PERFORMANCE AND PROGRESSION POLICY

Contents

1.   Approval and Commencement

This policy:

a. has been approved by the Remote Vocational Training Scheme (RVTS) Board of Directors on the recommendation of the Chief Executive Officer (CEO)
b. commences operation on 1 January 2021.

2.   Purpose

The purpose of this policy is to describe how RVTS manages the performance and progression of a registrar during their enrolment in the RVTS Training Program. This Performance and Progression Policy is designed to assist RVTS, its staff and supervisors in identifying, supporting, and managing registrars who are not performing and/or progressing at a rate reasonably expected of a registrar within the RVTS Training Program.

The policy considers:

a. level of performance *during* training ('performance'); and/or
b. rate of progression *through* training ('progression').

3.   Scope

3.1 Registrars

This policy applies to all registrars undertaking the current RVTS training program ('the program') irrespective of the date they commenced their training.

3.2 Related policies

- This policy operates in conjunction with the following policies, standards and systems (as might be amended from time to time), namely the:
- Registrar in Difficulty Policy
- Withdrawal from Training Policy
- Reconsiderations, Review and Appeals Policy
- Registrar Management System (RMS)
- RVTS Online
- RVTS Handbook
- RVTS Code of Conduct – Registrars and Supervisors
- RACGP Vocational Training Standards
- RACGP Vocational Training Pathway Examination Eligibility Policy
- RACGP Fellowship Exams Candidate Handbook
- ACRRM Fellowship Assessment Handbook.

3.3 Framework

This policy prescribes the framework to be used to assess, manage, and monitor a registrar where there are issues or concerns about their:

- level of performance *during* training ('performance'); and/or
- rate of progression *through* training ('progression').

It is recognised that from time to time, registrars may experience some difficulties during their training years. Most problems, when appropriately identified and managed, can be resolved with the support of their clinical supervisors working with the registrar.

Concerns or issues which can be considered within this framework may have arisen:
- during training
- through the examination or assessment process
- as a result of an adverse event or other circumstances.

4.   Policy

4.1 Process

Progression is the process by which registrars advance in the RVTS training program. Progression decisions are made at the accrual of the key progression milestones in the RVTS Training Program. These are documented in the RVTS Handbook.

4.2 Principles

The following principles underpin this policy:
- issues of patient and person safety take precedence over all others
- fair and equitable treatment of registrars at all times
- confidentiality is to be maintained
- attempts must be made at the local level to resolve registrar performance issues before escalation of the matter to the RME or DOT.

5.   Definitions

The following definitions (where the context permits) will apply to this policy and any related guidelines.

TERM	DEFINITION under this policy
Additional training and support	Additional training and support can include: - greater oversight by supervisor or RVTS ME - increased contact by RVTS ME or RTC - a structured program delivered by an RVTS ME - other forms of support by RVTS or stakeholders involved in registrar training.
Adverse Events	Incidents in which harm resulted to a person receiving health care. Some of these adverse events may be preventable. Includes notifiable conduct as defined by the Medical Board of Australia

TERM	DEFINITION under this policy
Director of Training (DOT)	The Director of Training (DOT) has overall responsibility for the structure, delivery, and quality of the RVTS Training Program. The DOT is responsible for educational leadership, coordination of the medical educator team, education planning, remediation, and evaluation.
Focused Learning Intervention Program	The Focused Learning Intervention Program (FLIP) is the first stage for a registrar managed under the *Registrar in Difficulty Policy*. The FLIP is a formal management process where a registrar has been identified as not meeting RVTS performance and progression standards. A registrar is required to develop a formal Performance Improvement Plan (PIP) in conjunction with the RME which is signed by the registrar and the RVTS RME. The performance of the registrar is assessed by RVTS over a defined timeframe. If the registrar is deemed to have successfully met the FLIP requirements, the registrar continues with their normal training. If the registrar does not meet the requirements, they enter Remediation as a second management stage.
Medical Educator (ME)	RVTS Medical Educators (MEs) are responsible for delivery of elements of the RVTS education plan.
Notifiable conduct	Notifiable conduct by registered health practitioners is defined as: • practising while intoxicated by alcohol or drugs • sexual misconduct in the practice of the profession • placing the public at risk of substantial harm because of an impairment (health issue), or • placing the public at risk because of a significant departure from accepted professional standards.
Performance	A standard by which registrars are assessed as having fulfilled the training requirements at the minimum required standard or level of attainment during training. In the event that the registrar has not satisfied the progression rules, they are deemed to be a registrar to be managed under the *Registrar in Difficulty Policy* and can be placed on a Focused Learning Intervention Program (FLIP) or Remediation for unsatisfactory training and / or assessment performance.
Performance Improvement Plan (PIP)	A Performance Improvement Plan (PIP) is a documented plan that outlines the agreed steps and actions that will be undertaken by a registrar managed under the *Registrar in Difficulty Policy*. A registrar is required to develop a PIP in conjunction with the RME and RTC including measurable outcomes that a registrar must meet in order to continue their training.

TERM	DEFINITION under this policy
Progression	A standard by which registrars are assessed as having fulfilled the training requirements at the minimum required standard or level of attainment during training that permits a registrar to continue training. It is the rate of progression through the training program including completion of examinations (summative examinations conducted by the RACGP or ACRRM), other assessment (formative assessment delivered and conducted by the RVTS) and attendance at mandatory workshops, webinars and other teaching opportunities as prescribed by the RVTS Training Program. This includes failure to complete assessment items or poor performance in assessment items which may prevent a registrar from progressing to the next stage of training. Progression through to completion of training and fellowship must be within the prescribed timeframes, being: within 4 years and 5 years for FRACGP and FACRRM respectively.
Registrar Training Coordinator (RTC)	Registrar Training Coordinators (RTCs) are members of the administration team. The role of the RTC is to be an accessible first point of contact for registrars, providing training advice, monitoring registrar progress and to be a referral point for registrars to specialised training advice within the organisation.
Remediation	A registrar is placed on remediation when they have not met the requirements of the Focused Learning Intervention Program (FLIP), or where a registrar has been identified as not meeting RVTS performance and progression standards. In this process a registrar is required to develop a Performance Improvement Plan (PIP) in conjunction with the RME which is signed by the registrar and the RVTS RME. The performance of the registrar is assessed by RVTS over a defined timeframe. If the registrar is deemed to have successfully met the formal remediation requirements, the registrar continues with their normal training. If the registrar does not meet the requirements of the improvement plan, the registrar may be withdrawn from the training program.
Remediation Medical Educator (RME)	RVTS Remediation Medical Educator (RME) is responsible for registrars managed under the *Registrar in Difficulty Policy*. The RME is responsible for implementing and monitoring Performance Improvement Plans (PIP) for registrars undertaking the Focused Learning Intervention Program (FLIP) or Remediation.

TERM	DEFINITION under this policy
Supervisor	RVTS supervisors provide distance supervision, professional role modelling, one to one teleconference teaching, feedback, regular telephone advice and professional support to the registrar.
Support person	A person who supports a registrar and does not act as a spokesperson or advocate for the registrar.
Training reports	Documented reports from supervisors, MEs, RME, RTCs, clinical teaching visitors and other stakeholders that provide feedback on registrar performance.
Training Review	A documented process that examines and evaluates the work performance and training progression of a registrar against the RVTS Training Program requirements and against RVTS standards. A training review is conducted by a supervisor and RTC (may include an ME). The review occurs twice yearly throughout the training program and informs the development of the registrar's training plan. The outcome of a training review could determine whether a registrar is managed under the *Registrar in Difficulty Policy.*
Underperformance	Where a registrar does not meet the required minimum standard of performance.

6.   Monitoring Performance Flowchart
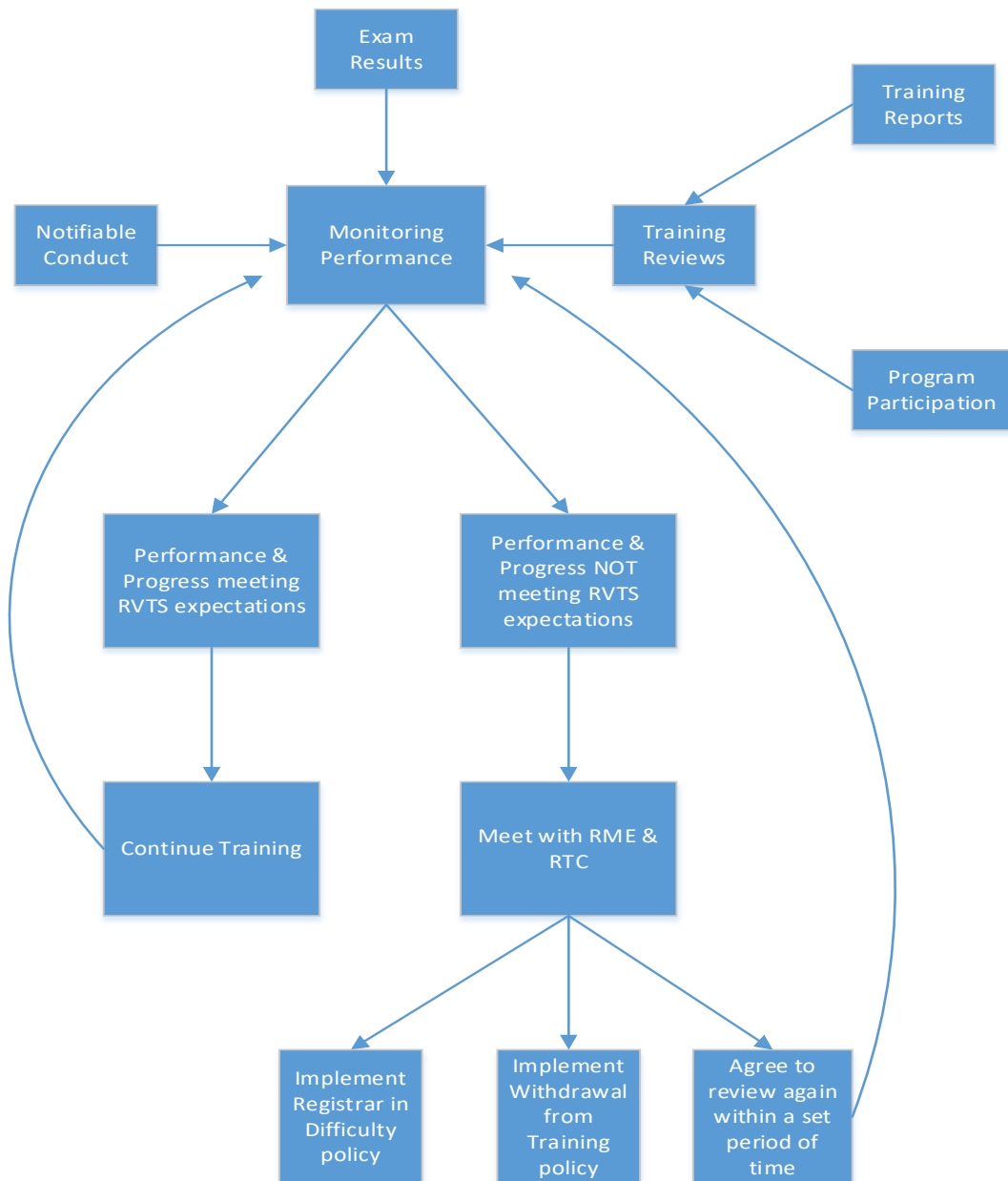
7.   Responsibilities

The DOT / CEO, Supervisors, Registrar Training Coordinators, and Medical Educators are responsible for the implementation of this policy. RVTS Registrars are responsible for adhering to the terms of this policy.

7.1 RVTS

(1) RVTS is responsible for delivering training for registrars seeking fellowship with RACGP, and / or ACRRM. This includes responsibility to:

- set and monitor the standards of expected behaviour of registrars as described in RVTS policy documents

- ensure registrars are supervised within a safe and supportive training environment, as detailed in the RVTS training site accreditation guidelines

- provide education and professional development to registrars on creating an optimal learning environment through teamwork, good communication, collaboration, and constructive feedback

- respond to concerns raised by registrars in relation to their supervisors and provide support to registrars

(2) RVTS will take all reasonable steps to:

- monitor the well-being of registrars enrolled in the program
- monitor registrars':
    - performance (*during* training)
    - progression (*through* training)
    - timeliness in:
        o completing their training assessments
        o sitting and passing their College examinations
- monitor registrars' training as required by the program
- respond to any adverse events or circumstances concerning a registrar that are brought to their attention.

7.2 Registrars

Registrars are responsible for:

- monitoring their health and well-being
- their training performance and progression
- practising safely
- regularly checking with their RTC to monitor progress through training to ensure that other data is current and correct
- participating in twice yearly training reviews
- regularly updating their Learning Plan on RVTS Online
- monitoring and managing their training performance against their expected rate of progression through training
- managing assessment requirements and completion timeframes
- responding to RVTS reminders and/or requests
- the timely completion of their training assessments

- sitting and passing their examinations as and when required
- meeting their training obligations and requirements
- adhering to the RVTS Code of Conduct.

7.3 Remediation Medical Educator (RME)

The Remediation Medical Educator (RME) is responsible for:

- approving Performance Improvement Plans (PIP) submitted under the Registrar in Difficulty Policy
- notifying the Director of Training (DOT) of an approved PIP
- advising the DOT of any registrar of concern for ongoing management
- notifying the DOT of a reported adverse incident or event
- notifying the DOT of any registrars considered for withdrawal from training
- making recommendations for the management of a registrar of concern
- overseeing the management and monitoring of registrars managed under the *Registrars in Difficulty Policy.*

7.4 Director of Training / CEO

(1) The Director of Training / CEO has the following responsibilities:

- Actively monitor registrar progression, supervision, and training setting issues within and across RVTS to improve training quality.
- Provide advice, support, and management oversight to the RME who are supporting registrars in difficulty
- Be familiar with relevant workplace and RVTS policies on Bullying, Discrimination and Sexual Harassment and other related policies
- Provide advice and guidance to the registrar to resolve if necessary, a registrar-supervisor issue.
- Advise the RME and/or the registrar on the applicability of workplace and/or RVTS policies relevant to the registrar's workplace responsibilities.
- Advise and support the RME to report a registrar to the relevant Medical Registration Authority where there is notifiable conduct
- Upon advice from the RME discuss vocational options with the registrar if there is evidence that the registrar is not likely to succeed in the training program.

(2) The Director of Training / CEO (under this policy) is responsible for advising the Board of any registrar:

- being managed under the *Registrar in Difficulty Policy*
- involved in a reported adverse incident or event
- being considered for withdrawal from training.

8.   Review Process

8.1 Training Review

All RVTS Registrars must participate in a Training Review process as required under this policy.
- Training Reviews occur twice each year.
- Registrars who fail or refuse to participate in a Training Review may be referred for management under the *Registrar in Difficulty Policy*. Registrars may be withdrawn from the training program under the *Withdrawal from Training Policy.*

8.2 Monitoring registrar performance and progression

Registrar performance and progression will be monitored during training reviews with specific reference to, and not limited by a registrar's:
- data entries and statements in the RVTS RMS
- training reports from their MEs and/or supervisor, and/or Registrar Training Coordinator (RTC), and/or clinical teaching visitor
- training assessments and outcomes
- attendance at mandatory workshops, training webinars and other structured teaching activities
- examination and assessment outcomes and timeliness
- completion of RVTS online modules
- participation in RVTS online forums
- participation in training webinar discussions
- other relevant RVTS assessments and requirements.

Training Reviews under clause 8.1 will occur twice each year.

Training Reviews under clause 8.1 are to be conducted by the registrar's RTC and supervisor.

8.3 Examination and Assessment Outcomes

Examination and Assessment outcomes referred to in clause 8.1 are:

(1) Fellowship of **ACRRM** summative assessment:
- o Multiple Choice Question Examination (MCQ)
- o Mini Clinical Evaluation Exercise or Case Based Discussion (MiniCEX/CBD)
- o Structured Assessment using Multiple Patient Scenarios (StAMPS) Examination; and
- o Multi Source Feedback (MSF).

(2) Fellowship of **RACGP** Summative assessment components:
- o Applied Knowledge Test (AKT);
- o Key Feature Problems (KFP); and
- o Clinical Examination (CE).

(3) Advanced Skills Training examination and assessment requirements relevant to the respective advance skill curriculum.

(4) Additional assessments must be undertaken on the written request of RVTS.

8.4 Review Meeting Procedure

(1) Registrars who are to be managed under this policy (clause 8.1) must attend a review meeting with their RTC and/or ME (or their nominees) at a time to be advised by their RTC and / or ME at a location (likely to be convenient to the registrar).

(2) In preparation for the review meeting registrars must be given:
    (a) adequate advance notice (at least 7 days) of the meeting and its purpose
    (b) the details of their under-performance or progression, or reasons for potential support
    (c) sufficient time for formal discussions to occur about the registrar's performance and progress as assessed under the policy
    (d) the opportunity to provide an explanation for their assessed level of performance or progression
    (e) the opportunity to bring a support person to the meeting.

(3) The purpose of a review meeting convened under clause 8.1 is to:
    (a) discuss the review process and the potential/possible outcome/s (Appendix 2)
    (b) consider the reasons given in support of the outcome/s
    (c) seek comments from the trainee (in response to the outcome/s)
    (d) consider any barriers to performance or progress
    (e) improve the registrar's performance and progression through training and explore what would be required of the:
    o registrar and
    o training site
    (f) confirm with the registrar an action plan and the intended outcomes of the action plan
    (g) record the agreed outcomes of the meeting, in writing, and provide a copy to the registrar.

8.5 Written Summary of Training Review

A written summary of the Training Review is:
- prepared by the RTC within 7 days of completion of the review using the Training Review reporting template (see Appendix 3)
- reviewed by the DOT or delegate
- sent to the registrar, their Supervisor and Medical Educator mentor.
- The Review Meeting Summary Report (Appendix 3) must:

    - (i) be completed in full

    - (ii) reflect an agreed outcome/s

    - (iii) record the outcome (under clause 8.6)

    - (iv) detail the reasons for the outcome, and if required

    - (v) be dated and signed (as required).

8.6 Outcomes of Training Review

(1) The outcome for the review meeting must also include ONE of the following statements:

- there is an action plan to be managed under the review meeting procedure provisions in this policy, or alternatively
- the meeting did not result in an action plan and the matter is to be referred to RME and / or DOT for consideration and possible remediation support.

(2) Registrars whose performance and progress has been reviewed and assessed as meeting the expectations of the RVTS can proceed with their training in accordance with their approved training plan.

(3) Where a registrar's performance and progress has been reviewed and assessed as *not* meeting the expectations of the RVTS then the registrar concerned must be managed under the *Registrar in Difficulty Policy*.

8.7 Action Plan

(1) The registrar's RTC and ME will be responsible for overseeing the implementation and completion of an action plan.
- The action plan must be completed within 7 days of the review meeting.
- The action plan duration must be set to a minimum of six (6) months.

(2) Registrars completing an action plan must attend subsequent meetings with their RTC and/or ME to discuss their progress and achievement of the outcomes outlined in their action plan at six (6) week intervals from the commencement date of the action plan.

(3) The registrar's accredited training time will continue to accrue while they are on an action plan.

(4) Registrars whose performance and progression at the six (6) month point from the commencement of the agreed action plan, has been reviewed and assessed as meeting the expectations of RVTS can proceed with their training.

(5) Outcomes not achieved at the six (6) month point from the commencement of the agreed action plan should be reviewed and (as necessary):
- be referred for remediation under the Registrar in Difficulty Policy, or
- be referred to the RME for consideration under the Withdrawal from Training Policy
- notification sent to the DOT / CEO
- for exceptional circumstances an application for extension of the action plan may be submitted to the RME and / or DOT/CEO for consideration.

8.8 Registrar participation in Review process

(1) Registrars must participate in the review process as required under this policy.

(2) The Review Process under this policy is in addition to those already required by RVTS.

(c) Registrars who fail or refuse to participate in the review process will be referred to the

RME and / or DOT / CEO for consideration under the Withdrawal from Training Policy.

9.   Reconsideration, Review and Appeal of Decisions

Registrars seeking a reconsideration of decisions relating to performance and progression can do so in accordance with the Reconsideration, Review and Appeals Policy.

Refer to the Reconsideration Review and Appeals Policy for further information.

10.   Related documents

- Registrar in Difficulty Policy
- Withdrawal from Training Policy
- Reconsiderations, Review and Appeals Policy
- RVTS Handbook
- RVTS Code of Conduct – Registrars and Supervisors
- RACGP Vocational Training Standards
- RACGP Vocational Training Pathway Examination Eligibility Policy
- RACGP Fellowship Exams Candidate Handbook
- ACRRM Overview of Fellowship Training http://www.acrrm.org.au/training-towards-fellowship/overview-of-training-with-the-college/policy
- ACRRM Fellowship Assessment Handbook
- RVTS Privacy Policy

11.   Document control

Warning – Uncontrolled when printed! The current version of this document is kept on the RVTS server.

Authorised by: CEO   Current Version Date: December 2020

Original Issue: May 2016 | Previous Version: January 2019 |Last Review: June 2020 |
Next Scheduled Review: January 2022
Maintained by: Quality & Governance Manager

Appendix 1 – Early Warning Signs that may identify a registrar not meeting the required levels of performance and progression

Useful early warning signs

(a) Disappearing: not answering phone or not returning phone messages, excessive amounts of sick leave, frequent lateness

(b) Low work rate: slowness at work, poor time management, staying back late but still not getting work done

(c) Anger and rage: anger when being questioned, frequent outbursts, shouting at colleagues or patients, aggressive tone to voice when dealing with patient or colleagues, disrespect to colleagues and patients

(d) Insight failure: rejection of constructive criticism, defensive, counter challenging

(e) Career problems Difficulty with exams, disillusionment with choice of career, failure to progress through training assessments

(f) Odd behaviour

(g) Rigidity: poor tolerance of ambiguity, inability to compromise, difficulty prioritising, inappropriate or vexatious complaints

(h) Bypass syndrome: junior colleagues or nurses finding ways to avoid seeking their opinion or help identification of a registrar in not meeting required levels of performance and progression may occur through:

(a) An untoward incident

- o A complaint or litigation

- o A report from other health professionals

- o Appraisal

- o Assessment

- o Performance data or clinical outcomes

- o Clinical audit

Many people are potential sources of information about a registrar not meeting the required level of performance and progression. The initial information received and the direction of an initial assessment will depend to some degree on the source of the referral.

Referral sources include:

1. Clinical supervisors

2. Practice Managers and practice staff.

3. Nurse managers, other clinicians, allied healthcare practitioners, and/or other senior non-medical staff

4. Self-reporting (registrar)

5. Registrar's colleagues

6. Patient or patient's relatives

Appendix 2 – Commonly Used Strategies to address a registrar not meeting the required levels of performance and progression

(a) Re-orientation to the term (term description and practical manual)/re-training: knowledge, technical skills and non - technical, professional skills

(b) Close review of training milestones – this can be achieved with the use of the registrar progression summary

(c) Increasing support/supervision/mentoring

(d) Repeat rotation

(e) Discussion by registrar with a successful candidate re: tips, efficient practices etc

(f) Frequent and thorough feedback

(g) Correct knowledge deficits – recommend specific texts and articles. Easy access to helpful tools

(h) Targeted supervision e.g. help with time management, prioritising tasks, prompting, review of assessment decisions

(i) Altered work practice e.g. reduction in overtime, supernumerary position, allocation to specific terms with supportive supervisor

(j) External courses

(k) Communication and linguistic support

(l) Psychological support: Consider referral to the Employee assistance program (Australia wide)

(m) Referral to GP/psychiatrist

(n) Career counselling

Appendix 3 Review Meeting Summary Report Template

Registrar First Name		Registrar Last Name	
Training Start Date		Year of Training	
Date of Meeting		Venue	
Time Started		Time Ended	

Meeting Attendees (Name and Position)	

Reasons for Review Meeting (Identification of Areas where Registrar requires assistance to perform or progress.

<table>
<tr><td></td></tr>
<tr><td></td></tr>
<tr><td></td></tr>
<tr><td></td></tr>
</table>

Discussion of Potential Outcomes

Reasons for Potential Outcomes

Agreed Outcomes

Outcome Verification	

- ☐ there is an action plan to be managed under the review meeting procedure provisions of the RVTS Performance and Progression Policy
- ☐ the meeting did not result in an action plan and the matter is to be referred to RME for consideration and possible remediation support.

Comments from Registrar	
Signed	
Comments from Director of Training	
Signed	
Comments from RME	
Signed	