



The Royal Australian  
and New Zealand  
College of Radiologists®

# PERFORMANCE AND PROGRESSION POLICY

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Performance and Progression Policy, Version 1.0

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

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Disclaimer: The information provided in this document is of a general nature only and is not intended as a substitute for medical or legal advice. It is designed to support, not replace, the relationship that exists between a patient and his/her doctor.

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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

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## 1.1 Approval and Commencement

This policy:

- (a) Commences operation on 1 February 2022.
- (b) Replaces the Performance and Progression (Clinical Radiology) Policy, Version 1.0 which will cease operation on 31 January 2022.
- (c) Replaces the Performance and Progression 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 identification, support and management of trainees who are not performing and/or progressing at a rate reasonably expected of trainees 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. Most issues, when appropriately identified and managed, can be resolved with the support of Clinical Supervisors and Directors of Training working with the trainee.

The following principles underpin this policy:

- (a) the early identification of issues associated with a trainee's performance and/or progression;
- (b) issues of patient and personal safety take precedence over all other issues;
- (c) fair and equitable treatment of trainees at all times; and
- (d) 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 Performance and Progression Policy is designed to assist the College, its staff, members and Fellows in the identification, support and management 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 issues or concerns about their:
  - level of performance *during* training ('performance') and/or
  - rate of progression *through* training ('progression')

which have arisen:

- during training (e.g. through the assessment process),
- through unsuccessful examination sittings, or
- as a result of an adverse event or other circumstances.

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 Performance and Progression 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

**Action Plan** means a plan collaboratively prepared by the trainee and their Director/s of Training (DoT/s) which identifies the proposed goals to be achieved, the timeframes associated with meeting the goals and the responsibilities of the parties involved in facilitating the action plan. The purpose of the action plan is to address issues associated with a trainee's performance and/or progression

**Action Plan Meeting** means a meeting between a trainee and their Director/s of Training (DoT/s) with specific reference to a trainee's performance and/or progression

**Action Plan Period** means the duration of time that an Action Plan will be set for. This duration of time must comply with Part 2 of this policy

**Action Plan Process** means the process outlined under Part 2 of this policy

**Agreed Action Plan** means an Action Plan that has been discussed by a trainee and their Director/s of Training (DoT/s) and has been agreed to by both these parties

**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'

**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 who 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

**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

**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

**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

**Revised Action Plan** means an agreed action plan that has been reviewed and extended beyond its initial three-month duration

**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. ACTION PLAN PROCESS

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### 2.1 Identification of Trainees to be Managed under this Policy

Trainees may be managed under this Policy in the following circumstances:

- (a) a trainee self-identifies as being required to be supported under this Policy and initiates communication with their DoT/s to be managed under this Policy;
- (b) a trainee's:
  - (i) performance has not met the expectations of the College; and/or
  - (ii) progress has been reviewed and found to be at a level less than that expected by the College; and/or
  - (iii) behaviour is not reflective of the competencies (including 'intrinsic roles') outlined within the Clinical Radiology Curriculum Learning Outcomes or the Radiation Oncology Learning Outcomes; and/or
  - (iv) circumstances are such that they may need additional support to assist in their performance and/or progress with training;as identified during a DoT Review meeting (or in Radiation Oncology, as a result of a Clinical Supervisor Appraisal meeting);
- (c) where a trainee's underperformance and/or progression through training is associated with unsuccessful exam sitting(s);
- (d) where a situation arises related to a trainee's performance and requires immediate action, outside of the DoT Review process (or in Radiation Oncology, outside of a Clinical Supervisor Appraisal meeting). For example, an adverse event, multiple patient or colleague complaints or a specific incident.



Please note: 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.

## **2.2 Trainee Participation in the Action Plan Process**

- (a) Trainees must participate in the action plan process as required under this policy.
- (b) Trainees who refuse to participate or do not engage in completing the action 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.**

## **2.3 Action Plan Meeting**

- (a) Trainees must attend an action plan meeting with their DoT/s at a time mutually convenient to the DoT/s and Trainee. Please note in lieu of a face to face meeting, an action plan meeting can occur by video conference.
- (b) In addition to the DoT/s, a Clinical Supervisor may attend an action plan meeting (if applicable).
- (c) A trainee may wish to arrange for a support person to also attend the action plan meeting. The support person must not be a legal advocate and cannot otherwise advocate for the trainee.
- (d) An action plan meeting may occur in conjunction with, or immediately after, a DoT Review meeting.
- (e) If the action 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.
- (f) The purpose of an action plan meeting convened under this section is for the DoT/s and the trainee to:
  - (i) consider any barriers to performance and progression in the Clinical Radiology Training Program or the Radiation Oncology Training Program (including underlying factors which are impacting on performance and/or progression if applicable; for further information refer to Appendix A);
  - (ii) determine strategies to improve the trainee's performance and progression through training and explore what may be required of the:
    - i. trainee, and
    - ii. training site;
  - (iii) discuss and agree on the intended measurable outcomes and goals that will be outlined in the action plan;
  - (iv) record the agreed intended measurable outcomes and goals via the action plan;
  - (v) discuss the responsibilities of the trainee, the responsibilities of the DoT/s and/or Clinical Supervisor/s and the responsibilities of the department under the action plan (as applicable); and

- (vi) schedule a follow up meeting/s to monitor and assess the trainee's progress with achieving goals outlined in the action plan.

## 2.4 Action Plan

- (a) Action plans for trainees identified under section 2.1 are developed to improve the trainee's performance associated with one or more of the following:
  - (i) a particular competency (including an intrinsic role/s) which has been highlighted as requiring improvement;
  - (ii) specific work-based assessments;
  - (iii) structured learning activities;
  - (iv) examination preparation (see section 2.1(c));
  - (v) any other requirement of the Clinical Radiology Training Program or Radiation Oncology Training Program.
- (b) The DoT/s and the trainee must collaboratively devise the action plan during the action plan meeting. Refer to Appendix B for the Action Plan Template.
- (c) The action plan must be agreed to by both the trainee and the DoT/s i.e. 'agreed action plan'. Refer to section 2.2 regarding 'trainee participation in the action plan process'.
- (d) Agreed action plans, and any subsequent revisions, must be submitted to the College by the DoT/s after the appropriate action plan meeting for record keeping and audit purposes.
- (e) Irrespective of whether or not the NTD/TND is already aware of an agreed action plan or any subsequent revisions, the NTD/TND is to be notified of agreed action plans, and any subsequent revisions by the DoT/s within 10 business days following the appropriate action plan meeting.
- (f) The duration of an agreed action plan is to be set at three months.
- (g) Trainees must attend a follow up meeting scheduled with their DoT/s at the six-week point from the commencement date of the agreed action plan to discuss their progress and achievement of the goals outlined in the agreed action plan.
- (h) Should a DoT with identified responsibilities under an agreed action 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'.
- (i) Trainees' performance and progression will be monitored and assessed through the following:
  - (i) completion of goals documented on the agreed action plan;
  - (ii) completion of, performance on, and progress with training requirements as logged in the trainee's e-Portfolio;
  - (iii) follow up meeting notes, which document the trainee's engagement with the agreed action plan;
  - (iv) Clinical Supervisor Appraisals (Radiation Oncology only) and/or DoT Reviews which have occurred during the agreed action plan period;
  - (v) any other documents or reports of which the trainee is aware.
- (j) A trainee's accredited training time will continue to accrue while they are completing an agreed action plan.
- (k) Trainees may still register and sit for examinations during an action plan period.

- (l) Within the Radiation Oncology Training Program only, trainees are unable to submit a request for a Portfolio review (for the purpose of determining phase progression) or progress to Phase 2 of training or be eligible for Fellowship if they are currently completing an action plan.
- (m) Should a rotation to a different site/s within a network be considered appropriate for a trainee on an action plan period, or should a trainee wish to change networks while on an action plan period, 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 action plan) with the DoT/s at the new training site the trainee is rotating to.

## 2.5 Agreed Action Plan Outcomes

- (a) Within the Radiation Oncology Training Program only, trainees who have achieved all goals in the agreed action plan at the time of the follow up meeting (i.e. held at the six-week point from the commencement date of the agreed action plan), and whose performance has been reviewed and assessed as meeting the expectations of the College, can proceed as usual with their training.
- (b) Trainees who have achieved all goals in the agreed action plan at the three-month point from the commencement date of the agreed action plan, and whose performance has been reviewed and assessed as meeting the expectations of the College, can proceed as usual with their training.
- (c) If any goal on the agreed action plan has not been achieved at the three-month point from the commencement date of the agreed action plan, the DoT/s may determine that the agreed action plan will be revised and the action plan extended for an additional three-month period.
  - (i) If this occurs, the DoT/s and the trainee will prepare a revised action plan.
  - (ii) Under a revised action plan, the trainee must attend a follow up meeting scheduled with their DoT/s at the six-week point from the extension date of the agreed action plan to discuss their progress and achievement of the goals outlined in the agreed action plan.
  - (iii) Trainees who have achieved the goals in the revised action plan at the follow up meeting (i.e. held at the six-week point from the extension date of the agreed action plan), and whose performance has been reviewed and assessed as meeting the expectations of the College, can proceed as usual with their training.
  - (iv) Trainees who have achieved the goals in the revised action plan at the at the three month point from the extension date of the agreed action plan, and whose performance has been reviewed and assessed as meeting the expectations of the College, can proceed as usual with their training.
- (d) If the trainee has not fulfilled their responsibilities as outlined in the initial or revised action plan (as applicable), or additional performance issues are raised during the initial or revised action plan period (as applicable), a DoT/s in discussion with the NGC and/or LGC, may determine that the trainee must be referred for remediation under the **Remediation in Training Policy**. Note: the discussion between a DoT/s and the NGC and/or LGC must be documented in writing.
- (e) Action plans must not exceed a total of six months. If the goals on the agreed and/or revised action plan have not been achieved at the six-month point from the commencement date of the agreed action plan, a DoT/s in discussion with the NGC and/or LGC will refer the trainee for remediation under the **Remediation in Training Policy**. Note: the discussion between a DoT/s and the NGC and/or LGC must be documented in writing.

- (f) The trainee's DoT/s will be responsible for overseeing the implementation and completion of an action plan.

### **3. RECONSIDERATION, REVIEW AND APPEAL OF DECISIONS**

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Trainees seeking a reconsideration of decisions relating to performance and progression 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**

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- Remediation in Training (Clinical Radiology) Policy
- Withdrawal from Training (Clinical Radiology) Policy
- Reconsideration, Review and Appeal of Decisions Policy

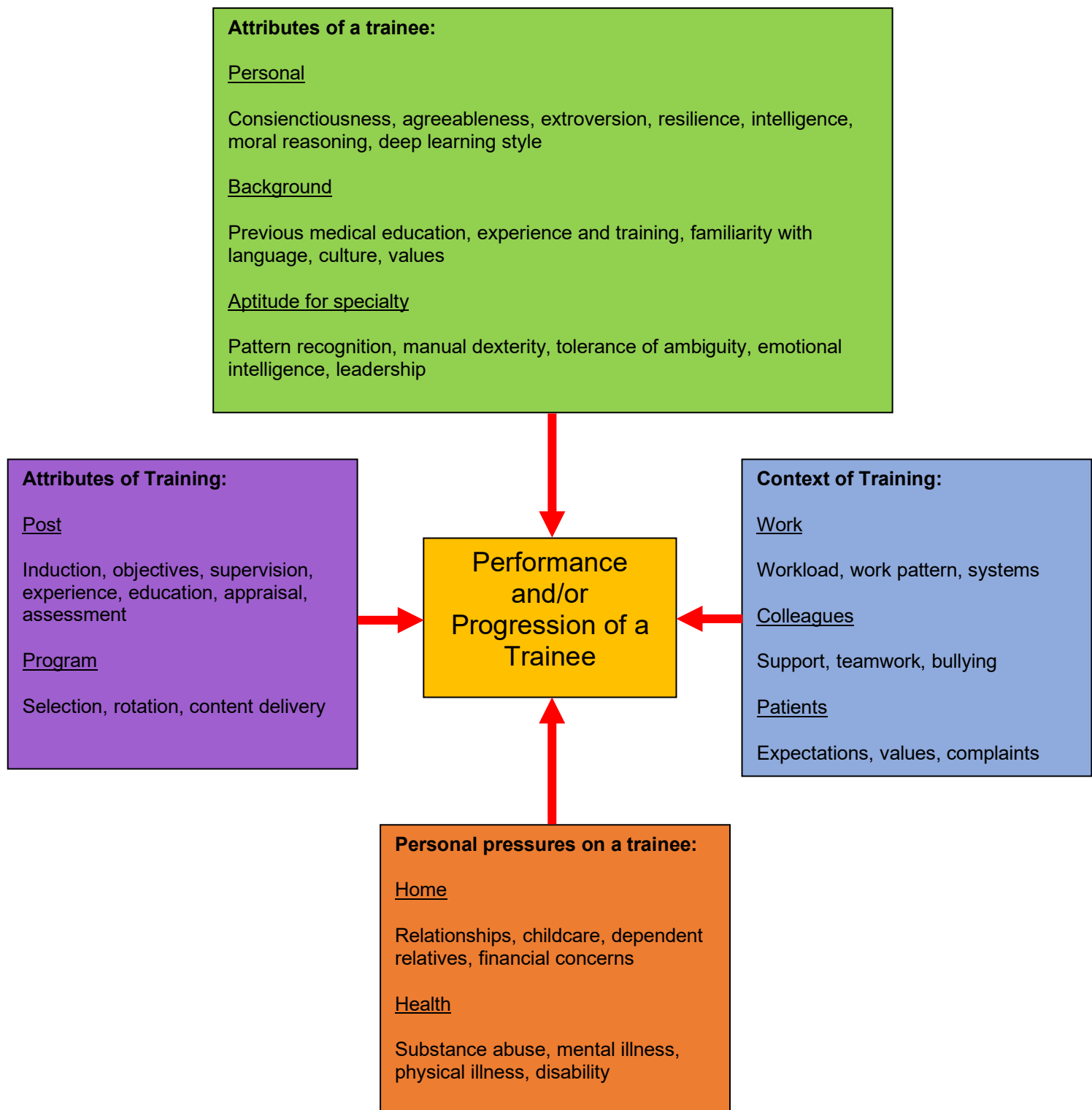
These policies can be downloaded from the College website.

### **5. APPENDICES**

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- A. Factors Impacting on the Performance and/or Progression of Trainees
- B. Action Plan Template
- C. Performance and Progression Policy Flowchart

## Appendix A – Factors Impacting on the Performance and/or Progression of Trainees



\*Adopted from Long, Andrew. Trainees in Difficulty. Archives of Disease in Childhood. 2009 March 26; Volume 94(7): 492-496.

## Appendix B – Action Plan Template

Action Plans are to be submitted via [CRTraining@ranzcr.edu.au](mailto:CRTraining@ranzcr.edu.au) (for Clinical Radiology) or [ROTraining@ranzcr.edu.au](mailto:ROTraining@ranzcr.edu.au) (for Radiation Oncology).

An Action Plan is initially set for three months. A follow up meeting is scheduled at the six-week point from the commencement date of the plan. If the goals are achieved at the three-month point, the trainee returns to training as usual. The action plan is an opportunity for closer monitoring of a trainee in order assist them to improve performance or enhance progress.

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

*Effective Action Plans contain SMART goals:*

- |                     |  |
|---------------------|--|
| <b>S</b> pecific    | Goals should be as specific as possible so it is clear what the trainee needs to do.   |
| <b>M</b> 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.  |
| <b>A</b> 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.   |
| <b>R</b> ealistic   | Goals should be realistic within the trainee's schedule and appropriate for the trainee's demonstrated level of competence.  |
| <b>T</b> ime based  | Each goal should indicate the time by which it must be completed. A goal could be set to be achieved in three months or within a shorter term, but the related goal set should be completed before the follow up meeting 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:**

**Action 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 confirm that I have been involved in the development of my action plan
- ☐ I confirm that I will adhere to my responsibilities as outlined under my action plan
- ☐ I will to the best of my ability, endeavor to achieve the goals outline in my action plan

**Comments from Trainee:**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Director of Training Verification:**

- ☐ I confirm that I have been involved in the development of this action plan
- ☐ I confirm that I will adhere to my responsibilities as outlined under this action plan
- ☐ I confirm that I am responsible for overseeing the implementation and completion of this action plan

**Comments from Director of Training:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

☐ 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)

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**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

## Appendix C - Performance and Progression Policy Flowchart

