



The Royal Australian
and New Zealand
College of Radiologists®

REMEDICATION IN TRAINING POLICY

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Remediation in Training Policy, Version 1.0

Approved by:
Faculty of Radiation Oncology Council and Faculty of Clinical Radiology Council

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About the College

The Royal Australian and New Zealand College of Radiologists (RANZCR) is a not-for-profit professional organisation for clinical radiologists and radiation oncologists in Australia, New Zealand, and Singapore. RANZCR is a membership organisation led by clinicians who are elected by the membership, with oversight from a Board of Directors.

We are the leaders in medical imaging and cancer care. We enable the best practice of clinical radiology, radiation oncology and associated subspecialty areas through engagement, education, and advocacy; and by supporting clinical excellence. Our Fellows play a critical role in the diagnosis and monitoring of disease, provide interventional treatments and targeted treatments for cancer.

Our evidence-based culture focuses on best practice outcomes for patients and equity of access to high quality care, underpinned by an attitude of compassion and empathy. As an organisation we are committed to diversity and inclusion, and to the training and professional development of our Fellows and Trainees throughout their career. We are dedicated to enhancing the health outcomes of Māori, Aboriginal and Torres Strait Islander peoples and to increasing their participation in the professions of clinical radiology and radiation oncology by ensuring our educational programs support best outcomes for them. This includes a commitment to cultural safety in our organisation, for staff and members.

Purpose

To enable the safe and appropriate use of clinical radiology and radiation oncology to optimise health outcomes for our patients and society.

Values

Our leadership values underpin all that we do and embody our focus on quality patient outcomes:

Integrity

We maintain the confidence and trust of our stakeholders through our honesty, transparency, and authenticity.

Accountability

We take responsibility for all our actions, behaviours, performance, commitments, and decisions.

Inclusivity

We foster an inclusive workplace and clinical environments for people in Australia and New Zealand.

Innovation

We constantly strive to reimagine excellence in everything we do.

Code of Ethics

The Code defines the values and principles that underpin the best practice of clinical radiology and radiation oncology and makes explicit the standards of ethical conduct the College expects of its members.

1. INTRODUCTION

1.1 Approval and Commencement

This policy:

- (a) Commences operation on 1 February 2022.
- (b) Replaces the Remediation in Training (Clinical Radiology) Policy, Version 1.0 which will cease operation on 31 January 2022.
- (c) Replaces the Remediation Policy (Radiation Oncology), Version 1.0 which will cease operation on 31 January 2022.

1.2 Background and Objectives

The College sets the standards of training and practice in Clinical Radiology and Radiation Oncology in Australia and New Zealand.

The support, management and evaluation of trainees who are not performing and/or progressing at a rate reasonably expected of a trainee is integral to maintaining the high standard of training and ensuring that the training programs produce highly skilled, competent and safety-conscious Clinical Radiologists and Radiation Oncologists.

The supervision of trainees should encompass the monitoring and guidance of a trainee's personal, professional and educational development.

It is generally agreed that from time to time, trainees experience some difficulties during their training years. There are a number of issues that can impact on a trainee's performance and/or progression in the training programs. Some difficulties encompass mental health and lifestyle issues which can be disruptive to a trainee's performance and/or progression in the training programs. In these instances, it may be appropriate for a Clinical Supervisor or Director of Training to encourage a trainee to seek pastoral care or professional support (e.g. with a GP, psychologist, psychiatrist etc.). Adopting a holistic view of the trainee (i.e. by being aware of workplace stressors, a trainee's personal support at home, a trainee's rosters, their leave, their afterhours commitments etc.) is paramount to identifying and addressing the performance and/or progression based issues faced by a trainee.

A small number of trainees may have ongoing difficulties, requiring further intervention and management under this policy.

The following principles underpin this policy:

- (a) issues of patient and personal safety take precedence over all other issues;
- (b) fair and equitable treatment of trainees at all times; and
- (c) confidentiality is to be maintained.

This policy does not directly apply to those situations where a trainee is exhibiting notifiable conduct as defined by the relevant authority (i.e. the Australian Health Practitioner Regulation Agency (Ahpra) or the Medical Council of New Zealand (MCNZ)). In those circumstances, there exists an obligation to report the matter to the relevant authority. In the event of notifiable conduct, the College will be guided by conditions or undertakings (if any) stipulated by the relevant authority in determining whether the process outlined under this policy should be implemented.

1.3 Purpose

This Remediation in Training Policy is intended to assist the College, its staff, members and Fellows in the support, management and evaluation of Clinical Radiology or Radiation Oncology trainees who are not performing and/or progressing at a rate reasonably expected of a trainee within the Clinical Radiology Training Program or the Radiation Oncology Training Program.

1.4 Scope

This policy:

- (a) Applies from 1 February 2022 to all trainees undertaking training within the Clinical Radiology Training Program or the Radiation Oncology Training Program, irrespective of the date they commenced their training.
- (b) Prescribes the framework to be used to manage, monitor and assess a trainee where there are continuing issues or concerns about their:
 - level of performance *during* training ('performance') and/or
 - rate of progression *through* training ('progression'); and/or
 - serious issues have been raised regarding a trainee.

To the extent that there are any inconsistencies between this Policy and the Appendices or the Handbooks, this Policy prevails.

1.5 Definitions

In this Remediation in Training Policy:

Accredited Training Time means the duration of time a trainee is required to accrue in an accredited training position in order to complete all Clinical Radiology Training Program requirements or Radiation Oncology Training Program requirements

Assessment means an activity used to gauge a trainee's progression through the Clinical Radiology Training Program or the Radiation Oncology Training Program and/or their competency against the requirements of the Clinical Radiology Training Program or Radiation Oncology Training Program. Note: for the purpose of this Policy, the term 'assessment' is distinct to the term 'examination'

Branch Education Officer (BEO) is a member of the Clinical Radiology Education and Training Committee which is a standing Committee of the Faculty of Clinical Radiology. The BEO monitors and supports the training programs within their own branch and liaises regularly with Directors of Training (DoTs), Network Training Directors (NTDs) and the Chief Accreditation Officer (CAO) regarding any significant training issues

Chief Censor means the clinician appointed under the Faculty By-laws to oversee all aspects of training and assessment conducted as part of the Clinical Radiology Training Program or the Radiation Oncology Training Program

Clinical Supervisor means any consultant radiologist or radiation oncologist at a College-accredited training site is involved in teaching, assessment and/or feedback

Clinical Supervisor Appraisal (radiation oncology) means the process whereby the Clinical Supervisor considers the trainees' performance and the feedback the trainee has received whilst completing learning experiences and assessments over the previous

period. If required, the Clinical Supervisor may identify issues that need to be raised with the Director/s of Training

College means The Royal Australian and New Zealand College of Radiologists

Deputy Chief Censor means the person/s appointed to support the Chief Censor in overseeing all aspects of training and assessment conducted as part of the Clinical Radiology Training Program or the Radiation Oncology Training Program

Difficulty means any circumstances which detrimentally impact on a trainee's level of performance and/or rate of progression through training. Such circumstances may include an adverse event, extrinsic factors, competence issues, lifestyle issues, psychological issues and/or the work environment

Director of Training (DoT) means the clinician/s appointed by the College, with overall responsibility for the structure and quality of training in a College-accredited training site in line with College policies and the specific arrangements within their training network. The Director of Training is also responsible for providing trainees with information and feedback on their progress

DoT Review means the process whereby the Director/s of Training (DoT/s) and the trainee jointly evaluate a trainee's progress with learning and assessment requirements for the phase of training or the training program

DoT Review meeting means a meeting whereby the Director/s of Training (DoT/s) and the trainee jointly evaluate a trainee's progress with learning and assessment requirements for the phase of training or the training program

Education and Training Committee (ETC) means the governing body under the Faculty By-laws that develops the educational content, assessments and accreditation mechanisms that ensure that trainees can become competent clinical radiologists and radiation oncologists

e-Portfolio System or e-Portfolio means the online system which serves the purpose of managing a trainees' assessments and progression in the Clinical Radiology Training Program and Radiation Oncology Training Program

Examination means a form of assessment as defined in the College's Examination Policies

Fellow means a College member admitted to Fellowship of the Royal Australian and New Zealand College of Radiologists

Head of Department (HoD) means the person responsible for the administrative running of a clinical radiology or radiation oncology hospital department or practice

Local Governance Committee (LGC) means the governing body responsible for oversight of network training operation in a local area network, resolution of local issues and development of the network training program

Maximum Duration of Training means the upper limit of 10 years in which a trainee must complete all Clinical Radiology Training Program requirements or Radiation Oncology Training Program requirements

Member means a member of the College as specified under the RANZCR Articles of Association

Multi-source Feedback (MSF) means a tool to assist with the evaluation of communication skills, team work, professionalism and management/administrative skills

Network Governance Committee (NGC) means the governing body responsible for oversight of training network operation, resolution of local issues and development of the network training program

Network Training Director (NTD)/ Training Network Director (TND) means the person responsible for providing coordination of, and leadership to the Network and is a central point of contact to the College and health jurisdictions regarding training delivery matters in that Network

Performance (during training) means the level of performance of a trainee as measured against the level of performance reasonably required of a trainee to progress through their training as expected by the College

Progression (through training) means the rate a trainee (whose performance *during training* is at the required level) will progress through their training in the time reasonably allowed by the College for a trainee to complete their specialist training

Remediation refers to the processes/procedures contained within this policy which occur during/in training. This is in contrast to 'remediation' (after training) which is outlined under the College's Examination Policies

Remediation Plan means a plan collaboratively devised between a DoT/s and a trainee in accordance with section 2.4 of this Policy

Remediation Plan Meeting means a meeting between a trainee, their Director/s of Training and a Network Governance Committee member as outlined under Part 2 of this Policy

Remediation Plan Period means the duration of time in which a trainee is being managed under a remediation plan

Remediation Plan Process means the process outlined under this Policy

Trainee means a College member actively participating in either the Clinical Radiology Training Program or the Radiation Oncology Training Program and is considered a student member under the RANZCR Articles of Association

Training Site means an organisation that actively engages and is responsible and accountable for the delivery of training in Clinical Radiology or Radiation Oncology. These organisations may be public or private entities who are accredited by the College and are required to follow the relevant training curriculum and accreditation standards as set out by the College

2. REMEDIATION PROCESS

2.1 Identification of Trainees to be Managed under this Policy

- (a) Trainees who have been referred from the Performance and Progression Policy should be managed under this policy if the outcome/s of an agreed action plan (formed under the Performance and Progression Policy) have not been achieved and/or:
 - (i) the trainee's performance across multiple competencies (including 'intrinsic roles' as outlined within the Clinical Radiology Curriculum Learning Outcomes or the Radiation Oncology Learning Outcomes) has not met the expectations of the College; and/or
 - (ii) the trainee's progress has been reviewed on multiple occasions and continues to be at a level less than that expected by the College, and/or
 - (iii) the trainee may need a targeted intervention to address their performance and/or progress with training.

- (b) Where a situation arises related to a trainee's performance, a DoT/s through discussion with the NGC and/or LGC, can escalate a trainee directly to the Remediation in Training Policy thereby by-passing the Performance and Progression Policy. This decision can only be made if both the DoT/s and the NGC and/or LGC agree that escalation to the remediation pathway is an appropriate course of action, noting that this agreement must be documented in writing. Such a situation which would warrant escalation to the remediation pathway would usually be of a serious nature, for example, behaviour that could lead to an allegation of misconduct or performance which raises serious concerns for patient safety.
- (c) The decision to implement a remediation plan process must be jointly made by the DoT/s and the NGC and/or LGC and must be documented in writing.

2.2 Trainee Participation in Remediation Plan Process

- (a) Trainees identified under this policy must enter into a written remediation plan. This plan must be entered into as soon as is reasonably practical after identifying that a trainee is to be managed under this policy.
- (b) Trainees who refuse to participate or do not engage in completing the remediation plan process will be referred to the Chief Censor for consideration of withdrawal from the Clinical Radiology Training Program or the Radiation Oncology Training Program.

Refer to the Withdrawal from Training Policy for further information.

- (c) A DoT/s should assist the trainee to access pastoral care and/or peer support from an independent person during the remediation plan process. The support person must not be a legal advocate and cannot otherwise advocate for the trainee.

2.3 Remediation Plan Meeting

- (a) Trainees must attend a remediation plan meeting with their DoT/s at a time mutually convenient to the DoT/s and trainee.
- (b) During a remediation plan meeting, at least one other member of the NGC and/or LGC must attend.
- (c) In addition to the DoT/s and the NGC and/or LGC member, a Clinical Supervisor may attend a remediation plan meeting (if applicable).
- (d) A trainee is encouraged to arrange for a support person to also attend the remediation plan meeting. The support person must not be a legal advocate and cannot otherwise advocate for the trainee.
- (e) In lieu of a face to face meeting, a remediation plan meeting can occur by video conference.
- (f) A remediation plan meeting may occur in conjunction with, or immediately after, a DoT Review meeting.
- (g) If the remediation plan meeting is to occur subsequent to a DoT Review meeting, it should occur within seven calendar days of the DoT Review meeting and no later than 14 calendar days following the DoT Review Meeting.

2.4 Remediation Plan

- (a) On the basis that both the DoT/s and the NGC and/or LGC agree that the trainee should be managed under this policy, the DoT/s and trainee must collaboratively devise a remediation plan during the remediation plan meeting. Refer to Appendix 1 for the Remediation Plan Template.
- (b) The Remediation Plan duration must be set to a minimum of six months.
- (c) Remediation plans must:
 - (i) be in writing and reflect what was agreed to by the trainee and DoT/s;
 - (ii) detail the issues or concerns to be addressed (including underlying factors which are impacting upon performance and/or progression, if applicable);
 - (iii) detail what is required of the trainee to address the issues or concerns, how it is to be done, the expected (and agreed) measurable goals, the intended (agreed) measurable outcomes and the relevant timeframes for completion;
 - (iv) detail the additional training and support required;
 - (v) outline the budget requirements (if any) to support the remediation;
 - (vi) identify who will have oversight of the trainee and monitor the plan for progress and achievement;
 - (vii) set out the responsibilities of the trainee, the responsibilities of the DoT/s and/or Clinical Supervisor/s and the responsibilities of the department (as applicable);
 - (viii) be dated and signed to by the trainee and DoT/s (signifying agreement); and
 - (ix) may set out any other information relevant to the plan.
- (d) Remediation plans are to be sent to the Chief Censor within 10 business days of the remediation plan meeting.
- (e) Trainees under a remediation plan must attend subsequent meetings with their DoT/s ('follow up meetings') to discuss their progress and achievement of the goals outlined in their remediation plan at six-week intervals from the commencement date of the remediation plan.
- (f) Should a DoT with identified responsibilities under a Remediation Plan be on leave and therefore unable to facilitate 'follow up meetings' with a trainee in accordance with Part 2 of this Policy, a suitable nominee (who must either be a co-DoT in circumstances where a co-DoT is present or be a Clinical Supervisor nominated by the DoT) is required to facilitate 'follow up meetings'.
- (g) Trainees' performance and progress will be monitored and evaluated by the following:
 - (i) completion of goals documented on the remediation plan;
 - (ii) progress with goals documented on the agreed action plan (if applicable) and other documentation associated with the agreed action plan period/process (if applicable);
 - (iii) completion of, performance on, and progress with training requirements as logged in the trainee's e-Portfolio;
 - (iv) follow up meeting notes, which document the trainee's engagement with the remediation plan;
 - (v) Clinical Supervisor Appraisals (Radiation Oncology only) and/or DoT Reviews which have occurred during the remediation plan period;

- (vi) any other documents or reports of which the trainee is aware.
- (h) Trainees are unable to submit a request for a Portfolio review (which is associated with their progression from phase to phase) or progress to Phase 2 of training (or Phase 3 of training for Clinical Radiology) or be eligible for Fellowship if they are currently completing a remediation plan.
- (i) Trainees will retain access to the e-Portfolio System throughout their remediation plan period.
- (j) Should a rotation to a different site/s within a network be considered appropriate for a trainee on a remediation plan, or should a trainee wish to change networks while on a remediation plan, the DoT/s from the existing training site will be responsible for ensuring an appropriate handover (including but not limited to communication of the progress of the remediation plan) with the DoT/s at the new training site the trainee is rotating to.

2.5 Approval of Remediation Plan

- (a) The trainee's DoT/s will submit the proposed remediation plan to the Chief Censor for approval. If the plan does not adhere to the requirements as outlined in section 2.4(c), the plan will be returned for amendment by the trainee and the DoT/s and re-submitted.
- (b) Remediation plans which adhere to the requirements as outlined in section 2.4(c) will be considered by the Chief Censor within 14 calendar days of their receipt (where reasonably practicable).
- (c) The Chief Censor may at their discretion refer remediation plans to the Deputy Chief Censor/s or the appropriate ETC for consideration.
- (d) Non-approved plans will be returned for amendment and/or further discussion by the trainee and DoT/s, and resubmitted for approval.
- (e) Following approval of the remediation plan from the Chief Censor (or Deputy Chief Censor/s or the appropriate ETC), the trainee will be notified (in writing) that:
 - (i) they are to be managed under this policy;
 - (ii) training time will be suspended during remediation plan period;

Note:

 - A remediation plan period will not count towards accredited training time.
 - A trainee must meet the minimum accredited training time requirements of each phase of the Clinical Radiology Training Program or the Radiation Oncology Training Program (based on full time equivalent training; 1 FTE) and all the requirements of the respective training programs.
 - A remediation plan period is not counted (towards accredited training time) when calculating a trainee's minimum time requirements in relation to eligibility to sit examinations and eligibility to progress through phases of training.
 - The maximum duration of training is 10 years from commencement of the Clinical Radiology Training Program or the Radiation Oncology Training Program, regardless of any remediation plan period.
 - (iii) they must remain financial during the remediation plan period (i.e. pay the College Annual Membership Subscription Fee and Annual Training Fee);
 - (iv) for trainees in the Radiation Oncology Training Program, they will not be eligible to register or sit College Examinations;

- (v) for trainees in the Clinical Radiology Training Program, they will not be eligible to sit College Examinations; and
- (vi) they are required to address the issues or concerns in the approved remediation plan.

The trainee will also be advised of any additional requirements (including any progress report requirements).

- (f) Notification of approval of a remediation plan will also be sent to the trainee's DoT/s and the BEO and/or NTD/TND (as applicable). The NTD/TND will update the NGC and/or LGC at their next meeting.
- (g) The Chief Censor will refer all approved remediation plans to the appropriate ETC for its noting.
- (h) Remediation plans will commence on the date of approval by the Chief Censor or on the agreed date of commencement set out in the plan, whichever is the earlier.

2.6 Remediation Plan Outcomes

Successful Completion

- (a) At the six-month point from the commencement date of the remediation plan, trainees whose performance and progress has been reviewed and assessed by the DoT/s and the NGC and/or LGC jointly, as meeting the expectations of the College can proceed as usual with their training. This joint decision between the DoT/s and the NGC and/or LGC must be documented in writing.
- (b) Where a trainee has successfully completed a remediation plan period under this policy, then the DoT/s will notify the Chief Censor of the successful completion of the trainee's remediation in writing.
- (c) Following notification of successful completion of remediation to the Chief Censor, the College will notify the trainee (in writing) that:
 - (i) their remediation plan period has been successfully completed; and
 - (ii) training time will be reactivated.

Unsuccessful Completion

- (d) Intended outcomes and goals not achieved at the six-month point from the commencement of the remediation plan (as jointly determined by the DoT/s and the NGC and/or LGC and documented in writing) should be reviewed and (as necessary):
 - (i) be referred for further remediation under the Remediation in Training Policy (refer to sections 2.2-2.5); or
 - (ii) be referred to the Chief Censor for consideration of withdrawal from the Clinical Radiology Training Program or the Radiation Oncology Training Program.

Refer to the Withdrawal from Training Policy for further information.

- (e) For trainees commencing training in the Radiation Oncology Training Program from 1 February 2022 and have had two unsuccessful consecutive remediation plan periods or three unsuccessful non-consecutive remediation plan periods, will be referred to the Chief Censor for consideration of withdrawal from the Radiation Oncology Training Program.

Refer to the Withdrawal from Training Policy for further information.

- (f) For trainees commencing training in the Clinical Radiology Training Program from 1 February 2022 and have had two unsuccessful consecutive remediation plan periods or an unsuccessful third non-consecutive remediation plan period (irrespective of the outcome of the first two remediation plan periods), will be referred to the Chief Censor for consideration of withdrawal from the Clinical Radiology Training Program.

Refer to the Withdrawal from Training Policy for further information.

- (g) The Chief Censor will refer all completed remediation notifications to the appropriate ETC for its noting.

3. RECONSIDERATION, REVIEW AND APPEAL OF DECISIONS

Trainees seeking a reconsideration of decisions relating to remediation in training can do so in accordance with the Reconsideration, Review and Appeal of Decisions Policy.

Refer to the Reconsideration Review and Appeal of Decisions Policy for further information.

It is intended that both the trainee and the College will substantively follow and satisfy the requirements of this Policy. However, it is recognised that in some circumstances, or otherwise for good reason or inadvertence, the strict requirements of this Policy are not or cannot be followed. The failure to comply with the strict requirements of this Policy shall not constitute grounds for Reconsideration, Review or Appeal under the Reconsideration, Review and Appeal of Decisions Policy.

4. RELATED POLICIES

- Performance and Progression Policy
- Withdrawal from Training Policy
- Reconsideration, Review and Appeal of Decisions Policy

These policies can be downloaded from the College website.

5. APPENDICES

- A. Remediation Plan Template
- B. Remediation in Training Policy Flowchart

Appendix A – Remediation Plan Template

Remediation Plans are to be submitted via CRTraining@ranzcr.edu.au (for Clinical Radiology) or ROTraining@ranzcr.edu.au (for Radiation Oncology).

A Remediation Plan is set for six months. Follow up meetings are scheduled every six weeks from the commencement date of the plan. The trainee's accredited training time accrual will be suspended for six months during the remediation plan period.

Trainee Name:		DoT/s Name/s:	
Training Start Date:		Phase of Training:	
Date of Meeting:		Time Meeting Started:	
Training Site/Venue:		Time Meeting Ended:	
Remediation Plan commencement date:		Remediation Plan anticipated completion date:	
Meeting Attendees (name and position; please include any Clinical Supervisor names if in attendance):			

Effective Remediation Plans contain SMART goals:

- | | |
|---------------------|---|
| S pecific | Goals should be as specific as possible so it is clear what the trainee needs to do. |
| M easurable | Goals should be worded so that both the DoT/s and the trainee (or a third party) know when task or activity has been completed. |
| A chieveable | The goal could pose a challenge for the trainee, though it needs to be attainable. Goals need to be within the trainee's control to achieve. |
| R ealistic | Goals should be realistic within the trainee's schedule and appropriate for the trainee's demonstrated level of competence. |
| T ime based | Each goal should indicate the time by which it must be completed. A goal could be set to be achieved in six months or within a shorter term to ensure the trainee is on track. Frequency of an activity could also be daily, weekly or fortnightly. |

Example: The goal 'Complete more work-based assessments' is not specific, measurable, or time based. The goal could be improved to 'Complete at least four work-based assessments in the next three months' and/or 'Complete two Communication Tools Assessments on different scenarios before the follow up meeting'.

Also consider resources which would help the trainee or any other planning aspects that need to be addressed to assist in completion of goals.

Identified Issue/s (and sources of Identification if required, e.g. MSF, observations of performance etc.):

Intended Measurable Outcome/s:

Remediation Plan Goals:

Resources/strategies to assist in achieving the goal/s (including to address underlying factors which are impacting on performance and/or progression):

Trainee Responsibilities:

DoT and/or Clinical Supervisor Responsibilities (make explicit where the responsibilities are those of a DoT or a Clinical Supervisor as applicable):

Departmental Responsibilities:

Trainee Verification:

I agree with the plan and will take responsibility for completion of the remediation plan goals to address identified issue/s

I confirm that I have been involved in the development of my remediation plan

I will to the best of my ability, endeavor to achieve the goals outlined in my remediation plan

Comments from Trainee:

Signature: _____

Date: _____

Director of Training Verification:

I confirm that I have been involved in the development of this remediation plan

I confirm that I will adhere to my responsibilities as outlined under this remediation plan

I agree to take responsibility for assisting the trainee, where possible, in the completion of the remediation plan goals in order to achieve the intended outcome/s and will provide oversight during the remediation plan period

Comments from Director of Training:

Name: _____

Signature: _____

Date: _____

Follow Up Meeting Dates: _____

NGC and/or LGC Member Verification:

I confirm that I have attended the remediation plan meeting

I agree to take responsibility for assisting the trainee, where possible, in the completion of the remediation plan goals in order to achieve the intended outcome/s (only select if applicable)

Comments from NGC and/or LGC Member:

Name: _____

Signature: _____

Date: _____

Additional Director of Training or Clinical Supervisor (if applicable) Verification:

I agree to take responsibility for assisting the trainee, where possible, in the completion of the remediation plan goals in order to achieve the intended outcome/s and will provide oversight during the remediation plan period

Comments from additional Director of Training or Clinical Supervisor (if applicable):

Name: _____

Date: _____

Signature: _____

Head of Department Verification:

I confirm that I will adhere to my responsibilities (i.e. ensuring departmental responsibilities are met) as outlined under this action plan

I confirm that I am responsible for overseeing the implementation and completion of this action plan (only select if applicable)

Comments from Head of Department (if applicable):

Name: _____

Date: _____

Signature: _____

Appendix B - Remediation in Training Policy Flowchart

