



COLLEGE OF INTENSIVE CARE MEDICINE OF AUSTRALIA AND NEW ZEALAND

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FRAMEWORK FOR SUPPORTING TRAINEES AND SIMGs AT RISK OF OR NOT MAKING SATISFACTORY PROGRESS

1. GLOSSARY

AHPRA. Australian Health Practitioners Regulation Agency

AMC. Australian Medical Council

ASPER. Approved supervised practice evaluation report

CanMEDs domain. A role within the CanMEDs framework that identifies and describes the seven abilities physicians require to effectively meet the health care needs of the people they serve.

CICM. College of Intensive Care Medicine of Australia and New Zealand

DPA. Director of Professional Affairs

HR. Human resources

ITER. In-training evaluation report

MCNZ. Medical Council of New Zealand, Te Kaunihera Rata o Aotearoa

MBA. Medical Board of Australia

OCE. Observed Clinical Encounter

Phase One trainee. A trainee of CICM who requires completion of Phase One requirements which include passing the First Part examination and completing mandatory training in Cultural Safety.

Phase Two trainee. A trainee of CICM who has passed the First Part examination and completed other Phase One requirements and is undertaking a minimum of 24 months in ICU, in addition to completing other requirements which include passing the Second Part examination.

Program. For trainees this refers to the Training Program of CICM. For SIMGs this refers to the period of Supervised Clinical Practice prescribed by the Medical Board of Australia and the Medical Council of New Zealand.

Progress Review Panel (One). An interview organised by CICM to discuss how unsatisfactory progress might be improved chaired by the Chair of the relevant National or State Committee.

Progress Review Panel (Two). An interview organised by CICM to discuss how unsatisfactory progress might be improved chaired by the Censor.

SAQ. Short answer questions

SCP. Supervised clinical practice.

Show Cause. A process that improves fairness whereby a trainee or SIMG is invited to provide reasons why they should not be removed from the program.

SIMG. Specialist International Medical Graduate

SOT. Supervisor of Training

TAP. A Trainee Action Plan summarizes the actions, activities, and specific strategies the trainee/SIMG has co-developed with their supervisor to ensure satisfactory progress is achieved.

TPR A Trainee Performance Review is the final step in the remediation process for trainees who perform below expectations in one or more of the CanMEDs domains and may result in removal from the Training Program.

WBA. Workplace-based Assessment

WCA. Workforce Competency Assessment

2. INTRODUCTION

This framework describes how CICM (the College) supports trainees and SIMGs to fulfil the requirements of their respective programs by:

2.1.1. Identifying individuals at risk of or not making satisfactory progress through the program or those who fail to achieve milestones described at different phases.

AND

2.1.2. Supporting trainees and SIMGs by providing guidance and by co-developing (with the trainee/SIMG) specific strategies to ensure that satisfactory progress is achieved.

AND

2.1.3. Continuously monitoring the progress of trainees and SIMGs at risk.

3. SCOPE

This document applies to CICM trainees and SIMGs who are undertaking a prescribed program to achieve Fellowship of the College of Intensive Care Medicine.

4. BACKGROUND

The training program of the College provides supervised progression from novice to independent practice as a specialist in Intensive Care Medicine. There are a number of formative and summative assessments that a trainee must successfully complete during this period of training (First and Second Part exams and a suite of workplace-based assessments, including ITERS). Performance below expectations in any of these may indicate that the trainee is at risk of not making satisfactory progress through the program. As described in Section 8.1 below, some trainees may be found to be at risk independent of College assessments.

Separate to the training program, the College has an agreement with the MBA, the AMC and the MCNZ to assess and provide advice on the suitability of an overseas trained Intensive Care Medicine Specialist for specialist recognition (Australia) and/or vocational registration

(New Zealand). These SIMGs are required to practice under supervision for an agreed period and may need to undertake assessments that are prescribed in their SIMG assessment.

Hospitals accredited by the College for training of intensive care specialists provide environments in which the necessary learning and experience for development of sound, independent specialist practice can be achieved. Refer to policy IC-3 Guidelines for Hospital Seeking Accreditation of Training in Intensive Care Medicine.

All clinicians involved in assessment of CICM trainees and SIMGs should be aware of the College training requirements and assessment tools outlined in Section 5 of the College Regulations.

5. GENERAL PRINCIPLES

- 5.1. Most trainees/SIMGs make satisfactory progress through the program without requiring additional support. However, the College recognises that personal and professional challenges may arise during the program. Best outcomes occur when these challenges are recognised early, and appropriate strategies are co-developed by the trainee/SIMG and SOT. The College is best able to assist when there is early notification to the Training Department.
- 5.2. Reasons for requiring additional support should be explored and documented including descriptions of specific instances which may contribute to understanding the issues and context. Document any meetings with the trainee/SIMG including the time and personnel involved. Confidential information which is relevant to the College should only be disclosed with the express permission of the trainee/SIMG.
- 5.3. If there are grave concerns of imminent risk to the safety of patients or the trainee/SIMG, the institutional HR department and the regulatory authority (AHPRA or MCNZ) must be notified. Their processes will take precedence under the relevant statutes and laws. CICM must be notified immediately of any such action.

6. ROLES AND RESPONSIBILITIES

6.1. *The Trainee/SIMG*

The trainee/SIMG is ultimately responsible for their own progress through the program. The supervisor and the College may suggest strategies to assist, but the trainee/SIMG must engage with these strategies to effect change in the way they approach the tasks and activities they are required to complete. Therefore, tools such as the TAP should be co-developed by both trainee/SIMG and supervisor.

6.2. *The Supervisor*

Supervisors are crucial to the success of this framework in supporting trainees and SIMGs to progress through their respective programs (refer to T-10. The Role of Supervisors of Training in Intensive Care Medicine). This is one of the most challenging aspects of the SOT role, and the College expects that all supervisors will attend SOT workshops to develop an understanding of remediation and support processes, hone their feedback literacy and improve their skills in conducting difficult conversations. It is the responsibility of the SOT to raise concerns with the trainee/

SIMG regarding unsatisfactory performance or progress, and to assist with the preparation of a TAP. The SOT should meet regularly with the trainee/SIMG to ensure that progress is being made and support the trainee/SIMG if Progress Review Panel Interviews are required.

6.3. *The College*

The CICM Training Department oversees, records mandated formative and summative assessments, and monitors progression of trainees/SIMGs as they complete the program. Staff provide advice and guidance on College processes including submission of a TAP, make resources available to supervisors supporting trainees/SIMGs who are at risk of not making satisfactory progress and coordinate interviews with the Progress Review Panels to give trainees/SIMGs further opportunities to discuss issues and identify strategies to achieve the best possible outcome.

7. TOOLS AND RESOURCES

7.1. *Improving Performance in College Examinations Workshop/on-line resources*

The College provides access to a suite of resources for all trainees and SIMGs aimed at improving performance in the First and Second Part examinations. These include online guides to writing SAQs, an on-line education program that includes viva practice sessions and a workshop designed specifically for trainees who have experienced an unsuccessful examination attempt.

7.2. *The Trainee Action Plan (Appendix 1)*

The TAP summarizes the actions, activities, and specific strategies the trainee/SIMG has co-developed with their supervisor to ensure satisfactory progress is achieved.

It should include the following:

- a. Specific issues to be addressed.
- b. Timeframe - start and end date for each issue.
- c. Identification of barriers and enablers to progress
- d. Specific activities and strategies to mitigate the issues.
- e. Defined outcomes - A description of how a successful outcome will be measured.

A TAP must be completed under the following circumstances:

- a. Unsatisfactory performance in any of the ITER or ASPER CanMEDs domains
- For PHASE ONE trainees
 - a. No attempt at First Part Exam within 2 years of joining the training program.
 - b. Failure in the written or viva section of the First Part Examination
 - c. No evidence of planning for the trainee research project
- For PHASE TWO trainees
 - a. No attempt at Second Part Exam within three years of commencing

PHASE TWO training (non-ICU terms excluded)

- b. Failure in the written or oral section of the Second Part Examination
 - c. No evidence of activity pertaining to the trainee research project
 - d. Lack of engagement with the suite of WBAs
 - e. Lack of progress with mandated online and face-to-face courses.
 - f. Any other issue that the trainee and/or the supervisor consider may place the trainee at risk of not making satisfactory progress through the training program.
- For SIMGs
 - a. Failure in the written or oral section of the Second Part Examination
 - b. Failed ASPER
 - c. Any other issue that the SIMG and/or the supervisor consider may place the SIMG at risk of not successfully completing the period of supervision as prescribed by the SIMG Committee

The TAP co-developed by the trainee/SIMG and supervisor should be submitted to the College and reviewed at the intervals outlined in Appendix 2 (a and b). A TAP must always be developed and discussed with the trainee before an ITER is determined to be unsatisfactory.

7.3. *Progress Review Panel Interview One.*

If the issue remains unresolved after implementing the strategies, actions and activities outlined in the TAP the trainee/SIMG will be required to attend an interview with a Progress Review Panel (Interview One). Panel members will be appointed by the State/Territory/National Committee relevant to where the trainee/SIMG is currently working. The Chair should not have had any involvement with previous remediation activities undertaken by the trainee/SIMG. The Panel will include a College DPA (Education), and if related to failure at a College examination, an Examiner, and will be supported by a College staff member. The interview will also be attended by the trainee's/SIMGs supervisor (with the consent of the trainee/SIMG) and will normally take place by videoconferencing. The trainee/SIMG may also have a support person present.

The purpose of this interview is to discuss the progress being made by the trainee/SIMG, and to suggest additional activities and strategies that may prove helpful. The Chair will forward a letter to the trainee that outlines the activities and strategies recommended by the Panel. The trainee/SIMG will use this letter to modify their TAP and submit the signed, revised TAP to the Training Department within 30 days of receipt of the letter. The supervisor together with the College staff and DPA will oversee the completion of the modified TAP.

7.4. *Progress Review Panel Interview Two*

If the issue is still unresolved after the trainee/SIMG has worked through all the activities and strategies outlined in the revised TAP developed by the Progress Review Panel One, a further interview with the Progress Review Panel Two will

be arranged. This Panel will be chaired by the Censor and will include a DPA (Education), the Chair of the Assessments Committee and a Community member and will be supported by a College staff member. If related to failure at an examination, it will also include the Chair of the relevant Examination Committee. Board appointed members may nominate a deputy or proxy. The interview will also be attended by the trainee's/SIMG's supervisor (with consent of the trainee/SIMG) and will normally take place by videoconferencing. The trainee/SIMG may also have a support person present.

The purpose of this interview is to discuss the lack of progress made by the trainee/SIMG, to determine the activities and strategies that have provided the most benefit in promoting positive changes, and to suggest additional strategies that may be useful for the trainee. The Censor will forward a letter to the trainee that outlines the activities and strategies recommended by the Panel. The trainee will use this letter to modify their TAP and submit the signed, revised TAP to the Training Department within 30 days of receipt of the letter. The supervisor together with the College staff and Censor will oversee the completion of the modified TAP.

7.5. *The Show Cause Notice/Meeting (Regulation 5.14.7)*

In certain circumstances that reach a point where a trainee or SIMG may be dismissed from the program, a show cause notice will be sent to the trainee/SIMG. This asks them to provide an argument as to why they should not be dismissed from the College program, offering procedural fairness with an opportunity to give their perspective, and any relevant additional information or explanation. This submission must be in writing with an option to attend a show cause meeting should the trainee/SIMG wish. The outcome of this process will be determined by the Censor's Committee and the decision ratified by the Board.

Any trainee/SIMG leaving the program either through a decision of the College Board or voluntarily due to difficulties in completing the program, will be offered support and vocational advice.

7.6. *The Trainee Performance Review*

The TPR process is outlined in Appendix 3

7.7. *Welfare Support*

The College acknowledges that the processes and meetings outlined in this document will be stressful. Other supports that trainees and SIMGs may find useful are:

7.7.1. A mentor nominated by the trainee/SIMG who may provide advice, feedback, and support. A mentor should have no formal involvement with the trainee's appointment, reappointment, or assessment, or with College remediation processes. Refer to the Guide to CICM training: Supervisors for further information.

7.7.2. The Welfare Advocate in their ICU who may be able to recommend an appropriate counsellor or service. Refer to IC-31 Guidelines on the

Welfare Advocate Role in Intensive Care Units

7.7.3. Their General Practitioner

7.7.4. The College offers a comprehensive Member Assistance Program for Fellows, trainees and SIMGs. The program is a professional counselling service that offers confidential, short-term support for a variety of work-related and personal concerns. Information regarding this program can be found on CICM's Member Health and Wellbeing page.

7.7.5. Resources linked to their place of employment, including but not limited to HR, mentorship programs, employee assistance programs, medical workforce services and peer support programs.

8. PROCESSES

Trainees and SIMGs at risk of or not making satisfactory progress.

Trainees and SIMGs may encounter challenges during any stage of the program, and for the purpose of this framework, these fall into the following three broad groups:

- Performance below expectations in one or more of the ITER reported CanMEDS domains independent of success at College examinations;
- Failure to pass College Summative Assessments; (First Part, Second Part, Second Part Paediatric Intensive Care)
- Failure to progress through the program within the prescribed maximum time frame.

8.1. Scenario of 'Performance below expectations in one or more ITER reported CanMEDS domains' (independent of College Examination Process).

8.1.1. Role of Supervisor of Training

8.1.1.1. Establishing that a trainee or SIMG requires additional support

Trainees at risk of or not making satisfactory progress through the program may be identified through the following:

- Supervisors are required to meet with the trainee/SIMG at the beginning of each term to explore and document goals and to identify any issues that may affect performance. ITERs from previous rotations are available to the supervisor to assist with this process.
- There may be an active TAP from a previous term.
- Units accredited for training should have regular structured and accountable processes for gathering feedback on trainee performance. This can also be helpful in monitoring a trainee's response to remediation.
- Some trainees may ask for extra assistance.

The supervisor should attempt to identify trainees/SIMGs not making satisfactory

progress as early in the term as possible and always before completing the end of term ITER. The TAP is used to document this process and must always be developed if there is expected or impending failure of the ITER or a risk of the rotation not being accredited.

8.1.1.2. Raising the concerns with the trainee/SIMG and development of a TAP

When a trainee/SIMG has been identified to be at risk of or not making satisfactory progress, the supervisor should meet formally with them to discuss the issue/s in a timely and confidential manner, free from interruptions. Principles of fairness, natural justice, and transparency must be applied, and the trainee should be offered the opportunity to have a support person with them. This should be a fact-based process that aims to identify any exacerbating factors and generate practical solutions. Accurate documentation of all discussions is essential. The trainee should be advised that a TAP is required to document this process. At this, or at a subsequent meeting, the trainee should prepare the TAP that is reviewed and signed by the supervisor. This should be forwarded to the CICM Training Department within 30 days of the meeting. Receipt of this TAP notifies the Training Department that the trainee is at risk of or not making satisfactory progress.

8.1.1.3. Resolution of the Trainee Action Plan

The supervisor should meet regularly with the trainee (see Appendix 2, Table a) or SIMG (see Table b) to discuss progress towards successfully completing the requirements of the TAP within the agreed time frame:

If the specific issue/s to be addressed are resolved before the end of the term, then the ITER will be satisfactory and the trainee together with the supervisor will document the successful completion of the requirements of the TAP and notify the College staff. In this case the term will be approved for training

If progress is being made but not sufficient to resolve the specific issue(s) as outlined in the TAP by the end of the term, additional time may be required. The supervisor may recommend to the Censor that the term can be conditionally accredited on the condition that the requirements of the TAP are met within the Censor's designated timeframe (usually 6 months).

If there is no progress and/or the trainee does not engage with the supervisor or the TAP, the supervisor will document the areas of unsatisfactory performance for the current term in the ITER and recommend to the Censor that this period not be accredited for training. In this case, if the supervisor feels that they have no further options to resolve the issues, they should notify the College that a Progress Review Panel Interview One is required.

In the latter two scenarios, the TAP will remain active as the requirements have not been completed. If there is a change of supervisor while the TAP is active, the new supervisor will be notified by the Training Department and will review the existing TAP with the trainee and discuss modifications and suggest additional activities if indicated.

8.1.1.4. Ongoing support of the trainee

Should the College arrange a Progress Review Panel Interview, the Supervisor will help the trainee/SIMG complete the revised TAP and support the trainee during any subsequent strategies and activities initiated by the College.

8.1.2. Role of the College

8.1.2.1. Coordination of Information

When notified by a supervisor of a trainee/SIMG at risk of or not progressing through the program, College staff are responsible for overseeing their progress. They will seek a review of the TAP by the Censor and extra information from the supervisor as to whether there is any risk to patient safety, additional resources are required, or whether the expected duration of the TAP is longer than the duration covered by the next ITER.

If the answer to any of these questions is 'yes', the Censor will liaise with the supervisor and determine the action to be taken. If not, College staff will contact both the supervisor and the trainee at regular intervals to monitor the progress of the TAP.

8.1.2.2. Progress Review Panel Interview One

If little or no progress is being made on achieving the requirements of the TAP and/or the trainee/SIMG is not engaging in the remediation process, the supervisor will inform the College, and a Progress Review Panel Interview One will be convened. The interval between the preparation of the TAP and the Progress Review Panel One will depend on individual circumstances and may be as short as several weeks or months.

8.1.2.3. Progress Review Panel Interview Two

If there are still unresolved requirements of the TAP after the involvement of the Progress Review Panel One, the College will convene a second Progress Review Panel Interview. A possible outcome of this meeting is that the Panel will recommend a Trainee Performance Review (see Appendix 3).

8.1.2.4. Trainee Performance Review (see Appendix 3)

The TPR is an independent review to determine whether the trainee should continue in the training program. It will be convened by the College if:

- a. The requirements of a TAP have not been achieved after intervention by the Progress Review Panel Two; or
- b. The trainee or MBA or MCNZ requests a performance review.

8.1.2.5. Removal from the Training Program

If the TPR recommends that the trainee be removed from the training program, the trainee is invited to show cause why they should not be dismissed from the training program. Unless extenuating circumstances apply, the Censors Committee will make recommendations to the Board that the trainee be removed from the training program.

8.2. Scenario of 'Failure to pass College examinations'

Trainees and SIMGs have a maximum of five attempts at each CICM examination (First and Second Part and Second Part Paediatric Intensive Care).

8.2.1. Role of Supervisor of Training

If a trainee/SIMG is unsuccessful at any attempt, the supervisor will meet formally with the trainee/SIMG as soon as possible after receipt of the examination feedback to discuss the perceived difficulties.

A TAP based on specific exam feedback must be agreed, documented, and submitted to the College by the trainee/SIMG within 30 days of this meeting. The proposed activities/actions may include that the trainee/SIMG change their study habits, find a mentor, other supports, courses and counselling. It may be that sitting the exam again is postponed until circumstances change.

The TAP will remain active until the examination is passed.

The supervisor is responsible for reviewing the TAP that has been modified and updated by the trainee/SIMG after each unsuccessful attempt.

8.2.2. Role of the College

The College supports a workshop aimed at improving performance in College examinations and on-line education resources including on-line viva practice sessions. The trainee/SIMG should access these after any unsuccessful attempt at an examination and are strongly advised after the second failed attempt.

The Censor or delegate will review the TAP before the trainee's/SIMG's application is accepted for the next examination attempt.

If unsuccessful at the third attempt, the trainee/SIMG is required to attend a Progress Review Panel Interview One. At this interview, examination reports and the TAP are discussed with the trainee along with strategies and activities that may lead to success at the fourth attempt.

If the trainee/SIMG is unsuccessful at the fourth attempt, the College will convene a Progress Review Panel Two Interview. The Panel will provide advice aimed at helping the trainee to be successful at their fifth attempt.

If there is an unsuccessful fifth attempt at the examination, the trainee is invited to show cause why they should not be dismissed from the program. Unless extenuating circumstances apply, the Censor's Committee will make recommendations to the Board, that the trainee should be removed from the program (see Regulation 5.14.7).

8.3. Scenario A. of 'Failure to progress' through the training program within the expected timeframe – Trainees

Trainees must complete the training program within twelve (12) years from the time of registration with the College and must take no more than three years of absence from the training program exclusive of parental leave. These limits are increased pro rata for part time training. This requirement is to balance the provisions for flexible training

arrangements with timely progression through the training program and the need to ensure the validity and currency of the training process. Trainees who exceed these limits will be removed from the training program.

Trainees undertaking dual training for Fellowship of CICM and another College, and who anticipate more than three years may be spent out of the CICM program, must seek prospective approval from the Censor to prolong their period of absence and to increase their overall training time. The Censor will also consider other requests for extension.

8.3.1. Role of Supervisor of Training

Most of the monitoring of key milestones is done by College staff. However, the SOT may become aware that the planning and execution of the formal project is behind schedule and may result in prolongation of training time. For this scenario, the trainee and SOT should meet to develop a TAP aimed at completing the formal project as soon as possible and submit the TAP to the College Training Department.

When delayed milestones have been detected by College monitoring, the SOT will support the trainee as outlined below. The supervisor will continue to support the trainee to complete all outstanding components of training and attend relevant meetings between the trainee and the College such as Progress Review Panel Interviews.

8.3.2. Role of the College

To track trainee progress, the Training Department monitors key milestones that are listed in section 7.2 and appendix 2.

When these milestones are delayed, putting the trainee at risk of exceeding the expected time frame for training, the College will contact the trainee and ask them to meet with their supervisor to develop a TAP.

The Censor will review the TAP submitted to the College by the trainee. The TAP will remain active until the milestone is achieved.

If the trainee reaches nine years in the training program and still has outstanding components of training that cannot be completed promptly, a Progress Review Panel Interview One is convened. The Trainee is required to submit a modified TAP within 30 days of the interview.

If the trainee reaches eleven (11) years in the training program and still has outstanding components of training, the College will convene a Progress Review Panel Interview Two.

If the trainee has not completed training after 12 years, the trainee is invited to show cause why they should not be dismissed from the training program. Unless extenuating circumstances apply, the Censor's Committee will make recommendations to the Board, that the trainee should be removed from the training program.

Trainees who have had no contact with the College for two years or who have interrupted training for two years will be notified that if they do not continue training after three years of absence, they will be removed from the training program, after a

show cause notice.

8.4. Scenario B. of 'Failure to progress' through the program within the expected timeframe – SIMGs

SIMGs who fail to commence their supervised clinical practice (SCP) period within 12 months of their interim assessment will have their assessment lapse and will need to undergo another assessment if they want to continue to work towards specialist recognition and Fellowship of the College. They must complete their requirements within four years (partially comparable) or two years (substantially comparable) of commencement of their SCP period except for the Second Part Examination (if required) for which they may have five attempts. If they believe there are extenuating circumstances, they may make an application to the Censor for an extension.

9. APPEALS PROCESS

- 9.1. Any appeal against a decision made under this policy may be made in accordance with the IC-23 Appeals, Review and Reconsideration process and is detailed in sections 14 and 15 of the Regulations.
- 9.2. The College recommends that when a trainee has a complaint about their supervisor, the College complaints process is used.

Related College Documents

This document should be read in conjunction with supporting material such as the Guide to CICM training: Trainees, the Guide to CICM training: Supervisors, T-27: Assessment of Specialist International Medical Graduates, the ITER user guide, and other relevant Objectives documents.

References and sources

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Acknowledgments

Censor's Committee
Training Department
Education Department
Senior Supervisors of Training

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Revision History

Date	Pages revised/ Brief explanation of revision
2018	Minor changes
2020	Amended title, updated TAP, incorporated Trainee Performance Review (formerly T-14) in Appendix, update reference to deferred training to non-accredited clinical training
2024	Full review conducted.

Further Reading

Publishing Statement

Published by CICM: March 2024. This Training Document has been prepared with regard to general circumstances, and it is the responsibility of the practitioner to have regard to the particular circumstances of each case, and the application of this document in each case. The College's Professional Documents are reviewed from time to time, and it is the responsibility of the practitioner to ensure the current version has been obtained. Professional Documents have been prepared according to the information available at the time of their publication, and the practitioner should therefore have regard to any information, research or material which may have been published or become available subsequently. Whilst the college endeavours to ensure its Professional Documents are as current as possible at the time of their preparation, it takes no responsibility for matters arising from changed circumstances or information or material which may have become available subsequently.

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APPENDIX 1 - The Trainee Action Plan

A Trainee Action Plan (TAP) must be completed by all trainees identified as requiring additional support, whether this is because of:

- a. Performance below expectations in one or more of the ITER reported CanMEDS domains
- b. Failure to pass College examinations
- c. Failure to progress through the training program

The TAP should document the issues and actions that are agreed at the formal meeting held between the trainee and supervisor after the need for additional support is identified. The trainee is required to submit a TAP to the College Training Department within 30 days of that meeting for review by the Censor.

It should include the following:

1. Specific issue/s that need to be addressed

1.1. The CanMEDS domain/s requiring support (eg. communicator, collaborator etc):

1.2. Areas of focus could include:

- a. Patient management (making plans, following through with plans)
- b. Critical thinking and assimilation of information
- c. Situational awareness – reading cues and emotions of others
- d. Communication
- e. Teamwork
- f. Professionalism

1.3. Failure to pass a College examination (First Part, Second Part, Second Part Paediatric Intensive Care):

1.4. Areas of focus could include:

- a. Reframing failure
- b. Exam preparation
- c. Stress/performance anxiety management
- d. Speaking clearly and concisely

1.5. Failure to sit/complete the First Part examination, Formal Project, WBAs etc

1.6. Areas of focus could include:

- a. Time management and self-regulation
- b. Improve access to courses etc.

2. Specific Remediation Activities

2.1. These may be tasks (for example practicing short answer exam questions to time),

learning material, or resources eg. language courses

3. Objective Assessment

- 3.1. The methods that will be used to assess whether the issue/s have been addressed satisfactorily such as multi source feedback, Observed Clinical Encounter performance.

4. Timeframe (for resolution of the issues)

Different issues may be resolved over different timeframes and only open issues are rolled over to the next supervisor as described below.

5. Outcome

- 5.1. Whether the issue is resolved or not
- 5.2. When the issue has been resolved, the College should be notified that the trainee is no longer requiring additional support and the TAP will be closed.
- 5.3. If the issue is not resolved by the Review Date but the trainee is progressing towards resolution, the TAP will remain open, and the Review Date may be extended by agreement of Supervisor and trainee.
- 5.4. Trainees who have an open TAP at the end of a term will be referred to the next Supervisor.

TRAINEE ACTION PLAN FORM TEMPLATE (*examples shown in italics*)

Trainee Name: <i>(Person completing the Trainee Action Plan)</i>		Training Year:	Term:	Supervisor of Training:	Action Plan Commencement Date:
Issue (Examples)	Agreed Activities/Actions	Assessment Method/s		Review Date	Outcome
<i>e.g Critical thinking and assimilation of information</i>	<i>Critical Thinking Course Weekly session with Supervisor</i>	<i>Appraisal by senior medical and nursing staff</i>		<i>6/12</i>	
<i>e.g Stress management</i>	<i>Develop a Stress Management Plan with counsellor recommended by Welfare Advocate</i>	<i>Self report</i>		<i>3/12</i>	
<i>e.g Exam preparation</i>	<i>Practice old exam questions to time</i>	<i>Seek out examiner or past examiner to mark them</i>		<i>Next exam</i>	
		Referral for Specialist Assistance:			
Start Date: Completion date		Trainee Signature:		Supervisor of Training Signature:	

APPENDIX 2 – TABLE 1
Initiation and review of TAP for Trainees

Note: SoT should encourage Trainee to self-evaluate in **ALL** CanMEDs domains
TAP should reflect Trainee’s developmental needs across **ALL** CanMEDs domains

Category				Who is responsible
At risk or Failure to Progress Through the Training Program in prescribed timeframe	PHASE ONE	No attempt at First Part Exam within first 2 years of joining training program	Review TAP every 3 months with SoT	CICM Training Department notifies Trainee & SoT
		No evidence of planning approach to trainee research project	Review TAP every 6 months	SoT notifies training department
	PHASE TWO	No attempt at Second Part Exam within first 3 years of PHASE TWO ICU training	Review TAP every 3 months with SoT	CICM Training Department notifies Trainee & SoT
		No evidence of activity pertaining to trainee research project	Review TAP every 6 months	SoT notifies CICM training department Trainee submits TAP
		Lack of engagement with WBA (OCE, WCA, Echo)	Review TAP every 6 months	SoT notifies CICM training department Trainee submits TAP
		Lack of progress with online courses, F2F courses	Review TAP every 6 months	SoT notifies CICM training department Trainee submits TAP
Workplace Based Assessments	Failed ITER	Includes “does not demonstrate safe practice/performance” in any domain	Review TAP every 3 months with SoT	SoT notifies CICM training department Trainee submits TAP
Summative Assessments	First Part Exam	Failed written or viva	Review TAP every 3 months with SoT	CICM Training Department notifies Trainee & SoT
	Second Part Exam	Failed written or viva	Review TAP every 3 months with SoT	CICM Training Department notifies Trainee & SoT

APPENDIX 2- TABLE 2

Initiation and review of TAP for SIMGs

Note: Supervisor should encourage SIMG to self-evaluate in **ALL** CanMEDs domains
TAP should reflect SIMG’s developmental needs across **ALL** CanMEDs domains

Category				Who is responsible
At risk of or failure to progress through the Supervised Clinical Practice period within the required timeframe	Supervised Clinical Practice (SCP)	No attempt at Second Part Exam within first 12 months of SCP if applicable	Review TAP every 3 months with Supervisor	CICM Training Department notifies SIMG & Supervisor
		No evidence of activity pertaining to research project if applicable	Review TAP every 6 months	Supervisor notifies CICM training department SIMG submits TAP
		Lack of engagement with WBA (OCE, WCA, Echo) if applicable	Review TAP every 6 months	Supervisor notifies CICM training department SIMG submits TAP
		Lack of progress with online courses, F2F courses if applicable	Review TAP every 6 months	Supervisor notifies CICM training department SIMG submits TAP
Workplace Based Assessments	Failed ASPER	Includes “does not demonstrate safe practice/performance” in any domain	Review TAP every 3 months with Supervisor	Supervisor notifies CICM training department SIMG submits TAP
Summative Assessment	Second Part Exam (includes SIMG)	Failed written or viva	Review TAP every 3 months with Supervisor	CICM Training Department notifies SIMG and Supervisor

APPENDIX 3

Trainee Performance Review (TPR)

1. PURPOSE AND SCOPE

This document sets out the policy and process relating to TPRs.

A TPR is generally undertaken as the final step in the remediation process for trainees who perform below expectations in one or more of the CanMEDS domains. It is initiated by a referral from a Progress Review Interview Two Panel after consideration of the trainee's responses to questions and suggestions for remediation activities. A TPR may be initiated by a trainee who believes interpersonal relationships have prevented an objective assessment of their performance or by the MBA or NZMC who requests a performance assessment.

TPRs are independent objective assessments of the trainee's performance, and generally conclude with the CICM Board making a recommendation regarding the trainee's future in the training program. (Refer to Section 4: Outcomes)

TPR recommendations can be appealed. (Refer to Section 5: Appeals).

This document should be read in conjunction with the supporting material such as the Framework for Supporting Trainees and Specialist International Medical Graduates (SIMGs) at risk of or making unsatisfactory progress, Guide to CICM training: Trainees, the Guide to CICM training: Supervisors and the ITER user guide.

This document does not apply to complaints regarding bullying, discrimination, and harassment in the workplace. Refer to the policy and processes under IC-20 Prevention of Bullying, Discrimination and Harassment in the Workplace

2. PRINCIPLES

The following principles guide the TPR process:

2.1. Confidentiality

All the evidence gathered will be documented and kept on file. All documentation relating to this appeal will be kept confidential and shall be disclosed only to those persons who have a right to the information by virtue of their role in this review process, or as required by law.

2.2. Procedural Fairness

The TPR process should be conducted in a fair and equitable manner at all times.

2.3. Support

2.3.1. The College provides support to the trainee through resources such as the Member Assistance Program – Converge International. For more information, please visit the College's Member Health & Wellbeing page.

2.3.2. Any trainee leaving the training program either through a decision of the College Board or voluntarily due to difficulties in training will be offered support and advice.

2.4. Timeframes

The College undertakes to provide an outcome in as efficient and timely a manner as possible.

2.5. College Obligations to the Trainee

The College obligations to the trainee include:

- 2.5.1. To inform the trainee of the composition of the Review Team and to provide an opportunity for the trainee to raise concerns about potential conflict of interest with any member of the Review Team. If these concerns are substantiated, a substitute appointment will be made.
- 2.5.2. To be open to the trainee about evidence the Review Team has gathered to ensure full transparency and to avoid unanticipated statements appearing in the final report.
- 2.5.3. To provide the trainee with an opportunity to comment on any information obtained by the Review Team during the fact gathering stage.
- 2.5.4. To inform the trainee that failure to comply with the requirements of the review may constitute a breach of the Trainee Agreement and may result in removal from the training program.

3. PROCESSES

The TPR process is overseen by the Censor's Committee on behalf of the College.

On receipt of a TPR request, the Censor shall initially assess whether the matter falls within this process or would be more appropriately dealt with internally pursuant to another policy.

If the review is required, a Review Team will be formed to:

- Plan the review
- Gather the evidence
- Make a recommendation based on the findings to the Board.

3.1. *Review Team*

Members of the Review Team will be selected by the Censor's Committee. Anyone who has previously been involved in the matter, has previously made a decision in relation to the matter or who has an actual or perceived conflict of interest is ineligible to take part. The membership will include:

- 3.1.1. Three members who are senior Fellows of the College who are familiar with all aspects of the training program.
- 3.1.2. Two additional members may be co-opted to the team according to the specific needs of each trainee. For example, additional members may be co-opted to the team to supplement the knowledge of the core team members, with regard to local knowledge about the hospital(s) where the issue was identified and/or expertise pertinent to the problem (e.g. educational, psychological, medical).

3.2. *Planning the review*

- 3.2.1. The Review Team will be provided with all the documentation collated by the College Training Department. This will include a case summary of the trainee's record of training, ITERs, Trainee Action Plans and other information such as reports of incidents, meetings and interviews including the Progress Review Panel Interviews.
- 3.2.2. Based on the documentation, the Review Team will develop a plan to conduct the review within the timeframes outlined in 2.4. The Team will consider the reasons for the review to identify the key substantive concerns (for the purpose of informing the trainee), the facts needed to be established to make a decision and the evidence needed to establish those facts.

3.3. *Gathering evidence*

The trainee and other interviewees will be given written notice of:

- 3.3.1. The reason and purpose of the review, including any information relating to the adverse performance or conduct of the trainee.
- 3.3.2. The composition of the Review team.
- 3.3.3. The date and venue of an interview(s) (at a site remote from the hospital in which the trainee is working, and which provides privacy and confidentiality).
- 3.3.4. If applicable, the date and location of any site visit(s), and disclosure of materials.
- 3.3.5. The names of other interviewees and the dates of the interviews (only applicable to the trainee's notice).

The Review Team will conduct an interview with the trainee, and the trainee will have the opportunity to bring a support person to the interview, but they are not entitled to have an advocate, or to be legally represented, except in exceptional circumstances and only when prior consent has been given by the Review Team.

The Review Team may interview people who have witnessed the behaviour/performance firsthand, this may include past and present supervisors, instructors/teachers, other Fellows, trainees, and anyone else deemed appropriate. Two or three members of the Review Team may conduct the local site visit and interviews and report their findings to the other members of the Review Team. Once all the evidence is gathered, the trainee will be made aware of the evidence to be provided and have the opportunity to refute it before the reporting stage.

4. REPORTING

The Review Team will provide a written report that includes a summary of the key issue(s), the evidence gathered, including any extenuating circumstances, and the recommendation(s) for action with regard to the trainee. The Censor's Committee will make recommendations to the Board who will decide the actions to be taken, if any. The Board's final decision will be communicated to the trainee and the Supervisor. The Board may decide to refer the matter to the appropriate external authority.

5. OUTCOME

The recommendation(s) should be based on procedural fairness and natural justice and may include:

- 5.1. The trainee continues training.
- 5.2. The trainee is dismissed from the training program.
- 5.3. The trainee continues training subject to meeting certain conditions or requirements and agreeing to undergo remediation. This may include, for example, attainment of specific goals on a periodic basis, assessment by working under the supervision of another or senior Supervisor, completing a communications course, or any other condition or requirement considered appropriate by the Review Team.

The Review Team may make additional recommendations concerning other relevant external factors such as:

- The supervision of the trainee.
- The departmental role in training.
- The hospital's role in training.
- College processes.
- Any other aspect of the training program.

6. APPEALS

An appeal against a decision under this procedure may be made in accordance with the provisions of IC-23 Appeals, Review and Reconsideration process as per section 14 and 15 of the Regulations.