

Progress Review Panel - Calibration Session



RACP
Specialists. Together
EDUCATE ADVOCATE INNOVATE

Agenda – approx. 60 mins (minimum)

Session overview	Timing
<i>Welcome</i>	5 mins
Overview of Basic Training program <ul style="list-style-type: none">• Progression criteria	
Decisions on trainee progress	5 mins
Barriers to decision making	
Conflicts of interest	
Calibration exercise - 15 mins per trainee <ul style="list-style-type: none">• Case study 1 – Dr Alex Vuong• Case study 2: Dr Nancy Vespa• Case study 3: Dr Raj Nanthi	45 mins
<i>Questions and close</i>	5 mins



Session outcomes

Following this workshop, participants will be able to:

- Identify how the curricula standards are assessed in the new Basic Training program
- Describe the decisions and conditions that can be placed on Basic Trainees
- Outline barriers to decision making and how these can be mitigated
- Calibrate assessment of trainees' progress

Program overview

CURRICULA STANDARDS

The [curricula standards](#) are summarised as 10 learning goals. The learning goals articulate what trainees need to be, do and know, and are assessed throughout training.

BE

1. Professional behaviours

DO

2. Clinical assessment
3. Communication with patients
4. Documentation
5. Prescribing
6. Transfer of care
7. Investigations
8. Acutely unwell patients
9. Procedures

KNOW

10. Knowledge

LTA STRUCTURE

The learning, teaching, and assessment (LTA) structure defines the framework for delivery and trainee achievement of the curricula standards in the program.

The program is structured in three phases. These phases establish clear checkpoints for trainee progression and completion.



Entry criteria

Prospective trainees must have:

- a Basic Training position in an RACP-accredited training setting or network.
- general medical registration with the Medical Board of Australia if applying in Australia, or a medical registration with a general scope of practice with the Medical Council of New Zealand and a practising certificate if applying in Aotearoa New Zealand.

Training application

Trainees are to submit 1 training application at the start of the program.

LTA PROGRAMS

The [LTA programs](#) outline the strategies and methods to learn, teach, and assess the curricula standards.

Learning

- Minimum 36 months FTE clinical experience
- 1 rotation plan per rotation
- RACP Basic Training Orientation resource
- RACP Communication Skills resource
- RACP Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource
- RACP Introduction to Leadership, Management, and Teamwork resource
- Advanced Life Support course or equivalent

Teaching

- 1 network director (where a network exists only)
- 1 director of paediatric education
- 1 education supervisor
- 1 rotation supervisor per rotation
- 1 progress review panel

Assessment

- 12 learning captures per phase
- 12 observation captures per phase
- 1 rotation progress report per rotation (minimum 1 per three months)
- 2 phase progress reports per phase
- 1 written examination
- 1 clinical examination

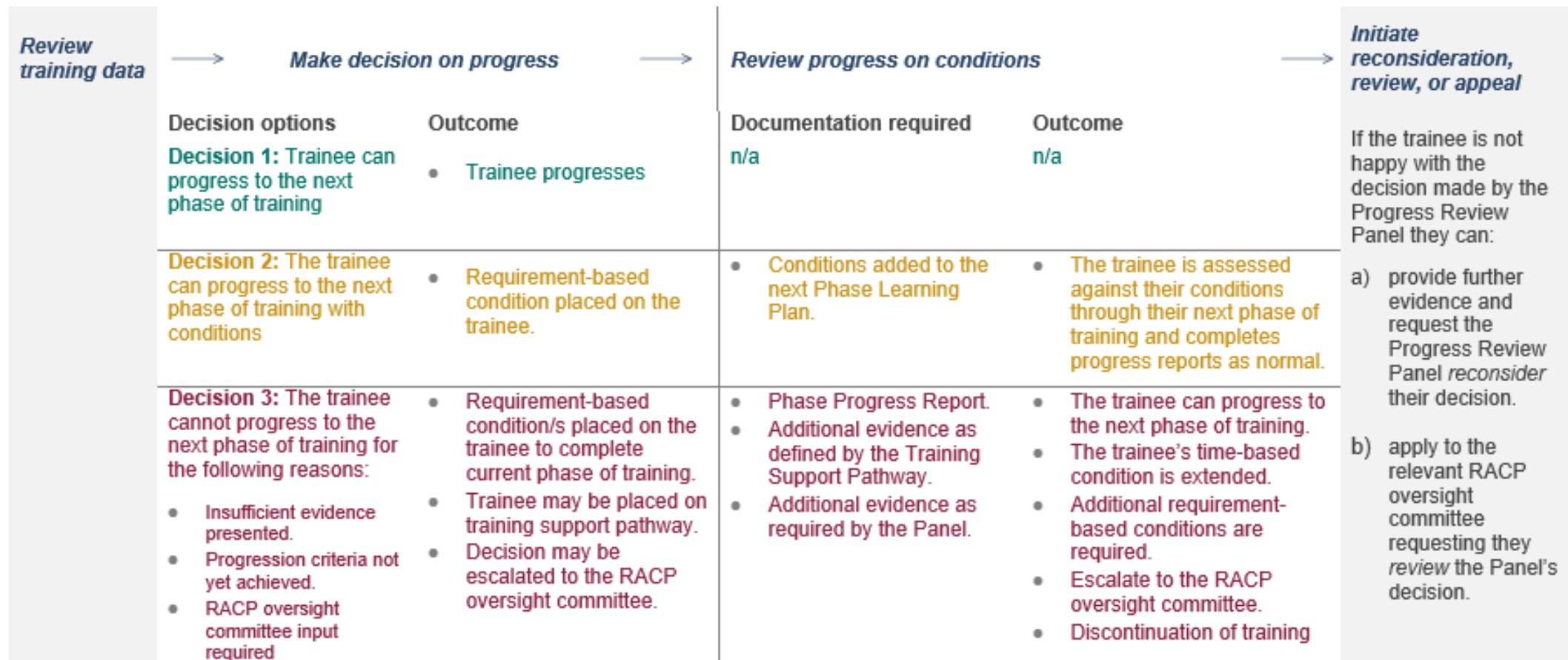
Progression criteria

To progress to the Consolidation phase, trainees can demonstrate...

- The ability to plan and manage their learning and to complete their learning and assessment requirements in a timely manner.
- Progress against the ten key learning goals, including evidence of:
 - the ability to consistently perform the following Entrustable Professional Activities with indirect supervision:
 - Clinical assessment
 - Communication with patients
 - Documentation
 - Prescribing
 - Investigations.
 - consistent behaviour in line with each of the ten areas of professional practice.
 - the understanding of how to apply medical knowledge to patient care (knows how).



Decisions on trainee progress



Barriers to decision making

Cognitive Bias	Short cuts used to aid decision-making such as a guideline subconscious 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.
Time pressures	Time pressure can distort how we consider and choose between alternatives. Severe time constraints can make decision processes and individual judgement 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.
Groupthink	Occurs with 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.
How can you overcome these barriers? More information can be found on the Progress Review Panel guide (p17-18).	

Definition: conflict of interest

- A conflict of interest occurs when a person's personal interests conflict with their responsibility to act in the best interests of the RACP. Any instances of conflict of interest must be managed accordingly.
- Personal interests include direct interests, as well as those of family, friends, or other organisations a person may be involved with or have an interest in (for example, as a shareholder).
- It also includes a conflict between a Board and College Body Member's duty to the RACP and any other duty that the Board and College Body Member has (for example, to another charity).
- A conflict of interest may be actual, potential or perceived and may be financial or non-financial.
- These situations present the risk that a person will make a decision based on, or affected by, these influences, rather than in the best interests of the RACP.

Declaring a conflict of interest

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.

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

Calibration activities

Case study 1 – Dr Alex Vuong

Trainee 1: Dr Alex Vuong – Paediatrics & Child Health

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: QLD, 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.

Case study 1 – 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 over the Foundation phase: **7/12**

Learning captures completed over the Foundation phase: **5/12**

Most of the observation and learning captures were completed towards the end of the phase of training.

Completed learning courses:

- 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)



Case study 1 – ES 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)



Case study 1 – ES comments

<p>What the trainee has done well</p>	<p>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.</p>
<p>What the trainee could improve on</p>	<p>Keeping on top of training requirements</p> <p>Alex has had some difficulty in completing his requirements over the phase of training. He has not shown enough initiative in 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>

Progression recommendation (amber)

This trainee is progressing satisfactorily

I recommend the Progress Review Panel closely reviews this trainee's progress

I recommend that this trainee is placed on the training support pathway



Case study 1 – overview of completed requirements

Trainee	Education Supervisor	Phase learning plan submitted	2022 rotations	Rotation learning plan submitted	Rotation progress recommendation	Rotation Supervisor improvement comments	# of learning captures submitted	# of observation captures submitted	Learning courses completed	Phase progress report submitted	Phase progress report recommendation	Phase progress report improvement comments
Dr Alex Vuong	Dr Vana Sabesan	Y	Rotation 1 – General Paediatrics (6 months)	Y	Y – This trainee is progressing satisfactorily		5	7	1 – Basic Training orientation resource	Y	I recommend that the Progress Review Panel closely reviews this trainee's progress	<p>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 to ensure that these are completed on time.</p> <p>Professional behaviours (communication and teaching learning domains). I have observed 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 is important to ensure you at in a collaborative and respectful manner with colleagues.</p>
			Rotation 2 – Paediatrics nights (3 months)	Y	Y – This trainee is progressing satisfactorily	Alex and I have discussed how to manage stress that comes with night rotations and ways to communicate better with other staff						
			Rotation 3 – Paediatric anaesthetics (1 month)	Y	Y – This trainee is progressing satisfactorily							
			Rotation 4 – Paediatrics Surgery (2 months)	Y	Y – I recommend the Education Supervisor closely reviews this trainees progress	Alex has not yet submitted all of his Ocs and LCs despite willingness from other staff to be involved						
		Alex Vuong										
Learning goal		OC										
Clinical Assessment		2										
Communication		1										
Documentation												
Prescribing		1										
Investigations												
Transfer of care												
Acutely Unwell		1										
Procedures		1										
Professional Behaviours												
Knowledge		1										
Total captures		7										

Discussion questions – Dr Alex Vuong

Questions for discussion

- What would your decision be for this trainee?
- What conditions (if any) would you place on this trainee?

Case study 2 – Dr Nancy Vespa

Trainee 2: Dr Nancy Vespa– Paediatrics & Child Health

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 Foundation phase. Nancy was required to complete an additional 6 months in general paediatrics, 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: QLD, Australia

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

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

Case study 2 – 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: 3 months – Paediatric surgery (Principal Training Program: L3)
- Core rotation: 6 months – General paediatrics (Principal Training Program: L3)

Observation captures completed over the Foundation phase: **24/12**

Learning captures completed over the Foundation phase: **18/12**

Completed learning courses:

- RACP Basic Training Orientation resource (**100%** complete)
- RACP Communication Skills resource (**0%** complete)
- RACP Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence resource (**0%** complete)
- RACP Ethics resource (**100%** complete)
- RACP Introduction to Leadership, Management, and Teamwork resource (**0%** complete)
- Advanced Life Support course or equivalent (**0%** complete)



Case study 2 – ES 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 direct supervision	is able to act with indirect supervision
Communication with patients	is able to act with direct supervision	is able to act with indirect supervision
Documentation	is able to act with direct 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 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)

Case study 2 – ES 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 (red)

This trainee is progressing satisfactorily

I recommend the Progress Review Panel closely reviews this trainee's progress

I recommend that this trainee is placed on the training support pathway

Case study 2 – overview of completed requirements

Trainee	Education Supervisor	Phase learning plan submitted	2022 rotations	Rotation learning plan submitted	Rotation progress recommendation	Rotation Supervisor improvement comments	# of learning captures submitted	# of observation captures submitted	Learning courses completed	Phase progress report submitted	Phase progress report recommendation	Phase progress report improvement comments																	
Dr Nancy Vespa	Dr Jane Smith	Y	Rotation 1 – General Paediatrics (6 months)	Y	Y – This trainee is progressing satisfactorily		18	24	1 – Basic Training orientation resource	Y	I recommend that the Progress Review Panel places this trainee on the training support pathway	<p>Professional behaviours (communication) 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>																	
			Rotation 2 – Paediatrics nights (3 months)	Y	Y – I recommend the Education Supervisor closely reviews this trainees progress	Feedback from staff re rude and dismissive interactions																							
			Rotation 3 – Paediatric surgery (3 months)	Y	Y – I recommend the Education Supervisor closely reviews this trainees progress																								
			Rotation 4 – General Paediatrics (6 months)	Y	Y – I recommend that this trainee be placed on the training support pathway	Communication skills remain poor despite local remediation																							
			<table border="1"> <thead> <tr> <th></th> <th>Nancy Vespa</th> </tr> </thead> <tbody> <tr> <td>Learning goal</td> <td>OC</td> </tr> <tr> <td>Clinical Assessment</td> <td>5</td> </tr> <tr> <td>Communication</td> <td>6</td> </tr> <tr> <td>Documentation</td> <td>6</td> </tr> <tr> <td>Prescribing</td> <td>1</td> </tr> <tr> <td>Investigations</td> <td>1</td> </tr> <tr> <td>Transfer of care</td> <td></td> </tr> <tr> <td>Acutely Unwell</td> <td>1</td> </tr> <tr> <td>Procedures</td> <td>2</td> </tr> <tr> <td>Professional Behaviours</td> <td>1</td> </tr> <tr> <td>Knowledge</td> <td>1</td> </tr> <tr> <td>Total captures</td> <td>24</td> </tr> </tbody> </table>			Nancy Vespa							Learning goal	OC	Clinical Assessment	5	Communication	6	Documentation	6	Prescribing	1	Investigations	1	Transfer of care		Acutely Unwell	1	Procedures
	Nancy Vespa																												
Learning goal	OC																												
Clinical Assessment	5																												
Communication	6																												
Documentation	6																												
Prescribing	1																												
Investigations	1																												
Transfer of care																													
Acutely Unwell	1																												
Procedures	2																												
Professional Behaviours	1																												
Knowledge	1																												
Total captures	24																												

Discussion questions – Dr Nancy Vespa

Questions for discussion

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

Case study 3 – Dr Raj Nanthi

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 review panel needs to decide whether Raj is ready to progress to the Consolidation phase.

Case study 3 – 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 (**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)

Case study 3 – ES 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)

Case study 3 – ES 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 (green)

- This trainee is progressing satisfactorily**
- I recommend the Progress Review Panel closely reviews this trainee's progress
- I recommend that this trainee is placed on the training support pathway

Case study 3 – additional feedback on Dr Nanthi

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.



Case study 3 – overview of completed requirements

Trainee	Education Supervisor	Phase learning plan submitted	2022 rotations	Rotation learning plan submitted	Rotation progress recommendation	Rotation Supervisor improvement comments	# of learning captures submitted	# of observation captures submitted	Learning courses completed	Phase progress report submitted	Phase progress report recommendation	Phase progress report improvement comments
Dr Raj Nanthi	Dr Bob Great	Y	Rotation 1 – General Paediatrics (6 months)	Y	Y – This trainee is progressing satisfactorily		12	12	3 - Basic Training orientation resource RACP Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence resource RACP Ethics resource	Y	Y – This trainee is progressing satisfactorily	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.
			Rotation 2 – Paediatrics nights (3 months)	Y	Y – This trainee is progressing satisfactorily							
			Rotation 3 – Paediatric anaesthetics (1 month)	Y	Y – I recommend the Education Supervisor closely reviews this trainees progress							
			Rotation 4 – Paediatric surgery (2 months)	Y	Y – I recommend the Education Supervisor closely reviews this trainees progress	Focus on completion of tasks in timely manner						
		Dr Raj Nanthi										
Learning goal		OC										
Clinical Assessment		3										
Communication		2										
Documentation		3										
Prescribing												
Investigations												
Transfer of care		1										
Acutely Unwell												
Procedures		2										
Professional Behaviours												
Knowledge		1										
Total captures		12										

Discussion questions– Dr Raj Nanthi

- 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 decision be for this trainee?

Questions?
