark trainee progress in each phase.
- Identify training needs for trainees and supervisors.
- Identify opportunities for improvement of local training delivery.

Ensure compliance to regulatory, policy and ethical matters

- Adhere to RACP training requirements and education policies.
- Participate in the RACP Reconsideration Review and Appeals process as required.
- Adhere to the RACP Code of Conduct.
- Comply with workplace policies and procedures as it relates to trainee progression.

Section 1 – Setting up a Progress Review Panel

Guiding principles

It is up to the local setting or network to decide how the Progress Review Panel is set up to best reflect the needs of the local context. It should be noted that some settings may already have existing committees undertaking training business. Existing groups may be able to adapt to incorporate panel requirements.

The roles, responsibilities and activities of a Progress Review Panel are guided by the following principles.

Principle	Description
1. Informed decision making	<ul style="list-style-type: none"> Multiple assessment episodes, ideally involving multiple assessors, should be collated, and reviewed to reveal a broad picture of a trainees' progression and achievement of learning goals. Progression decisions should be based on the evidence available at the time of the progression review meeting. In the case of insufficient evidence, decisions may be deferred until more information is collected.
2. Adherence to policy and curricula	<ul style="list-style-type: none"> Panel decisions are guided by the RACP curricula standards, training program requirements, education policies and Training Provider Standards related to Basic Training.
3. Confidentiality and privacy	<ul style="list-style-type: none"> The review panel should act in accordance with the RACP Privacy Policy and Online Services Terms and Conditions.
4. Fairness and equity	<ul style="list-style-type: none"> Decisions must be made and communicated in a timely manner to ensure fairness and appropriate sequencing of training experiences. Individual trainees, or their supervisors, may be invited to discuss their progress with the members of the Progress Review Panel.
5. Patient and trainee safety	<ul style="list-style-type: none"> Decisions should be made in the spirit of protecting patients from harm, including weighing a trainees' progress in terms of what they can safely be entrusted to perform with indirect supervision. Patient and trainee safety take precedence over all other considerations. Employers and clinicians are bound by mandatory notification requirements to the Medical Board of Australia (MBA) or Medical Council of New Zealand (MCNZ) as appropriate. Reportable behaviours are dealt with directly by the MBA or MCNZ.
6. Support trainee progression	<ul style="list-style-type: none"> Panel work is done in a spirit of supporting each trainee to develop competence and achieve their learning goals. Progress Review Panels, have the responsibility in the RACP Training Support Pathway to: <ul style="list-style-type: none"> refer and initiate Stage 1 (local remediation) identify trainees that require referral for enhanced support through Stage 2. help gather information for the RACP governing committee in the event of a Stage 3 (Comprehensive Review of Training) in accordance with the Training Support Policy.

Guidelines and meeting protocols

These guidelines can be used by training settings when establishing a Progress Review Panel. The guidelines are intended to be flexible and can be adapted as necessary by settings to suit the local training context. The [Terms of Reference template](#) in appendix 3 can be used by sites to formalise the panel guidelines.

Responsibility and authority

The Progress Review Panel report to the Basic Training Committees (Australia) or Divisional Education Committees (Aotearoa New Zealand). The Progress Review Panels' role and responsibility is to:

- review and assess trainees' progress.
- communicate and report on progression decisions.
- monitor delivery of the local Basic Training program.
- ensure compliance to regulatory, policy and ethical matters.

Composition

The Progress Review Panel will be composed of individuals with interest, experience and expertise in assessment and medical education relevant to the Basic Training program. Members must be able to use training data to make judgements on outcomes and engage in collegial discussions to reach consensus decisions. Guidelines on membership and composition include:

- Director/s of Physician/Paediatric Education (DPE) must be panel member/s.
- The panel should be chaired by an RACP Fellow who also has a supervisory role in the Basic Training program.
- Members should include Education Supervisors and Rotation Supervisors associated with the program. Member diversity should also be considered in terms of job type, supervisory experience, gender, and ethnicity or cultural background. Settings have the discretion to include members 'external' to the teaching faculty. The Panel may want to consider adding a representative/s from Indigenous groups, trainees, or patients.
- The size of the panel should reflect the number of trainees in the program. It is recommended there is approximately 1 panel member per 10 trainees with a minimum of 3 and a maximum of 9 members. However, networks may need more members to ensure adequate representation. An odd number of members is recommended to avoid deadlocked decisions.

Conflicts of interest

Conflicts of interest should be declared at the commencement of each meeting and handled in accordance with the College's [Conflicts of Interest policy](#).

Meeting frequency

Progress Review Panels should meet with regular frequency. It is recommended that the Progress Review Panel meet to review trainees twice a year as a minimum, scheduled to coincide with the completion of Phase Progress Reports. More frequent meetings may be required for larger programs or to support the transition between stages. Ad hoc meetings can be scheduled on a needs basis. Meetings may be either virtual, face to face or some combination of the two.

Quorum

To ensure robust decision making it is recommended consideration is given to having a quorum set for each meeting. Quorum is usually defined as 50% of the membership plus one member. It is recommended that one Director of Physician/Paediatric Education (DPE) is considered as essential to meeting the quorum.

Operational matters

The process by which the panel fulfils its duties may vary. It is recommended that the panel have an initial meeting to agree on operational processes and that they be documented. This should occur ahead of meeting to review trainee progression.

Planning

The panel can choose how best to organise their meetings and decision-making process. The review panel will decide what method they will use to make decisions on trainee progression, for example through a consensus or majority vote. Refer to Appendix 1 for a [Progress Review Panel planning template](#).

Agenda

An [agenda template](#) has been provided in Appendix 2. The template can be adapted as required.

Outcomes and minutes

The Progress Review Panel will communicate progression decisions with trainees and their supervisors by documenting the decisions in the Training Management Platform (TMP).

RACP staff will compile reports for the relevant RACP oversight committees on trainee progression, referrals to the Training Support Pathway, and referrals to the Reconsideration, Reviews, and Appeals process. The Chair and/or other members of the panel may be asked to contribute details to these reports.

It is recommended formal minutes are taken to capture decisions made by the review panel. The minutes of the previous meeting should be confirmed by the Progress Review Panel at the subsequent meeting. A [minutes template](#) has been provided in Appendix 2.

Section 2 – Decisions on trainee progress

The Progress Review Panel makes important decisions on progression for all trainees in their setting(s). Decisions made by the Progress Review Panel must be transparent and defensible. A [decision aid](#) can be found in appendix 3. The decision aid provides guidance on the targets to be achieved for a satisfactory outcome at the end of each training year. **Table 2** outlines the range of decisions on trainee progression available to Progress Review Panels.

<i>Review training data</i>	<i>Make decision on progress</i>	<i>Review progress on conditions</i>	<i>Initiate reconsideration, review, or appeal</i>		
	<p>Decision options</p> <p>Decision 1: Trainee can progress to the next phase of training</p> <p>Decision 2: The trainee can progress to the next phase of training with conditions</p> <p>Decision 3: The trainee cannot progress to the next phase of training for the following reasons:</p> <ul style="list-style-type: none"> Insufficient evidence presented. Progression criteria not yet achieved. RACP oversight committee input required 	<p>Outcome</p> <ul style="list-style-type: none"> Trainee progresses Requirement-based condition placed on the trainee. Requirement-based condition/s placed on the trainee to complete current phase of training. Trainee may be placed on training support pathway. Decision may be escalated to the RACP oversight committee. 	<p>Documentation required</p> <p>n/a</p> <ul style="list-style-type: none"> Conditions added to the trainee's TMP training program. Phase Progress Report. Additional evidence as defined by the Training Support Pathway. Additional evidence as required by the Panel. 	<p>Outcome</p> <p>n/a</p> <ul style="list-style-type: none"> The trainee is assessed against their conditions through their next phase of training and completes progress reports as normal. The trainee can progress to the next phase of training. The trainee's time-based condition is extended. Additional requirement-based conditions are required. Escalate to the RACP oversight committee. Discontinuation of training 	<p>If the trainee is not happy with the decision made by the Progress Review Panel they can:</p> <ol style="list-style-type: none"> provide further evidence and request the Progress Review Panel <i>reconsider</i> their decision. apply to the relevant RACP oversight committee requesting they <i>review</i> the Panel's decision.

Setting conditions for progression

The Progress Review Panel process needs to be able to accurately distinguish between satisfactory and unsatisfactory performance and progression, and the reasons for unsatisfactory progression. The decisions and conditions for progression available to review panels is outlined in **table 3**.

Decision 1

Trainee can progress to the next phase of training.

Trainee progresses

- Satisfactory progress – achieving progress and the development of competences or capabilities at the expected rate.
- Training requirements have been completed.
- Clinical experience requirements on track for completion.

Decision 2

The trainee can progress to the next phase of training with conditions.

Requirement-based condition/s placed on the trainee

- The trainee's progress has been acceptable overall but there are some competences or capabilities that have not been fully achieved and need to be further developed. It is **not** expected that the rate of overall progress will be delayed, the prospective date for completion of training will need to be extended, or that a period of additional remedial training will be required.
- It may be helpful to think about what the trainee would need to demonstrate and what evidence they would need to provide to make the panel confident they're ready to progress.
- Example condition: the trainee is required to complete 5 additional Observation Captures and 2 Learning Captures against the learning goal 2: Communication with patients.

Decision 3

The trainee cannot progress to the next phase of training for the following reasons:

Insufficient evidence presented

- The panel can make no statement about progress or otherwise where either no information or incomplete information has been supplied and/or is available to the panel. The panel should agree what outstanding evidence is required from the trainee and the timescale in which it must be provided to be able to issue an outcome.
- Requirement-based condition/s placed on the trainee to complete the current phase of training.
- The trainee is placed on Stage 1 (local training setting) of the Training Support Pathway.

Progression criteria not yet achieved

- The trainee's progress has been acceptable overall but there are some competences or capabilities that have not been fully achieved and need to be further developed that cannot be expected to be developed in the next phase of training. It is expected that the rate of overall progress will be delayed or that the completion of training will be extended and that a period of additional remedial training will be required.

and/or

- Inadequate progress has been demonstrated in a certain clinical area or clinical experience requirement. The panel has identified that an additional period of training is required that will extend the duration of the training program.
- Example recommendation: the trainee will be required to complete an additional 3 months of training in the next (Consolidation/Completion) phase of training to achieve learning goal 'communication with patients' at the expected standard. During this time, the trainee should complete 6 additional Observation Captures on this learning goal. The additional time is to be spent in general and acute care medicine setting.
- The trainee is placed on Stage 1 (local training setting) of the [Training Support Pathway if not already](#).

RACP oversight committee input required

Escalation to committee

- The panel may defer the decision about a trainee to an RACP oversight committee. For example, this may occur if:
 - The panel has reviewed the same trainee on two or more occasions and progress has not been adequate. The panel would like an outside body to review the case and ensure they have followed due process and get advice on where to next.
 - The panel determine a trainee is unsuitable for progressing in the training program, e.g., the trainee has completed the requirements as per the training support pathway and there is still insufficient and sustained lack of progress despite having had additional training to address concerns over progress. The panel should document relevant competences/capabilities that have been achieved by the trainee and those that remain outstanding.
 - The trainee is no longer training within their setting/network (e.g., due to reportable behaviours.) The trainee's case should be escalated to the RACP governing committee to advise.
- The trainee is placed on Stage 2 (committee monitoring and review) of the [Training Support Pathway](#)

Discontinuation of training

There are avenues to discontinue or exit a trainee from the training program. It should be noted that a Progress Review Panel does not have the sole authority to do this. Please seek advice from the RACP in the event the panel are considering this decision option.

A trainee may be exited from the training program via:

Stage 3 (Comprehensive Review of Training) of the [Training Support Pathway](#)

Feedback to trainees

The Progress Review Panel is required to provide feedback to the trainee on their decision and should include their Education Supervisor in any communication so that they have oversight of decisions made.

It is recommended that clear and specific feedback is provided to the trainee and Education Supervisor to review, particularly when conditions are placed on the trainee, or they are not allowed to progress to the next phase. Where sensitive feedback is required, this should be delivered face-to-face via the Education Supervisor, or with them present.

Calibrating decisions

It is important for the panel to understand their role and to calibrate their standards for reviewing trainee performance data in the setting(s). The purpose of calibration is to build agreement and assure standards, consistency, and reliability in how trainees are assessed across the setting(s).



Activity 1 – team building and calibration activities

The following questions and activities could be used by a Progress Review Panel to work towards shared model of assessing trainees' progress.

- **The task:** Does the panel have a shared understanding of the task and of what needs to be done?
- **The team:** Is there a clear understanding of roles, of team strengths and experience relevant to the task?
- **The strategy:** Is there a clear, shared understanding of the most effective way to approach decisions? The tools, techniques, and resources the panel should be using.

A shared understanding often requires opportunities for discussion and dialogue that may be prolonged initially but should get quicker over time.

There are several options available to develop this shared understanding, they include:

- **After action reviews** – review performance on a particular action or task; what went well, what didn't, what was surprising, what could be done differently in future?
- **Planning** – although a Chair may often, for expedience, take care of the planning, doing this as a team helps to develop the panel's shared understanding of the task itself.
- **Calibration case study scenarios** - Review the [case study scenarios](#) individually. As a group, consider answers to the discussion questions and make a progression decision for each trainee. It is recommended that these activities are undertaken by the panel prior to the first meeting.
- Review the [RACP Decision Making Checklist](#) – this can help the panel to ensure their thinking is in line with procedural and substantive fairness and sound decision-making practices.

Barriers to decision-making

Tweed and Wilkinson (2019)² state that institutions have a duty of care to take the interests of both trainees and society into account when making progression decisions. This dilemma of making decisions which have an impact not only on that individual, but also the community. They go on to state that barriers in decision-making can arise due to faults in knowledge, data gathering, information processing, and/or verification. Some of these barriers and ways to overcome them are outlined below.

- 1. Cognitive Bias.** Cognitive biases are short cuts used to aid decision-making such as a guideline subconsciously applied to a complex situation to make decision-making more efficient. They can be harmful because they can focus on certain information while overlooking other areas.

Overcoming cognitive bias	
Be aware of bias	Consider how biases might influence your own thinking.
Consider the factors that influence your decisions	Are there factors such as overconfidence or self-interest at play? Thinking about the influences on decisions may help to make better choices.
Challenge your biases	Focus on actively challenging biases. What are some factors that may have been missed? Is too much weight being given to certain factors? Is relevant information being ignored because it doesn't support panel member views?
Use publicly available policies, procedures, and practice documentation	They may help the panel to focus on relevant factors and reduce the likelihood of being influenced by irrelevant ones, whilst ensuring adherence to relevant documentation.
Appropriately select panel members	Consider the expertise of panel members and ensure those with experience in making decisions on trainees' outcomes form part of the panel.

² Tweed M, Wilkinson T. Student progress decision-making in programmatic assessment: can we extrapolate from clinical decision-making and jury decision-making? BMC Medical Education. 2019; **19**(1): 176.

- 2. Time pressures.** Time pressure can distort how we consider and choose between alternatives. Severe time constraints can make decision processes and individual judgment less objective and more influenced by intuition as more formal and rigorous approaches are ignored. It is important that enough time is provided to decision-makers to make robust decisions

Overcoming time pressures	
Define parameters for decisions	Clearly defining the decision and its parameters early on can reduce ambiguity and make it easier to hone in on relevant data.
Set boundaries on discussions	Setting clear boundaries on matters such as who will participate and how long discussions will continue can similarly manage the amount of time given to a decision.
Group cohesion	In cohesive groups information is more easily shared, norms of trust mean it is easier to challenge ideas, and common values help focus decisions on shared goals.

- 3. Groupthink.** Groupthink occurs within a group of people where the desire for harmony results in dysfunctional decision-making. By isolating themselves from outside influences and actively suppressing dissenting viewpoints, group members reach a consensus decision without critical evaluation of alternative viewpoints.

Overcoming Groupthink	
Assign individuals specific roles	<ul style="list-style-type: none"> • The role of “critical evaluator.” This allows each member to freely air objections and doubts. • The role of devil’s advocate to one member. This should be a different person for each meeting.
Recognise power differentials	<ul style="list-style-type: none"> • Senior leaders or the Progress Review Panel Chair often have a big influence on others and some colleagues may not want to oppose them. • To ensure everyone is able to have their say, elicit the opinions of more junior panel members when starting discussion.
Consult an outside expert	<ul style="list-style-type: none"> • Outside experts invited to meetings to participate in discussion items if a particularly challenging scenario occurs.



Additional resources

- Watch this [Ted Talk](#) by Mike Hartmann on unpacking the biases that shape our beliefs.
- Review this [MindTools article](#) for more strategies on mitigating GroupThink.

Section 3: Governance and appeals

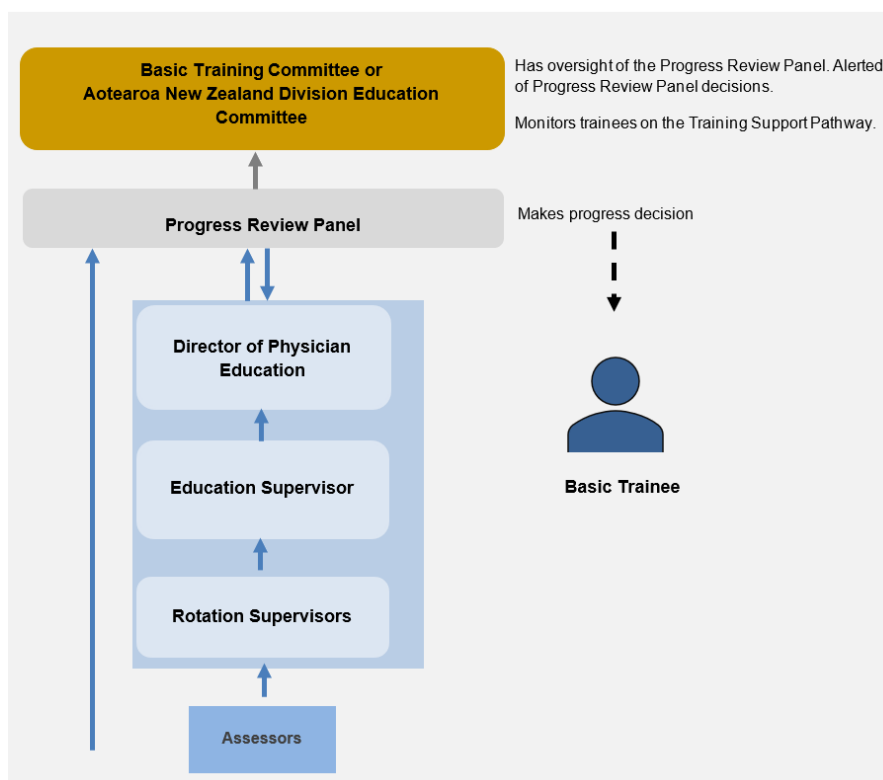
RACP oversight committees

The Basic Training program includes RACP-administered committees with oversight of the Basic Training programs in Australia and Aotearoa New Zealand (AoNZ).

Division	Australia	Aotearoa New Zealand
Adult Internal Medicine	Adult Internal Medicine Basic Training Committee	Aotearoa New Zealand Adult Medicine Division Education Committee
Paediatrics & Child Health	Paediatrics & Child Health Basic Training Committee	Aotearoa New Zealand Paediatrics & Child Health Division Education Committee

RACP oversight committees will have access to a wide range of reports relating to the delivery of the Basic Training program in settings across Australia and Aotearoa New Zealand (AoNZ).

Figure 2 outlines the escalation process for decision making.



Access information on the [committee members and committee Terms of Reference](#) .

Reporting process for Progress Review Panels

Some progression decisions are required to be sent to the RACP oversight committee. This will include when:

- panels escalate progression decisions
- trainees are referred to the Training Support Pathway (stages 2 and 3).
- trainees are removed or withdraw from the training program.
- progression decisions do not align with the phase progress report recommendation.

The RACP staff will work with the Progress Review Panel to report this information to the relevant committee.

Appeals process

The RACP has an appeal mechanism in place for the situation where a trainee does not agree with the decision of the Progress Review Panel. The process is outlined in the [Reconsideration, Review and Appeals Process By-Law](#).

The three stages of the College's internal process for the reassessment of specified decisions are:

- a) Reconsideration – by the same College Body that made the decision.
- b) Review – by the College Body that oversees the College Body that made the decision.
- c) Appeal – to an Appeals Committee appointed by the RACP Board.

Any review or appeal outcome will be communicated back to the Trainee, Education Supervisor, and the Progress Review Panel.

Figure 3 outlines the committees involved and the decisions that can be made at each level.



Bibliography

2020. *A Reference Guide for Postgraduate Foundation and Specialty Training in the UK: 'The Gold Guide'*. 8th ed. [ebook] UK. Available at:

<https://www.copmed.org.uk/images/docs/gold_guide_8th_edition/Gold_Guide_8th_Edition_March_2020.pdf> [Accessed 8 January 2021].

Barriers to Decision Making | Boundless Management. Retrieved 28 January 2021, from <https://courses.lumenlearning.com/boundless-management/chapter/barriers-to-decision-making/>

Brown, D. and Brown, D., 2011. *Boardroom Behaviours and Governance*. [ebook] BGI Publishing Inc. Available at: <<https://www.governancesolutions.ca/governancesolutions/publications/pdfs/Behaviour%20and%20Governance.pdf>> [Accessed 8 January 2021].

Cherry, K., 2021. *How Cognitive Biases Influence How You Think and Act*. [online] Verywell Mind. Available at: <<https://www.verywellmind.com/what-is-a-cognitive-bias-2794963#:~:text=A%20cognitive%20bias%20is%20a,and%20judgments%20that%20they%20make.&text=Biases%20often%20work%20as%20rules,reach%20decisions%20with%20relative%20speed.>> [Accessed 8 January 2021].

Deakin University., 2021. *Why Is Team Development Important to A Leader?*. [online] Cmo.com.au. Available at: <<https://www.cmo.com.au/brand-post/content/662563/why-is-team-development-important-to-a-leader/>> [Accessed 8 January 2021].

Heacademy.ac.uk. 2020. *What Is Calibration? | Higher Education Academy*. [online] Available at: <<https://www.heacademy.ac.uk/project-section/what-is-calibration>> [Accessed 20 November 2020].

2019. *Internal Medicine Training (IMT) Stage 1 ARCP Decision Aid* -. [ebook] UK: Joint Royal Colleges of Physician Training Board. Available at: <<https://www.jrcptb.org.uk/sites/default/files/IMT%20ARCP%20Decision%20Aid%202019.pdf>> [Accessed 8 January 2021].

McMorris, L., Gottlieb, N. and Sneden, G., 2005. Developmental Stages in Public Health Partnerships: A Practical Perspective. *Health Promotion Practice*, [online] 6(2), pp.219-226. Available at:<https://www.researchgate.net/publication/7883307_Developmental_Stages_in_Public_Health_Partnerships_A_Practical_Perspective>.

O'Sullivan, E. and Schofield, S., 2018. Cognitive bias in clinical medicine. *Journal of the Royal College of Physicians of Edinburgh*, [online] 48(3), pp.225-232. Available at: <https://discovery.dundee.ac.uk/ws/files/28431731/Final_Published_Version.pdf>.

Running Effective Meetings | DIY Committee Guide. 2020. [online] Available at: <<https://www.diycommitteeguide.com>>.

Rea, B., 2021. *Mitigating Bias In Performance Management*. [online] Deloitte Insights. Available at: <<https://www2.deloitte.com/us/en/insights/topics/talent/mitigating-bias-in-performance-management.html>> [Accessed 8 January 2021].

Monica Yepes-Rios, Nancy Dudek, Rita Duboyce, Jerri Curtis, Rhonda J. Allard & Lara Varpio (2016) The failure to fail underperforming trainees in health professions education: A BEME systematic review: BEME Guide No. 42, *Medical Teacher*, 38:11, 1092-1099, DOI: 10.1080/0142159X.2016.1215414

Tweed M, Wilkinson T. Student progress decision-making in programmatic assessment: can we extrapolate from clinical decision-making and jury decision-making? *BMC Medical Education*. 2019; **19**(1): 176.

Appendix 1 - Progress Review Panel planning template

Guideline	Progress Review Panel policies/procedures
Responsibility and authority	E.g., This panel is responsible for the review of <all> trainees in the <all/Foundation/Consolidation/Completion> phase(s) of Basic Training at <setting/network>
Composition	E.g., This panel is comprised of <#> members. Membership includes: <ul style="list-style-type: none"> • <name>, Director of Physician Education [Member] • <name>, <role>, <position on the panel e.g., member/ Chair/ Deputy Chair etc.> • etc.
Conflicts of interest	E.g., Conflicts of interest will be handled in accordance with the RACP Conflicts of Interest Policy <and any other local details or instructions>.
Meeting frequency	E.g., This panel will meet <monthly/quarterly/twice per year>. Meetings will be held <in person/virtually> and will typically run for <1/2/3 hours>. Approximately <5/10/15> minutes will be allocated to discussion of each trainee under the remit of this panel.
Quorum	E.g., The panel is comprised of <#> members. <#> members are required to attend meetings to achieve quorum.
Operational matters	<p>Agenda</p> <p>E.g., Panel meetings will typically follow the agenda outlined in appendix 1 <or tailored version>.</p> <p>Trainees' progress will be <discussed by the panel at each meeting / reviewed by individual panel members and discussed on a needs basis / other...></p> <p>Outcomes and minutes</p> <p>Decisions on trainees' progress will be formed <by vote / consensus / other.>.</p> <p>Decisions and feedback for individual trainees will be recorded in Tracc. Meeting minutes will record <agreed actions / detailed discussions / other...>. Minutes will be distributed to all panel members approximately <#> days after each meeting.</p>

Appendix 2 - Agenda and minutes templates

The templates below can be used and adapted by local settings to assist with setting agendas for Progress Review Panel meetings.

Progress Review Panel meeting agenda template

Date				
Time				
Location/zoom details				
Attendees				
Apologies				
Agenda				
Item no.	Agenda Item	For <i>(noting, decision, discussion)</i>	Presenter <i>(if applicable)</i>	Page no.
	<i>Meeting date and start time</i>			
1.	FORMALITIES			
1.1	We acknowledge the traditional owners and custodians of the lands from which we meet. We extend our respect to all Aboriginal, Torres Strait Islander, and Māori people – including those present today - and value the importance of their ongoing connection to land, sea, sky, and community. We pay our deepest respect to Elders past present and emerging.			
1.2	Apologies			
1.3	<u>Conflicts of interest</u> Any member of the Progress Review Panel has a duty to inform the Progress Review Panel, through the Chair, of any actual or potential conflict of			

	interest which he or she might face in relation to the work of the Progress Review Panel, and the nature of the conflict.			
1.4	Confidentiality statement All individuals are required to preserve the principles of confidentiality.			
2.	MINUTES, ACTION ITEMS AND OUT OF SESSION DECISIONS			
2.1	Approval of Previous Minutes: <i>Meeting # <date></i>			
2.2	Action items			
3.	MATTERS FOR DISCUSSION AND DECISION			
3.1	Trainee 1/Trainee group name: Reviewer: <name>			
3.2	Trainee 2/Trainee group name: Reviewer: <name>			
3.3	Trainee 3/Trainee group name: Reviewer: <name>			
4.	MATTERS FOR NOTING			
4.1	< matters for noting >			
5.	OTHER BUSINESS			
5.1	< other business >			
Next meeting to be held on:		Date: / /		
Distribution list				
Name		Role		

Progress Review Panel meeting minutes template

Date				
Time				
Location/zoom details				
Attendees				
Apologies				
Minutes				
Item No.	Discussion Points and Action Items	Responsible person	Due Date	Actual Date Completed
	Decision:			
	Decision:			
	Decision:			

Distribution list	
Name	Role

Appendix 3 - Terms of Reference template

Terms of Reference

Progress Review Panel

**TERMS OF REFERENCE FOR THE ESTABLISHMENT AND MAINTENANCE OF
A PROGRESS REVIEW PANEL TO BE KNOWN AS THE <training setting
name/network> PROGRESS REVIEW PANEL**

1. INTRODUCTION AND PURPOSE

1.1. The Progress Review Panels' role and responsibility is to:

- Review and assess RACP Basic Trainees' progress.
- Communicate and report on progression decisions.
- Monitor delivery of the local Basic Training program.
- Ensure compliance to regulatory, policy and ethical matters.

1.2. Composition of the Progress Review Panel

The Progress Review Panel will be composed of individuals with interest, experience and expertise in assessment and medical education relevant to the RACP Basic Training program. Members must be able to use training data to make judgments on outcomes and engage in collegial discussions to reach consensus decisions.

Guidelines on membership and composition include:

- Director/s of Physician/Paediatric Education (DPE) must be panel member/s.
- The panel should be chaired by an RACP Fellow who also has a supervisory role in the Basic Training program.
- Members should include Education Supervisors and Rotation Supervisors associated with the program. Member diversity should also be considered in terms of job type, supervisory experience, gender, and ethnicity or cultural background. Settings have the discretion to include members 'external' to the teaching faculty. The Panel may want to consider adding a representative/s from Indigenous groups, trainees, or patients.
- The size of the panel should reflect the number of trainees in the program. It is recommended there is approximately 1 panel member per 10 trainees with a minimum of 3 and a maximum of 9 members. However, networks may need more members to ensure adequate representation. An odd number of members is recommended to avoid deadlocked decisions.

1.3. Meetings

Progress Review Panels should meet with regular frequency. It is recommended that the Progress Review Panel meet to review trainees twice a year as a minimum, scheduled to coincide with the completion of Phase Progress Reports. More frequent meetings may be required for larger programs or to support the transition between stages. Ad hoc meetings can be scheduled on a needs basis. Meetings may be either virtual, face to face or some combination of the two.

2. REPORTING

The Progress Review Panel report to the RACP Basic Training Committees (Australia) or Divisional Education Committees (Aotearoa New Zealand).

Appendix 4 – Decision aid

This decision aid provides guidance on the targets to be achieved for a satisfactory outcome at the end of each training year. This information will be automatically populated in Tracc against each trainee record.

Requirement	Notes	Foundation phase	Consolidation phase	Completion phase
Learning goals				
1. Clinical assessment		The ability to consistently perform this learning goal with indirect supervision	The ability to consistently perform this learning goal with supervision at a distance	The ability to consistently perform this learning goal with supervision at a distance
2. Communication with patients		The ability to consistently perform this learning goal with indirect supervision	The ability to consistently perform this learning goal with supervision at a distance	The ability to consistently perform this learning goal with supervision at a distance
3. Documentation		The ability to consistently perform this learning goal with indirect supervision	The ability to consistently perform this learning goal with supervision at a distance	The ability to consistently perform this learning goal with supervision at a distance
4. Prescribing		The ability to consistently perform this learning goal with indirect supervision	The ability to consistently perform this learning goal with supervision at a distance	The ability to consistently perform this learning goal with supervision at a distance

Requirement	Notes	Foundation phase	Consolidation phase	Completion phase
5. Transfer of care	No set RACP standard for the Foundation and Consolidation phases.			The ability to consistently perform this learning goal with supervision at a distance
6. Investigations		The ability to consistently perform this learning goal with indirect supervision	The ability to consistently perform this learning goal with supervision at a distance	The ability to consistently perform this learning goal with supervision at a distance
7. Acutely unwell patients	No set RACP standard for the Foundation and Consolidation phases.			The ability to consistently perform this learning goal with supervision at a distance
8. Procedures	No set RACP standard for the Foundation and Consolidation phases.			The ability to consistently perform this learning goal with supervision at a distance
9. Professional behaviours		Consistent behaviour in line with each of the ten areas of professional practice .	Consistent behaviour in line with each of the ten areas of professional practice .	Consistent behaviour in line with each of the ten areas of professional practice .
10. Knowledge		The understanding of how to apply medical knowledge to patient care (knows how).	The understanding of how to apply medical knowledge to patient care (knows how).	The understanding of how to apply medical knowledge to patient care (knows how).

Requirement	Notes	Foundation phase	Consolidation phase	Completion phase
Learning and assessment requirements				
A criterion for progression through all phases of the program, is that trainees can demonstrate the ability to plan and manage their learning and to complete their learning and assessment requirements in a timely manner.				
This is evidenced by trainees acting in a self-directed capacity to complete their learning and assessment requirements regularly and on time.				
Phase Progress Report	Two per year to cover the mid and end of phase. The PPR is completed by the Education Supervisor.	Recommends trainee as progressing satisfactorily 2 per phase of training	Recommends trainee as progressing satisfactorily 2 per phase of training	Recommends trainee as progressing satisfactorily 2 per phase of training
Rotation Progress Report	Minimum four per year. Each RPR is completed by a Rotation Supervisor who has supervised the trainee in the workplace.	Recommends trainee as progressing satisfactorily 1 per rotation	Recommends trainee as progressing satisfactorily 1 per rotation	Recommends trainee as progressing satisfactorily 1 per rotation
Observation Capture	To be carried out by a variety of assessors. Trainees are encouraged to undertake more, and supervisors may require additional if concerns are identified. Structured feedback should be given to aid the trainee's personal development and reflected on by the trainee.	12 (~1 per month)	12 (~1 per month)	12 (~1 per month)
Learning Capture	Trainees are encouraged to undertake more, and supervisors may require additional if concerns are identified.	12 (~1 per month)	12 (~1 per month)	12 (~1 per month)
Divisional Written Examination				1 (pass score required)

Requirement	Notes	Foundation phase	Consolidation phase	Completion phase
Divisional Clinical Examination				1 (pass score required)
Learning courses	<p>The Basic Training Learning, Teaching, and Assessment programs lists both required and recommended courses for the trainee to complete.</p> <p>Recommended courses are not listed here.</p>	RACP Basic Training Orientation resource		<ul style="list-style-type: none"> Advanced life support (ALS) or equivalent RACP Communication Skills resource RACP Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence resource RACP Ethics resource RACP Introduction to Leadership, Management, and Teamwork resource
Professional experience requirements	A mix of core and non-core training is required.	12 months' FTE clinical experience in a mix of approved training rotations.	12 months' FTE clinical experience in a mix of approved training rotations.	12 months' FTE clinical experience in a mix of approved training rotations.

In addition to the requirements of the training program, there are some other aspects of performance that Progress Review Panels may like to consider:

- The weight of different pieces of information
- Contextual and environmental factors that affected a trainee's performance, whether positively or negatively.
- Expectation that assessments submitted in the portfolio are sampled across the curriculum and assessors.
- The purpose of the additional information sought and the processes to be followed when a trainee is anticipated to receive an unsatisfactory outcome; and how the additional information should be used by panels to improve the validity of their decision-making.

Appendix 5 - Calibration of expectations

These scenarios are fictitious and do not contain real trainee data. Progress Review Panels can consider these scenarios as a practice exercise.

It is anticipated that Decision 2 will be the category used in many instances as, in general, all trainees will have something they need to focus on in their next phase of learning.

Trainee 1: Dr Alex Vuong – Adult Internal Medicine
Case overview: Trainee is generally doing fine but has not completed all the required progression criteria. There is also some feedback about the trainee’s professional behaviours.
Training location: NSW, Australia
Stage of training: At the end of the Foundation phase
Progression decision required: The Progress Review Panel needs to decide whether Alex should progress to the Consolidation phase of training.
Data snapshot Overview of rotations completed: <ul style="list-style-type: none">• Core rotation: 6 months - General and acute care medicine (Principal Training Program: Level 3)• Core rotation: 3 months – Cardiology (Principal Training Program: Level 2)• Core rotation: 3 months – Rehabilitation medicine (Principal Training Program: Level 3) Observation Captures completed over the Foundation phase: 7/12 Learning Captures completed over the Foundation phase: 5/12 The majority of Observation and Learning Captures were completed towards the end of the phase of training.
Completed learning courses: <ul style="list-style-type: none">• RACP Basic Training Orientation resource (100% complete)• RACP Communication Skills resource (70% complete)• RACP Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence resource (100% complete)• RACP Ethics resource (100% complete)• RACP Introduction to Leadership, Management, and Teamwork resource (0% complete)• Advanced Life Support course or equivalent (0% complete)

Education Supervisor ratings against the learning goals

Learning goal	Education Supervisor rating	Expected standard at the end of the Foundation phase
Clinical assessment	is able to act with indirect supervision	is able to act with indirect supervision
Communication with patients	is able to act with indirect supervision	is able to act with indirect supervision
Documentation	is able to act with indirect supervision	is able to act with indirect supervision
Prescribing	is able to act with indirect supervision	is able to act with indirect supervision
Investigations	is able to act with indirect supervision	is able to act with indirect supervision
Transfer of care	is able to act with direct supervision	Not specified
Acutely unwell patients	is able to act with supervision at a distance	Not specified
Procedures	is able to act with supervision at a distance	Not specified
Professional behaviour	needs to work on behaviour in two or three areas of professional practice	consistently behaves in line with each of the ten areas of professional practice .
Knowledge	frequently shows that they can apply their medical knowledge to patient care (shows how)	knows how to apply their medical knowledge to patient care (knows how)

Education Supervisor Comments

What the trainee has done well	Over this phase Alex has shown to be a competent trainee. He has good communication skills with patients and is very professional on the wards. His clinical knowledge and skill level is good for where he is in his stage of training.
What the trainee could improve on	Keeping on top of training requirements Alex has had some difficulty in completing his requirements over the phase of training. He has not shown enough initiative in

	<p>getting feedback or trying to take on any additional responsibilities. He needs to take some initiative to ensure that these are completed on time.</p> <p>Professional behaviours (communication and teaching and learning domains)</p> <p>I have observed a few instances and been advised by colleagues about Alex being a bit short with junior docs, nurses and admin staff. These were times when Alex had a high case load and was short on time when giving instructions to others or asking for information. It is important to acknowledge that everyone has times when they feel stressed it important to ensure you act in a collaborative and respectful manner with colleagues.</p>
<p>Progression recommendation</p>	<div style="background-color: #76b82a; color: white; padding: 5px; text-align: center;">This trainee is progressing satisfactorily</div> <div style="border: 2px solid black; background-color: #f39c12; color: white; padding: 5px; text-align: center; margin: 5px 0;">I recommend the Progress Review Panel closely reviews this trainee's progress</div> <div style="background-color: #e91e63; color: white; padding: 5px; text-align: center;">I recommend that this trainee is placed on the training support pathway</div>
<p>Questions for discussion</p> <ul style="list-style-type: none"> • What would your recommendation be for this trainee? • What conditions (if any) would you place on this trainee? 	

Trainee 2: Dr Brett Capper-Smith – Paediatrics & Child Health

Case overview: There is conflicting feedback provided about the trainee in the Phase Progress Report and Rotation Progress Reports.

Training location Aotearoa New Zealand (AoNZ).

Stage of training: At the end of the Consolidation phase

Progression decision required: The Progress Review Panel needs to decide whether Brett should progress to the Completion phase of training.

Data snapshot

Overview of rotations completed:

- Core rotation: 12 months - General paediatrics (Principal Training Program: L3)

Observation Captures completed over the Consolidation phase: 12/12.

Learning Captures completed over the Consolidation phase: 12/12.

Rotation Supervisor Comments (report 1)

What the trainee has done well	Brett presents himself very professionally while working with patients and the families. He demonstrates good clinical knowledge and can effectively take a patient history.
What the trainee could improve on	Investigations I have some concerns about the investigations and procedures that Brett recommends for patients. There have been some instances throughout the rotation where scans have been ordered without much cause. This has occurred a number of times despite case discussions and feedback conversations.
Progression recommendation	<p>This trainee is progressing satisfactorily</p> <p>I recommend the Education Supervisor closely reviews this trainee's progress</p> <p>I recommend that this trainee is placed on the training support pathway</p>

Rotation Supervisor Comments (report 2)

What the trainee has done well	Brett has been able to develop good rapport with patients and colleagues. He has an approachable and friendly manner which has made him easy to work with.
What the trainee could improve on	Investigations Brett has a good clinical knowledge but tends to jump easily to conclusions and linking common presentations to rare disorders. This has had an impact on his judgement when ordering tests and scans. We have had some patient complaints about the number of tests and investigations recommended for their children. Brett and I have discussed this on a number of occasions and the cost to families is something to be balanced with necessary testing.
Progression recommendation	<div style="background-color: #76b82a; color: white; padding: 5px; text-align: center;">This trainee is progressing satisfactorily</div> <div style="background-color: #f1c40f; color: white; padding: 5px; text-align: center; border: 2px solid black;">I recommend the Education Supervisor closely reviews this trainee's progress</div> <div style="background-color: #e91e63; color: white; padding: 5px; text-align: center;">I recommend that this trainee is placed on the training support pathway</div>

Education Supervisor assessment against learning goals

Learning goal	Education Supervisor rating	Expected standard at the end of the Consolidation phase
Clinical assessment	is able to act with indirect supervision	is able to act with supervision at a distance
Communication with patients	is able to act with indirect supervision	is able to act with supervision at a distance
Documentation	is able to act with indirect supervision	is able to act with supervision at a distance
Prescribing	is able to act with indirect supervision	is able to act with supervision at a distance
Investigations	is able to act with indirect supervision	is able to act with supervision at a distance
Transfer of care	is able to act with direct supervision	Not specified
Acutely unwell patients	is able to act with supervision at a distance	Not specified

Procedures	is able to act with supervision at a distance	Not specified
consistent behaviour in line with each of the ten areas of professional practice	need to work on behaviour in one area of professional practice	consistently behaves in line with each of the ten areas of professional practice
the understanding of how to apply medical knowledge to patient care (knows how).	frequently shows that they can apply their medical knowledge to patient care (shows how)	knows how to apply their medical knowledge to patient care (knows how)

Education Supervisor Comments

What the trainee has done well	<p>I have enjoyed working with Brett and think he will go on to become a fine paediatrician. Brett is able to work well with patients and families. He has also built good relationships with his co-workers while he has been here.</p> <p>He has also shown himself to have good clinical knowledge and should continue his research into novel therapeutic modalities and personalised services to treat infants, children, adolescents, and young adults who are diagnosed with a variety of rare disorders.</p>
What the trainee could improve on	<p>Communication with patients</p> <p>Brett could improve on communicating management plans to patients and their families. There have been some instances where he has used a lot of jargon and left out important information.</p>
Progression recommendation	<div style="border: 2px solid black; padding: 5px;"> <p style="text-align: center; background-color: #76b82a; color: white; padding: 5px;">This trainee is progressing satisfactorily</p> <p style="text-align: center; background-color: #f1c40f; padding: 5px;">I recommend the Progress Review Panel closely reviews this trainee's progress</p> <p style="text-align: center; background-color: #8e44ad; padding: 5px;">I recommend that this trainee is placed on the training support pathway</p> </div>

Questions for discussion

- What information about this trainee stood out to you?
- Why do you think conflicting reports have been written?
- What would your recommendation be for this trainee?

Trainee 3: Dr Raj Nanthi – Paediatrics & Child Health

Case overview: The information documented about the trainee does not reflect ‘hallway conversations’.

Training location: QLD, Australia

Stage of training: At the end of the Foundation phase

Progression decision required: The Progress Review Panel needs to decide whether Raj should progress to the Consolidation phase.

Data snapshot

Overview of rotations completed:

- Core rotation: 6 months – General paediatrics (Principal Training Program: L3)
- Non-core rotation: 3 months – Paediatrics nights (Principal Training Program: L3)
- Non-core rotation: 1 month – Paediatric anaesthetics (Adjunct Training Program: Secondment)
- Non-core rotation: 2 months – Paediatric surgery (Principal Training Program: L3)

Observation Captures completed during the Foundation phase: 12/12.

Learning Captures completed during the Foundation phase: 12/12.

Completed learning courses:

- RACP Basic Training Orientation resource (100% complete)
- RACP Communication Skills resource (100% complete)
- RACP Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence resource (100% complete)
- RACP Ethics resource (100% complete)
- RACP Introduction to Leadership, Management, and Teamwork resource (100% complete)
- Advanced Life Support course or equivalent (100% complete)

Education Supervisor ratings against the learning goals

Learning goal	Education Supervisor rating	Expected standard at the end of the Foundation phase
Clinical assessment	is able to act with indirect supervision	is able to act with indirect supervision
Communication with patients	is able to act with indirect supervision	is able to act with indirect supervision

Documentation	is able to act with indirect supervision	is able to act with indirect supervision
Prescribing	is able to act with direct supervision	is able to act with indirect supervision
Investigations	is able to act with direct supervision	is able to act with indirect supervision
Transfer of care	is able to act with direct supervision	Not specified
Acutely unwell patients	is able to act with direct supervision	Not specified
Procedures	is able to act with indirect supervision	Not specified
consistent behaviour in line with each of the ten areas of professional practice	need to work on behaviour in two or three areas of professional practice	consistently behaves in line with each of the ten areas of professional practice.
the understanding of how to apply medical knowledge to patient care (knows how).	knows how to apply their medical knowledge to patient care (knows how)	knows how to apply their medical knowledge to patient care (knows how)

Education Supervisor Comments

What the trainee has done well	Raj has been a pleasant addition to the team. I wish him well on his future endeavours. He has worked hard this year to improve his clinical knowledge and has made progress to improve taking patient histories.
What the trainee could improve on	Clinical assessment Raj could improve on time management skills. Often on the wards he tries to multitask, and this means he misses some things or takes too long to complete simple tasks.
Progression recommendation	<div style="border: 2px solid black; padding: 5px; margin-bottom: 5px; background-color: #4CAF50; color: white; text-align: center;">This trainee is progressing satisfactorily</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px; background-color: #FF9800; color: white; text-align: center;">I recommend the Progress Review Panel closely reviews this trainee's progress</div> <div style="border: 1px solid black; padding: 5px; background-color: #9C27B0; color: white; text-align: center;">I recommend that this trainee is placed on the training support pathway</div>

Anecdotal feedback among colleagues

A panel member comments that they have spoken at length with Raj's Education Supervisor about the trainee's performance. The supervisor has complained that they are at their wits end with Raj and didn't know how he was going to pass the phase. The main concern the Education Supervisor has with Raj is his lack of clinical knowledge and understanding. He doesn't seem to be very capable and struggles with the simplest tasks. The panel member expresses their surprise at the feedback provided in this progress report.

Questions for discussion

- How do you think the panel should proceed with this progression decision?
- What further information might you need to help with the decision?
- What would your recommendation be for this trainee?

Trainee 4: Dr Nancy Vespa – Adult Internal Medicine

Case overview: There are some serious concerns about this trainee, particularly their communication skills with patients and colleagues. The last time the review panel saw this trainee they placed a six-month condition on the trainee’s Consolidation phase. Nancy was required to complete an additional 6 months in general and acute care medicine, along with 2 Observation Captures per month and 1 Learning Capture per month with a particular focus on learning goal 2 (communication with patients) and learning goal 3 (documentation).

Training location: Aotearoa New Zealand (AoNZ).

Stage of training: Completed an additional six months of the Consolidation phase.

Progression decision required: The review panel needs to decide whether Nancy is ready to progress to the Completion phase.

Data snapshot

Overview of rotations completed:

- Core rotation: 6 months – General and acute care medicine (Principal Training Program: L3)
- Observation Captures completed: 12/12.
- Learning Captures completed: 12/12.

Education Supervisor ratings against the learning goals

Learning goal	Education Supervisor rating	Expected standard at the end of the Consolidation phase
Clinical assessment	is able to act with direct supervision	is able to act with supervision at a distance
Communication with patients	is able to act with direct supervision	is able to act with supervision at a distance
Documentation	is able to act with direct supervision	is able to act with supervision at a distance
Prescribing	is able to act with direct supervision	is able to act with supervision at a distance
Investigations	is able to act with indirect supervision	is able to act with supervision at a distance

Transfer of care	is able to act with indirect supervision	Not specified
Acutely unwell patients	is able to act with indirect supervision	Not specified
Procedures	is able to act with indirect supervision	Not specified
consistent behaviour in line with each of the ten areas of professional practice	need to work on behaviour in four or five areas of professional practice	consistently behaves in line with each of the ten areas of professional practice
the understanding of how to apply medical knowledge to patient care (knows how).	knows how to apply their medical knowledge to patient care (knows how)	knows how to apply their medical knowledge to patient care (knows how)

Education Supervisor Comments

What the trainee has done well	Nancy has shown a commitment to completing her additional requirements. Her general clinical knowledge is strong.
What the trainee could improve on	<p>Professional behaviours (communication)</p> <p>Nancy has not demonstrated much of an improvement in her communication skills. Nurses and other allied health staff have given the feedback that they find Nancy to be rude and dismissive. We have also had a number of patient complaints about Nancy's temper when a question is asked or more information is required.</p> <p>Nancy has expressed her disagreement with this feedback on numerous occasions. She does not think that her communication skills require any further development.</p>
Progression recommendation	<p>This trainee is progressing satisfactorily</p> <p>I recommend the Progress Review Panel closely reviews this trainee's progress</p> <p>I recommend that this trainee is placed on the training support pathway</p>

Questions for discussion

- What would your recommendation be for this trainee?
- What further supports would you put in place to try and remediate this trainee?

Trainee 5: Dr Faraji Abara – Paediatrics & Child Health

Case overview: The trainee has satisfactorily completed all rotations for the clinical year, except the first 3 months and the ES/DPE has recommended not to certify this particular training period.

Training location: VIC, Australia

Stage of training: at the end of the Consolidation phase

Progression decision required: The review panel needs to decide how Faraji should progress given that the ES and DPE recommend the 3 months of the training period is not certified.

Data snapshot

Overview of rotations completed:

- Core rotation: 3 months – unsupervised research
- Core rotation: 6 months – General paediatric medicine (Principal Training Program: L3)
- Non-core rotation: 3 months – Paediatrics nights (Adjunct Training Program: Secondment)
- Observation Captures completed during the Consolidation phase: 12/12.
- Learning Captures completed during the Consolidation phase: 12/12.

Education Supervisor ratings against the learning goals

Learning goal	Education Supervisor rating	Expected standard at the end of the Consolidation phase
Clinical assessment	is able to act with indirect supervision	is able to act with supervision at a distance
Communication with patients	is able to act with indirect supervision	is able to act with supervision at a distance
Documentation	is able to act with indirect supervision	is able to act with supervision at a distance
Prescribing	is able to act with indirect supervision	is able to act with supervision at a distance
Investigations	is able to act with indirect supervision	is able to act with supervision at a distance

is able to act with direct supervision	is able to act with direct supervision	Not specified
Acutely unwell patients	is able to act with indirect supervision	Not specified
Procedures	is able to act with direct supervision	Not specified
consistent behaviour in line with each of the ten areas of professional practice	need to work on behaviour in four or five areas of professional practice	consistently behaves in line with each of the ten areas of professional practice
the understanding of how to apply medical knowledge to patient care (knows how).	knows how to apply their medical knowledge to patient care (knows how)	knows how to apply their medical knowledge to patient care (knows how)

Education Supervisor Comments

What the trainee has done well	Faraji has done well in his rotations during this phase. He has demonstrated good time management and clinical skills. Faraji has coped well under pressure and has shown promising clinical leadership skills.
What the trainee could improve on	Clinical experience requirements The first three months of Faraji's term should not be accredited as the term does not meet the clinical requirements. The decision has also been approved by the Director of Paediatric Education.
Progression recommendation	<div style="background-color: #4CAF50; color: white; padding: 5px; text-align: center;">This trainee is progressing satisfactorily</div> <div style="background-color: #FF9800; color: white; padding: 5px; text-align: center; border: 2px solid black;">I recommend the Progress Review Panel closely reviews this trainee's progress</div> <div style="background-color: #9C27B0; color: white; padding: 5px; text-align: center;">I recommend that this trainee is placed on the training support pathway</div>

Questions for discussion

- How do you think the panel should proceed with this progression recommendation?
- What further information might you need to help with the decision?
- What would your recommendation be for this trainee?