

# Assessment review panel (ARP)

## Suggested terms of reference

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### Context

The Australian Medical Council (AMC) *National Standards for Prevocational Training Programs and Terms* (National Standards) requires under Standard 2 Training program – structure and content (2.3.4), that “The prevocational training program has an established assessment review panel to review prevocational doctors’ longitudinal assessment information and make decisions regarding progression in each year.”

In the AMC document, *Training and Assessment – Training and Assessment Requirements for Prevocational (PGY1 and PGY2) Training Program*, under the Improving Performance (Part B), requires that training providers implement a supportive and constructive approach for prevocational trainees experiencing difficulties, including establishing processes to address performance concerns, emphasising early identification, feedback and support.

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### Purpose

- to assist, monitor and support the longitudinal progress of prevocational trainees
- to ensure prevocational trainees are meeting the National Framework learning outcomes
- to make global judgements on whether to recommend trainees to progress to the next stage of training
- to assist with complex decisions on improving performance and remediation for prevocational trainees who are experiencing training difficulties

Note: The ARP can be based at hospital or at network level, particularly where networks have one major hospital and a series of smaller hospitals.

## Membership

Membership of the ARP must include at least 3 members with a sound understanding of prevocational training requirements. Members may include:

- DPET
- DMS
- Medical Education Officer
- Term supervisor or senior clinician
- Aboriginal and/or Torres Strait Islander representation
- Individual with HR expertise \*
- Individuals with specific expertise (invited as required) \*\*

\* The role of an individual with HR expertise is to provide advice in wellbeing and remediation discussions and on relevant matters such as support and leave options, documentation and record keeping. Note importantly that, given the panel's role in medical training assessment decisions, the HR role does not include, and should be clearly distinguished from, performance management or employment related matters.

\*\* The Chair may, with the agreement of the committee, invite additional attendees with specific expertise or technical knowledge to provide advice for specific purposes.

Note: The Chair of the ARP should not be a DPET. Prevocational trainees should not be members of the panel.

<b>Chair</b>	
<b>Members</b> <i># indicates voting member of ARP</i>	

## Quorum

As determined by the training provider.

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## Responsibilities of the ARP

It is the responsibility of the ARP to:

- make decisions on the progression of prevocational trainees
- provide advice and expertise on assessment and remediation
- facilitate the appeal process of term assessments, progression and/or other decisions within the remit of the ARP
- provide advice to DMS on performance and patient safety issues
- identify trends in performance of trainees, terms and programs
- establish a voting process where consensus cannot be reached
- establish a clear process for identifying and managing conflicts of interest
- establish a process for evaluation of the ARP functions

### Responsibilities of the ARP Members

- undertake preparatory activities including reading documentation as required
- attend meetings and actively contribute to ARP discussions and deliberations
- make decisions fairly, impartially and promptly, giving consideration to all available information
- disclose any conflicts of interest, actual or potential relating to issues under discussion

### Responsibilities of ARP Chair

In addition to the responsibilities of the members as above, the Chair will:

- chair the meetings
- ensure appropriate documentation of deliberations and decisions
- ensure meetings are carried out in a fair and impartial way allowing each member to contribute to the discussions
- Escalation of significant issues regarding prevocational trainee performance, which are either outside the remit of the ARP (for example, misconduct) or raise significant patient safety concerns, to the DMS (or equivalent)

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## Meeting frequency

For example, the ARP will meet:

- in the third week of each term to discuss trainee performance during the previous term
- at the end of the year to make decisions about trainee progression to the next stage of training
- as required to discuss trainees on the improving performance pathway.

Note: The terms of reference should identify meeting frequency.

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## Reporting

Note: There should be an established governance structure for each ARP which should be clearly articulated in this section. The reporting structure should be based on whether the ARP is established at a hospital or network level. For example, a hospital-based ARP might report to the General Manager, whereas a network-based ARP might report to the LHD Executive Director of Medical Services.

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## Conflict of interest

Members of ARP are required to disclose at the beginning of each meeting any conflicts of interest, actual or potential relating to issues under discussion at that meeting. The Chair may require the member to make themselves absent for that agenda item if the conflict of interest cannot be otherwise managed.

Members will also be required to disclose to the Chair any conflict of interest, actual or potential relating to their membership of ARP more broadly, immediately upon that conflict arising.

Conflict of interest includes any situation where a member or the member's partner, family member, or close family friend has a direct financial or other interest which influences or may appear to influence proper consideration or decision making by the ARP on a matter.

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## Appeals process

Note: All ARPs should articulate an appeals process in line with NSW Health and Local Health District policies and procedures. The appeals process should explicitly state the grounds for making an appeal, which will generally be confined to errors of law or due process, relevant information not being considered, irrelevant information being considered or established procedures not being followed.

Despite there being an appeals process, the training provider should make clear to prevocational doctors (and others) that decisions and recommendations made by an appropriately constituted assessment review panel, acting in good faith, and following due process according to the established policies and procedures, are not able to be negotiated.

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## Endorsement

These terms of reference endorsed by:

[List should include Chair of the Committee, Hospital General Manager or equivalent and DPET.]

Copies of the endorsed terms of reference should be provided to all ARP members, the relevant Chief Executives of each Local Health District relevant to the governance structure of the ARP and the Chair of the Prevocational Accreditation Committee at HETI.