Education renewal

Progress Review Panels

Calibration pack

RACP Specialists. Together

About this document

This guide is to assist new Progress Review Panels, or existing committees taking on the responsibilities of a Progress Review Panel, to develop a way of working together, prior to the review of real trainee data. Progress Review Panels should review this information in conjunction with the following resources:

- Progress Review Panel on demand workshop
- Progress Review Panel guide
- Primary panels: calibration slide pack
- Secondary panels: calibration slide pack
- Example case studies with Progress Review Panel decisions: Basic Training
- Example case studies with Progress Review Panel decisions: Advanced Training
- TMP instructions for Progress Review Panels

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

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Introduction

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- Example case studies with Progress Review Panel decisions: Advanced Training
- TMP instructions for Progress Review Panels - **TBC**

Shared mental models

It is unlikely that all members of a Progress Review Panel (PRP) will share the same opinions about what a 'good' trainee performance looks like. A shared mental model (SMM) is a framework that is useful for Progress Review Panels to adopt. The purpose of having an SMM is to provide a common understanding of how the panel will operate and make decisions. This requires the panel to use the same set of expectations of what good progress looks like according to the curriculum standards and share knowledge via open discussion.

Steps involved with creating a SMM

1. **Individual review:** each Panel member should review the curriculum standards and learning, teaching and assessment programs for the relevant training program.
2. **Initial PRP pre-meet:** the group should meet prior to discussing any trainees to engage in an open discussion, ask questions and clarify assumptions.
3. **Test decision making:** the PRP should review the trainee four scenarios and reach a consensus on the trainee's progress.
4. **Document some agreed ways of working:** the PRP should come to some natural conclusions about how they best work as a group and apply this to future meetings.

The SMM will evolve iteratively as the PRP's understanding of the training program increases.

Barriers to decision-making

Tweed and Wilkinson (2019) [1]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.

[1] 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	• 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	• 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	• 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.
- Review the RACP Decision Making Checklist.

Panel training and calibration

Recommended sequence for engaging with training resources

The College has developed some training resources to help Progress Review Panels to prepare. The following activities should be undertaken by each panel member, the calibration session should be conducted with the whole panel.

Training option	Time required
Review the on-demand workshop content	30 mins
Review Progress Review Panel Primary Panel guide	30 mins
Review trainee case scenarios with sample progress decisions	30 mins
Review TMP try-it videos and login to TMP	30 mins
Conduct calibration session with trainee scenarios	1-2 hours

Running a calibration pre-meet

It is recommended that Progress Review Panels conduct a pre-meet to enable the development of a shared mental model. This pre-meeting should be organised by the Panel lead and be driven by the Progress Review Panel chair. The meeting should be set for 1-2 hours depending on how long the panel has been operating as a committee.

Pre-work for the chair and/or panel lead

- Review the slides and session plan
- Assign roles for the meeting if desired, such as primary reviewer of a case study or a devil's advocate
- Email around a calendar appointment detailing the pre-work required
- The meeting should include all members of the Progress Review Panel if possible.

Trainee case study scenarios

These trainee case study scenarios have been created for Progress Review Panels to use for discussion and decision making. These scenarios require end of phase decisions to be made.

Approx. 15 mins per trainee

1. Each Panel member to review the case study and come to a conclusion
2. The panel discuss thoughts and opinions on whether the trainee should progress
3. A consensus decision and conditions should be agreed on.

Trainee	Training program and phase	Setting	Synopsis
1. Clare Adamos	Advanced Training Specialty Foundation phase	Victoria, Australia	Issue with competency Technically capable but inconsistent communication and professionalism
2. Noah El-Badawi	Adult Basic Training Foundation phase	Aotearoa, New Zealand	Strong performer, no issues identified
3. Ethan Nguyễn	Paediatrics Basic Training Foundation phase	Tasmania, Australia	Issue with competency and compliance Borderline competency, lacks insight and confidence, incomplete evidence
4. Rina Mukherjee	Paediatrics Basic Training Consolidation phase	Aotearoa, New Zealand	Issue with compliance High potential and reasoning but patchy documentation and missed assessments

Trainee 1 – Clare Adamos

Name: Dr Clare Adamos

Training location: Melbourne, Victoria

Stage of training: Specialty foundation

Case overview: Clare is a first-year Advanced Trainee at the end of her Specialty Foundation phase. Clare has completed her requirements, there have been some issues noted with her professional behaviours.

Rotation details completed

- Core rotation: 12 months – General medicine

Assessments completed during the rotation

Observation Captures completed
12

Learning Captures completed
12

Learning goal	Rating	Learning goal	Topic
1. Longitudinal care	3	1. End-of-life care	Goals of care conversation
2. Prescribing	3	2. Perioperative medicine	Pre-op review and optimisation
3. Team leadership	3	3. Quality and service improvement	Audit presentation
4. Ambulatory care	3	4. Team leadership	Leading ward round
5. Acute care	3	5. Management of transitions	Discharge planning for complex patients
6. Clinical assessment and management	3	6. Acute care	MET call case review
7. Supervision and teaching	3	7. Acute care presentations	Managing pneumonia
8. Diagnostic decision making	3	8. Procedures	Inserting a nasogastric tube
9. Professional behaviours	3	9. Longitudinal care	Chronic condition follow-up
10.Procedures	3	10. Health equity	Access barriers for rural patients
11. Shared decision making	3	11. Shared decision making	Discussing risks/benefits of medication and treatment
12. Quality and service improvement	3	12. Obstetric medicine	Medication review in pregnancy

Ratings against the learning goals – end of additional phase report as per condition 1 – an additional six months of core training was required

Learning goal	Trainee self-reflection	Rotation Supervisor rating	Expected standard at the end of the Consolidation phase
Professional behaviours	3 - I need to work on two or three domains of professional practice	2 - The trainee is able to act with direct supervision	5 – Consistently behaves in line with all 10 domains of professional practice
Team leadership	3 - I am able to act with indirect supervision (i.e., ready	2 - The trainee is able to act with direct supervision	3 – Is able to act with indirect supervision (i.e., ready

	access to a supervisor)		access to a supervisor)
Supervision and teaching	3 - I am able to act with indirect supervision (i.e., ready access to a supervisor)	3 - The trainee is able to act with indirect supervision (i.e., ready access to a supervisor)	3 – Is able to act with indirect supervision (i.e., ready access to a supervisor)
Quality and service improvement	2 - I am able to act with direct supervision	2 - The trainee is able to act with direct supervision	2 - is able to act with direct supervision
Prescribing	3 - I am able to act with indirect supervision (i.e., ready access to a supervisor)	3 - The trainee is able to act with indirect supervision (i.e., ready access to a supervisor)	3 – Is able to act with indirect supervision (i.e., ready access to a supervisor)
Clinical assessment and management	3 - I am able to act with indirect supervision (i.e., ready access to a supervisor)	2 - The trainee is able to act with direct supervision	3 – Is able to act with indirect supervision (i.e., ready access to a supervisor)
Management of transitions in care	3 - I am able to act with indirect supervision (i.e., ready access to a supervisor)	2 - The trainee is able to act with direct supervision	3 – Is able to act with indirect supervision (i.e., ready access to a supervisor)
Acute care	3 - I am able to act with indirect supervision (i.e., ready access to a supervisor)	2 - The trainee is able to act with direct supervision	3 – Is able to act with indirect supervision (i.e., ready access to a supervisor)
Longitudinal care	3 - I am able to act with indirect supervision (i.e., ready access to a supervisor)	2 - The trainee is able to act with direct supervision	3 – Is able to act with indirect supervision (i.e., ready access to a supervisor)
Shared decision making with patients and carers	3 - I am able to act with indirect supervision (i.e., ready access to a supervisor)	3 - The trainee is able to act with indirect supervision (i.e., ready access to a supervisor)	3 – Is able to act with indirect supervision (i.e., ready access to a supervisor)
Procedures	3 - I am able to act with indirect supervision (i.e., ready	2 - The trainee is able to act with direct supervision	3 – Is able to act with indirect supervision (i.e., ready

	access to a supervisor)		access to a supervisor)
Diagnostic decision making	3 - I am able to act with indirect supervision (i.e., ready access to a supervisor)	2 - The trainee is able to act with direct supervision	3 – Is able to act with indirect supervision (i.e., ready access to a supervisor)
Ambulatory care	2 - I am able to act with direct supervision	2 - The trainee is able to act with direct supervision	2 - is able to act with direct supervision
End-of-life care	3 - I am able to act with indirect supervision (i.e., ready access to a supervisor)	3 - The trainee is able to act with indirect supervision (i.e., ready access to a supervisor)	3 – Is able to act with indirect supervision (i.e., ready access to a supervisor)
General medicine presentations and conditions	3 - I know how to apply this knowledge to practice	3 - The trainee knows how to apply this knowledge to practice	3 – Knows how to apply this knowledge to practice
Acute care presentations and conditions	3 - I know how to apply this knowledge to practice	2 - The trainee knows the topics and concepts described in this knowledge guide	3 – Knows how to apply this knowledge to practice
Obstetric medicine	1 - I have heard of some of the topics in this knowledge guide	1- The trainee has heard of some of the topics in this knowledge guide	1 - Has heard of some of the topics in this knowledge guide
Perioperative medicine	2 - I know the topics and concepts described in this knowledge guide	2 - The trainee knows the topics and concepts described in this knowledge guide	2 - Knows the topics and concepts in this knowledge guide
Health equity	3 - I know how to apply this knowledge to practice	2 - The trainee knows the topics and concepts described in this knowledge guide	3 – Knows how to apply this knowledge to practice

Trainee reflective comments

What I have done well	I've developed confidence in managing acute presentations and feel more capable in prioritising care during busy shifts. My clinical reasoning has become more structured and I'm better at integrating psychosocial factors into decision-making. I've built

	good rapport with families and have received positive feedback on my patient communication. I've also engaged in reflective supervision and taken steps to address feedback about my professional behaviour.
What I could improve on	I need to work on speaking up more assertively in difficult team dynamics, especially when I have safety concerns. A recent situation with a supervisor made me hesitant to escalate issues, and this contributed to a patient outcome which I found distressing. I realise now the importance of advocating for patients even when the environment feels uncomfortable. I also want to improve my communication in high-stress situations and be more consistent in how I present myself professionally. I've signed up for a communication skills workshop and plan to seek regular feedback from colleagues I trust.

Rotation Supervisor comments

What the trainee has done well	Clare has demonstrated sound technical ability and solid clinical knowledge across a range of internal medicine presentations. Her diagnostic reasoning is generally accurate and she manages routine cases with increasing independence. She is motivated to learn and has taken initiative in identifying gaps in her performance. She was proactive in reflecting on a recent incident involving a breakdown in communication and demonstrated insight into the impact of team dynamics on patient outcomes.
What the trainee could improve on	Professional behaviour and communication remain areas for improvement. A recent scenario highlighted that Clare struggled to escalate a concern due to feeling intimidated by a senior colleague. While she did ultimately act, the delay contributed to a poor patient outcome. She has since engaged in honest reflection but needs to continue developing assertive communication and professional confidence, particularly in high-pressure or hierarchical environments. She would benefit from targeted support and coaching in stepping up, structured feedback loops and ongoing professional development focused on communication in teams.
Progression recommendation	I recommend the Progress Review Panel closely reviews this trainee's progress.

Trainee 2 – Noah El-Badawi

Name: Dr Noah El-Badawi

Training location: Aotearoa New Zealand (AoNZ).

Stage of training: Foundation

Case overview: Noah is a first year Basic Trainee completing his Foundation Phase in a large public hospital in Wellington. Noah has completed his requirements and has received positive feedback from his supervisor.

Rotation details completed

- Core rotation: 3 months - General and acute care medicine
- Core rotation: 3 months - Respiratory medicine
- Core rotation: 3 months - Geriatric medicine
- Core rotation: 3 months - Palliative medicine

Assessments completed during the rotation

Observation Captures completed 12		Learning Captures completed 12	
Learning goal	**Rating**	**Learning goal**	**Topic**
1. Clinical assessment	2	1. Knowledge	Oxygen delivery systems
2. Prescribing	3	2. Prescribing	Safe prescribing and drug interactions
3. Communication with patients	4	3. Communication with patients	Palliative discussion
4. Clinical assessment	3	4. Documentation	Inpatient note writing
5. Professional behaviours	5	5. Clinical assessment	Cognitive bias
6. Investigations	2	6. Acutely unwell patients	MET call team support
7. Documentation	3	7. Investigations	Abnormal blood results
8. Investigations	3	8. Transfer of care	Writing effective discharge summaries
9. Knowledge	2	9. Knowledge	Diagnostic approach for chest pain
10. Investigations	3	10. Procedures	Pleural tap
11. Acutely unwell patients	2	11. Acutely unwell patients	Time management on shift
12. Knowledge	3	12. Professional behaviours	Cultural competency in Māori health discussions

Ratings against the learning goals – end of phase report

Learning goal	Trainee self-reflection	Education Supervisor rating	Expected standard at the end of the Foundation phase
Professional behaviours	5 - I consistently behave in line with each of the ten domains of professional practice	5 - The trainee consistently behaves in line with each of the ten domains of professional practice	5 – Consistently behaves in line with all 10 domains of professional practice
Clinical assessment	2 - I am able to act with direct supervision	3 - The trainee is able to act with indirect	3 – Is able to act with indirect

		supervision (i.e., ready access to a supervisor)	supervision (i.e., ready access to a supervisor)
Communication with patients	3 - I am able to act with indirect supervision (i.e., ready access to a supervisor)	4 - The trainee is able to act with supervision at a distance (i.e., limited access to a supervisor)	3 – Is able to act with indirect supervision (i.e., ready access to a supervisor)
Documentation	3 - I am able to act with indirect supervision (i.e., ready access to a supervisor)	3 - The trainee is able to act with indirect supervision (i.e., ready access to a supervisor)	3 – Is able to act with indirect supervision (i.e., ready access to a supervisor)
Prescribing	3 - I am able to act with indirect supervision (i.e., ready access to a supervisor)	3 - The trainee is able to act with indirect supervision (i.e., ready access to a supervisor)+	3 – Is able to act with indirect supervision (i.e., ready access to a supervisor)
Investigations	3 - I am able to act with indirect supervision (i.e., ready access to a supervisor)	3 - The trainee is able to act with indirect supervision (i.e., ready access to a supervisor)	3 – Is able to act with indirect supervision (i.e., ready access to a supervisor)
Transfer of care	2 - I am able to act with direct supervision	1 - The trainee is able to be present and observe	Not specified
Acutely unwell patients	2 - I am able to act with direct supervision	2 - The trainee is able to act with direct supervision	Not specified
Procedures	1 - I am able to be present and observe	1 - The trainee is able to be present and observe	Not specified
Knowledge	3 - I know how to apply this knowledge to practice	3 - The trainee knows how to apply this knowledge to practice	3 – Knows how to apply this knowledge to practice

Trainee reflective comments

What I have done well	This phase has helped me build greater confidence in clinical assessment, particularly in structuring my reasoning and presenting clearly on ward rounds. I've made strong progress in prescribing and documentation and I feel more consistent in applying

	safe, patient-centred practices. I've worked hard to maintain professional behaviour and communication standards across varied settings, including in challenging family meetings and acute care discussions.
What I could improve on	I'd like to gain more experience in managing acutely unwell patients independently, as I still feel I rely heavily on supervision during MET calls. I also recognise that procedural skills are an area of growth. While I have observed several, I'd like more supervised opportunities to practise hands-on. Additionally, transfer of care is something I want to handle more confidently, particularly around discharge planning and community handover.

Education Supervisor comments

What the trainee has done well	Noah has shown excellent consistency in professional behaviours and a strong ability to reflect on and respond to feedback. His communication with patients and the team is frequently thoughtful, empathetic and well-structured. He meets or exceeds expectations in prescribing, documentation and clinical knowledge, and demonstrates a safe, methodical approach to clinical assessment. Noah is a reliable and conscientious team member and a valued contributor to multidisciplinary discussions,
What the trainee could improve on	While Noah performs competently in acute care situations, he is still building confidence managing unwell patients without close supervision. He would benefit from further procedural experience and should continue to strengthen his ability to plan and execute patient transfers of care more independently. These are natural development areas for his stage and he is aware of them.
Progression recommendation	This trainee is progressing satisfactorily.

Trainee 3 – Ethan Nguyễn

Name: Dr Ethan Nguyễn
Training location: Tasmania, Australia
Stage of training: Foundation
Case overview: Ethan is in his first year of Paediatric Basic Training, completing the Foundation phase. Development is not on track for independent practice expected at this stage and he has incomplete evidence as he has not completed all of his requirements. In his mid-phase progress report, concerns were raised due to a low rating in professional behaviours. Support measures have since been implemented and some progress has been observed;

however, his performance continues to fall below the expected standard. Concerns remain regarding his readiness for independent practice.

Rotation details completed

- Core rotation: 3 months – General paediatrics
- Core rotation: 3 months – Neonatology
- Core rotation: 3 months – Paediatrics emergency medicine
- Core rotation: 3 months – Paediatrics infectious diseases

Assessments completed during the rotation

Observation Captures completed
6

Learning Captures completed
7

Learning goal	Rating	Learning goal	Topic
1. Professional behaviours	3	1. Clinical assessment	Missed urinary tract infection
2. Clinical assessment	2	2. Documentation	Progress notes on febrile neonate
3. Prescribing	3	3. Prescribing	Paracetamol overdose thresholds
4. Investigations	3	4. Communication with patients	Explaining investigations to parents
5. Communication with patients	2	5. Investigations	Reading CSF results in suspected meningitis
6. Documentation	2	6. Professional behaviours	Difficult interaction with consultant
7.		7. Knowledge	Common infections in childcare settings
8.		8.	
9.		9.	
10.		10.	
11.		11.	
12.		12.	

Ratings against the learning goals – end of phase report

Learning goal	Trainee self-reflection	Education Supervisor rating	Expected standard at the end of the Foundation phase
Professional behaviours	3 - I need to work on two or three domains of professional practice	3 - I need to work on two or three domains of professional practice	5 – Consistently behaves in line with all 10 domains of professional practice
Clinical assessment	3 - I am able to act with indirect supervision (i.e., ready access to a supervisor)	3 - The trainee is able to act with indirect supervision (i.e., ready access to a supervisor)	3 – Is able to act with indirect supervision (i.e., ready access to a supervisor)
Communication with patients	3 - I am able to act with indirect supervision (i.e., ready access to a supervisor)	2 - The trainee is able to act with direct supervision	3 – Is able to act with indirect supervision (i.e., ready access to a supervisor)

Documentation	3 - I am able to act with indirect supervision (i.e., ready access to a supervisor)	2 - The trainee is able to act with direct supervision	3 – Is able to act with indirect supervision (i.e., ready access to a supervisor)
Prescribing	3 - I am able to act with indirect supervision (i.e., ready access to a supervisor)	3 - The trainee is able to act with indirect supervision (i.e., ready access to a supervisor)	3 – Is able to act with indirect supervision (i.e., ready access to a supervisor)
Investigations	3 - I am able to act with indirect supervision (i.e., ready access to a supervisor)	3 - The trainee is able to act with indirect supervision (i.e., ready access to a supervisor)	3 – Is able to act with indirect supervision (i.e., ready access to a supervisor)
Transfer of care	2 - I am able to act with direct supervision	2 - The trainee is able to act with direct supervision	Not specified
Acutely unwell patients	2 - I am able to act with direct supervision	1 - The trainee is able to be present and observe	Not specified
Procedures	2 - I am able to act with direct supervision	2 - The trainee is able to act with direct supervision	Not specified
Knowledge	3 - I know how to apply this knowledge to practice	2 - The trainee knows the topics and concepts described in this knowledge guide	3 – Knows how to apply this knowledge to practice

Trainee reflective comments

What I have done well	I think I've done well in staying organised and showing up on time. I try to be polite and respectful with families and staff. I've enjoyed learning about paediatric conditions and being involved in ward rounds. I've also made sure to ask questions when I'm unsure and I think I've been safe with my prescribing and general clinical care.
What I could improve on	I probably need to work on being more confident in clinical situations. Sometimes I don't know how to answer questions or I forget things I've read. It's also hard for me to know exactly what I should reflect on in my learning captures. I know I could be better at documentation, but I usually write what I am told. I'm also not sure if my communication with parent is

	good or not. I try to keep it short so I don't confuse them.

Education Supervisor comments

What the trainee has done well	Ethan is respectful, punctual and maintains a polite manner with patients, families and staff. He is able to carry out safe, basic clinical tasks under direct supervision and has shown gradual improvement in prescribing and clinical assessment. He is suited to structured environments with strong supervision and responds calmly in routine situations.
What the trainee could improve on	Ethan has difficulty working independently and struggles with clinical confidence. He rarely initiates clinical discussions or decision-making and often needs prompting. His documentation and communication with families are inconsistent and underdeveloped. Most concerning is his limited engagement with reflective practice. The submitted learning captures are superficial and do not demonstrate critical thinking or self-awareness. Several required assessments are incomplete, and Ethan has not demonstrated sufficient progress toward independent performance in core areas.
Progression recommendation	I recommend that this trainee be referred to the training support pathway.

Trainee 4 – Rina Mukherjee

Name: Dr Rina Mukherjee
Training location: Aotearoa, New Zealand
Stage of training: Consolidation
Case overview: Rina is in her second year of Paediatric Basic Training at the end of her Consolidation phase. Her performance is generally above standard however some assessment requirements were submitted late or not at all and her documentation has been flagged as inconsistent.
Rotation details completed • Core rotation: 3 months – General paediatrics • Core rotation: 3 months – Neonatology • Core rotation: 3 months – Paediatric rehabilitation medicine • Core rotation: 3 months – Paediatric emergency medicine

Assessments completed during the rotation			
Observation Captures completed 9		Learning Captures completed 10	
Learning goal	**Rating**	**Learning goal**	**Topic**
1. Professional behaviours	5	1. Clinical assessment	Building a differential
2. Clinical assessment	4	2. Documentation	Incomplete discharge summaries
3. Prescribing	4	3. Prescribing	Adjusting medication in underweight infant
4. Investigations	4	4. Communication with patients	Explaining results to a concerned parent
5. Communication with patients	3	5. Investigations	Inconclusive blood work in chronic fatigue
6. Documentation	2	6. Professional behaviours	Advocating for a patient
7. Procedures	3	7. Knowledge	RSV management updates
8. Transfer of care	3	8. Transfer of care	NICU and ward transitioning care
9. Acutely unwell patients	4	9. Acutely unwell patients	Responding to a rapidly deteriorating infant
10.		10. Procedures	Sterile technique for lumbar puncture
11.		11.	
12.		12.	

Ratings against the learning goals – end of phase report

Learning goal	Trainee self-reflection	Education Supervisor rating	Expected standard at the end of the Consolidation phase
Professional behaviours	4 - I need to work on one domain of professional practice	5 - The trainee consistently behaves in line with each of the ten domains of professional practice	5 – Consistently behaves in line with all 10 domains of professional practice
Clinical assessment	4 - I am able to act with supervision at a distance (i.e., limited access to a supervisor)	4 - The trainee is able to act with supervision at a distance (i.e., limited access to a supervisor)	4 – Is able to act with supervision at a distance (i.e., limited access to a supervisor)
Communication with patients	3 - I am able to act with indirect supervision (i.e., ready access to a supervisor)	3 - The trainee is able to act with indirect supervision (i.e., ready access to a supervisor)	4 – Is able to act with supervision at a distance (i.e., limited access to a supervisor)
Documentation	2 - I am able to act with direct supervision	2 - The trainee is able to act with direct supervision	4 – Is able to act with supervision at a distance (i.e., limited access to a supervisor)

Prescribing	4 - I am able to act with supervision at a distance (i.e., limited access to a supervisor)	4 - The trainee is able to act with supervision at a distance (i.e., limited access to a supervisor)	4 – Is able to act with supervision at a distance (i.e., limited access to a supervisor)
Investigations	4 - I am able to act with supervision at a distance (i.e., limited access to a supervisor)	4 - The trainee is able to act with supervision at a distance (i.e., limited access to a supervisor)	4 – Is able to act with supervision at a distance (i.e., limited access to a supervisor)
Transfer of care	3 - I am able to act with indirect supervision (i.e., ready access to a supervisor)	3 - The trainee is able to act with indirect supervision (i.e., ready access to a supervisor)	Not specified
Acutely unwell patients	4 - I am able to act with supervision at a distance (i.e., limited access to a supervisor)	4 - The trainee is able to act with supervision at a distance (i.e., limited access to a supervisor)	Not specified
Procedures	3 - I am able to act with indirect supervision (i.e., ready access to a supervisor)	3 - The trainee is able to act with indirect supervision (i.e., ready access to a supervisor)	Not specified
Knowledge	4 - I frequently show how I apply this knowledge to practice	4 - The trainee frequently shows they apply this knowledge to practice	4 – Frequently shows they apply this knowledge to practice

Trainee reflective comments

What I have done well	Over the past year, I've become much more confident in managing acute presentations, particularly in neonatology and emergency settings. I've learned how to think critically under pressure and have found that I enjoy the process of working through complex differentials. I feel comfortable leading discussions during ward rounds and value opportunities to teach or explain my reasoning to junior team members. Prescribing has also become more intuitive for me, especially when adjusting for weight and renal function in neonates.
What I could improve on	I know that documentation is an area I need to continue working on. I sometimes deprioritise discharge summaries or progress notes when things

	get busy and this can affect the clarity of follow-up for families and the team. I also submitted a few of my assessments late this year and realise that I need to better plan and pace my admin work alongside clinical duties. Finally, I've had moment where I struggle to navigate difficult conversations with families, especially when emotions were high or decisions were unclear. I want to build more confidence in these situations.

Education Supervisor comments

What the trainee has done well	Rina is a highly capable and thoughtful trainee who consistently demonstrates sound clinical judgement and safe, independent reasoning. She excels in team based-care, acute scenarios and diagnostic problem-solving. Her prescribing and investigation skills are particularly well-developed, and she seeks evidence to support her clinical decisions. She engages meaningfully in supervision and contributes to a positive learning environment.
What the trainee could improve on	Rina's primary area for development is her documentation and follow-through on written and administrative tasks. While her clinical performance is strong, she has submitted some assessments late and her discharge summaries have lacked completeness at times. She has acknowledged this and is working on building more consistent habits, especially when juggling multiple priorities. Strengthening communication during emotionally sensitive conversations is also a focus area.
Progression recommendation	I recommend that this trainee is referred to the training support pathway

Decision outcome examples

The tables below present example outcome decisions that Progress Review Panels may refer to when considering their group's final decision. These are illustrative scenarios only. Actual decisions may vary depending on the specific evidence available at the time of review.

Trainee scenario 1

Trainee name	Dr Adamos
Phase of training	Specialty Foundation
Progression decision	The trainee can progress to the next phase of training with conditions
Conditions (if required)	• **Condition 1:** Complete 2 additional observation captures and 1 learning capture focused on Professional Behaviours. The learning capture reflection must involve escalation of concerns or communication in high-stress environments. Must be completed within the first 4 months of the Specialty Consolidation phase. • **Condition 2:** Complete 1 observation capture and 1 learning capture focused on Team Leadership, reflecting strategies used to facilitate team contribution and resolve conflict, due within the first 3 months of the Specialty Consolidation phase. • **Condition 3:** Submit 1 learning capture summarising learnings from a communication or leadership workshop, clinical debrief or structured peer feedback exercise. This relates to the Professional Behaviours goal and is due within the first 3 months of the Specialty Consolidation phase.
Date for next review	28/09/2025

Trainee scenario 2

Trainee name	Dr Noah El-Badawi
Phase of training	Foundation
Progression decision	The trainee can progress to the next phase of training
Conditions (if required)	n/a
Date for next review	Mid-consolidation phase

Trainee scenario 3

Trainee name	Dr Ethan Nguyễn
Phase of training	Foundation
Progression decision	The trainee cannot progress to the next phase of training
Conditions (if required)	• **Condition 1:** Complete 2 observation captures and 1 learning capture focusing on different aspects of Professional Behaviours. At least one must reflect on interactions in high-pressure or multi-tasking scenarios. All must be completed and submitted within the first 3 months of the extended training period. • **Condition 2:** Complete 3 observation captures and 2 learning captures focused on clinical assessment within the first 4 months of the extended training period. At least 2 must demonstrate independent decision making in common paediatric presentations. • **Condition 3:** Complete 2 observation captures and 1 learning capture focused on Communication with patients/families within the first 3 months of the extended training period. • **Condition 4:** Submit 2 learning captures linked to the Knowledge learning goal. Each must demonstrate how clinical knowledge was applied to decision-making in real cases and should include how the trainee identified knowledge gaps and addressed them. Due within the first 6 weeks of the extended Foundation phase.
Date for next review	20/12/2025

Trainee scenario 4

Trainee name	Dr Rina Mukherjee
Phase of training	Consolidation
Progression decision	The trainee can progress to the next phase of training with conditions
Conditions (if required)	• **Condition 1:** Complete 2 additional learning captures focused on Documentation, including a reflection on discharge summaries or clinical notes written in high-pressure environments. They must be submitted within the first 3 months of the Completion phase. • **Condition 2:** Complete 2 additional observation captures and 1 learning capture focused on Communication with patients, to be completed within the first 4 months of the Completion phase. • **Condition 3:** Submit all required assessments from the Consolidation phase within the first 3 months of the completion phase.
Date for next review	28/09/2025

Appendix 1 Session plans

Session plan for Primary panels: 1-hour workshop

This session plan is recommended for groups who have already been acting as a committee and are well versed in the training program standards and requirements.

Slides to accompany this session plan have been developed, adaptation to the local or specialty context is required.

Progress Review Panel pre-meet	
Meeting time	1 hour (face-to-face or via online platform)
Required	Progress Review Panel chair and all members
Pre-work (approx. 45 mins)	• Watch the Progress Review Panel on demand workshop series (8 videos) • Review the Progress Review Panel calibration pack and trainee case study scenarios
Meeting outcomes	• Discuss a shared mental model and decision making for ongoing meetings • Calibrate progress decisions on common trainee case study scenarios
Resources	• Slide deck • Trainee case scenarios • Decision outcome activity sheet
Time allowed	**Session description**
5 minutes	• Welcome and introduction
10 minutes	• An overview of the key changes involved for reviewing new curricula trainees

30 minutes	• Choose 2 of trainee case studies to review
	  ○ approx. 15 mins per trainee
	  ○ aim of the activity is for the panel to reach a consensus on each trainee progress decision.

15 minutes	• Wrap up and close
	  ○ SMM check
	  ○ Key takeaways

Session plan for Secondary panels: 2-hour workshop

This session plan is recommended for Progress Review Panels who are newly established.

Slides to accompany this session plan have been developed, adaptation to the local or specialty context is required.

Progress Review Panel pre-meet	
Meeting time	2 hours (face-to-face or via online platform)
Required	Progress Review Panel chair and all members
Pre-work (approx. 2 hours)	• Review the program curriculum and learning, teaching and assessment (LTA) programs • Watch the Progress Review Panel on demand workshop series (8 videos) • Review the Progress Review Panel calibration pack and trainee case study scenarios
Meeting outcomes	• Discuss a shared mental model and decision making for ongoing meetings • Explore the Progress Review Panels understanding of the program curricula and learning, teaching and assessment programs • Calibrate progress decisions on common trainee case study scenarios
Resources	• Slide deck • Trainee case scenarios • Decision outcome activity sheet
Time allowed	**Session description**
5 minutes	• Welcome and introduction
15 minutes	• An overview of the panel role, members and functions
20 minutes	• Discussion about the expectations for trainees based on the program curriculum and LTA programs. • Questions and clarification

60 minutes	• Review of trainee case studies
	  ○ approx. 15 mins per trainee
	  ○ aim of the activity is for the panel to reach a consensus on each trainee progress decision.

15 minutes	• Wrap up and close
	  ○ SMM check
	  ○ Key takeaways

Reference list

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