

## **COASTCITYCOUNTRY TRAINING**

### **PERFORMANCE ASSESSMENT, MONITORING AND INTERVENTION (PAMI)**

#### **BOARD POLICY NO 14.0**



Coast City Country Training (**CCCT**) recognises the importance of arrangements that ensure that General Practice Registrars (**GPR**) have access to a transparent and accountable process of Performance Assessment, Monitoring and Intervention (PAMI) during their participation in the Australian General Practice Training Program.

CCCT has determined that its methodology for implementation of the PAMI policy of General Practice Education and Training Limited (**GPET**) will be reflected in a detailed process titled "CCCT Performance Assessment, Monitoring and Intervention (PAMI) Process" (**PAMI Process**).

#### **Policy Principles**

CCCT's philosophy is that its intervention in respect of a GPR's training program in accordance with the PAMI Process will achieve a positive outcome for each GPR and the community. CCCT is committed to ensuring that GPRs will not be stigmatised or any way disadvantaged in future training, educational assessment or employment situations following intervention by CCCT in accordance with the PAMI process.

The PAMI Process is underpinned by the principle that it must provide support, remediation and sound pastoral care to all GPRs in its training program, including careful adherence to principles of procedural fairness.

CCCT believes that where any monitoring and intervention in the training of a GPR is undertaken, all interventions will be positive processes, formulated locally and in confidence, to help a GPR in addressing competency and performance-related issues that may impact the GPR's ability to successfully complete the Australian General Practice Training Program and/or their fitness for General Practice as defined by the relevant Medical Board.

#### **Related Policies and Processes**

#### **Review**

This Policy will be reviewed annually.

CoastCityCountry Training Ltd  
Last reviewed May 2007

# **CCCT Performance Assessment, Monitoring and Intervention (PAMI) Process (the PAMI Process)**

The PAMI Process details the CoastCityCountry Training Limited (**CCCT**) methodology for implementation of General Practice Education and Training Limited (GPET) Performance Assessment, Monitoring and Intervention (PAMI) in AGPT (**GPET PAMI Policy**), and in particular the specific manner in which the 5 steps outlined in section 3.5 of GPET PAMI Policy will be implemented by CCCT.

This process does not apply to General Practice Registrars who are under the supervision of the NSW or ACT Medical Board. The process applying to these GPRs is contained in “CCCT .....

Commencement Assessment (step 1 in section 3.5 of GPET PAMI Policy) and Assessment During Training (step 2 in section 3.5 of GPET PAMI Policy) apply to **all** General Practice Registrars (**GPRs**) in the Australian General Practice Training Program (AGPTP) delivered by CCCT.

Focussed Intervention Learning Plans, Formal Remediation and Formal Remediation with Probation (steps 3 to 5 in section 3.5 of GPET PAMI Policy) apply only to those GPRs with identified learning needs that cannot be addressed within the scope of the general AGPTP delivered by CCCT.

## **1. Commencement Assessment (Step 1)**

Commencement Assessment applies to all GPRs joining the AGPTP delivered by CCCT and proceeds in 3 stages:

(1) **Interview:** CCCT requires all GPR to participate in an interview process as part of the initial assessment process. Each GPR is responsible for the following tasks during CCCT’s interview process:

- a. Confirmation of a current drivers licence (or a plan to obtain one before the commencement of training with CCCT)
- b. Presentation of Australian Medical Education Council English test results to the interview panel (where applicable)

(2) **Senior Medical Educator Review:** A Senior Medical Educator (SME) will review interview outcomes to determine:

- a. the GPR's practice readiness (adequacy of clinical experience and placements in hospitals as preparation for general practice terms).
- b. the GPR's preferences for training (hospital terms, special skills posts, general practice terms).
- c. GPRs requiring individual learning plans to address English and/or

communication skills, based on interview outcomes.

### **(3) Induction**

There will be a commencement assessment of English language and communication skills learning needs using a variety of tools (eg ESL assessment, video consultation tool) so as to identify specific learning needs for specific Registrars. The results of these tools will then be used early in training, at the first TA contact, to develop a learning plan.

## **2. Assessment During Training (Step 2)**

Assessment During Training activities for all GPRs are outlined in the Coast City Country Training Medical Education Handbook[

These activities are formulated in accordance with *RACGP Standards for Regional Training Providers 2005* and *RACGP Standards for Training Posts 2005* [are consistent with GPET guidelines for assessment during training

## **3. Focussed Intervention Learning Plans (Step 3)**

### **Focussed Learning Plans Requirements**

(1) CCCT will require the development of a focussed learning plan with GPRs:

(a) Who have been identified as requiring specific assistance to address English and/or communication skills,

(b) with learning needs that cannot be addressed within the scope of the general AGPTP delivered by CCCT.

### **(2) Identification of Learning Needs**

Identification of learning needs that cannot be addressed by the formal CCCT education program may occur as a result of the following:

1. GPRs may raise particular learning needs or other issues directly with Medical Educators;
2. The comprehensive review of training needs and outcomes of each GPR conducted regularly by Medical Educators including outcomes of workshops External Clinical Teaching visits, and Supervisor feedback (formative assessments)
3. GP Supervisors may request that Medical Educators address particular learning needs or other issues which are of concern to the GP Supervisor in respect of a GPR, or which are beyond the capacity of the supervising practice to provide.

#### **(4) Development of Focussed Learning Plans**

Focussed Learning Plans will be developed by a SME in consultation with the GPR, and their supervisor. A copy of the plan, signed by the SME and the GPR, is to be held by the Senior Medical Educator.

The Focussed Learning Plan should set out the particular learning needs, how those needs are to be addressed and how success or failure will be judged. This is necessary not only for certainty in respect of the SME's role and responsibility regarding assessment but also for procedural fairness for the GPR who should know what is being assessed and how his/her performance will be judged.

#### **(5) Completion of Focussed Learning Plan Requirements**

No less than 2 weeks before the end of a nominated Focussed Learning Plan period, the SME will review the Focussed Learning Plan and its outcomes. Following this review, the SME will take one of the following actions:

- a. Advise the GPR that they are no longer subject to a Focussed Learning Plan requirement;
- b. Advise the CEO and GPR that the GPR will be subject to Formal Remediation Plan for a defined period in accordance with Step 4; or
- c. Advise the CEO and GPR that the GPR will be subject to Formal Remediation with Probation (ie subject to possible exclusion from the training program) in accordance with Step 5.

### ***4. Formal Remediation (Step 4)***

The GPET PAMI policy requires that in cases where a serious learning need has been identified in respect of a GPR, to the extent that the identified deficit causes a fundamental breakdown in the employment relationship of the GPR which cannot be corrected by the general AGPTP delivered by CCCT, a Formal Remediation Plan will be developed and implemented.

A formal Remediation Plan should also set out the particular learning needs, how those needs are to be addressed and how success or failure will be judged. This is necessary not only for certainty in respect of the SME's role and responsibility regarding assessment but also for procedural fairness for the GPR who should know what is being assessed and how his/her performance will be judged.

**(1) Approval of Formal Remediation Plans.** The approval of a Formal Remediation Plan is a three step process as follows:

(a) A Formal Remediation Plan and any follow-on remediation plans (with probation in accordance with Step 5) are to be developed by the SME in consultation with the GPR.

(b) The Senior Medical Education Committee (**SMEC**) will review and approve the approach and content of each Formal Remediation Plan.

(c) The CEO will review the plan and the process of its development and provide final approval subject to ensuring that the GPR has been afforded procedural fairness in the process of developing the Formal Remediation Plan. The CEO will then inform the GPR in writing of their current status in the AGPTP delivered by CCCT (by Registered post) within 2 working days of the SMEC decision, and GPET that formal remediation is in place within 5 working days.

## **(2) Completion of Formal Remediation.**

No less than 4 weeks before the end of a nominated Formal Remediation Plan period, the SMEC will review the following documentation:

- a. the Formal Remediation Plan;
- b. the SME Report regarding compliance by the GPR (co-signed by the GPR); and
- c. GPR comments about the Formal Remediation Plan (optional).

Following the review, the SMEC must promptly make a recommendation from the following list:

- a. that the GPR resume fulltime training;
- b. that the GPR resume fulltime training but formulate a Focussed Learning Plan to address specific on-going learning needs;
- c. that the GPR's Formal Remediation Plan period be extended; and
- d. that the GPR becomes subject to Formal Remediation with Probation in accordance with Step 5 (ie subject to possible exclusion from the training program).

The SMEC is to inform the CEO of their recommendation and the CEO is then to inform the Registrar in writing (by Registered post) of the outcomes of the process and next steps (if any) within 2 working days of the recommendation being made.

## ***5. Remediation with Probation (Step 5)***

### **(1) Approval of Formal Remediation Plans with Probation**

All steps that apply to the development and approval of a Formal Remediation Plan (step 4 above) apply to step 5: Remediation with probation, with the exception of the

final approval process. and the requirement to include in the plan a clear reference to the circumstances under which and reasons why the GPR might be excluded from the AGPTP should the period of Formal Remediation with Probation be unsuccessful

Rather than the CEO providing final approval the Remediation plan will be submitted to the CCCT PAMI Committee.

## (2) The CCCT PAMI Committee

The role of the Committee is to consider the recommendation of the SMEC and determine whether the recommendation should be implemented or amended. The CEO must notify the GPR within 2 days of the Board's decision.

The Committee will pay particular attention to ensuring that the basis on which the GPR maybe excluded from the AGPTP is clearly articulated and supported.

## **(3) Completion of Formal Remediation with Probation.**

No less than 4 weeks before the end of a nominated Formal Remediation Plan period, the SMEC will review the following documentation:

- (a) the Formal Remediation Plan;
- (b) the SME Report regarding compliance by the GPR (co-signed by the GPR);  
and
- (c) GPR comments about the Formal Remediation Plan (optional).

Following the review, the SMEC must promptly make a recommendation from the following list:

- (a) that the GPR resume fulltime training;
- (b) that the GPR resume fulltime training but formulate a Focussed Learning Plan to address specific on-going learning needs;
- (c) that the GPR's Formal Remediation Plan be continued but the Probation requirement be removed, and
- (d) that the CCCT PAMI Committee recommend to GPET that the GPR be excluded from the AGPTP.

The SMEC is to inform the CEO of their recommendation and the CEO is then to inform the Registrar in writing (by Registered post) of the outcomes of the process and next steps (if any) within 2 working days of the recommendation being made.

Should the SMEC recommendation require review by the CCCT PAMI Committee, the CEO will convene the Committee within 5 working days of the recommendation being made.

The Formal appeal process open to a GPR made subject to a period of formal remediation with probation is outlined in section 7(4).

## **6. Circumstances where Steps 3 or 4 would not be Required**

### (1) Recommendation by SME:

An SME may recommend that Steps 3 or 4 are not required in the following circumstances:

- (a) a GPR request or agrees to enter into a period of formal remediation on the advice of the Senior Medical Educator.
- (b) a GPR refuses to or unreasonably delays the completion of a Focussed Learning Plan; or
- (c) a Medical Educator or GP Supervisor provides documentation which demonstrates disruptive behaviour or incompatibility of the GPR with a clinical placement that cannot be addressed by the AGPTP delivered by CCCT.

### (2) Submission of recommendation to SMEC

Where an SME has recommended that one or more of the circumstances listed in 6(1) has occurred, the SME must promptly provide details of the circumstances and the basis for the recommendation to the SMEC.

The SMEC (excluding the SME who has made the recommendation) should decide whether the recommendation is justified and if it is it must provide the recommendation, including the endorsement of the SMEC, to the CEO.

### (3) Ratification by the CCCT PAMI Committee

Where the SMEC seeks Remediation with Probation the CEO will submit the plan for consideration by the CCCT PAMI Committee

## **7. Procedural Fairness for Registrars in the Performance Assessment, Monitoring and Intervention Process**

At all steps in PAMI Process it is essential to ensure that the GPR is accorded procedural fairness (sometimes referred to as "natural justice").

The process builds in checks to ensure procedural fairness and these are discussed below.

(1) **Involvement of the GPR in developing plans.** GPRs are consulted at each stage of developing Focussed Learning Plans, Formal Remediation Plans and Formal Remediation Plans with Probation. GPRs are also provided with copies of the CCCT Policy and PAMI Process so that they are aware of how plans are developed and

assessed and are aware of appeal processes available to them.

**(2) Approval of Remediation Plans.** The approval of Formal Remediation Plans and Formal Remediation with Probation Plans are subject to a review by the CEO to confirm that procedural fairness is evident.

This review will confirm that all parties to the remediation decision and plan have acting fairly, in good faith, without bias, with each party being given the opportunity to adequately state their case and correcting or contradicting any statement prejudicial to their case.

As a basis for this review the CEO will require evidence that:

1. where concerns about the competency or performance of a GPR are raised by a third party (such as the GPR's supervising medical educator, aGP Supervisor or area health service staff those concerns have been recorded in writing as soon as possible: either by the party raising the concern or, if the report was a verbal one, by the SME;
2. that concerns generated by a review of a GPR's training outcomes to date or an investigation of complaints by a third party, have also been recorded in writing as soon as possible by the SME<sup>1</sup>;
3. GPRs have been advised in a timely manner of the competency and or performance concerns held by the SME and the GPR has been given an opportunity to respond;
4. all plans have been co-signed by the GPR and the Medical Educator (as an indicator of GPR's agreement with the plan) and a copy given to the GPR<sup>2</sup>; and
5. that the SMEC provided its recommendation in writing to the CEO.

<sup>1</sup> Care should be taken to ensure that the concern is documented with as much detail as possible about the conduct which is the subject of the concern. For example, notes should be made on when the conduct occurred, who was present, whether concerns were voiced to the person at the time, and if so, their response. Also, procedures should be put in place to ensure that all performance evaluation material is complete and any comments that are ambiguous or illegible should be followed up and clarified. There should be no room for interpretation. Where concerns are raised about a person's performance, clear notes should be added as to whether the documented concerns were raised with the person at the time of evaluation. If possible, the evaluation material should be counter-signed by the person being evaluated.

<sup>2</sup> This step is particularly important where it is observed that a person "does not listen", misinterprets comments or does not respond well to constructive criticism or feedback.

The review by the CEO will be completed within 2 working days of the recommendation and plan being received.

Separate CEO approval (a review of procedural fairness) is required for an:

- a. initial Formal Remediation Plan or Remediation Plan with Probation;
- b. a recommendation for transition from a Formal Remediation Plan to a Formal Remediation Plan with Probation; and
- c. a recommendation of exclusion of a GPR from the AGPTP delivered by CCCT.

Following approval of a remediation plan by the CEO, a Registrar is advised immediately (and in writing) by the CEO of the change to their status in the AGPTP, what this change means and the actions they must take.

CEO approval is not required for Focussed Learning Plans.

(3) **GPR.** Where any plan is not co-signed by all parties, reflecting that a GPR disagrees with the recommendation of the SME, the SMEC (excluding the SME responsible for developing the plan) is to:

- a. convene a meeting with the CEO and make a recommendation in writing, which addresses the basis of the a disagreement and the competency or performance issues under consideration; and
- b. seek a statement from the GPR outlining their concerns for presentation at the meeting with the CEO.

The CEO will then make a determination as to whether procedural fairness has been served.

#### **(4) Formal Appeal Process**

CCCT recognises that GPRs should have the opportunity to appeal decisions made at any stage of the PAMI Process, and that these appeals could address procedural fairness and/or the specifics of Remediation Plans.

All GPR appeals will be dealt with by the CCCT PAMI Committee in the first instance, with the exception of appeals against a Committee decision that recommends a GPR be excluded from the AGPTP.

Appeals against CCCT PAMI Committee recommendations to exclude a GPR from the program will be heard by an appeals committee consisting of a Board Member, a Senior Medical Educator from another RTP and an RACGP representative.

When all appropriate local avenues of Appeal are exhausted GPRs who remain aggrieved will be advised in writing by the CEO about how to access the GPET GARP process as “a final avenue of resolution” (GPET PAMI. 3.12.3)

#### **Process Review**

This process will be reviewed annually.

CoastCityCountry Training Ltd  
Last reviewed May 2007