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GUIDELINES FOR ASSISTING TRAINEES IDENTIFIED AS REQUIRING ADDITIONAL SUPPORT

PURPOSE AND SCOPE

The purpose of this guideline document is to identify and resolve difficulties that trainees may experience during their training program by outlining how additional support can be provided.

This document applies to CICM Training Program trainees and Specialist International Medical Graduates (SIMGs) on a pathway to Fellowship.

INTRODUCTION

The training program of the College of Intensive Care Medicine (CICM or the College) provides a supervised progression from novice to independent specialist in Intensive Care Medicine.

Hospitals accredited by the College for training of intensive care specialists provide environments in which necessary learning and experience for development of sound, independent specialist practice is readily 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 should be aware of the College training requirements and assessment tools outlined in Section 5 of the College Regulations. This document should be read in conjunction with supporting material such as the Guide to CICM training: Trainees, the Guide to CICM training: Supervisors and the ITER user guide.

The process of selecting medical graduates into intensive care training should ensure that those selected have the necessary attributes to satisfactorily complete the course. The majority of trainees progress through training without requiring additional support.

Nevertheless, the College recognises that personal and professional challenges may arise during training. If challenges arise, the best outcomes occur when these are recognised and remediated promptly. Most issues are minor and transient and can be remediated by the Supervisor of Training (Supervisor).

TRAINEES REQUIRING ADDITIONAL SUPPORT

Trainees may encounter challenges at any stage of training, and for the purpose of these guidelines they fall into the following three broad groups:

- Performance below expectations in one or more of the CanMEDS domains, independent of success at College examinations;
- Failure to pass College examinations;
- Failure to progress through the training program within the maximum time frame.

GENERAL PRINCIPLES

When a trainee requiring additional support is identified, the Supervisor is responsible for initiating and overseeing the remediation process. The College remains responsible for actions taken by the Supervisor. Consequently, it is essential that the College Training Department is informed of the issues in a timely fashion.

The progress of trainees and the process of remediation must be thoroughly documented. When specific instances are cited, records should note the time, personnel involved and factual notes of the circumstances. Information that is confidential but important for training and support should be disclosed only with permission of the trainee.

The trainee may have a mentor to provide advice, feedback and support. The Supervisor should discuss mentorship with the trainee but the choice of mentor is the responsibility of the trainee. A mentor should have no formal involvement with the trainee's appointment, reappointment or assessment. Refer to the Guide to CICM training: Supervisors for further information.

The reasons for requiring additional support should be identified, documented and addressed by appropriate mechanisms. If there are grave concerns (e.g. imminent risk to the safety of patients or the trainee) that arise during clinical practice or assessment, the institutional human resource department and registration body (the Australian Health Practitioners' Regulation Agency or the Medical Council of New Zealand) must be notified. Their processes will take precedence under the relevant statutes and laws. The College **must** be immediately notified of any such action.

In less urgent situations, the trainee may be advised to seek professional counselling. In this case the trainee should be assisted to find an appropriate counsellor. Occasionally prompt medical or psychological intervention may be essential. The College recommends that units accredited for training should have one or more Welfare Advocates, 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.

The College offers a comprehensive Member Assistance Program (MAP) for Fellows and trainees. 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 the College's Member Health & Wellbeing page.

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.

PROCESSES

The specific processes outlined below have the same overall structure (Appendix 1).

1 Scenario of ‘Performance below expectations in one or more CanMEDS domains’

1.1 Role of Supervisor of Training

1.1.1 Establishing that a trainee requires additional support

Trainees requiring additional support may be identified from the following:

- Supervisors are required to meet with the trainee at the beginning of each term to explore and document training goals and to identify any issues that may affect performance (see Guide to CICM training: Supervisors and T-10 The Role of Supervisors of Training in Intensive Care Medicine). In-Training Evaluations (ITER)s from previous rotations are available to the Supervisor to assist with this process.
- There may be an active Trainee Action Plan from a previous term (1.1.3 below).
- Units accredited for training should have regular structured and accountable processes for gathering feedback on trainee performance (usually as an agenda item at specialist meetings but may also involve reports from nursing and other ICU staff). 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 requiring additional support as early in the training term as possible and always before completing the end of term ITER.

1.1.2 Raising the concerns with the trainee

When a trainee has been identified as requiring additional support, the Supervisor should meet formally with the trainee 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 everything discussed is essential.

Following the meeting, the Supervisor should review the Trainee Action Plan (TAP) that has been prepared by the trainee, then forward the agreed and jointly signed TAP to the CICM Training Department (through the Training Coordinator) within 30 days of the meeting. Receipt of this TAP notifies the Training Department that the trainee requires additional support.

This process applies to all trainees, including those undertaking additional training time due to failure to complete all requirements required to progress to the next phase of training during the usual time frame (non-accredited clinical training (NACT)).¹

¹ Effective from 1st January 2021, deferred training is referred to as non-accredited clinical training or NACT.

1.1.3 Development of a Trainee Action Plan (Appendix 2)

The Trainee Action Plan (TAP) is a summary of the actions and activities that the trainee should undertake to resolve or remediate the issues that have been identified.

It should include the following:

- Specific Issues to be addressed
- Specific remediation activities
- Objective assessment
- Timeframe
- Outcome

1.1.4 Completion of the Trainee Action Plan

The Supervisor should meet regularly with the trainee to provide support and discuss progress towards successfully completing the stipulated requirements of the TAP within the agreed time frame:

- If the specific issue/s to be addressed can be resolved before the end of the term, then the ITER will be satisfactory and the Supervisor together with the trainee will document the successful completion of the stipulated requirements of the TAP and inform the Training Coordinator of this.
- If progress is being made but the stipulated requirements of the TAP have not been achieved, additional time may be required. The Supervisor may recommend to the Censor that the term is conditionally accredited on the condition that the stipulated requirements of the TAP are met within the Censor's designated timeframe.
- 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 of training should not be accredited.

In the latter two scenarios, the TAP will remain active as the stipulated requirements have not been completed and the Supervisor will meet with the trainee to discuss modifications or additions to the TAP as in section 1.1.3 that target the areas of unsatisfactory performance. If there is a change of Supervisor while the TAP is active, the new Supervisor will review the existing TAP with the trainee, and also discuss modifications and additional activities.

Trainees undertaking NACT will not be permitted to progress to the next phase of their training until the stipulated requirements of the TAP have been achieved. This may mean a trainee will not be permitted to progress to core training, sit the second part exam or commence the transition year (depending on where the trainee is situated in the trainee journey) until the issue is resolved.

1.1.5 Supervisor providing ongoing support of the Trainee

Should the College arrange a Regional Review Panel (section 1.2.2) and/or modify the TAP, the Supervisor will oversee the completion of the modified TAP (together with the Training Coordinator and the Chair of the Regional Review Panel) and support the trainee during any subsequent remediation activities initiated by the College.

1.2 Role of the College

1.2.1 Coordination of Information

When notified by a Supervisor of a trainee requiring additional support, the Training Coordinator is responsible for overseeing their progress on behalf of the College. The Training Coordinator will seek a review of the TAP by the Censor and extra information from the Supervisor as to whether:

- The expected duration of the TAP is longer than the duration covered by the next ITER;
- Training resources are required beyond those available in the local training unit or institution;
- There is an imminent risk to patient safety.

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, the Training Coordinator will contact both the Supervisor and the trainee at regular intervals to monitor the progress of the TAP.

1.2.2 Regional Review Panel Interview

If little or no progress is being made on achieving the stipulated requirements of the TAP and/or the trainee is not engaging in the remediation process, the Supervisor will inform the Censor that workplace remediation is not possible and a Regional Review Panel Interview will be convened by the College. The Panel will consist of a Chair (preferably the Regional/National Committee Chair who has not been involved with any previous remediation processes undertaken by the trainee), another member of the Regional/National Committee, Director of Professional Affairs – Education or delegate and administrative support staff. The trainee will be encouraged to have a support person with them. This interview will usually take place remotely using videoconferencing.

The aim of this interview is to clarify the issues that have not been resolved with reference to the local context and to augment the TAP with new or modified remediation activities (based on the same principles outlined in Appendix 2). The chairperson will forward a revised TAP to the Censor that will be signed by the trainee. The Supervisor together with the Training Coordinator and Chair of the Regional Review Panel will oversee the completion of the modified action plan.

1.2.3 Meeting with the Censor and other Senior College Fellows

If there are still unresolved requirements of the TAP after the involvement of the Regional Review Panel, the College will convene a further interview at the CICM Office in Melbourne or remotely using videoconferencing. The trainee will be interviewed by a panel consisting of the Censor, Chair of Assessment Committee, Fellow of the College and a community representative.

The purpose of this meeting is to review with the trainee the issue/s documented in the TAP and the various actions and activities that have been undertaken to address them and to identify whether further remedial activities are possible. The likely outcome of this meeting is that the Panel will recommend a Trainee Performance Review.

1.2.4 Trainee Performance Review (see Appendix 3)

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

- The stipulated requirements in the TAP have not been completed after intervention by the Regional Review Panel; or
- The trainee or the Medical Regulatory Authority requests a performance review.

1.2.5 Removal from the Training Program

If the Trainee Performance Review recommends that the trainee be removed from the training program, the trainee is invited to submit a written submission to support their position to stay in the training program. A meeting with a similarly constituted panel as per section 1.2.3 may also be arranged via teleconference at the trainee's request. Unless exceptional extenuating circumstances apply, the Censor's Committee will make recommendations to the Board, that the trainee should be removed from the training program.

1.2.6 Dissent and disputes

If a trainee disagrees about the presence, nature or extent of a training issue identified by a Supervisor, the College recommends that the following actions are taken sequentially:

1. The Supervisor should confirm with their specialist colleagues, who have worked with the trainee, that the trainee has a performance issue affecting their training
2. If further action is required, a second Supervisor who is an experienced College appointed Supervisor of Training from another hospital in the same area and selected by the trainee is asked to become involved in the process
3. If there is still disagreement, the College must be notified and the trainee may request a Regional Review Panel Interview (without the Supervisor) to share their concerns about the Supervisor and the alleged performance issues
4. If the dispute remains unresolved, the trainee may request a Trainee Performance Review (see 1.2.4 and Appendix 3).

The College recommends that the above steps are taken before initiating the formal Appeals process (see section 4) because performance below expectations is difficult to review in hindsight and depends on documentation by the Supervisor that is difficult for a trainee to challenge at an Appeal.

2 Scenario of 'Failure to pass College examinations'

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

2.1 Role of Supervisor of Training

If a trainee is unsuccessful at any attempt, the Supervisor will meet formally with the trainee 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 within 30 days of this meeting (see 1.1.3).

The activities/actions may include that the trainee find a mentor, other supports, courses and counselling. This 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 after each unsuccessful attempt.

2.2 Role of the College

For each unsuccessful attempt at a College examination, a TAP (original for failure at the first attempt and modified/updated for subsequent attempts) must be submitted to the College by the Supervisor within 30 days of meeting with the trainee. This will be reviewed by the Censor before the trainee's application is accepted for a subsequent examination attempt. The TAP will remain active until the examination is passed.

If unsuccessful at the third attempt, the trainee is required to attend an interview with the Regional Review Panel as outlined in section 1.2.2. The Panel will consist of a Chair (preferably the Regional/National Committee Chair who has not been involved with remediation processes undertaken by the trainee), another member of the Regional/National Committee, Director of Professional Affairs – Education or delegate and administrative support staff. The trainee will be encouraged to have a support person with them. This interview will usually take place remotely using videoconferencing.

At this interview, possible reasons for the poor examination performance will be outlined and the TAP further modified and developed. The Regional Review Panel Chair will submit a report to the College with the modified TAP within 30 days of the interview and before the next examination attempt.

If the trainee is unsuccessful at the fourth attempt, the College will convene a further interview at the CICM Office in Melbourne or remotely using videoconferencing. The trainee will be interviewed by a panel consisting of the Censor, Chair of the relevant Examination Committee, a senior College Fellow and a community representative. The trainee may present for the meeting with a mentor of their choice.

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 fifth attempt.

If there is an unsuccessful fifth attempt at the examination, the default position is that the trainee will be removed from the training program. The trainee is invited to submit a written submission to support their position to stay in the training program. A meeting with a similarly constituted panel as for the fourth unsuccessful attempt may be arranged via teleconference at the trainee's request. Unless exceptional extenuating circumstances apply, the Censor's Committee will make recommendations to the Board, that the trainee should be removed from the training program.

3 Scenario of 'Failure to progress' through the training program within the expected timeframe

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. This provision 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 consider other requests for extension.

In order to assist trainees requiring additional support, the Training Department monitors key milestones such as passing the Primary, Second Part and Paediatric Examinations, completion of the Formal Project, the various Workplace Based Assessments (WBAs) and required courses, and completion of Conditional Training.

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 their Supervisor and ask them to organise a meeting to develop a TAP (refer to section 3.1).

Trainees who have made 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.

3.1 Role of Supervisor of Training

The Supervisor will meet with the trainee to develop a TAP aimed at completing the outstanding components of training as soon as possible. The TAP should be submitted to the College Training Department within 30 days of this meeting. The TAP will remain active until the particular milestone has been achieved. Trainees who have failed a College examination will already have an active TAP with actions and activities geared towards passing the relevant examination. This will be sufficient if the examination is the only delayed milestone.

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 an interview by a Regional Review Panel or a meeting with the Censor.

3.2 Role of the College

The Training Department will monitor achievement of important milestones and will contact trainees when these are delayed. The Censor will review the TAP submitted to the College by the Supervisor within 30 days of meeting with the trainee. The TAP will remain active until the milestone is achieved.

When the trainee reaches nine years in the training program and still has outstanding components of training, the trainee and Supervisor are required to attend an interview with the Regional Review Panel as outlined in section 1.2.2. The Panel will consist of a Chair (preferably the Regional/National Committee Chair who has not been involved with any previous remediation processes undertaken by the trainee), another member of the Regional/National Committee, Director of Professional Affairs – Education or delegate and administrative support staff. The trainee will be encouraged to have a support person with them. This interview will usually take place remotely using videoconferencing.

At this interview, possible reasons for the delay in achieving milestones will be outlined and the TAP further modified and developed. The Regional Review Panel Chair will submit a report to the College with the 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 further interview at the CICM Office in Melbourne or remotely using videoconferencing. The trainee will be interviewed by a panel consisting of the Censor, Chair of the Assessments Committee, a senior College Fellow and a community representative. The trainee may present for the meeting with a mentor of their choice.

At this interview, training records and the TAP are discussed with the trainee along with strategies and activities that may lead to completing the training program.

If the trainee has not completed training after 12 years, the default position is that the trainee will be removed from the training program. The trainee is invited to submit a written submission to support their position to stay in the training program. A meeting with a similarly constituted panel as for the eleven (11) years interview may also be arranged via teleconference at the trainee's request. Unless exceptional extenuating circumstances apply, the Censor's Committee will make recommendations to the Board, that the trainee should be removed from the training program.

4 APPEALS PROCESS

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 and is detailed in section 14 and 15 of the Regulations.

The College recommends that when there is a dispute between a trainee and a Supervisor that the actions outlined in 1.2.6 are followed.

References and sources

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Acknowledgments

Censor's Committee
Training Department
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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

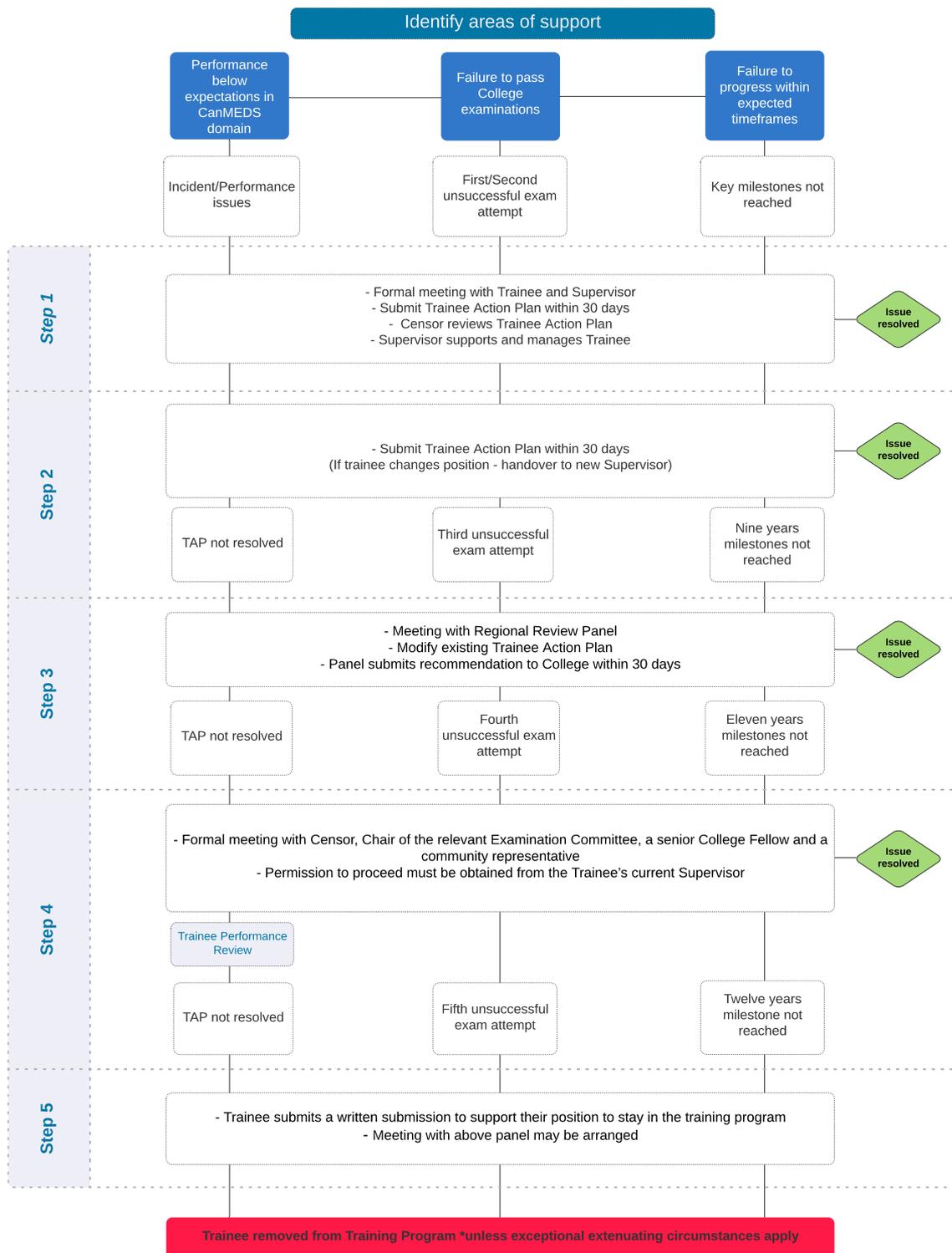
Further Reading

Publishing Statement

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APPENDIX 1 - Trainee Support Pathways



Note: The diagram outlines the steps that are undertaken to provide support to a trainee for the three pathways. The duration of remediation will not be the same for each pathway.

APPENDIX 2 - 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:

- Performance below expectations in one or more of the CanMEDS domains
- Failure to pass College examinations
- Failure to progress through the training program

It 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):

Areas of focus could include:

- Unit management (making plans, following through with plans)
- Critical thinking and assimilation of information
- Situational awareness – reading cues and emotions of others
- Communication
- Teamwork
- Professionalism

1.2. Failure to pass a College examination (First Part, Second Part, Second Part Paediatric):

Areas of focus could include:

- Exam preparation
- Stress management
- Speaking clearly and concisely

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

Areas of focus could include:

- Motivation

2. Specific Remediation Activities

These may be tasks, learning material, or resources eg language courses

3. Objective Assessment

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

4. Timeframe (for resolution of the issue)

5. Outcome

5.1. Whether the issue is resolved or not

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.

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.

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>	
Involvement of Human Resources Yes No Referral to outside authority Yes No Referral to Next Supervisor Yes No		Referral for Specialist Assistance:			
Date:		Trainee Signature:		Supervisor of Training Signature:	

APPENDIX 3

Trainee Performance Review (TPR)

PURPOSE AND SCOPE

This document sets out the policy and process relating to Trainee Performance Reviews.

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. A TPR may be initiated by a trainee who believes interpersonal relationships have prevented an objective assessment of their performance or by the Medical Regulatory Authority 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).

Related policies

This document should be read in conjunction with the supporting material such as the Guidelines for Assisting Trainees identified as requiring additional support, 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.

1. PRINCIPLES

The following principles guide the TPR process:

1.1 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.

1.2 Procedural Fairness

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

1.3 Support

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.

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.

1.4 Timeframes

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

1.5 College Obligations to the Trainee

The College obligations to the trainee include:

- 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.
- To be open to the trainee about evidence the Review Team has gathered to ensure no surprises at the report stage.
- To provide the trainee opportunity to comment on any information obtained by the Review Team during the fact gathering stage.
- 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.

2. PROCESS

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.

2.1 Review Team

Members of the Review Team will be selected by the Censors' Committee. Anyone who has previously been involved in the matter, had 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:

- Three members who are senior Fellows of the College who are familiar with all aspects of the training program.
- 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).

2.2 Planning the review

The Review Team will be provided with all the documentation collated by the Training Coordinator. 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 Regional Review Panel Interview.

Based on the documentation, the Review Team will develop a plan to conduct the review within the timeframes outlined in 1.4. 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 in order to make a decision and the evidence needed to establish those facts.

2.3 Gathering evidence

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

- The reason and purpose of the review, including any information relating to the adverse performance or conduct of the trainee;
- The composition of the Review team;
- 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);
- If applicable, the date and location of any site visit(s), and disclosure of materials;
- 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 first hand, 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.

3. REPORTING

The Review Panel will create 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.

4. OUTCOME

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

- The trainee continues training;
- The trainee is dismissed from the training program;
- 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 nature of training of the trainee;
- 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.

5. 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.