



**RANZCO**

The Royal Australian  
and New Zealand  
College of Ophthalmologists

# Trainee Performance Support Policy

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## 1. Introduction

### 1.1 College Statement

The Royal Australian and New Zealand College of Ophthalmologists (RANZCO) provides specialist ophthalmological training to trainees through the Vocational Training Program (VTP). The objective of the VTP is to produce a specialist ophthalmologist who, on completion of training, is equipped to undertake safe, autonomous, comprehensive, general ophthalmology practice.

RANZCO recognises that trainees may experience difficulty at any stage of their training and journey to Fellowship. The College prioritises the health, welfare, and interests of trainees and their right to a safe and supportive professional learning environment. We are committed to ensuring a robust and fair support structure to assist those who encounter difficulty at any stage of the training pathway.

Our application of this Policy is underpinned by our College vision and mission statements and these values inform our approach. A key aim is to ensure the continuation of a positive training experience for those who may experience difficulties. Supervisors and senior medical staff play a critical role in this process. Assessment processes must ensure the early identification as well as maintain transparency in forming programs of remedial work.

### 1.2 Policy adoption

The Trainee Performance Support Policy provides a framework to guide as well as govern all process decisions undertaken by the College on and from the date of adoption of this Policy by the Board unless and until formally revoked, amended or repealed.

The Policy replaces the Trainee Remediation Policy which will cease operation on the implementation of this policy.

## 2. Purpose and scope

### 2.1 Policy purpose

The purpose of this Policy is to establish clear processes and criteria in the identification, support, and management of trainees in difficulty. The provisions have been developed to provide a structure to support the trainee as well as provide guidance for specified members of the training team in working to identify and resolve training difficulties.

### 2.2 Scope

This Policy applies to all trainees on the RANZCO VTP and sets out what difficulty means in this training context. It defines the principles to be employed when a difficulty is identified and clarifies the roles and responsibilities of the parties involved. This extends to the processes to be employed by the Director of Training (DoT) and/or Term Supervisor to identify, support, manage and remediate trainees in difficulty and their reporting requirements to the College.

### 2.3 Objective

The objective is to provide a supportive **RANZCO Trainee Performance Support Pathway** to assist trainees in overcoming identified difficulties during their training. A clear aim of the Policy is to provide the mechanisms to identify, support and manage the trainee in difficulty early and to guide Term Supervisors and DoTs in implementing these

strategies at the local level. There is also provision for College intervention for issues that cannot be dealt with locally.

## 2.4 What is a Trainee in Difficulty?

It is important to emphasise that most trainees will experience some difficulties before they complete their postgraduate training. Trainees in difficulty are those who are not making sufficient progress in training or who are experiencing difficulties with certain elements of training.

Trainees in difficulty often have issues in more than one area. Difficulties not only relate to trainee progression but can extend to the setting or the supervisory relationship and external factors. These issues can impact and impede on their progress and ability to undertake their training.

### 2.4.1 Underlying causes

There are a range of problems with which a trainee in difficulty can present. Preliminary assessment should consider these underlying causes which can relate to competence, lifestyle, extrinsic factors, psychological and the work environment.

There is often overlap between health and performance, but these potential underlying issues can broadly fall into these categories:

- a) Competence includes areas such as deficient knowledge, poor communication, inexperience or performance anxiety as well as poor time and document management skills.
- b) Lifestyle factors are impacts caused by ill health and unhealthy choices or lifestyles, fatigue or exhaustion as well as issues caused by social isolation.
- c) Extrinsic factors would include relationship issues, pregnancy, and parenting, financial issues or cultural difference or challenges.
- d) Psychological including heightened stress or burnout as well as mental health considerations including in relation to immediate family members.
- e) Work environment can include workplace culture, excessive workload, interpersonal conflict, lack of support and appropriate clinical management resources.

### 2.4.2 Trainee performance and progression difficulties

RANZCO assesses all trainees to confirm the attainment of relevant competency against the curricula and stage of the VTP. This relates to the trainee's application of knowledge, skills and professional behaviour against the various stages of training.

Competency provides a baseline measurement for safe practice within a multidisciplinary team-based environment. Competencies need to be attained at a defined level to progress through the curriculum. Trainees not making sufficient progress or who have areas where they struggle to develop competency will be identified for additional support through the RANZCO Trainee Performance Support Pathway. Continued failure to demonstrate capability following programs of remedial work through pathway intervention is grounds for discontinuation from the training program.

### 2.4.3 Setting or supervisory relationship difficulties

Broader impacts beyond individual capability can involve issues relating to the training setting or the supervisory relationship between trainer and trainee. Often these issues will require College leadership and support to assess any setting related impacts and to help resolve or mediate any trainee or supervisor conflict.

### 2.4.4 Other considerations in assessing difficulties

The trainee's physical and mental health is an important consideration in ensuring their ability to fulfil the expectations for the training position. Compliance with broader RANZCO policies relevant to the VTP requirements is another important area for consideration.

### 2.4.5 Useful early warning signs

Trainees can encounter significant stress during their training and while some stress can heighten performance, prolonged stress can lead to distress, and prolonged distress may also lead to impairment. It is important to recognise early warning signs that a trainee is experiencing stress and then to put in place measures to support trainees who are experiencing distress and difficulties.

Early warning signs can include:

- a) Disappearing: not answering pager, 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 been 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, or out of character for the person
- 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

## 3. Definitions

For the purposes of this Policy:

**Trainee** means a medical practitioner enrolled in the RANZCO Vocational Training Program (VTP) and is not a Temporary Training Registrar (TTR).

**College** means The Royal Australian and New Zealand College of Ophthalmologists (RANZCO).

**Board** means College or RANZCO Board.

**Head of Department** means the person appointed with oversight and responsibility for a hospital department.

**Censor-in-Chief (CIC)** means the person appointed to oversee all aspects of training and assessment conducted as part of the RANZCO VTP.

**Director of Training (DoT)** means the person who has overall responsibility for the structure and quality of training in a hospital or department, in line with the College policies and specific arrangements within their training network, and for providing trainees with information and feedback on their progress.

**Term Supervisor** means the person who has a clearly defined responsibility to oversee and manage an individual trainee's clinical training and performance within the department for a specified period or clinical placement.

**Qualification and Education Committee (QEC)** means the governing body chaired by the CIC responsible to the College Board for education and training policy and program management.

**Trainee Progression Committee** means the sub-committee of the QEC whose purpose is to provide expert advice and support to the CIC on trainee progression matters.

## 4. Roles and Responsibilities

### 4.1 RANZCO

RANZCO has oversight for the conduct of the VTP as the principal body for the training and education of Ophthalmologists in Australia and New Zealand. This includes responsibility for monitoring progress, competency, professional and clinical progression of trainees throughout the duration of the training, across rotations, settings, and supervisors.

Pertinent to this Policy, RANZCO has the lead role in ensuring there are clear processes and impartial pathways to enable the timely resolution of difficulties experienced by trainees.

#### 4.1.1 Lead capacity

RANZCO has a responsibility to ensure transparency for trainees in the trainee support process and also a responsibility to Term Supervisors and DoTs to facilitate these processes at the local level. However, where matters cannot be resolved locally, the College will specify at which point it will need to become actively involved in dealing with trainees in difficulty. If this is required, the College will ensure that all parties understand that it is now operating in a lead capacity.

#### 4.1.2 Notifications

Once a dispute has been initiated, RANZCO has a key role in ensuring appropriate investigation process is followed including through leading notifications and document dissemination. This includes responsibility for:

- a) Informing DoT's, Term Supervisors and trainees of assessment requirements and communicating any change to assessment requirements in a timely manner.

- b) Developing and communicating to all parties RANZCO's decision making, remediation and appeals process in accordance with this Policy.
- c) The provision of resources, training, and supports for DoTs and Term Supervisors to identify, support, manage and remediate the trainee in difficulty.

## 4.2 Trainees

A trainee is an employee with a formal contractual relationship with their employer and as such is a subject to local and national employment conditions. Trainees who have registered for training and are employed in a training network also have an obligation to fulfil the requirements of the RANZCO VTP. Training must be completed within 12 years. A trainee cannot continue remediation or take leave indefinitely.

Trainees also have obligations in fulfilling their professional role as set out by their jurisdiction board, council or regulation agency: the Medical Board of Australia (MBA) and Australian Health Practitioner Regulation Agency (AHPRA) or the Medical Council of New Zealand (MCNZ); these being the bodies with responsibilities for regulating, setting and maintaining standards of medical practice against which a doctor's professional conduct can be evaluated and with responsibilities for issues relating to continuing medical registration.

## 4.3 Employers

Employers must ensure that employment laws are upheld, and employer responsibilities fulfilled. Their industrial obligations involve the management of all employment issues including performance and disciplinary matters a timely, fair and objective way.

Employers may require that trainees meet the requirements of the training program in a specified period of time as a condition of continued employment. This is at the discretion of the employer.

Training sites must ensure that they meet RANZCO's accreditation requirements and therefore have the appropriate infrastructure and resources in place to provide training relevant to their accreditation status.

## 4.4 Directors of Training, Term Supervisors, and Clinical Tutors

One of the fundamental roles of the Director of Training (DoT) and Term Supervisor is to provide feedback to trainees regarding their performance. DoT's and Term Supervisors will be involved in the identification, management, and support of a trainee in difficulty and as such it is imperative that they receive adequate training in the management of trainees in difficulty. DoT's and Term Supervisors should also have support at the local level from the Head of Department as well as support from the College.

## 4.5 Trainee Progression Committee

The Trainee Progression Committee which is a subcommittee of the Qualification and Education Committee (QEC) is responsible for considering recommendations from the DoTs about the extension of induction, additional training, and removal of trainees from the training program.

## 4.6 Censor in Chief

The Censor in Chief is responsible for considering the Stage 2 Improving Performance Action Plan (2-IPAP) for trainees in difficulty provided by the DoT.

## 5. Trainee Performance Support Pathway

### 5.1 Guiding principles

#### 5.1.1 Overarching

Training competent Ophthalmologists is the fundamental goal and is achieved through the development of the required clinical skills and competence. Achieving high-quality supervision and assessment of trainees is a high priority. In supporting trainees in difficulty, the College supports an approach which:

- a) prioritises patient safety
- b) ensures the supervision and support of the trainee
- c) includes prevention and early recognition of difficulties, and an early and local intervention process for dealing with identified issues.

#### 5.1.2 Immediate action and referral

Most situations involving trainees will be of low-level concern and can be actively resolved through the guidance and supports outlined in this policy guide. However, immediate action and referral are required when there are risks to patient safety, risks to trainee safety, or allegations of criminal conduct. This Policy does not apply to those situations where a trainee is exhibiting notifiable conduct. These matters should be referred to the relevant registration authority, either the MBA or MCNZ. The College has a separate policy relating to mandatory reporting.

### 5.2 Process principles

#### **Prevention, early recognition, and intervention are the best approach.**

The College encourages a supportive approach, with common sense interventions, centred on educational progress and professional development to resolve issues. Principles have been developed to guide process around prevention, early recognition and intervention coordinated and monitored at the local level.

#### 5.2.1 Prevention and mentoring

In developing processes for supporting the professional development of trainees mentoring is key.

The College administers a mentoring program for each of the training networks. Mentoring programs may also facilitate the identification of areas of concern in a trainee's performance early on in the training program to enable Improving Performance Action Plans (IPAP) to be developed and enacted.

#### 5.2.2 Early recognition and intervention

The College has established the following principles to guide early recognition and intervention:

##### a) **Patient safety as a priority**

Patient safety must always take priority. If this is in danger, immediate action should be taken.

**b) Trainee safety as a priority**

Trainee safety must also take precedence. Employers and clinicians are bound by mandatory notification requirements and notifiable conduct should be referred immediately to the MBA or MCNZ (as outlined in 5.1). These matters are not dealt with by the College.

**c) Fair and transparent processes**

Trainee in difficulty processes should be easily accessible by all parties. This includes access to the College Trainee Performance Support Policy.

**d) Confidentiality**

Confidentiality is to be maintained at all stages.

**e) Early identification**

The difficulty is identified as early as possible. Followed by appropriate and timely intervention to maximise the opportunity(ies) for resolution.

**f) Active participation**

The trainee is an active participant throughout the process and necessary supports are provided.

**g) Local Performance Support**

In the first instance, an attempt should be made to resolve difficulties at the local level, prior to any escalation to the College. Trainees, Term Supervisors, and DoTs are best placed to negotiate and implement strategy(ies) to support. Employers can offer the support through their own employee assistance program (EAP) and RANZCO also provides access to RANZCO's EAP.

**h) Solutions focussed**

An agreed Stage 1 Improving Performance Action Plan (Stage 1-IPAP) should be developed. Support should be centred on educational progress and professional development, with clear timeframes set for review.

**i) Follow up and monitoring**

The Stage 1-IPAP should be monitored. Progress against agreed plan should be regularly monitored and the agreed goals reviewed if required.

**j) Transfer of information**

Information about a trainee's progress, performance, and support arrangements may need to be transferred to facilitate ongoing support or when the trainee changes employment (from one training rotation to the next). See section 9.

**5.3 Principles of documentation**

Effective management of trainees in difficulty requires appropriate documentation from the earliest stages.

Record management processes improve continuity of management when the trainee changes rotations, avoiding duplication of effort and helping to ensure that problems are adequately addressed early.

Triage your documentation:

**a) Low-level concerns**

These include the majority of issues you deal with on a day to day basis

- Diary entry (always record date, time and individuals involved)
- Record discussion points
- Record agreed on actions

**b) Medium level concerns**

Required if the situation is deemed more complex or if there is a chance the matter will proceed to a more formal pathway

- Formalise notes (file notes)
- Record a balanced account of the facts
- Consider use of Dictaphone, with the permission of all those involved, to ensure accurate documentation
- Such documentation should be understood and acknowledged in writing by the trainee

**c) High-level concerns**

Serious allegations from the outset that may result in disciplinary or other formal action

- Formalise documentation
- Such documentation should be understood and acknowledged in writing by the trainee. Seek advice early from the Director of Medical Services or HR.
- Consider if any other parties need to be informed (e.g: Head of Department), or if the issue is notifiable

**6. Stage 1 Guidance: Local Training Setting****6.1 Stage 1 Process Overview**

**Stage 1** of the Training Support Pathway occurs in the **local setting** and involves a process to identify, assess and diagnose, and support and manage.

**6.2 Identify a difficulty**

The **identify a difficulty** phase involves information gathering and making an initial assessment. The difficulty should be identified as early as possible followed by appropriate and timely intervention preferably through informal action to resolve the issue at an early stage. Confidentiality, fairness and natural justice principles all apply in the process of information gathering and making an initial assessment. Where possible, information should be gathered directly from the source and not the second or third hand.

### 6.2.1 Identification

Identification of a trainee in difficulty may occur through an untoward incident, a complaint or litigation or a report from other health professionals. Identification can also occur during appraisal or assessment or through other performance data assessment and clinical outcomes including through clinical audit.

### 6.2.2 Preliminary assessment

**The preliminary assessment of concern involves deciding whether or not there is a problem.** This includes getting information from the many potential sources involved to help direct your initial assessment. Referral sources can include the clinical tutors, resident, nurse manager, self-reporting (trainee), trainee's colleagues, patient or patient's relatives. Supervisors, at their discretion, are encouraged to enlist support and obtain advice from tutors and fellow supervisors to help determine the appropriate action.

Most situations with trainees will be of relatively low concern and may require discussion between the Term Supervisor and the trainee. Generally, issues should be dealt with on a need-to-know basis. Most trainee matters can be discussed in a deidentified way and often can be managed without involving anyone beyond the trainee and the original referral source. It is important that contemporaneous notes be kept of any discussions.

## 6.3 Assess and diagnose

The **assess and diagnose** phase involves working through the difficulty; making an assessment of required actions following referral and determining if the problem identified is complex and requires discretion. When the issue relates to poor performance it is important to determine specifically which aspects of performance are unsatisfactory.

When deciding whether there is some concern regarding a trainee being in difficulty, it is vital to consider potential underlying causes and consider the need for further investigation (see section 2.4.1). A judgement should only be formed once all relevant information has been collected. Early discussion between the DoT and the Term Supervisor and the trainee is imperative. If performance related, decisions should consider the need for development and agreement of a realistic learning plan.

### 6.3.1 Assess the severity

Difficulties not only relate to trainee progression but can extend to the training setting, the supervisory relationship and can also be workplace and therefore employment related. The DoT must assess the severity of the situation and establish the facts as quickly as possible. The DoT may seek advice or support from the College education team and others involved with the trainee. This process should guide decisions including the timeliness of intervention, need for external advice, need for referral, and the level of documentation required.

**Step 1: Establish facts quickly and assess the severity**

Once a problem has been identified there is a need to work through those situations requiring immediate intervention. These include:

- a) The risk to patient safety (actual incident or near miss involving a trainee)
- b) The risk to the trainee (suicide risk or significant impairment)
- c) Allegations of criminal or professional misconduct

**Questions to ask**

- a) Has the trainee's behaviour caused serious harm? (Patient safety)
- b) Is the trainee at risk? (Trainee safety)
- c) Have allegations been raised that might represent a criminal act or misconduct? (Sexual harassment, assault or working while intoxicated)

**6.3.2a If a problem is identified as minor**

Most situations with trainees will be of relatively low concern and may require discussion between the Term Supervisor and the trainee. Generally, issues should be dealt with on a need-to-know basis. Most trainee matters can be discussed in a de-identified way and often can be managed without involving anyone beyond the trainee and the original referral source.

**6.3.2b If a problem is identified as severe**

If the situation is assessed as severe with regard to patient safety or conduct issues, or a more formal process is required from the outset, you should seek advice from the Head of Department and your Human Resources department.

**Step 2 Work through to determine if issue can be referred (conduct related) or is one of training (for action).**

It should be determined whether the problem is:

- a) **One of conduct** (employment or jurisdiction) and managed by the DoT with the support of the Head of Department in consultation with HR and Medical board. In this scenario, any action taken should be in relation to the trainee's hospital employment contract.
- b) **One of training** and managed by the DoT and Term Supervisor with the support of the Head of Department, Censor in Chief, and Qualification and Education Committee (QEC). In this scenario, any action taken should be in relation to the trainee's accredited training.

**6.3.3 Take informal action**

If the situation is assessed to be one of conduct refer to employer HR policies. If training related, aim to take informal action to resolve the difficulty. If this is not possible, move

to the support and manage phase (6.4). In working to resolve the issue locally, all parties should be given the opportunity to provide their side of the story to an impartial third party, usually the DoT. If calling a trainee to a formal meeting to discuss performance, 24 hours' notice is appropriate.

### Step 3 Aim to resolve training difficulty through informal action

#### Approaching the trainee

Speaking with the trainee at an early stage is essential. At this point, it may be useful to seek advice from HR and/or Head of Department. The trainee should be informed that a concern has been raised within a reasonable timeframe. Delaying the initial conversation can impact on resolving the issue early. The trainee has a right to know the details, including who raised the concern, and has the right to respond.

These steps are summarised below:

##### a) Timeliness

Speak with the trainee within a reasonable time frame of a concern being raised to give the trainee the opportunity to respond to and resolve the issue before it progresses any further. In most cases, speaking with the trainee will be the most effective intervention that you will undertake in resolving the problem. **b) Details**

The trainee needs to know all of the details of the concern, including the details of who raised the concern. The trainee has the right to replay their side of the story and at this point, the supervisor and DoT should listen and assess the situation. Unless patient or trainee safety is at risk, DoTs should consider all of the information before taking action.

##### c) Meeting

This should be done by the DoT or an impartial third party. In the event a conflict of interest is identified by the involved parties, HR should be involved.

Useful resource: **Significant Event Form.**

## 6.4 Support and manage

Once concerns regarding a trainee have been raised and investigated, the **support and manage** phase involves escalating the unresolved issues for formal action locally.

For supervisory relationship issues, formal action would include referring the matter to an expert practitioner. For those related to the training setting, formal action locally would encompass working through the Training Post Accreditation Standards to address any barriers or arranging a site visit. If matters remain unresolved, they should be referred to Trainee Support staff at RANZCO for further action.

If related to **trainee performance or progression**, developing a **Stage 1 Improving Performance Action Plan** (Stage 1-IPAP) is the next step. The trainee will now formally commence on the **Trainee Performance Support Pathway**.

### 6.4.1 Develop and implement Stage 1 Improving Performance Action Plan

The DoT will generally be responsible for coordinating a Stage 1-IPAP to address the identified issue(s). The primary aim is to support the trainee through developing a clearly

articulated action or program of supports. A requirement at this stage is to seek agreement from the trainee for the Stage 1-IPAP and establish a review date.

#### **Step 4: Developing a Stage 1 Improving Performance Action Plan is the next step.**

In developing a performance plan, the aim is to provide support to the trainee and remedial action to re-establish appropriate levels of performance. A documented Stage 1-IPAP should aim to address the issues that have been raised by providing clear expectations regarding actions, responsibilities, expected outcomes and review dates.

The Stage 1-IPAP should be developed in consultation and agreement with the trainee and a copy should be provided for them. The Stage 1-IPAP should clearly state intended outcomes which should be Specific, Measurable, Achievable, Relevant and Time-framed (SMART). It is important to include review dates to ensure that appropriate assessment of progress is made and that any other required actions are identified.

Some key steps are summarised below:

- a) Time: formal and adequate time should be set aside for discussion. Trainees should be given adequate advance warning about the meeting.
- b) Support: trainee should be given the opportunity to bring a support person
- c) Evidence: shortcomings in performance or progress should be clearly identified.
- d) Self-assessment: trainee should have the opportunity to provide an explanation
- e) Actions: clear expectations should be established
- f) Resources should be offered
- g) Responsibilities: DoT and Term Supervisor
- h) Expected outcome and review dates

Useful resources: **Action Plan Template.**

#### **6.4.2 Review and assess progress**

A plan for reviewing the success of the intervention is imperative. The review and assessment of progress should be undertaken at the date specified in the agreed Stage 1-IPAP. At this point, the aim should be to reach a conclusion to determine if the matter has been resolved through the trainee reaching an agreed milestone(s) or if the matter requires ongoing review or referral (Section 7: Committee monitoring and review).

#### **Step 5: The next step is to review and assess progress**

On the review dates set in the Stage 1-IPAP, progress towards the intended outcomes should be assessed. On review, the plan might need to be amended or extended. A decision as to which the expected outcome has been reached should be determined within 3 months after the initial identification of the problem. If necessary, this process can be repeated for a further 3-month period prior to reaching a decision on the outcome (and progressing to remediation).

### 6.4.3 Stage 1-IPAP outcomes

At the completion of 3 months on the stage 1-IPAP, and depending on the trainee performance, one of the following outcomes may ensue:

- a. successful completion and a return to the normal training pathway
- b. still some concerns but a decision is made that they can be dealt with via an additional 3 months of stage 1-IPAP
- c. failure to successfully complete the stage 1-IPAP resulting in
  - (i) a fail grade being awarded for the term
  - (ii) a borderline grade being awarded for the term
  - (iii) in the event of more serious problems arising during the stage 1-IPAP process referral to the Trainee Progression Committee.

## 7. Stage 2 Guidance: Committee Monitoring and Review

### 7.1 Stage 2 Process Overview

If the above first stage management techniques are not working to deal with the trainee in difficulty, a further referral is required. At this stage, a working group consisting of up to four people from the network Qualification and Education Committee (QEC) or from among the network supervisors under the direction of the network DoT will have oversight of the further monitoring and review of the trainee.

A trainee who has not achieved adequate improvement after the initial 3-month intervention will have a **Stage 2 Improving Performance Action Plan (2-IPAA)** developed by the DoT and the Censor in Chief (CIC) is also notified. Medical Administration and HR will also be invited to work with the DoT to formulate the plan. Employment issues are left to the discretion of the employer.

A trainee may repeat a term with a different Term Supervisor at the request of the trainee, Term Supervisor or Director of Training. The College will work with the employer to accommodate these requests where possible.

At the completion of the Stage 2 process a progression decision may be warranted, and it may be appropriate to contact the Medical Board if there has been notifiable misconduct or if the trainee is removed from the VTP. **It is important to note that removing a trainee from employment and removing a trainee from the RANZCO Vocational Training Program are separate processes.**

### 7.2 Criteria for Stage 2 Trainee Performance Support Pathway

Throughout their training, trainees are assessed in these key roles: ophthalmic skills, clinical knowledge, surgical skills, communicator, collaborator, manager, health advocate, scholar, and professional.

A trainee will be placed on the Stage 2 Trainee Performance Support Pathway based on unsatisfactory reports in work-based formative assessment of these key roles:

- a) A trainee who receives a grade of 3 or below in any key role in any Term.
- b) A trainee who receives two 4 grades in any key role(s) within a 12-month period.

- c) An advanced trainee who receives a grade of 4 or below in any one key role at the end of advanced training.
- d) A final year trainee with a significant event, documented concern and/or unsatisfactory Supervisor Report in one or more approved final year placements.

The decision that the trainee requires Stage 2 Pathway support is final and is not subject to appeal.

### 7.3 Developing a Stage 2 IPAP

In developing the stage 2-IPAP reference should be made to previous supervisors' reports and any stage 1-IPAP reports. A trainee's written Stage 2 IPAP is developed by the DoT, in conjunction with the regional QEC Chair, remediation Term Supervisor, and relevant College Education Manager.

#### Step 6: The next step is to develop a Stage 2 Improving Performance Action Plan and notify the CIC

The Stage 2-IPAP will be established by the DoT and will:

- a) Identify the areas where the trainee has failed to progress or perform
- b) Document required performance/progression requirements
- c) Define the timeframe for a trainee to meet performance requirements
- d) Identify assistance and support available to the trainee to assist them to meet the required performance/progression requirements
- e) Include a self-assessment from the trainee that provides an explanation about the difficulty they are experiencing
- f) Include a plan for carrying out the Stage 2-IPAP including dates for the meeting.

#### 7.3.1 Period and approvals

A trainee's Stage 2-IPAP must cover a period of no less than two three-month Terms.

The trainee, their DoT, and Head of Department should sign off on the Stage 2-IPAP. The DoT or the appointed remediation Term Supervisor should explain the Stage 2-IPAP with the trainee, including deciding on appropriate time frames for improvement. A copy of the Stage 2-IPAP is sent to the CIC for approval

#### 7.3.2 Eligibility to sit exams while under Stage 2 Pathway review

Eligibility to sit exams while under remediation will differ against training stage. A basic trainee who is under remediation may register to sit Basic Trainee examinations. An advanced trainee who is under remediation is not eligible to sit the RANZCO Advanced Clinical Examination (RACE). However, an advanced trainee under remediation may register to sit the Ophthalmic Pathology (OP) examination.

For trainees on the Trainee Performance Support Pathway who have exhausted all of their exam attempts at this stage 2 phase will be referred to the Trainee Progression Committee for a decision about whether the trainee can continue on or should be exited from the VTP.

### 7.3.3 Progression while under Stage 2 Pathway review

While a trainee is under remediation, training time is accredited. However, a trainee under remediation cannot progress to the next stage of the RANZCO VTP.

## 7.4 Stage 2-IPAP monitoring

The Stage 2-IPAP should be reviewed against trainee performance on a monthly basis until the DoT agrees that a trainee is no longer in difficulty.

### Step 7: Stage 2-IPAP monitoring

Once the CIC has approved the Stage 2-IPAP, the Term Supervisor continues with the new plan including any additional training and/or assessments that might be required. The progress of trainees and the process of Stage 2 Pathway support should continue to be thoroughly documented.

## 7.5 Outcome of Stage 2-IPAP

At the completion of the stage 2-IPAP a decision is made about whether it has been completed successfully with two possible outcomes:

- a) Successful completion of the stage 2-IPAP and a return to the normal training pathway.
- b) Unsuccessful completion of the stage 2-IPAP and referral for stage 3.

## 8. Stage 3 Guidance: Comprehensive Review of Training and progression decision

### 8.1 Stage 3 Process Overview

A small number of trainees will be deemed incapable of achieving the standard required to continue on the VTP. At this stage, a comprehensive review of training is undertaken by the Trainee Progression Committee (TPC) to determine whether a trainee with significant or persistent performance/progression difficulties should continue in the training program. This decision point is also currently provided for in the Trainee Progression Policy for immediate referral to the TPC. A progression decision is required, and some will exit from the program at this point.

### 8.2 Progression decision

The TPC review process may also result in a decision to allow the trainee to continue in the VTP with conditions and ongoing support.

### Step 8: TPC to make a decision on whether the trainee should continue or exit

The TPC to make a final decision on trainee progression. If the recommendation is for the trainee to be exited from the VTP then the CIC is informed via the TPC outcome report.

A further period of support may be offered with conditions. If these conditions are met, they may continue in the VTP. If conditions are not met, the trainee will exit from the program.

## **9. Records**

### **9.1 Transfer of records**

Where a finding of a trainee in difficulty is upheld (not where it is dismissed), the information should be transferred in confidence, with the knowledge of the trainee, the DoT and RANZCO, to the trainee's next rotation location (if the trainee is permitted to continue on the RANZCO VTP).

All parties involved in the process must keep a record of the information. This should be factual information reporting on process and outcome(s). Great care must be taken to ensure factual accuracy in the transmission of such information is adhered to. College staff will facilitate the transfer of educational information in accordance with the RANZCO Privacy Policy.

## **10. Appeals**

### **10.1 Appealing decisions**

Only the Trainee Progression Committee recommendations and RANZCO Board decisions made under this policy are subject to the RANZCO Reconsideration, Review and Appeals Policy. Decisions to institute a stage 1-IPAP or stage 2-IPAP and the outcomes of these processes including referral to the Trainee Progression Committee are not subject to reconsideration review or appeal. A copy of this policy is available on the College's website.

## **11. Guidance documents**

### **11.1 Related policies and other documents**

RANZCO VTP Handbook

RANZCO Trainee Progression Policy

RANZCO Examination Policy

RANZCO Trainee Progression Committee Terms of Reference