

Purpose

The purpose of this guideline is to provide a framework for facilities on performance assessment, feedback and support for junior doctors to ensure their wellbeing and patient safety.

Facilities may wish to adapt this guideline for developing their own junior doctor assessment policy or guideline.

Scope

Performance assessment and feedback is integral to the education and training of junior doctors. It is essential to assess junior doctors to fulfil legal requirements, ensure formal clinical oversight, to facilitate learning and to ensure safe, high quality patient care.

All junior doctors require regular feedback on their knowledge, clinical skills and professional behaviours. Performance assessment also plays a key role in monitoring and enhancing quality of care and patient safety as the welfare of patients may be put at risk if a doctor is performing poorly¹.

These guidelines should be read in conjunction with the *PMCV Clinical Learning for Junior Doctors Guidelines* and *PMCV Guidelines to Assist the Early Identification and Support of Interns Requiring Performance Improvement*.

These guidelines apply to all Victorian prevocational medical training facilities. Junior doctors are defined as medical graduates in their first two years of clinical practice, specifically interns and PGY2s.

Key Outcomes

All Victorian Health Services with accredited intern posts and approved PGY2 posts must ensure the performance management requirements outlined in this guideline are fully met.

Accreditation Standards

1.5.1	The facility has reconsideration, review and appeals processes related to intern/PGY2 training and makes this information publicly available.
5.1.2	The intern training program implements assessment consistent with the MBA Intern Registration standard. For PGY2s, assessment is based on the achievement of <i>Australian Curriculum Framework for Junior Doctors (ACF)</i> outcomes.
5.2.1	The intern/PGY2 training program provides regular, formal and documented feedback to interns/PGY2s on their performance within each rotation.
5.2.3	Interns/PGY2s receive timely, progressive and informal feedback from clinical supervisors during every rotation.
5.2.5	The intern/PGY2 training program has clear procedures to address immediately any concerns about patient safety related to the performance of interns/PGY2s.
5.2.6	The intern/PGY2 training program identifies early junior doctors who are not performing to expected level and provides them with remediation.
5.2.7	The intern training program establishes assessment review groups, as required, to assist with more complex remediation decisions for interns who do not achieve satisfactory supervisor assessments (<i>intern specific</i>).
5.3.1	The intern/PGY2 training program has processes for ensuring those assessing interns/PGY2s have relevant capabilities and understand the required processes.

¹ *Good medical practice – a code of conduct for doctors in Australia (section 8)*

Procedure

While the specific requirements for intern and PGY2 training differ slightly, the expectations in regards performance management processes apply to both interns and PGY2s.

Intern training requirements

The National Intern Training Framework, developed by the Australian Medical Council (AMC) in consultation with a range of stakeholders, was endorsed by the Medical Board of Australia (MBA) in December 2013 to support the registration standard: *Granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training*. The framework defines the basic requirements of an approved intern year for granting general registration. The purpose of the framework is to achieve greater national consistency and to support a consistent national approach. A performance assessment tool has been developed which is available at: <http://www.amc.org.au/index.php/ar/psa>.

Supervisors must make an assessment of an intern's ability to practise safely, work with increased levels of responsibility, apply existing knowledge and skills, and learn new knowledge and skills.

Intern training providers are required to certify completion of internship, which is based on satisfactory term supervisor reports and an overall satisfactory rating. On the basis of the information provided, AHPRA (on behalf of the Medical Board of Australia) makes a decision on granting general registration to the intern.

PGY2 training requirements

While generally PGY2s begin to practice more autonomously, performance review and feedback is crucial to their ongoing development and clinical learning. The national assessment form developed for the intern training framework is intern-specific, so health services need to design an assessment form for PGY2s which may be based on similar themes. A national assessment form template is available on the CPMEC website for use for PGY2s which is aligned with the *Australian Curriculum Framework for Junior Doctors* (ACF).

Term Supervisor responsibilities in regards performance management²

Each junior doctor must be assigned a Term Supervisor (not necessarily the same for every junior doctor in the unit) who is responsible, amongst other roles, for the conduct of the performance assessment and feedback process for that junior doctor.

The Term Supervisor is responsible for providing timely and effective feedback including when performance does not meet expected standards.³ The Term Supervisor should ensure early identification of junior doctors who may require additional support/remediation, and will be involved in the provision of support/remediation. For doctors requiring additional support the Supervisor of Intern Training and/or Director of Clinical Training should be notified and may be involved in the support/remediation.

The Term Supervisor must ensure that their contact with each junior doctor is sufficient to allow a valid assessment of the junior doctor's performance across the term⁴, Ideally, the assessment is supplemented by consultation with other members of the clinical team (multi-source feedback) to form a comprehensive picture of the junior doctor's performance during the term.

As a minimum, formal review of a junior doctor's performance must occur at mid- and end-term with formal feedback to the junior doctor by the Term Supervisor at these times. **Ensuring this occurs is a mutual responsibility of the Term Supervisor and the junior doctor as maintenance of professional performance is an integral aspect of medical professionalism.** The Term Supervisor may also wish to consider a handover to the Term Supervisor of the next term, in consultation with the junior doctor and the DCT/SIT/DMS, to ensure that the junior doctor receives appropriate, ongoing support (ie. feeding forward).

² Refer to *PMCV Clinical Supervision of Junior Doctors Guidelines* for definition of Term Supervisor and review the 'Clinical Supervision (in each rotation/term)' section requirements

³ *Good medical practice – a code of conduct for doctors in Australia* (section 5.4)

⁴ Weekly interaction as a minimum

The performance assessment process

Assessment forms should NOT be used for recruitment purposes.

The process of performance review and feedback has the following objectives:

- Provide regular formative feedback to junior doctors throughout the term.
- Provide structured, documented feedback to junior doctors on their performance at both mid- and end-term, preferably involving a face-to-face meeting with the term supervisor.
- Encourage junior doctors to take responsibility for their own performance and to seek feedback.

Self-assessment by the junior doctor is an important component of performance assessment and the Term Supervisor should ensure that the junior doctor completes a self-assessment of their performance at mid-term and end-term as part of the assessment process.

The Term Supervisor should ensure three face-to-face meetings occur with each junior doctor in each term.

Term orientation

At the beginning of the term (preferably on the first day or two, or within the first week) the Term Supervisor should meet with the junior doctor to review the Term Description and to discuss in particular:

- The goals and objectives of the clinical unit and the role of the junior doctor;
- The term learning objectives and skills training goals; and
- The process of performance assessment.

The Term Supervisor should also review the junior doctor's current level of knowledge and experience. Service information about work practices, protocols, and guidelines may also be provided by the Term Supervisor at this time, or this may be tasked to another clinician/registrar.

Mid-term (formative) assessment

This assessment occurs about week 5 or 6 of a 10 week term, and should involve the junior doctor completing a self-assessment prior to meeting with the Term Supervisor to obtain feedback on their performance.

This formative assessment focuses on the learning and development needs of the junior doctor. At this meeting, there should be discussion on progress against the learning objectives and planning for further development of skills and knowledge to guide the direction of training for the rest of the term.

If there are any concerns regarding performance, this should be discussed with the junior doctor and reported to the Supervisor of Intern Training (SIT), Director of Clinical Training (DCT) or equivalent⁵. A plan to address the interns learning should be developed with input from the junior doctor, Term Supervisor and other as appropriate.

End of term (summative) assessment

This should occur in the final week of the term. Again, the junior doctor should complete a self-assessment prior to meeting with the Term Supervisor when the outcomes of the term are discussed.

The Term Supervisor's assessment should indicate the junior doctor's standard of performance at the end of the term. If the junior doctor is assessed as not demonstrating overall competency in the term, the SIT/DCT should be informed.

The Medical Board of Australia requires that Term Supervisors are expected to indicate whether interns have satisfactorily 'completed' each term.

⁵ Refer to *PMCV Clinical Supervision of Junior Doctors Guidelines* for definitions.

Performance monitoring

Overall performance monitoring of junior doctors is the responsibility of the Supervisor of Intern Training (SIT), Director of Clinical Training (DCT) or equivalent. At the unit level, this is the overall responsibility of the Term Supervisor who must be aware of the procedures to support and assist junior doctors who are performing below the expected level, including remediation and further action if required (eg. procedures to inform the parent health service and MBA where applicable).

Further, performance may also be affected by personal or professional difficulties, and the employer must have policies and procedures to identify and support junior doctors in this situation. **In particular, the training program must have clear procedures to immediately address any concerns about patient safety related to the performance of junior doctors.** An Assessment Review Panel, comprised of members with relevant clinical and educational expertise, is a requirement of this process.

Of course, day-to-day there may be multiple clinical supervisors⁶ (refer definition in *PMCV Clinical Supervision of Junior Doctors Guidelines*) who must continually monitor the performance and well-being of junior doctors and immediately inform the Term Supervisor of any concerns with junior doctor welfare or performance.

Managing performance below expected level

Refer to the *PMCV Guidelines to Assist the Early Identification and Support of Interns Requiring Performance Improvement* document for further detail.

Confidentiality

Facilities must preserve confidentiality to support the wellbeing of the junior doctor during performance assessment and remediation processes, particularly in regards to personal and professional issues.

Assessor (supervisor) training

Facilities should incorporate specific training in assessment and feedback skills as well as in using assessment forms in their supervisor support and development programs.

Appeals process

The facility must provide a confidential and impartial appeals process, which the junior doctor can access to raise any concerns regarding the conduct of supervisors, the outcomes and completion of performance assessments, the remediation processes or any other aspect of the performance monitoring and feedback process.

References

Intern Training – Guidelines for terms, Australian Medical Council

Good medical practice – a code of conduct for doctors in Australia, Medical Board of Australia

Version Control

Version approved along with date of next review.

Version	Amendments by	Changes	Date
3	Accreditation Committee	Restructured as a framework	May 2019
2	Accreditation Committee	Revised for new accreditation	July 2016
Initial		New guideline approved by PMCV Board	March 2014

Approved by: PMCV Accreditation Committee

Next Review: 2022

Date: May 2019

⁶ A clinical supervisor is an appropriately qualified, registered medical practitioner who has experience in managing patients in the relevant discipline and knowledge of the principles, process and skills of clinical supervision.