Improving performance action plan (IPAP)

Australian Medical Council Limited

Intern details

Intern name

AHPRA registration no.

Term supervisor details

Supervisor name

Term details

From: (dd/mm/yyyy)

To: (dd/mm/yyyy)

Term name/ number

Organisation & department/unit term undertaken

About this form

The purpose of this form is to aid in documenting the remediation process for interns. This form is to be completed by supervisors in consultation with the Director of Clinical Training to address identified issues that require remediation. The supervisor must indicate the intern outcome statements that the issues relate to, and complete the form with appropriate detail to assist the intern with remediation. Please refer to the guidelines, Intern training – Assessing and certifying completion, pages 3-5 for further information on remediation.

AMC intern outcome statement (E.g. intern outcome statement 2.1)	Issues related to specific outcomes statement	Actions/tasks	Responsibility	Timeframe	Review date(s)

Supervisor progress notes and comments on the outcome of remediation

Director of clinical training progress notes and comments on the outcome of remediation

Supervisor

Name (print clearly)

Signature

Position

Date

☐☐ / ☐☐ / ☐☐☐☐

Day Month Year

Intern

Name (print clearly)

Signature

Date

☐☐ / ☐☐ / ☐☐☐☐

Day Month Year

Director of Clinical Training

Name (print clearly)

Signature

Date

☐☐ / ☐☐ / ☐☐☐☐

Day Month Year