

MDRAP WORK PERFORMANCE REPORT

CATEGORY – DOCTORS WITHOUT GP EXPERIENCE / JUNIOR DOCTORS

This form is to be completed by the participant and their approved supervisors to assess the suitability for the participant to continue in the program and to adjust the level of supervision.

This form is to be completed:

- + After one month in the program for both categories
- + Every 3 months for both categories after Month 1 has been completed.
- + At any other time if requested or considered necessary by the Supervisors or Health Workforce Queensland

COMPLETING THIS FORM

- Read and complete all required questions
- Read the *Privacy Notice* on the last page
- Type or print clearly in **BLOCK LETTERS**
- Place **X** in all applicable boxes
- Ensure that all pages and required attachments are returned to Health Workforce Queensland

INSTRUCTIONS FOR THE PARTICIPANT DOCTOR

- You should complete this form first. This enables you to identify your strengths and areas for further improvement.
- Using the appraisal criteria (1- 5) at the top of the columns, complete the form by **initialing each box** which you believe best describes your performance for each statement. Once completed, give the form to your supervisor to complete. You must discuss this review with your approved principal supervisor and co-supervisors. At the end of the feedback session, sign the form before sending it to Health Workforce Queensland

INSTRUCTIONS FOR THE PRINCIPAL SUPERVISOR

- Consult the appraisal criteria (1- 5) at the top of the columns and **initial** the appropriate 'supervisor' box which best describes the performance of this participant. Consider input from co-supervisors of the participant to ensure that a thorough and accurate assessment is made. **The performance should be compared to the expected performance for this level of position.**
- You may wish to seek input into the assessment from other clinical and administrative staff (including previous supervisors and co-supervisors who should be listed on this form), who may be more familiar with some aspects of the participant's performance.
- Arrange a mutually agreed time to meet with the participant and discuss the review.
- Complete the 'recommendation' section.
- Both you and the participant must sign the form at the end of the feedback session and the form must be sent to Health Workforce Queensland.
- Where the day-to-day supervision has been delegated to term co-supervisors, this work performance report can be completed by the term co-supervisor(s).

MDRAP MEMBER DETAILS

Member Name : _____
 Program Start Date : _____
 Assessment Period : _____ / _____ / _____ to _____ / _____ / _____

WITHOUT GP EXPERIENCE

☐ Month 1 ☐ Month 12

JUNIOR DOCTOR

☐ Month 1 ☐ Month 6 ☐ Month 18

APPROVED PRACTICE LOCATION

PRIMARY PRACTICE LOCATION

Practice Name : _____
 Address : _____
 Contact Number: _____

ADDITIONAL PRACTICE LOCATION

Practice Name : _____
 Address : _____
 Contact Number: _____

ADDITIONAL PRACTICE LOCATION

Practice Name : _____
 Address : _____
 Contact Number: _____

ADDITIONAL PRACTICE LOCATION

Practice Name : _____
 Address : _____
 Contact Number: _____

SUPERVISOR DETAILS

PRIMARY SUPERVISOR'S DETAILS

First name : _____
 Surname : _____
 Contact Number: _____
 Period of Supervision Provided : _____ TO _____

SECOND CO-SUPERVISOR'S DETAILS

First name : _____
 Surname : _____
 Contact Number: _____
 Period of Supervision Provided : _____ TO _____

DESCRIBE THE NATURE AND LEVEL OF THE SUPERVISION

For example, direct supervision or contact hours per day/week, case review and level 1, 2 or 3 if relevant

PERFORMANCE

Initial the box under each appraisal criteria (1 - 5) that best describes the participant's performance.

There are four domains: clinical management, communication, professionalism and safe practice

CLINICAL MANAGEMENT		1 Performs consistently well below the level expected	2 Performs consistently below the level expected	3 Sometimes performs below the level expected	4 Performs consistently at the level expected	5 Performs consistently above the level expected
Obtains and documents a comprehensive patient history	Member					
	Supervisor					
Performs and documents appropriate physical examinations	Member					
	Supervisor					
Critically assesses information, identifies major issues, makes timely and appropriate decisions and acts upon them	Member					
	Supervisor					
Requests, follow up and interprets appropriate investigations and revises management plans as necessary	Member					
	Supervisor					
Recognises and manages appropriately emergencies that arise when managing patients	Member					
	Supervisor					
Plans appropriately for the discharge of patients (where relevant) including completing a discharge summary satisfactorily	Member					
	Supervisor					
Performs procedures safely and within his/her competence and defined scope of practice	Member					
	Supervisor					

Additional comments (optional):

COMMUNICATION		1 Performs consistently well below the level expected	2 Performs consistently below the level expected	3 Sometimes performs below the level expected	4 Performs consistently at the level expected	5 Performs consistently above the level expected
Communicates effectively with patients and their families	Member					
	Supervisor					
Uses interpreters where necessary	Member					
	Supervisor					
Communicates effectively with other members of the health care team	Member					
	Supervisor					
Communicates effectively with professional colleagues. This includes communication with general practitioners for the handover, referral and transfer of patients	Member					
	Member					
Clearly documents patient care, maintains complete and timely medical records / progress reports	Member					
	Supervisor					

Additional comments (optional):

PROFESSIONALISM		1 Performs consistently well below the level expected	2 Performs consistently below the level expected	3 Sometimes performs below the level expected	4 Performs consistently at the level expected	5 Performs consistently above the level expected
Shows compassion for patients and sensitivity to their culture, ethnicity and spiritual issues	Member					
	Supervisor					
Exhibits high standards of moral and ethical behaviour towards patients, families and colleagues including an awareness of appropriate doctor/patient boundaries	Member					
	Supervisor					
Able to recognise limitations in his/her practice and request assistance when necessary	Member					
	Supervisor					
Shows honesty at all times in their work, puts patient welfare ahead of personal consideration and accepts responsibility for own actions	Member					
	Supervisor					
Knows the limits of own competence and functions within those capabilities, seeks advice and assistance when appropriate, accepts feedback	Member					
	Supervisor					
Shows a resourceful attitude towards continuing education to enhance quality of care; participates actively in a CPD program	Member					
	Supervisor					

Additional comments (optional):

SAFE PRACTICE		1 Performs consistently well below the level expected	2 Performs consistently below the level expected	3 Sometimes performs below the level expected	4 Performs consistently at the level expected	5 Performs consistently above the level expected
Demonstrates knowledge of common therapeutic agents, uses, dosages, adverse effects and potential drug interactions and ability to prescribe safely	Member					
	Supervisor					
Demonstrates knowledge of infection control principles, and safe practice in relation to blood borne infections, in patient care	Member					
	Supervisor					
Recognises and correctly reports adverse incidents in a timely manner	Member					
	Supervisor					

Additional comments (optional):

COMMENTS AND FUTURE DEVELOPMENT PLANS

Strengths

Areas for development*

List the particular issues found and how they will be addressed
(to be completed by principal supervisor)

Issue	Actions/tasks to address issue (including time frame)	Review date

RECOMMENDATIONS

(to be completed by principal supervisor)

Is the participant suitable to continue in the program?

☐ Yes

☐ No

Do you recommend a change to the participant's level of supervision?

☐ Yes

☐ No

What level of supervision would you consider appropriate?

☐ Level 1

☐ Level 2

☐ Level 3

☐ Level 4

☐ Complete (12 or 18 month report only)

Other Comments

PRIVACY NOTICE

Health Workforce Queensland and the network of Rural Workforce Agencies are committed to protecting your personal information in accordance with the *Privacy Act 1988 (Cth)*. The personal information (that is, information that identifies you) collected in this form is required so that Health Workforce Queensland can confirm that the MDRAP participant's performance is satisfactory. If you do not provide the required information, it may not be possible for the proposed supervised practice plan to proceed.

By signing this form, you confirm that:

- You have read and understand the Privacy Notice above
- All information provided is true and correct.

Name of MDRAP Member	:		
Signature	:		Date:

Name of Principal Supervisor	:		
Signature	:		Date:

If required, Co-Supervisor Signatures

Name of Co-Supervisor	:		
Signature	:		Date: