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Improving Performance Action Plan
Part 2 – Progress

Trainee Details

Trainee Name:		Member Identification Number (MIN):		Training Program:	
Rotation Start:		Rotation End date:		Site:	
Supervisor/ DPE Name:					
Supervisor name:					

Training Progress:

Is Trainee progressing with agreed goals/action/tasks?	**Yes ☐**	**No ☐**	
Please update below the progress that has been made on agreed actions/tasks as noted in IPAP Part 1/Goals			
Agreed goals/actions/tasks *(e.g. timely completion of ward rounds and patient management, consultation with patients and families, writing patient diagnosis, exhibiting leadership and management skills)*		Due date	Progress

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Have any additional areas for development been identified during the rotation?	**Yes ☐**	**No ☐**
If yes, please comment further below:		
Are any additional agreed actions/tasks required, if so please note below		

Agreed goals/actions/tasks	Due date	Evidence of satisfactory completion

Comments and declaration

Supervisor comment

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Trainee comment

Agreement

By signing this document, you agree to the below:

- This is an accurate record of what was discussed at this meeting. We have discussed the Improving Performance Action Plan (IPAP) detailed above and commit to undertaking the actions allocated within.
- We understand that the IPAP does not guarantee the issues will be addressed to the satisfaction of the relevant training committees of the College, but failure to make all reasonable attempts to satisfactorily complete the goals, actions and tasks in the IPAP may result in further action by the College in accordance with relevant policies and procedures.
- We acknowledge that in line with the principles of adult education, this plan is to support the trainee in taking responsibility for their own learning and progression, and does not lessen in any way the trainee's responsibilities in this regard.
- Trainees on the Training Support Pathway who are in dual specialties and/or transition to a new specialty during their training will continue to be supported on the Pathway in their additional / new specialty. Handover information will be provided to the new supervisors / training committee once the trainee/supervisor partnership is activated within the additional / new specialty. The aim is to ensure uninterrupted support during the transition contributing to ongoing training progression.

Trainee	Supervisor/DPE	Supervisor
Name: Date: Signature:	Name: Date: Signature:	Name: Date: Signature:

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Please keep a copy for your records. Please note if a trainee has been referred to Stage 2 of the Training Support Pathway, it is their responsibility to submit this document to the Training Support Unit
Australia: TrainingSupport@racp.edu.au
New Zealand: TrainingSupport@racp.org.nz