



VPMT

VICTORIAN
PALLIATIVE MEDICINE
TRAINING PROGRAM

A Supervisor's Guide to a Trainee in Difficulty

Collaborative Role between
the Clinical Services and
VPMT

Protocol Justification

The Victorian Palliative Medicine Training Program (VPMT) believes that issues related to a Palliative Medicine trainee's professional and training performance are primarily managed and operationalized by the Clinical Service Supervisors, the Royal Australian College of Physicians (RACP) Palliative Medicine Education Committee (PMEC), the RACP Education Directorate trainee support processes and other relevant regulatory bodies such as the Australian and New Zealand medical boards, if required.

The VPMT in coordinating the placement, mentoring and educational enhancement of Palliative Medicine trainees in Victoria, is in a unique position as regards the clinical services and the trainees. In this role, the VPMT can remind and will encourage Clinical Supervisors to periodically review their supervisory responsibilities as defined by the RACP, especially in relation to a trainee in difficulty. Please refer to link [RACP: Trainee Support](#)

The VPMT recognises and respects that the privacy of the trainee will be maintained and the guidelines provided by the RACP are adhered to by the clinical training site supervisors and the trainees.

The VPMT may be able to be a part of a remedial action plan for the trainee, if requested, in consultation with the Clinical Services and RACP-PMEC representative.

VPMT can assist Victorian Clinical Services in the following ways:

1. Encourage all Palliative Medicine Clinical Service Supervisors to attend the RACP-Supervisor Professional Development Program.
2. Encourage Supervisors to create and maintain clear, concise and informative reports based upon formative feedback sessions.
3. Provide guidelines to all Victorian Palliative Medicine Supervisors on how best to proceed if they encounter a trainee in difficulty.
4. Upon the recommendation of the Supervisor, the VPMT can be instrumental in helping to provide a mentor for the trainee if they do not have one.
5. Help to coordinate additional educational and training opportunities.

It is important that a trainee who has been identified by the Clinical Service as experiencing difficulties be approached in a timely, fair and objective manner. The process steps listed in this document are just a guideline as to how the VPMT understands its place and role in this area.

Trainee in Difficulty Guide for both Clinical Service Supervisors and Trainees in Palliative Medicine in Victoria

1. All new and continuing Trainees in Palliative Medicine in Victoria will be informed at the start of each Semester about the processes involved if they are experiencing any difficulties during the training period.
2. The Service Clinical Team identifies a potential problem which can be clinical +/- behavioural +/- organisational and is related to a current trainee:
 - a. Clinical Supervisor further investigates to define the problem and decides on how to best resolve.
 - b. If the Supervisor has any concerns or queries about the remedial process, they should contact the Education Officer in Palliative Medicine at the RACP.
 - c. With the problem defined, the Clinical Supervisor and trainee then discuss and agree to a local remedial action plan that provides support for the trainee within a specified period of time.
 - d. If the issue, with local remediation is still not satisfactorily resolved, the Supervisor will notify the RACP with the name of the trainee and the date that a Learning Action Plan (LAP) was commenced.
 - e. At this stage, it is recommended that the Service Director or Clinical Supervisor inform the VPMT Medical Training Coordinator (MTC) in writing that there is a training issue, that there is an LAP in place and that the RACP has been notified and a timeline established.
3. At the end of the remedial period, Clinical Supervisor will decide if the problem has been resolved. If the problem remains unresolved or only partially resolved, then further consultation with the RACP will be necessary to inform of lack of progression in the LAP.
4. The Clinical Service Director will then inform the VPMT Medical Coordinator of this decision and plan.
5. At the end of each semester, it is the responsibility of the Clinical Supervisor to provide an accurate and honest evaluation report to the RACP. If the trainee is an on-going Advanced Trainee, this evaluation should also be reflected in the VPMT referee form at the time of the candidate interview for the next academic year.