

Improving performance action plan (IPAP)

Prevocational doctor details

Prevocational doctor name:

Term supervisor details

Supervisor name:

Term details

From: (dd/mm/yyyy)

To: (dd/mm/yyyy)

Term name/number:

Organisations & department/unit:

About this form

The purpose of this form is to aid in documenting the improving performance process for prevocational doctors. This form is to be completed by supervisors in consultation with the Director of Clinical Training to address identified issues that require performance improvement. The supervisor must indicate the outcome statements that the issues relate to and complete the form with appropriate detail to assist the intern with remediation. Please refer to [Improving performance](#) (Section 3 Part B) for further information.

It is important to consider cultural safety in the improving performance process. Consider who is best involved. For example:

- If issues for consideration relate to cultural safety or Aboriginal and/or Torres Strait Islander health outcomes, then processes should occur in consultation with Aboriginal and/or Torres Strait Islander people.
- If the prevocational doctor is an Aboriginal and/or Torres Strait Islander person, confirmation with the prevocational doctor of their cultural needs should occur. For example, including or deferring to Aboriginal and/or Torres Strait Islander people.

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

Supervisor progress notes and comments on the outcome of improving performance processes:

Director of clinical training progress notes and comments on the outcome of improving performance processes:

Supervisor

Name (print clearly)

Click or tap here to enter text.

Signature

Click or tap here to enter text.

Position

Click or tap here to enter text.

Date

Click or tap to enter a date.

Prevocational doctor

Name (print clearly)

Click or tap here to enter text.

Signature

Click or tap here to enter text.

Position

Click or tap here to enter text.

Date

Click or tap to enter a date.

Director of Clinical Training

Name (print clearly)

Click or tap here to enter text.

Signature

Click or tap here to enter text.

Position

Click or tap here to enter text.

Date

Click or tap to enter a date.

Appendix 1

Log to record occurrence of meetings and notes where relevant.

Meeting date	Notes	Initials		
		Supervisor	Prevocational doctor	Director of Clinical Training