

Improving Performance Action Plan (IPAP)

JMO details

 JMO Surname:

 JMO First Name:

 AHPRA registration no.

 PGY 1 2

Term supervisor details

 Supervisor Name:

Term details

 From (dd/mm/yyyy):

 To (dd/mm/yyyy):

 Term name:

 Term number:

 Organisation and Department / Unit where term undertaken:

About this form

The purpose of this form is to aid in documenting the remediation process for JMOs. This form is to be completed by supervisors in consultation with the Director of Prevocational Education and Training (DPET) 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 JMO with remediation.

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

Supervisor progress notes and comments on the outcome of remediation

DPET progress notes and comments on the outcome of remediation

Supervisor

Name (print clearly)

Signature

Position

Date

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Day Month Year

Junior Medical Officer

Name (print clearly)

Signature

Date

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Day Month Year

Director of Prevocational Education and Training

Name (print clearly)

Signature

Date

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Day Month Year