

Guidelines for the Assessment Review Panel (ARP) Terms of Reference (ToR) Development

This document is intended to be used by Victorian Health Services to guide development of Terms of Reference (ToR) for Prevocational Assessment Review Panels.

Purpose and role

- ARPs function as clinical competency committees, focused on evaluating trainee performance and progression using **medical education principles** rather than HR or performance management paradigms.
- The core purpose of ARPs is to monitor and support the longitudinal progress of prevocational doctors, ensuring they are meeting learning outcomes and are ready to advance in training.
- The two main roles of ARPs are to:
 - 1) Make recommendations on progression, and
 - 2) Provide advice and expertise on assessment and remediation.
- ARPs may also function (to some extent) to:
 - Review appeals of Term Assessments
 - Provide advice to DMS or equivalent on safety/performance/conduct
 - Identify trends for doctors, units, or programs (e.g., concerns or commendations regarding unit supervision or learning opportunities, unit approaches to assessment, access to assessments, safety and quality)
 - Identify opportunities to share tools, ideas, and learning
 - Identify advocates for prevocational training and medical education

Membership

- ARPs should consist of at least three members with expertise in medical education, assessment, and clinical practice.
- Membership diversity is encouraged for balanced perspectives.
- HR participation should be limited to administrative liaison rather than performance management.
- Inclusion of non-medical and Aboriginal and/or Torres Strait Islander representatives is encouraged, where relevant.
- Reflective thinking, listening to others, consensus-building, critical analysis, confidentiality, and impartiality are essential skills for Members.

Terms of Reference (ToR) Considerations

ARP Chairs/Members are encouraged to review their ToR in line with the following variations that have developed across Health Services in Victoria. These are detailed further in the sections below.

Reporting line

- Common reporting lines include to:
 - CMO/DMS (*this will be required for progress recommendations*).
 - (Medical) education committee (*can be useful for systems issues and for remediation plan development*).
 - Quality committees (*can be useful for systems issues and hospital buy-in to improve training*).
- Dual reporting lines may help to separate individual and de-identified data for the different ARP functions.
- Note that the ARP Chair cannot be the direct report (i.e., The ARP cannot report to the DMS if the DMS is also the ARP Chair).

Chair

- Current chairs include: DMS, CMO, Director Medical Education, MW director, DCT, senior clinicians
- Chair should ideally **not** be the DCT to avoid conflicts of decisions between progression and planning
- It is recognised that smaller facilities face unique challenges in staffing ARPs and maintaining independence (e.g., DCTs as Chairs due to limited personnel).
- Suggestions include appointing medical administration or consistent hospital staff as Chairs.

Connection to actions on individual requirements

- Current connections and processes include:
 - ARP makes a decision on current progress and then Medical Education determine plan details.
 - ARP makes a decision on progress, outlines high level requirements (e.g., EPAs required), and refers detail of development plan to Medical Education.
 - ARP makes a decision on progress and then develops all details of development plan.
- The approach used is often affected by the size of the health service and the pre-existing set up of planning and supports for prevocational doctors (i.e., Whether a process was already in place).

Conflicts of interest (COI)

- Processes should ensure confidentiality, procedural fairness, independence, transparency, and effective COI management.
- Current ToR in some Health Services do not detail the risk or methods of managing the inevitable conflicts of interest that will arise.
- Clarifying the management of COI is important in ensuring robust, fair processes for decision making in relation to prevocational doctors.

Timing and frequency

- Current meeting timings include:
 - *End of year progress decision* – Most commonly early December to balance progress in final term with the need to complete PMCV extension applications and MBA/AMC recommendations in a timely manner.
 - *Progress reviews* – Most aligned to PGY1 terms and held approximately halfway through the term, which allows action to be instigated where a mid-term concern has been identified.

Appeals

- Many health services' current Terms of Reference do not mention reconsiderations or appeals.
- Clear, fair processes for appeals and decision reviews should outline the criteria, method, and approach.
- An appeal does not mean that a decision should be overturned.
- Robust processes in line with the above considerations can support the ARP to uphold a decision that has been made by strengthening procedural fairness.
- ARPs should delineate their roles in remediation versus other committees.

Membership

- Membership of most ARPs in Victoria consists of:
 - Medical education and supervision staff (e.g., DCT, MEO, senior clinicians)
 - Representation from MWU/HR
 - CMO or DMS
- Term Supervisors are commonly invited members but should often be removed from the decision-making process, with their role being to provide information.
- Where membership deviates from this, the Health Service may wish to review their membership.
- Broad membership is recommended according to the guidance above.
- It is recommended to seek permanent rather than rotating appointments for continuity and maturation of the panel.

Secondments

- Parent hospitals retain responsibility for assessment and must maintain open communication with secondment sites.
- Current ARP set ups do not always refer to the interactions between parent/secondment sites.

**It is recommended that each Health Service review the current Terms of Reference.
If an update is required, please send through a copy to PMCV Accreditation.**