NHS

NHS Education South Central

Oxford Deanery

Oxford Deanery Policy for Helping a Trainee in Difficulty

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NESC
INFORMING INSPIRING IMPROVING

CONTENTS

PREFACE

NHS Education South Central (NESC) provides educational and training services for all South Central SHA personnel and includes the Oxford and Wessex postgraduate deaneries for Doctors and Dentists. As an organisation it is committed to providing a high standard of education for trainees at all levels. An important part of that commitment is to provide high quality support and help for medical and dental trainees who find themselves in difficulty. It is recognised that some of these trainees require extra help and support to progress through their training.

A new policy – making the case

The Oxford Deanery Career Development Unit (CDU) unit has been working since 2006 to help medical and dental trainees in difficulty and has provided an educational needs assessment and a coaching service for over 50 trainees in difficulty. The unit has identified a number of factors that have been shown to contribute to a trainee not receiving the help and support they need.

Educators

- The large number of educators related to each trainee with frequent changes as posts rotate between Trusts
- Lack of clarity about roles and responsibilities of different educators
- Tendency to accept second hand verbal or anecdotal comments as evidence
- Uncertainty about sharing complaints with the trainee or ensuring that they have an opportunity to respond
- Lack of educational leadership and uncertain systems of accountability
- Lack of clarity about what written reports are expected and who should receive copies
- Confusion about confidentiality and a reluctance to pass on information which can lead to problems of educational continuity for the trainee

Employers

- The educational and Trust governance systems can work in isolation from each other
- Confusion about who has responsibility for pastoral support for trainees going through a disciplinary process
- Lack of collaboration between educators and employers who are trying to support a trainee with significant health or disability problems

Background

This policy for "Helping the Trainee in Difficulty" sets out the principles and educational governance arrangements that address the above issues in order to ensure that every trainee in difficulty receives the help that is required. Throughout the document the word trainee means either a Doctor or Dentist in training.

This policy has been developed with the help of a working group representing key medical educators and employers. It is also being considered for approval by the BMA and Human Resources. The policy has been refined from a number of documents and sources including;

- A Guide to Postgraduate Specialty Training in the UK (Gold Guide)
- Managing Doctors in Difficulty National Association of Clinical Tutors UK Nov 2007
- The Wessex Institute Strategy for Dealing with Doctors in Difficulty
- Maintaining High Professional Standards in the Modern NHS. Department of Health 2005

SECTION 1: POLICY – EXECUTIVE SUMMARY

1.1 Trainees in difficulty are divided into three levels of concern according to the severity and complexity of the problem.

1.2 Educational leadership is identified for each level of concern, and they are accountable for the process.

- Level 1 Educational Supervisor
- Level 2 Clinical Tutor
  (Director of Medical Education – DME)
- Level 3 Clinical Tutor (DME)

1.3 Educational Supervisors and Clinical Tutors have the following responsibilities to:

- Help and support the trainee to get back on track, identifying and accessing additional educational resources if necessary
- Ensure the appropriate process is followed, including feedback and documentation
- Conduct and document a remedial interview
- Work with the appropriate "Specialty Lead Educator"
- Be responsible for ensuring Pastoral support
- Make appropriate referrals to Level 2 or 3
- Liaise appropriately with:
  - RITA/ARCP panels
  - Educational Governance Group
  - Clinical Tutors (DME) for next post

1.4 An Educational Governance Group should be convened and led by the Clinical Tutor in each Trust. This confidential group should be aware of Trust trainees in difficulty and work together to help each trainee get back on track. The group should consist of:

- The Clinical Tutor (DME) (Chair)
- The Medical Director
- Human Resources
- The appropriate "Specialty Lead Educator"

1.5 Documentation.

At every stage the educational process should be documented and shared with the trainee at an appropriate feedback session. The trainee's response to a report or complaint should also be recorded. Decisions should only be based on written reports. All the following reports are required at each level with all reports required for Level 3.

Clinical Supervisor Level 1	Written accounts including complaints Work Place Based Assessments
Educational Supervisor Level 1	Remedial interview report including summary of portfolio and a performance improvement plan (PIP)
Clinical tutor (with help of "Specialty Lead Educator) Level 2	Remedial interview report and PIP • Issues of concern • Contributory factors
Educational Governance Group Level 2 and 3	Educational Governance Report
Career Development Unit Level 3	CDU reports including Progress Report

1.6 Data

There is a NESC objective to monitor information about trainees in difficulty to inform preventative strategies, and evaluate support resource requirements. One objective is to encourage early identification and effective management of Level 1 trainees in order to prevent escalation to level 2 or 3. The Clinical Tutor (DME) will therefore be responsible for collecting anonymous data regarding trainees in difficulty at all levels in their Trust and making that information available to the Career Development Unit. In addition data on the process/progress of remediation will be collected every six months until case resolution or final measurement of outcome at the point of Certificate of Completion of Training (CCT) or leaving a training programme.

SECTION 2: PRINCIPLES

2.1 Principles

The following principles underpin the policy and process outlined:

- A culture of support and development
- Early identification with focused clinical supervision and training to prevent escalation
- Access to a range of additional educational resources including coaching and specialist educational help
- Fair and transparent processes, understood by all
- Clear roles and responsibilities for trained educators with accountable leadership roles
- Consistent, systematic application of guidelines
- Clear criteria for assessment, with decisions supported by written evidence that has been shared with the trainee
- Collaboration with employing Trusts to ensure optimum trainee support, patient safety and best HR practice

2.2 Levels of concern

Level	Lead responsibility	Description	Process and Documentation	Examples
Level 1	Educational Supervisor (with Clinical Supervisor to provide observational details)	Issues which require a developmental approach	Remedial interview and report including identification of contributory factors. Feedback, focused training plan (PIP) and reviews	Failure to demonstrate WPBAs Occasional poor knowledge and skills
Level 2	Clinical Tutor (with appropriate "Specialty Lead Educator")	Problems which if left undetected or untreated could form a moderate risk to; • The trainee • Patients • The organisation	Remedial interview and report • Clarify issues of concern • Summary of evidence in current and previous jobs • Contributory factors Feedback, planned remedial training and review Educational Governance Group involvement	Poor overall clinical knowledge and skills Problems with generic skills such as team working or professionalism Patient or staff complaint(s)
Level 3	Clinical Tutor (with the Career Development Unit)	• Issues of concern are complex • Significant risk for the trainee, patients or the organisation	CDU assessment, reports and joint negotiation with educators of plans for remediation using PIP. Progress reviews	All RITA E and ARCP outcome 3. Some RITA D and ARCP outcome 2. Serious disciplinary issues Health/disability factors requiring specialist help

2.3 Roles and responsibilities

The roles and responsibilities for different educators have been set out in detail in a separate document included in the Appendices. Some educators may have dual roles e.g. some Clinical Supervisors are also Educational Supervisors. It is envisaged that educators at all levels will receive training to fulfill the specific roles and responsibilities relating to trainees in difficulty and the Appendices also includes downloadable forms and templates to support the process.

Leadership roles for the different levels have been identified but there are many other educators who have important roles with trainees in difficulty. There is considerable potential for confusion as different specialties have different arrangements. It has therefore been decided that overall responsibility for Level 2 and 3 should rest with the Clinical Tutor (DME), who will identify and work with an appropriate lead educator for that particular trainee. They will be known as the Specialty Lead Educator (SLE). Some of the SLEs may have a dual role as Programme Director or Educational Supervisor.

Trainee	Specialty Lead Educator
Foundation trainee	Foundation Training Programme Director (FTPD)
GP VTS ST1 or ST2	GP VTS Programme Director
A&E SpR or StR	College Tutor

2.4 Prevention strategies

The following strategies or factors have been shown to contribute to the prevention of difficulties.

- An effective selection process
- Good induction programes, with special induction for trainees that have had a career break or have not worked in the NHS before
- Trainees encouraged to learn from experience, welcome feedback, work within the limits of their competence and not reluctant to ask questions and do background reading
- Trainee/supervisor relationships that are based on mutual interest and respect
- High quality clinical supervision with bedside teaching, observation and feedback integral to the post
- High quality educational supervision with regular appraisals that encourage reflective practice and career development skills
- A team environment that supports teaching and learning and provides some educational and developmental continuity
- Educational programmes and Specialty training schools that provide a comprehensive training in clinical and generic skills
- Early identification of trainees with specific training needs and a flexible pro-active, positive approach by supervisors to help trainees learn and get back on track
- A range of National and Deanery courses and educational resources that can be accessed when needed by trainees

SECTION 3

Management of a Trainee in Difficulty Level 1

Responsible Lead: Educational Supervisor (with the Clinical Supervisor)

1. **Early identification** and intervention – The Educational Diagnostic Process, Point 3. Signs and Symptoms – see page 42

- Clinical Supervisor highlights concern to Educational Supervisor
- Educational Supervisor asks for a Clinical Supervisor report, evidence and/or complaint in writing

2. **Initial investigation** – the Educational Supervisor should:

- Use multiple sources to establish facts and clarify circumstances
- If appropriate make enquiries from previous Educational Supervisors
- Meet trainee at an early stage with the Clinical Supervisor and share reports/complaints
- Keep an open mind, be supportive and listen to the trainee perspective (provide an opportunity to speak with the trainee alone)
- Allow the trainee the option to make a written response to any written complaint
- Keep full contemporaneous records and share them with the trainee.
- Consider immediate referral to clinical tutor if problem is complex, longstanding or if patient safety might be at risk, suggesting Level 2 or 3

3. **Remedial interview** and the diagnostic process – Underlying Reasons and Explanations – see page 43. Poor performance is a symptom, not a diagnosis and overall performance should be explored with the trainee at a supportive educational appraisal meeting. The issues should be explored with an open mind and placed in the context of the overall assessment of performance and competence progression. The portfolio (e-portfolio) should be reviewed and work place based assessments (WPBAs) should help identify areas of strength and deficiency. The trainee should be absolutely clear about any issues of concern, how they relate to the curriculum/ competencies and what would happen if this problem is not addressed. Contributory factors such as working conditions, personal circumstances, health etc should be identified.

4. **Get advice**

- Consider asking for advice and help from the Specialty Lead Educator at an early stage
- Consider referral to Clinical Tutor if aspects suggest Level 2 or 3

5. Plans to get back on track

Plans should be agreed with the trainee and the Clinical Supervisor and should include;

- Objectives that specifically relate to the issues of concern
- Identification of additional educational resources such as courses, workshops etc
- Arrangements for supervision that allows for additional observation and feedback while ensuring patient safety
- Monitoring using consultant led WPBA and Multi Source Feedback
- Plans to reduce any contributory factors
- Arrangements for review

Appendix for management options – see page 44

6. Documentation

- A remedial interview report should be written/signed by the trainee – Educational Supervisor Remedial Inverview report in Appendix – see page 24

7. Communication

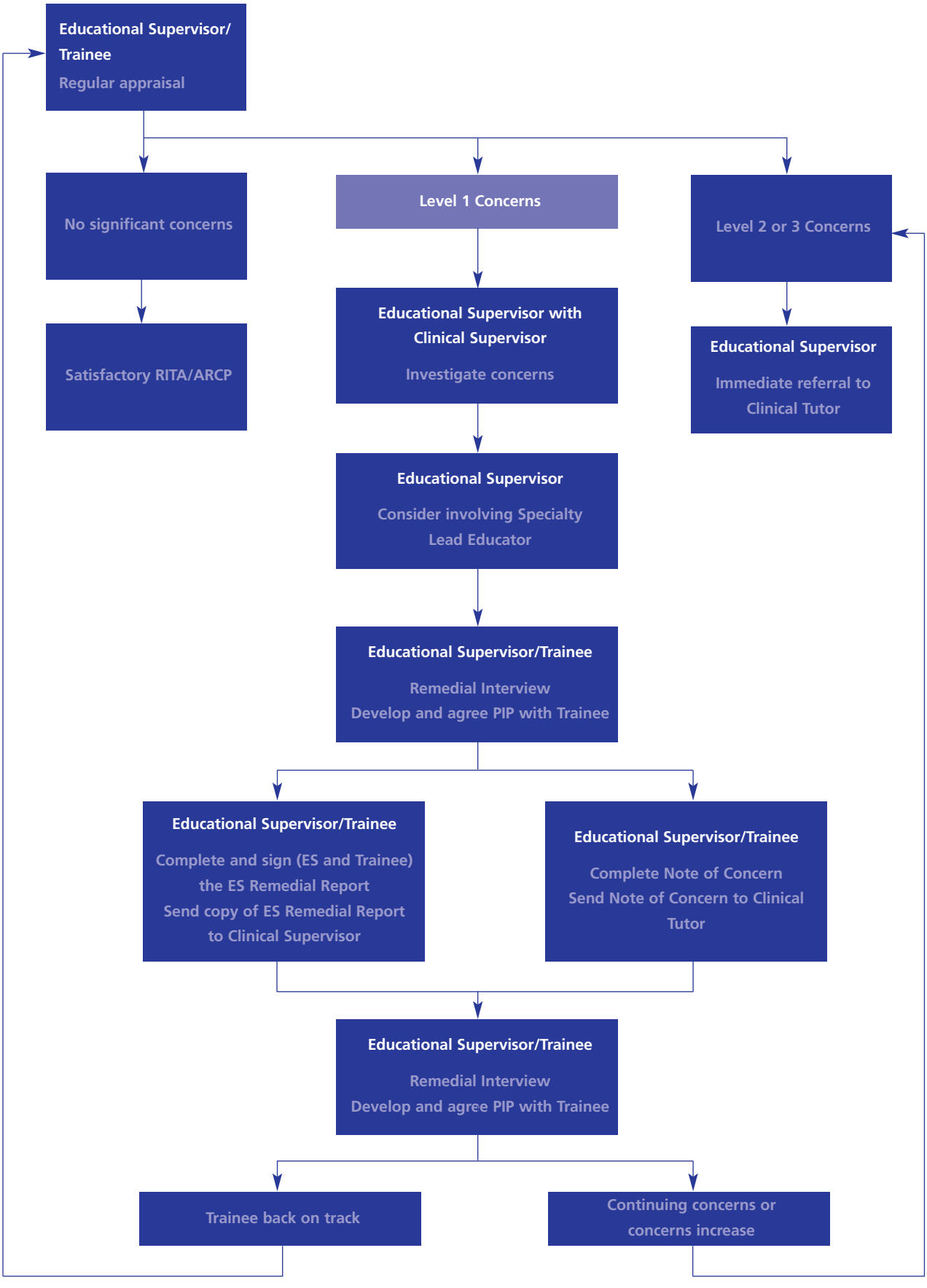
The trainee should be informed that the report will be shared with:

- The Clinical Supervisor
- The Clinical Tutor (informed by Note of Concern (see Appendix)

The trainee should also be informed if the report is shared with:

- The Educational Lead and the Educational Governance Group
- The next Clinical Supervisor/Educational Supervisor/Clinical tutor of the next Trust if trainee on a rotation using the Transfer of Educational Plan form
- Specialist Training Committee (RITA or ARCP panels)

Level 1 Trainees in Difficulty



SECTION 4

Management of a Trainee in Difficulty Level 2

Responsible Lead: Clinical Tutor

1. **Immediate actions** on referral

- Ensure there is a full written educational appraisal report from Educational Supervisor, with copies of any written complaints and that they have all been shared with trainee
- Ensure no verbal or anecdotal evidence has been used
- Ensure that the trainee has had the opportunity to provide a written response to any written staff complaint
- Identify and involve the appropriate Educational Lead.

2. Meet the trainee to **investigate** as soon as possible

- Keep an open mind, be supportive and hear the immediate trainee perspective
- Are there immediate issues to deal with?
  - Health – consider whether the trainee should go on sick leave and ensure the trainee is registered with a GP
  - Patient safety – alert Educational Governance Group and ensure immediate complete supervision while review is taking place
  - Disciplinary issues – alert Educational Governance Group if any complaint requires disciplinary action (e.g. patient complaint)

3. Meet the trainee for a **remedial interview** with the Specialty Lead Educator (SLE)

- Keep an open mind, be supportive and listen to the trainee perspective
- Consider reviewing initial investigation of a complaint
- Use multiple sources to establish facts and clarify circumstances
- Meet with appropriate supervisor and explore reports/complaints
- Use a diagnostic process. The Educational Diagnostic Process 3. Signs and Symptons – see page 42. Poor performance is a symptom, not a diagnosis, and the underlying causes should be explored. The following headings can be useful and ensure that strengths as well as issues of concern are identified.
  - Clinical performance and capability
  - Personality and behavioural issues
  - Health – physical and mental, including stress
  - Circumstances – work and home.
  - Contributory factors include personal circumstances and health. The trainee should have an opportunity to share these issues in confidence if they are affecting their performance at work. It should be made clear that any discussion of personal issues is voluntary and designed only to help the trainee reduce their impact so that they can get back on track.

4. A full **remedial interview report** should be written and shared with the trainee, possibly at a follow up feedback meeting – Clinical Tutor's Remedial Interview Report – see page 30.

5. If appropriate refer to the **Educational Governance Group** who will consider and produce an Educational Governance Report containing advice on:

- Patient safety issues – including:
  - Changes to the trainee's service commitment (e.g stopping OOH care)
  - Increased clinical supervision
  - The repercussions of the above on workload and patient care in the department
- Health issues when performance is affected
- Disciplinary issues
  - Dealt with according to High Professional Standards in the Modern NHS DoH 2005 Appendix – Current Publiciations and National Guidance – see page 49
- Contributory factors – such as dysfunctional departments, poor systems, heavy workload, personal circumstances

6. Performance Improvement Plan – Management Plans – see page 44. It should:

- Identify and access additional educational resources
- Take into account the learning style of the trainee
- Be negotiated with the trainee, the Specialty Lead Educator and/or appropriate supervisors.
- The plan should include:
  - Objectives that specifically relate to the issues of concern
  - Arrangements for supervision that ensures patient safety and allows for close observation and feedback
  - Monitoring using consultant led WPBA and MSF
  - Plans to reduce any contributory factors
  - Arrangements for review
  - If necessary, arrangements for focused or remedial training should continue in parallel with any Trust disciplinary process.

7. Documentation

- An Educational Review report, an Educational Governance report (if appropriate) and a Performance Improvement Plan should be written and shared with the trainee who should keep them in their portfolio – Clinical Tutor's Remedial Interview Report, Performance Improvement Plan, Educational Governance Report – see page 30

8. Communication

The trainee should be informed that these three reports will be shared with:

- The trainee who will have an opportunity to correct any factual errors. If there is fundamental disagreement, the trainee's perspective should be recorded and kept with, but separate from, the report
- The Educational and Clinical Supervisor
- The Educational Lead and the Educational Governance Group
- The next Trust (Clinical Tutor) if trainee on a rotation using a Transfer of Educational Plan form – see page 37
- STC chair (for RITA or ARCP panels)
- Head of School

9. Data

An anonymous Note of Concern should be completed to keep with all other records of trainees in difficulty – see page 36.

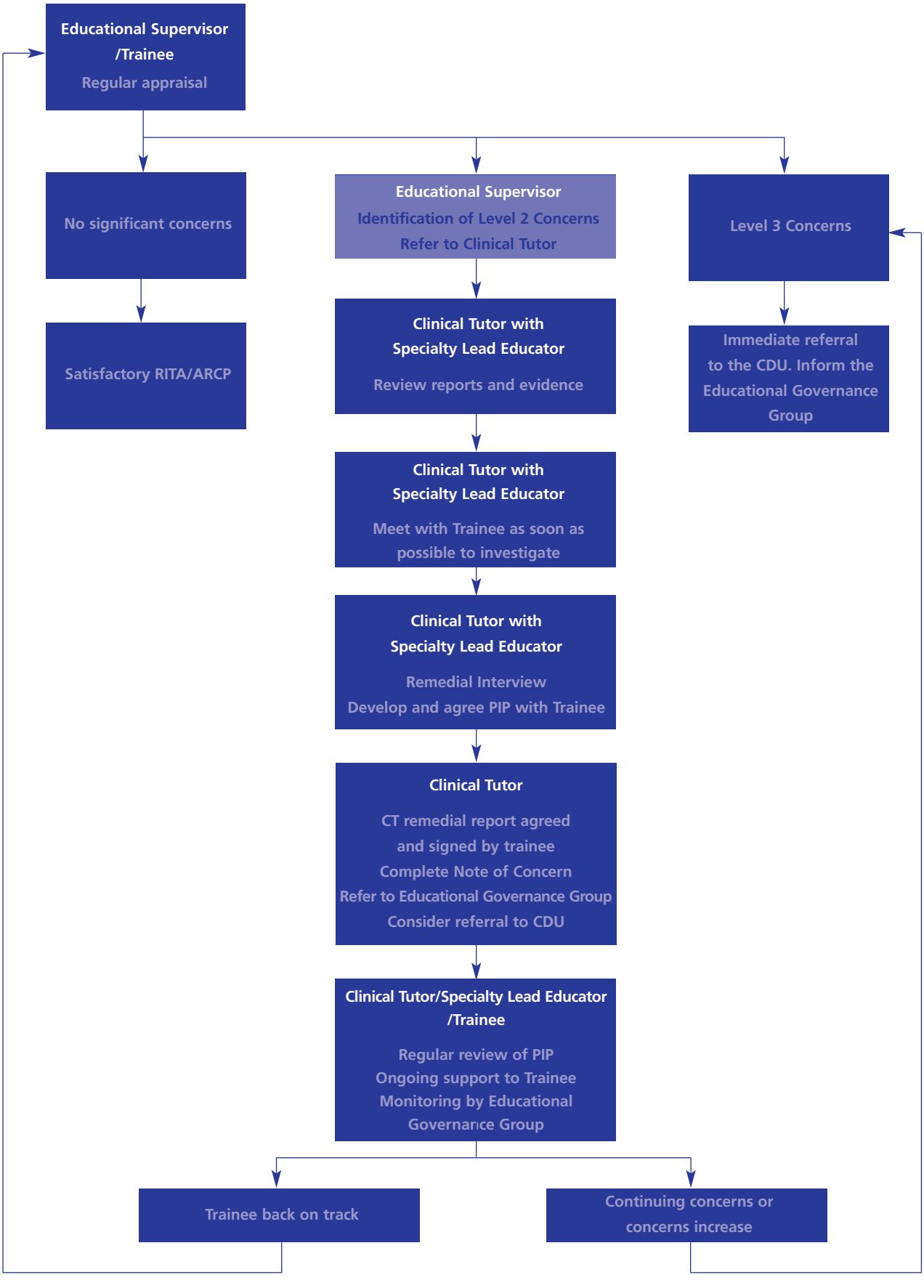
10. Referral

The clinical tutor should consider whether to refer to the Career Development Unit (Level 3)

Indications for referral:

- Issues of concern are complex, longstanding and require expert diagnosis and/or personal coaching.
- Issues of concern are serious enough to threaten progression of training (All RITA E, or ARCP panel outcomes 2 and some RITA D/ARCP panel outcome 3,5)
- There are potential problems of educational continuity as the trainee is rotating to another Trust
- The issues of concern require specialist help e.g cultural, language, exam failure
- There are health or disability problems that may require specialist advice and help
- The Educational Governance Group is considering involvement of an external agency such as NCAS or the GMC

Level 2 Trainees in Difficulty



SECTION 5

5.1 Management of a trainee in difficulty Level 3

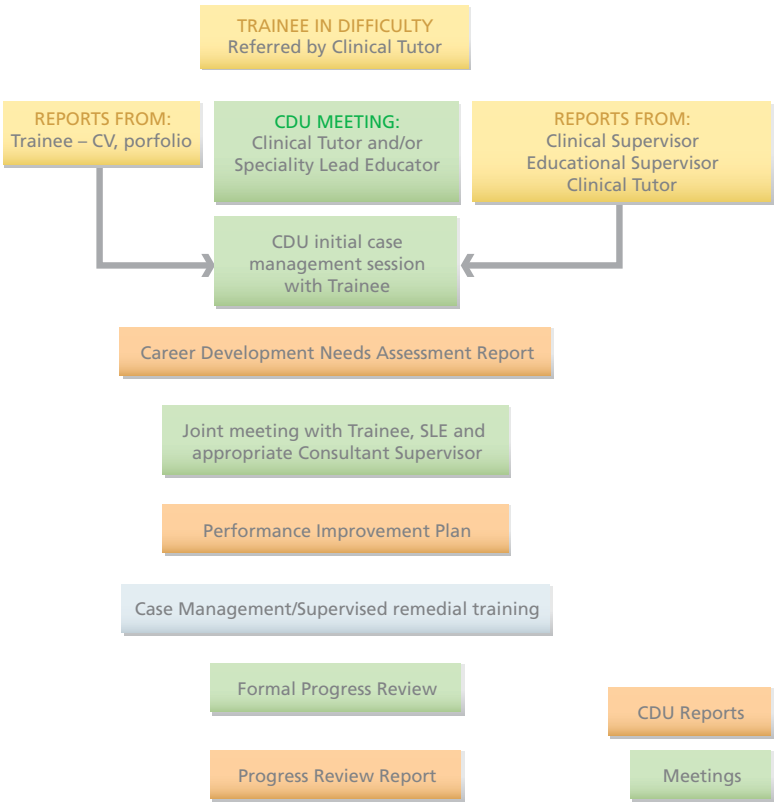
Responsible Lead: Clinical Tutor

- When the Clinical Tutor, if necessary in discussion with the Educational Governance Group, decides to refer a trainee to the Career Development Unit (CDU) they automatically become a Level 3.
- The following reports should be available for the CDU coach.

Document	Author
CV, portfolio	Trainee
Written accounts/evidence/complaints	Clinical Supervisor
Educational Appraisal Report	Educational Supervisor
Educational Review Report	Clinical Tutor/Specialty Lead Educator
Educational Governance Report	Educational Governance Group

- An anonymous Note of Concern should be completed, or adjusted to Level 3, to keep with all other records of trainees in difficulty.

The Career Development Unit – process



5.2 Career Development Needs Assessment

The Career Development Needs Assessment (CDNA) is the first step in the CDU case management process and consists of a separate interview with the appropriate supervisor and the trainee. Information from these interviews, together with the above reports forms the basis of the development needs assessment. This initial assessment is therefore not a comprehensive assessment of clinical competence. The responsibility for assessing competence remains with the responsible supervisor so that an accurate development needs assessment depends on clear reports of the issues of concern from the supervisors and clinical tutor.

It is most helpful if the reports can include clear descriptions of events and examples.

The purpose of the needs assessment is to find out what help the trainee needs to help them get back on track. It sets out to provide external help and support for the trainee who may be struggling to understand the issues of concern and the feedback they have been given. The trainee's current difficulties are explored with them in the light of their previous experience and put in the context of their personal and professional qualities. The information that is reviewed in the CDNA includes:

- In-depth exploration of personal and professional qualities relating to the trainee's current and previous experience
- Psychometric tests such as the Myers-Briggs Type Inventory or the FIRO-B
- Trainee's portfolio and perspective on events
- Education reports (see above)

The CDNA report contains an analysis of the situation and possible reasons why the trainee finds themselves in difficulty. It clarifies the issues of concern and identifies contributory factors.

The trainee has an opportunity to comment on the report as part of a feedback session. If the trainee does not agree with any aspect of the report, their comments are noted and recorded at the end of the report.

The report provides a basis for a negotiated performance improvement plan and the trainee will therefore need to agree that it is shared with his responsible educators prior to a planning meeting.

5.3 Performance Improvement Plan

The performance improvement plan builds on any previous plans and is negotiated with the trainee together with their appropriate supervisor. It is deals specifically with the areas of concern and identifies additional educational resources such as personal coaching, courses, workshops and e-learning that could help. Personal learning styles and preferences are used to explore the best way for the trainee to learn. The PIP will include:

- Specific learning objectives, methods and completion dates
- Recommendations to reduce any contributory factors – for trainee, the supervisors, the department or the Trust
- Recommendations for additional supervision, observation and feedback
- Specific arrangements for monitoring progress – WPBAs, multi source feedback etc
- Clarity about criteria for success/failure and clarity about the implications

If there is a need to provide a supernumerary remedial training placement, then the CDU will negotiate this with the Deanery.

5.4 Supervised remedial training

The CDU Case Manager supervises the programme and is available to both the trainee and their supervisor/SLE for advice and support. The CDU Case Manager will make arrangements for reviews to ensure the PIP and monitoring arrangements are on track and arrange a time for a formal progress review.

5.5 Progress review

The CDU Case Manager, the supervisor and the trainee will formally review progress at an agreed interval using the results of the agreed monitoring procedure. The CDU Case Manager will provide a progress report which can support the evidence provided by the supervisor for the next RITA/ARCP panel. If the trainee moves into another job or Trust then the CDU Case Manager will provide educational continuity by meeting the next supervisor and creating a further PIP etc.

Level 3 Trainees in Difficulty

Appendices

Appendix 1 Roles and Responsibilities

Role	Description	Responsibility for Doctors in Difficulty
Clinical Supervisor	Named Consultant with whom the doctor works clinically, and who assesses whether that trainee is safe to carry out the clinical work expected from them within the department, and is able to progress within the particular training post/module. This will include direct input to workplace-based assessment.	They should: • Detect problems at an early stage with regard to clinical knowledge and skills, team working, communication, attitude, time keeping, etc • Increase opportunities for first hand, personal observation of the trainee at work • Arrange additional support and closer supervision for the trainee, with greater opportunities for observation and feedback • Receive and collate feedback, comments or any complaints from members of staff. Ensure that any complaints or observations are in writing • Share feedback and any complaints with the trainee as soon as possible in an appropriate feedback meeting and provide the trainee with an opportunity to respond verbally and in writing if they wish • Document any observations and problems, discuss them with the trainee in the context of overall competence and performance. Bring them to the attention of their educational supervisor • Be part of a joint educational review with the educational supervisor to provide descriptions of observed examples • Identify additional departmental educational resources, such as additional supervision to support the implementation of a Performance Improvement Plan (PIP) • Be prepared to conduct additional WPBA to demonstrate progress • Ensure that Trust policies and procedures are followed as appropriate particularly regarding patient complaints or disciplinary issues. Patient safety should be paramount
Educational Supervisor	He/she is responsible for ensuring overall progress of the Doctor through training. This includes responsibility for regular appraisals, collation of workplace-based assessment outcomes and the provision of career advice and support as required.	• Collate and hold the reports/evidence (WPBAs) from the Clinical Supervisor. Should ensure this information is in writing and has been shared with the trainee at a feedback session • Should be able to explore concerns more fully by further enquiry within the trainee's current and previous posts • Should consider advice from Specialty Educational Lead and/or Programme Director • Overall responsibility for dealing with Level 1 concerns. The Educational Supervisor should act quickly and: – Arrange early educational appraisal (probably with the Clinical Supervisor) – Consider involving the Educational Lead – Listen to the trainee's perspective and be open to the possibility of contributory factors, including training issues – Make sure the trainee is clear about any concerns and has copies of any written concerns or complaints – Review overall competence and progress and set the issues in a balanced context – Identify and access additional remedial educational resources such as courses, workshops etc – Work with the trainee and Clinical Supervisor to develop a PIP (Performance Improvement Plan) focused on addressing the issues of concern and including arrangements for monitoring – Work with the trainee and the Clinical Supervisor to resolve any relationship issues – Write and share a report with the trainee at a feedback session – Make arrangements for review – Write a Level 1 Note of Concern for the Clinical Tutor • Responsible for identifying Level 2 concerns and making appropriate and timely referral to the Clinical Tutor who should receive a copy of your educational appraisal report • At the end of a post, inform the trainee that all reports will be transferred to the next Educational Supervisor/Clinical Tutor using a Transfer of Educational Plan form

Role	Description	Responsibility for Doctors in Difficulty.
Clinical Tutor (Director of Medical Education)	Appointed by Postgraduate Dean together with Trust; manages the educational contract between Deanery and Trust and provides main link between Deanery and individual Trust with regard to training and education of doctors in all grades within a particular Trust.	• Should be aware of any issues of concern with individual trainees in the Trust • Should provide pastoral support for all trainees in difficulty at all levels • Level 1 trainees – should be aware and collate data on these trainees by receiving Notes of Concern from Educational Supervisors. Provides advice and support for Educational and Clinical Supervisors dealing with Level 1 cases in liaison with SLEs • Level 2 trainees – should take prime responsibility for managing these trainees in difficulty but involving the appropriate SLE at an early stage. – Should ensure that a written educational appraisal report has been received from the educational supervisor and shared with the trainee in a suitable feedback session prior to referral – Should ensure that no verbal or anecdotal evidence has been used – Should undertake a full educational review jointly with the Educational Lead, using documented competencies, appraisal reports and any written complaints as evidence – Ensure a full report of the educational review is written and shared with the trainee at a suitable feedback session. The trainee should have an opportunity to correct any factual inaccuracies. Any aspects that the trainee disagrees with should be noted (if necessary as a supplementary report which is kept with the educational review report) – Should ensure suitable additional educational resources are identified and accessed. – Should ensure that an appropriate Performance Improvement Plan is negotiated with the trainee and the appropriate supervisor; that it is focused on areas of concern and contains plans for monitoring and review – Should convene and chair a meeting of the Educational Governance Group to explore any governance issues for each Trainee in Difficulty (TiD) and ensure that an Educational Governance Report is written, shared with the trainee and recommendations are acted on (in liaison with the SLE) – The educational review report should be updated and shared with the trainee before submitting to any RITA or ARCP panel and should ensure that both the trainee and the RITA/ARCP panel are aware of any possible adverse outcome – Ensure that the RITA/ARCP panel is informed of any Trust governance issues that would have a bearing on plans for further training, including any health issues that have a bearing on performance – Ensure that the trainee has been asked to attend the RITA/ARCP panel to discuss arrangements for focused or remedial training, the expected outcomes and to agree the timescale – After the RITA/ARCP panel outcome is known, the Clinical Tutor, together with the Specialty Lead Educator, should arrange to meet with the trainee, discuss the outcome, plan the next part of their training and document this in detail. Arrangements for the monitoring and supervision of any focused or remedial training should be clarified. – Should ensure that the RITA/ARCP panel outcome and arrangements for focused or remedial training are discussed within the Trust Educational Governance Group. – Should make sure arrangements are made for review – Should continue to offer pastoral support to the trainee throughout

Role	Description	Responsibility for Doctors in Difficulty.
		• Should provide advice and guidance to trainees, clinical and educational supervisors on all matters relating to health, capability and conduct • Should monitor and inform the Deanery (CDU) and the Trust (through the Educational Governance Group) on the number and progress of trainees in difficulty at each level. Should keep records of all Notes of Concern and help the Career Development Unit identify any issues where preventive action might have helped • Should chair a Trust Educational Governance Group (with the Medical Director, HR and the appropriate Educational Lead) which should discuss all issues regarding Trainees in Difficulty, especially where problems are complicated by health problems or patient safety may be compromised • Should refer to the Career Development Unit those problems that cannot be resolved within the Trust (Level 3) and continue to provide pastoral support for that trainee through the level 3 process • Should involve Human Resources Department and invoke Trust procedures as required for disciplinary matters and continue to provide pastoral support for the trainee through the process

Role	Description	Responsibility for Doctors in Difficulty.
Specialty Lead Educator	The Specialty Lead Educator (SLE) will be identified by the clinical tutor and is likely to be a different person for each specialty or level of training. For example, the Foundation Training Programme Director is likely to be the SLE for Foundation trainees, the VTS Programme director for GP VTS trainees, the College tutor for some SpR/StRs. May be appointed by the Specialty College or the Deanery but is based in the Trust, usually sits on the Medical Education Committee in the Trust and is responsible for advising and supporting trainees within a particular specialty, scheme or Foundation programme within that Trust. Mostly responsible for ensuring that trainees and supervisors adhere to College or Deanery standards with regard to local educational programmes, regular appraisals and assessment, logbooks/portfolios in that particular Specialty or Foundation programme.	• Gives general support to trainees, clinical and educational supervisors within their specialty or programme and deals with individual issues. In particular to help with: • Career advice about their specialty • Advice on exam procedure and requirements e.g. for Doctors repeatedly failing exams • Advice on specialty-specific issues including portfolios • Support for Educational Supervisors with Work Place Based Assessments. • Help the Clinical Tutor with any trainees in difficulty within their specialty, scheme or programme to ensure that Trainees in Difficulty policy is implemented. • Level 1 – support Educational Supervisors within their programme and provide advice on issues with individual trainees • Level 2 and 3 – although the clinical tutor has the ultimate responsibility for level 2 and 3, it is envisaged that some of the responsibilities would be shared and/or delegated to the Specialty Lead Educator if appropriate. SLEs would be expected to: – Help the Clinical Tutor with any trainees in difficulty in their Specialty or programme provide access to additional educational respurces and do a joint educational review with the clinical tutor (see above Clinical Tutor) – Be a member of the Educational Governance Group when concerns about this trainee are discussed and help with the Educational Governance report. • Ensure that the appropriate Deanery committee is informed and involved by liaising with the STC, RITA/ ARCP panels or the appropriate Postgraduate school such as Foundation or General Practice. The SLE may be a member of the appropriate: – STC (RITA and ARCP) – Foundation school board – GP education committee
Programme Director	Appointed by the Deanery to manage Specialty Training Programmes at Deanery level within a given specialty. Responsible for allocation of SpR/StRs (specialty trainees) to posts, supervision of individual training programmes. Some Programme Directors would also be the Specialty Lead Educator (SLE)	Resolve issues within programme (e.g. by moving individual doctor to different post/supervisor) wherever possible Bring any serious problems to attention of the Clinical Tutor and Specialty Lead Educator • Identify and address any common themes of contributory factors to TIDs in their specialty • Help identify any issues of concern for individual trainees • Support the Educational Supervisor and Clinical Tutor • Help identify and access additional remedial educational resources – study days, work shops etc • Ensure the Trainee in Difficulty policy is followed

Role	Description	Responsibility for Doctors in Difficulty.
College or Specialty Tutor	Appointed by the Specialty College but based in the Trust. Responsible for advising and supporting trainees within a particular specialty May also be the appropriate Specialty Lead Educator (see above)	Advice on exam procedures, logbook and portfolio requirements. Support for Educational Supervisors and Clinical Tutors. Help identify and access any additional remedial educational resources – courses, workshops etc Specialty career advice
Chair of Specialty Training Committee, (RITA and ARCP panels)	Oversees, on behalf of the Deanery, the activity and proper functioning of the STC, including RITA and ARCP panels; liaises with the relevant College, Faculty or SAC; and supports the Programme Directors.	• Ensure due process of the STC (RITA and ARCP panels) to review the appropriate progression of training, recommending to the Specialty College a new date for the expected date for successful completion of training if necessary. • The Educational Appraisal report to the RITA or ARCP panel should indicate if there is a likelihood of an unsatisfactory outcome at the panel. In which a case the Chair has the following responsibilities (Gold Guide 7.54-7.72): – Ensure the trainee has been informed prior to the panel of the possible outcome – Ensure the trainee meets with the panel AFTER the panel has considered the evidence and made its judgment in order to discuss arrangements and expected outcomes for focused or additional training. Timescales should be agreed with the trainee • The outcomes from the ARCP should be sent to: – The trainee (who should sign and return within 10 working days) – Educational supervisor – Specialty Lead Educator (who should arrange to meet with the trainee, discuss the outcome, plan the next part of their training and document this in detail) – Programme Director (who should resolve any issues about rotations of posts, change of educational or Clinical Supervisors) – Clinical Tutor and Trust Educational Governance Group. – (who should ensure that the SLE is arranging to meet and follow up with the trainee) – College or Faculty – if relevant.
Heads of School	Responsibility for the quality of postgraduate training within a specialty or Foundation Programme.	• Should be aware of the numbers of trainees in difficulty at each level within their school. • Should be aware if any of the contributory factors have implications for the quality or processes of training, including the STC (RITA/ARCP panel) processes and should investigate appropriately • Should support strategies to prevent trainees running into difficulty • Should help ensure that clinical and educational supervisors and educational leads within their school have suitable training in managing trainees in difficulty • Should monitor the adherence to the policy on Trainees in Difficulty as part of quality assurance
Postgraduate Dean/ Dental Dean/Director of GP Education	Overall responsibility for postgraduate training and education within a geographical area	• Support and advice to the Career Development Unit (CDU) service dealing with Trainees in Difficulty Level 3 as part of the CDU Operational Panel • Provide advice to the CDU in those cases where training may need to be terminated, where appeals procedures need to be invoked or there are legal issues • Should promote and support adherence to the Trainee in Difficulty policy • Should support the Heads of School in their quality assurance role • Should support suitable training of all educators in managing a trainee in difficulty

Role	Description	Responsibility for Doctors in Difficulty.
Career Development Unit (CDU)	The CDU provides a strategic lead and direct support to educators on matters concerning trainees in difficulty, on behalf of the Postgraduate Dean.	• Develop, manage and disseminate the policy for Helping Trainees in Difficulty • Ensure that resources are available to support the policy including individual case management of Level 3 cases, performance coaching, supervision of remedial training, referral to NCAS, etc. • Ensure that those dealing with trainees in difficulty at any level are appropriately trained and supported • Provide advice to any educator on individual trainees in difficulty • Help and support those trainees in difficulty with particular health or disability problems who want specialist help at Deanery level • Develop and manage strategy to prevent trainees running into difficulty and ensure that problems are managed effectively at an early stage, thereby preventing possible escalation of the problem • Be aware of data on trainees in difficulty provided by the CDU and help develop preventative strategies for any emerging common themes.
Trust Educational Governance Group	Membership: Clinical Tutor (DME) (Chair) Medical Director Human Resources Specialty Educational Lead (automatic member when discussing one of their trainees) *As Required* Clinical Director Educational Supervisor Clinical Supervisor Career Development Unit Case Manager	Objectives • To ensure co-ordination and collaboration between the Deanery educational process and Trust clinical governance and employment issues for all trainees working in that Trust • The group should ensure that trainee: – Disciplinary issues are dealt with separately in accordance with the Trust governance system as set out in Maintaining High Standards in the NHS. – Health issues are dealt with confidentially by human resources in accordance with employment law • To be aware of all trainees in difficulty through a regular report from the clinical tutor, which describes all Trust trainees in difficulty at Level 1, 2, 3. To consider in particular: – Trainees who are being considered for or are going through a disciplinary process – Trainees where there may be concerns about patient safety – Trainees with health problems that are specifically affecting performance – Trainees who have identified contributory factors relating to the Trust, including concerns relating to the educational or Clinical Supervisors or the department in which they are working. This includes trainees who have made allegations of bullying or harassment – Trainees that are requiring additional educational supervision requirements which is impacting on the workload of individual educational and Clinical Supervisors and their departments – Trainees in difficulty who are due to have a RITA/ ARCP panel • If necessary to provide an Educational Governance Report for the ARCP panel (see below) • To review all RITA/ARCP panel outcomes and in particular any arrangements for focused or remedial training to identify any clinical governance or employment issues • To consider whether a trainee needs referral to the CDU (Level 3) and to provide a governance report to support that referral • To provide an Educational Governance Report which is shared with the trainee at an appropriate feedback meeting with the clinical tutor. The trainee should be informed about who will receive copies of the report

Appendix 2 Report proformas – (a)

Educational Supervisor Remedial Interview report – CONFIDENTIAL

DATE: **PRESENT at the meeting:**

Name: **Current post:**

Age: **Current employer/Trust**

Mob no: **e-mail address:**

Expected CCT date:

Next RITA/ARCP panel date

Next post: **Start date:** **Trust**

Educators	**Name**	**e-mail**	**Telephone contact**
Clinical Supervisor			
Educational Supervisor			
Specialty Lead Educator			
Clinical tutor			

Issues identified:

*ATTACH REPORTS

Trainee perspective:

Nature of the problem **Health** **Capability** **Conduct**

Degree of possible risk

Relating to:				*Comments*
Trainee	Low	Medium	High	
Patients	Low	Medium	High	
Colleagues/team	Low	Medium	High	
Employer	Low	Medium	High	
NESC/Deanery	Low	Medium	High	

Summary of overall competency progression (WPBAs)

Unacceptable – insufficient evidence – below average – average – above average – excellent

Summary of educational progression in previous posts

Unacceptable – insufficient evidence – below average – average – above average – excellent

Discussion (attach additional sheet as necessary)

Summary

Issues of concern

-
-
-
-

Contributory factors

-
-
-
-

Actions/Plans

Performance Improvement plan (attach)
yes/no

Actions for the Trainee

-
-
-

Actions for the Clinical Supervisor

-
-
-

Actions for the Educational Supervisor

-
-
-

Advice/referral to Specialty Lead Educator or Clinical tutor Yes /No

Note of Concern completed? Yes/No

This report is confidential and will be only be shared with:

We agree that data may be used anonymously for statistical purposes

Signed Educational Supervisor: . . . . . .

Signed Trainee: . . . . . .Date: . . . . . .

Appendix 2 Report proformas (b)

Educational Supervisor's Structured Report for the RITA or Annual Review of Competence Progression panel (Gold Guide)

To be completed by the trainee's current educational supervisor, summarising the trainee's learning Portfolio since the previous assessment

Name of person submitting report:

Position

Trainee's name	GMC number	Training number

PMETB Programme/Post approval number

Previous annual assessments

Dates	Outcome
1.	
2.	
3.	
4.	
5.	

Previous placements in programme

Training Unit	Clinical Supervisor	Dates (to-from)
1.		
2.		
3.		
4.		
5.		

Current placement

Clinical Supervisor

Dates of placement

Workplace based assessments (WPBAs) in current placement/s (only successful WPBAs should be included here)

Assessment	Total number	Outcome: Insufficient Evidence	Outcome: Further development	Outcome: Competent	Outcome Excellent	Summary of comments
Mini CEX						
DOPS						
CbD						
MSF (360)						
Patient survey						
Other						

Experiential outcomes

Activity	Not Applicable	Satisfactory progress	Unsatisfactory progress	Comments
Log – book				
Audits				
Research projects				
Publications				
Teaching				
Management development				
Presentations				
Courses attended				

Issues or concerns:

(Attach Remedial Interview Report if appropriate)

I confirm that this is an accurate description/summary of this trainee's learning portfolio, covering the time period from ___/___/_____ to ___/___/_____

Signed by . . . . . Date . . . . . .
(Educational Supervisor)

Signed by . . . . . Date . . . . . .
(trainee)

Appendix 2 Report proformas (c)

Performance improvement plan

Name: _____ **Date:** _____

Learning Objective	Learning methods	Demonstration of competence	Criteria for success	Review date	Date completed
1.					
2.					
3.					
4.					

Signed:. . . . . .

Signed:. . . . . .Signed. . . . . .

Trainee . . . . . .

Clinical Supervisor. . . . . .

Educational Supervisor. . . . . .

Appendix 2 Report proformas (d)

Clinical Tutor's Remedial Interview Checklists and Report

Checklist before the Interview

Checklist	Not applicable	Yes	No
Are the issues or the incident sufficiently important?			
Is there an immediate/ possible issue of: • Health • Patient safety • Patient complaint/serious incident			
Has all the evidence been: • Written down • Given to the trainee as part of a feedback sessionand an opportunity provided for the trainee to respond			
Has the educational supervisor : • Conducted a remedial interview • Written a report • Given a copy to the trainee as part of a feedback session and included the trainee's comments • Negotiated a Performance Improvement Plan with the Clinical Supervisor and/or Specialty Lead Educator? • Identified or involved the Specialty Lead Educator			
Have you asked the trainee to bring their portfolio and CV to the interview?			

Headings for the Clinical Tutor's Remedial Interview Report

Reasons for referral, list of specific issues and evidence submitted (headings only)

- No 1
- No 2
- No 3
- Etc

Background summary

- Biography (including past successes/achievements, evidence from previous jobs, current overall progress (WPBAs), reasons for career decisions/aspirations)
- Work context (eg. organisational, educational, team etc)
- Personal circumstances or issues that could affect performance at work (trainee to agree confidential information to be included in the report only if strictly necessary)

Issues to be addressed

- Issues of concern

Paragraph for each concern that reviews the evidence and discussions with the trainee to identify themes and patterns to provide an interpretation. Comments on attributes and previous achievements can be used to provide balance. There should be a conclusion (which might be that there is no evidence)

- Other concerns that surface during discussions
- Contributory factors
- Educational Governance Group recommendations – if appropriate.

Summary & Conclusions

- The educational "diagnosis" – what was discussed and agreed/disagreed (this should be an overview and not repeat the content of the report)
  - Comment here on insight, motivation, contextual support (i.e. resources for training)
  - Contributory factors – what was discussed and agreed/disagreed and how they might be reduced
- Provide clarity about how the issues could affect training progression if not resolved
- Make recommendations for:
  - The trainee
  - The Clinical and Educational Supervisors
  - The Educational Governance Group (Trust)

Agreed next steps

- Make a clear action plan for each person – the trainee, the supervisors, the SLE and the Clinical Tutor.
- Make a date for Clinical Tutor review
- Complete the report and allow the trainee to correct any factual inaccuracies. If the trainee disagrees with aspects of the report, this should be noted at the end of the report.
- The report should state who it will be shared with and include the statement ;-

"We agree that the data can be used anonymously for statistical purposes"

The clinical tutor and the trainee should sign and date the report and it should be kept in the trainee's portfolio.

A Performance Improvement Plan should be negotiated with the trainee and the appropriate educational or Clinical Supervisor usually at a separate session. It should be focused specifically on the issues of concern and should identify additional educational methods that fit with the trainee's learning style and the local departmental arrangements. The following checklist may be useful.

Management checklist:

- Additional resources
  - Enhanced clinical supervision, observation and feedback
  - Courses, workshops, e-learning.
- Personal coaching or mentoring (CDU)
  - Communication skills
  - Exam coaching
  - Language/cultural difficulties
  - Dyslexia
  - Professionalism issues
  - Career guidance
- Medic Support if trainee would like or benefit from confidential psychological support
- Performance Improvement Plan negotiated/updated/reviewed with trainee and appropriate supervisor to incorporate robust arrangements for monitoring, review and the criteria for success.
- Review dates for the next RITA or ARCP panel review and:
  - ensure arrangements for reports to be updated/reviewed and shared with the trainee before sending to the panel
  - the trainee and the ARCP panel are aware of potential outcomes
  - the trainee has an opportunity to attend the panel if outcome likely to be unsatisfactory
- Refer to Educational Governance Group for help and advice if:
  - Possible disciplinary issues
  - Possible health issues
  - Additional supervision requirements for the trainee's department
  - Contributory factors involve work context and support.

- Consider referral to the CDU (Level 3). The trainee should be informed about the referral, understand that this referral is in their best interests, and is a requirement to progress their training.Indications for referral are:
  - Issues complex and/or longstanding
  - The trainee is likely to receive a RITA E/ARCP outcome 2.
  - The trainee needs personal coaching
  - There are serious health or disability problems requiring specialist help
  - There are significant patient safety issues suggesting possible requirement for supernumerary training
  - The Educational Governance Group are considering NCAS or GMC assessment
- Ensure ongoing pastoral support for the trainee and their supervisor(s).

Appendix 2 Report proformas (e)

Educational Governance Report

Trainee: _____ Date of meeting: _____

Current Post: _____ Specialty _____

Members of the panel:

1 _____ 2 _____

3 _____ 4 _____

5 _____ 6 _____

Remedial Interview report received Yes/No

List topics discussed

1. Patient safety issues
2. Trainee disciplinary or contractual issues
3. Trainee health or disability concerns
4. Remedial interview recommendations – Trust response to help the trainee
5. Additional supervision requirements or proposals for supernumerary training – implications for the Trust.

Identify further information/evidence or processes required before key decisions are made.

List agreed decisions and the evidence on which those decisions are based.

Arrangements for Educational Governance Review of case

Arrangements to inform trainee of any outcome of the meeting and share the report

Agreed actions for;

- The Clinical Tutor
- The Specialty Lead Educator
- The Medical Director
- Human Resources

Report written by: . . . . . Date: . . . . . .

Copied to:. . . . . .

Appendix 2 Report proformas (f)

Annual Review of Competence Progression (ARCP) Outcomes

Deanery: _____ PMETB Training Programme Approval No. _____

Trainee: _____ Specialty _____ NTN _____

Members of the panel:

1 _____ 2 _____

3 _____ 4 _____

5 _____ 6 _____

Date of Assessment _____

Period covered: From _____ to _____

Year/phase of training programme assessed (circle): **1, 2, 3, 4, 5, 6, 7, 8 or other (state)** _____

Approved clinical training gained during the period:

Placement/Post/Experience	**Dates: from to:**	**In/out of Programme**	**FT/PT as % FT**
1.			
2.			
3.			

Documentation taken into account and known to the trainee:

1. Structured report ❑ 2. ❑

3. ❑ 4. ❑

Recommended Outcomes from Review Panel

Satisfactory Progress

1 Achieving progress and competences at the expected rate (clinical) ❑

Achieving progress and competences at the expected rate (academic) ❑

Unsatisfactory or insufficient evidence (trainee must meet with panel)

2. Development of specific competences required – additional training time not required ❑
3. Inadequate progress by the trainee – additional training time required ❑
4. Released from training programme with or without specified competences ❑

Released from academic programme ❑

5. Incomplete evidence presented – additional training time may be required ❑

Recommendation for completion of training

6. Gained all required competences (clinical) ❑

Gained all required competences (academic) ❑

Outcomes for trainees out of programme or not in run-through training

7. Out of programme experience for approved clinical experience, research of career break ❑
8. Fixed-term Specialty outcome – competences achieved identified above ❑
9. Top-up training (outcome should be indicated in one of the areas above) ❑

Signed by: Chair of Panel . . . . . Signed by trainee: . . . . . .

Date . . . . . Date of next review . . . . . .

Supplementary Documentation for Trainees with Unsatisfactory Outcome

(trainee must be in attendance)

Recommended outcome	**Dates: from to:**	**In/out of Programme**	**FT/PT as % FT**
Detailed reasons for recommended outcome 1 2. 3.			
Discussion with trainee			
Mitigating circumstances			
Competences which need to be developed			
Recommended actions			
Recommended additional training time (if required)			
Signed by: Chair of Panel . . . . . .Signed by trainee: . . . . . . Date . . . . . .Date of next review . . . . . . **These documents should be forwarded to the trainee's Clinical Tutor and Specialty Lead Educator (SLE) (who must ensure that the trainee and educational/Clinical Supervisor receive copies through the further appraisal and planning process). The Clinical Tutor will involve the Programme Director and Educational Governance Group as appropriate.**			

Appendix 2 Report proformas (g)

Note of Concern			
Trainee in Difficulty (Initials only)			
Referral Number			
Referral Date			
Responsible Educational Supervisor			
Responsible Clinical Tutor			
New Case	Previous Problems	Yes No	
If yes- for how long?	Unknown	Since Undergraduate	Since Foundation Training
	Since in Specialty Training		
Re-referral	yes	no	
Level	1	2	3
Age	<30	45-49	
	30-34	50-54	
	35-39	55-59	
	40-44	60+	
Gender	M	F	
Full Time/ Flexible Working	FT	FW	
Specialty or Programme			
Current Post Level			
Employing Trust			
Recruitment	EU	IMG	UK
Programme Start Date			
Programme End Date			
Career Break or Break from			
Current Specialty	>6mths		
	>2 years		
Experience of the NHS			
First post < 1 yr > 1yr			
Case Type (Tick/circle as may as appropriate)			
	Health	currently unwell	
		previously unwell	
	Capability	clinical knowledge and skills	application of knowledge
		exam failure	WPBAs
	Conduct	Professional Relationships	
		Professionalism	
		Motivation	
		Poor Insight	
Risk: Patient	Low	Medium	High
Risk: Team	Low	Medium	High
Risk: Trust	Low	Medium	High
Risk: Deanery	Low	Medium	High
Please comment on any other Significant factor			

Appendix 2 Report proformas (h)

Transfer of educational plan

Confidential

Dear Clinical Tutor,

Dr _____ is about to come to your Trust on _____

(date) to work as _____ (post) in _____ specialty.

While he/she was with our Trust he /she experienced some difficulty and it would be helpful if you could see this trainee on arrival and review together the attached records of training, so that ongoing arrangements for further educational development and support can be made.

You should be aware of the following ongoing issues:

Education progression

1. The last formal assessment of competency progression (RITA or ARCP panel)

a. was on _____ (date)

b. the outcome was

   i. RITA D

   ii. RITA E

   iii. ARCP outcome 2

   iv. ARCP outcome 3

2. The next panel review is due on _____ (date).
3. The trainee is working with a focused Performance Improvement Plan (attached) Yes/No
4. The trainee is receiving ongoing help from the Career Development Unit Yes/No

Employment issues

1. The trainee has been involved in disciplinary procedures within our Trust that are now resolved satisfactorily Yes/No
2. The trainee is still involved in our Trust disciplinary or complaints procedure Yes/No

a. The issues are not thought to be serious Yes/No

b. The issues are potentially serious Yes/No

c. The trainee requires specific pastoral support for this Yes/No

3. The trainee requires particular help and support for an ongoing health or disability issue (see attached reports).

The trainee has copies of all the information transferred and is aware of this transfer of information to yourself as the next Clinical Tutor. The trainee understands that you will discuss ongoing arrangements with them which is likely to include transferring this information to the next Educational and Clinical Supervisor, Specialty Lead Educator and/or your Educational Governance Group.

Please find attached the following confidential documentation:

- Clinical Supervisor reports including patient or staff complaints (with the Trainee's response)
- Educational supervisor's remedial interview report
- Clinical Supervisor's remedial interview report including Educational Governance report
- Performance Improvement Plan (PIP)
- Progress review reports, including reports for RITA or ARCP Panel
- RITA or ARCP panel reports

Clinical Tutor . . . . . .

Date . . . . . .

Appendix 2 Report proformas – (i)

6th Month Update Form	**Today's Date**
Referral Number	
Referral Date	
Responsible Educational Supervisor	
Responsible Clinical Tutor	
Outcomes at 6 months after referral date	
Multiple tick/circle	Back on track PIP in place Educational Governance report Reviews up to date Receiving pastoral support Other please specify
Key support provided	
Multiple tick/circle	Supernumerary training Specialist coaching (CDU VSG) Targeted training (PIP) Specialty health input Trust disciplinary process Career guidance Other please specify
Please enter any other commentary	

Appendix 2 Report proformas – (j)

Final Outcome for Trainee in Difficulty at Exit from Training (CCT or leaving Programme) Form

Referral Number	**Today's Date**
Referral Date	
Responsible Educational Supervisor	
Responsible Clinical Tutor	
Outcome at exit from training (CCT or leaving programme)	CCT Leaving Foundation exit Leaving medicine Changing specialty Moving abroad Career break Other(please specify)
Please add any other comments	

Appendix 3

Understanding and managing trainee performance

There is a substantial evidence base relating to the identification, assessment and underlying causes of performance difficulties in doctors. Highlights of this evidence are described below.

Much of the evidence about influences on a doctor's performance is captured in a book published under the auspices of the National Clinical Assessment Service (Cox, King, Hutchinson and McAvoy, 2005). Evidence from a wide range of sources identifies behaviour as the tip of the performance iceberg; underpinned by a range of possible contributory factors including workload, sleep loss, physical or mental impairment, education and training difficulties, personality and psychological factors, etc. Many of the conclusions below are based on the evidence in this book.

An analysis of the first 50 cases referred to NCAS for a full assessment (occupational health, clinical and behavioural) revealed that 47 out of 50 cases had a significant behavioural element (Berrow et al 2005).

Work by Elisabeth Paice and others at the London Deanery (Paice, 2005) has also highlighted the early warning signs of trainees in difficulty, all of which relate to behavioural and attitudinal factors. These early signs are described in more detail below (para. 3.1.1) Many of the themes found in this work are reinforced in the findings emerging from the behavioural assessment data from NCAS, in which themes such as rigidity, poor insight and poor conflict management skills are highlighted.

Evidence from work by Papadakis et al (2004, 2005) shows that medical students who had concerns expressed about their "unprofessional behaviour" at medical school were more than twice as likely to be disciplined by the State Medical Board later on in their professional career. Unprofessional behaviour included such things as "resistant to accepting feedback", "inappropriate behaviour in small groups", "needs continuous reminding to fulfil ward responsibilities".

McManus et al (2004) found that stress and burnout in medical students was less related to their working environment and more to do with their personality. 3 large-scale prospective studies of medical student selection and training in the UK Data found that doctors with the highest stress were

- More neurotic
- More introverted
- Less conscientious
- Less agreeable

Hays et al (2002) explore the determinants of a doctor's capacity to change performance, with particular focus on insight. They cite evidence that a) many doctors become isolated professionally and can become unaware of their poor performance, including substantial gaps in knowledge and skills and b) such doctors have proved difficult to remediate and usually leave medical practice. They suggest that capacity to change can be measured through such factors as professional and social networks (e.g. the degree of isolation), learning style, motivation and personality (including locus of control).

Conclusions from the evidence

- A doctor's performance is affected by a complex array of issues
- Behavioural factors play a significant part in the majority of performance problems
- The influence of work context and environment should not be underestimated and needs to be fully explored alongside factors in the individual (e.g. bullying/harassment)
- Educational factors, both before and after qualification, have an impact on doctors' performance
- Early signs of performance problems are possible to detect and, in most cases, potentially amenable to early intervention
- Physical and psychological health problems are a significant factor in underperformance, but are often under-diagnosed and poorly managed
- The evidence on prevention is weak but suggests that properly constituted teams may be one important factor, together with effective transfer of information from universities to educational supervisors
- Stress and depression are important factors in performance problems and require the cooperation of HR managers, general managers and educationalists to identify and understand the pressures on doctors and manage them accordingly
- Evidence on effective remediation of problems is limited. Improved cooperation is required between different professional disciplines e.g. occupational medicine specialists, neuropsychologists, employers

The Educational Diagnostic Process

The goals of a rigorous assessment process must include:

- Comprehensive and accurate assessment that
  - Recognises the influence of context on an individual's performance
  - Sets clear objectives
  - Agrees a defined and finite time-sacle with outcome measures
  - Monitors and reviews
- Systematic documentation
- Continuity and communication
- Clear roles, responsibilities and accountability for educators supporting a trainee in difficulty.

2. Early identification

All possible steps should be taken to identify and act on early signs and symptoms of difficulty. This helps to prevent problems escalating to a more serious situation that may pose greater risks to the doctor, to colleagues, to patients and/or to the organisation in which the doctor works.

3. Signs and Symptoms

The majority of early signs and symptoms are behavioural but also include signs of clinical incompetence – e.g. poor record-keeping; poor clinical decision-making and judgement; inappropriate referrals; etc.

The following may be **signs** that a trainee is in difficulty:

- Anger
- Rigidity/obsessionalism
- Emotionality
- Absenteeism
- Failure to answer bleeps
- Poor time keeping/persnal organisation
- Poor record keeping

Change of physical appearance

Lack of insight

Lack of judgement

Clinical mistakes

Failing exams

Discussing a career change

Communication problems with patients or staff

There may be complaints about the following:

- Bullying
- Arrogance
- Rudeness

Lack of team working (e.g. isolation; unwilling to cover for colleagues; undermining other colleagues;
(e.g. criticising or arguing in public/in front of patients)

Defensive reaction to feedback

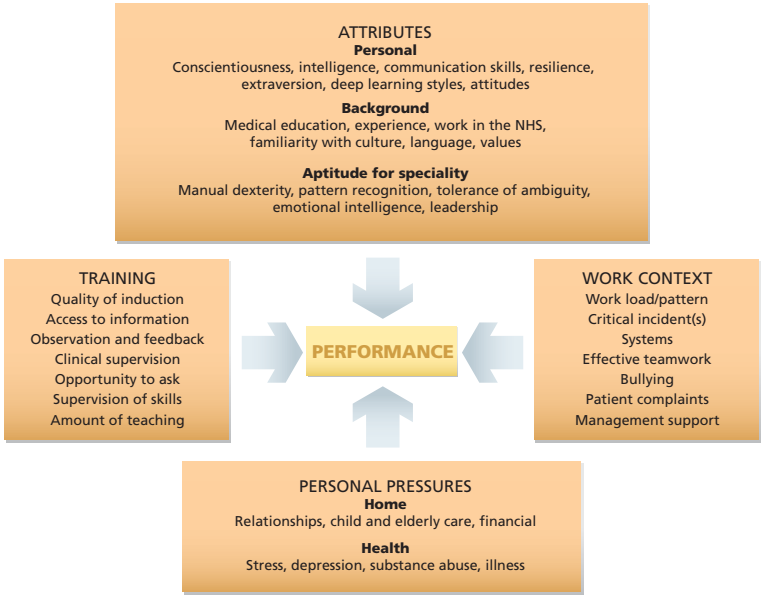
Verbal or physical aggression

Erratic or volatile behaviour

Fragility, lack of stamina, timidity and tendency to dissolve into tears

Underlying reasons and explanations

When exploring possible contributory factors the factors that are known to affect performance should be taken into account (see diagram)



Successful remediation or support for doctors in difficulty requires an accurate understanding of the underlying reasons for the difficulty. This increases the likelihood of being able to tailor subsequent intervention to the individual's circumstances, personality, abilities or learning style (e.g. McManus et al, 2004).

It can be useful to categorise the factors influencing the performance of a trainee in difficulty as they require different management approaches.

Capacity: a fundamental limitation that will prevent them from being able to do their job (e.g. mental or physical impairment). If so, then a change of role or job may need to be considered.

Learning: a skills deficit through lack of training or education. In these cases, skills-based education is likely to be appropriate, provided it is tailored as closely as possible to the individual learning style of the doctor and is realistic within exiting resources.

Motivation: a drop in motivation through being stressed, bored, bullied or overloaded – or conversely being over-motivated, unable to say no, anxious to please, etc. In these cases some form of mentoring, counselling or other form of support may be appropriate and /or addressing organisational issues like workload, team dysfunction or other environmental difficulties that may be affecting motivation

Distraction: something happening outside work to distract the doctor; or a distraction within the work environment (noise or disruption; team dysfunction). The doctor may need to be encouraged to seek outside professional help if the problem is outside work.

Health: an acute or chronic health problem which may in turn affect capacity, learning or motivation. Occupational health may have a role here; or the doctor may need to be encouraged to visit his or her GP.

Alienation: a complete loss of any motivation, interest of commitment to medicine or the organisation, leading to passive or active hostility, "sabotage" etc. This cannot generally be rectified and damage can be caused to others (patients and colleagues) and to the organisation if allowed to continue for too long. The doctor should be moved out of the organisation, with whatever support or disciplinary measures may be deemed appropriate.

Investigation

It is important to conduct a thorough, fair and systematic investigation into any complaints. It is essential that the investigation and assessment is proportionate. It is also essential that the issue is approached from a a perspective of appreciation rather than blame. However isolated or trivial a complaint may be, trainees are likely to find this a very stressful experience. They need to know that someone is listening to their perspective and will take into account mitigating or contributory circumstances. The issues should be put in the context of their overall performance to keep a sense of perspective and balance and to prevent the trainee becoming too defensive as their self esteem is threatened.

It is often very useful to understand at an early stage whether the problem is longstanding or recent. If it has only occurred recently then the incident may be a result of distraction or other contributory factor. If there is evidence of similar problems in previous jobs then it is more likely to indicate a more entrenched pattern of behaviour.

Management Plans

The interventions depend upon the underlying 'diagnosis' or 'diagnoses' . Use workplace based assessments to help document, monitor and address identified areas of deficiency or learning needs.

Clinical Performance

Some trainees may be under-performing in specific aspects of their role and this should be addressed directly with focused training or retraining to include knowledge, technical skills and non-technical, professional skills. This may require an extended period of clinical supervision or targeted task orientated training to a specific deficit.

For some trainees, they are performing adequately at one level but not demonstrating their capability to advance to a higher level with more complex decision making, leadership skills and multi-tasking. This will require a period of focused training and support which should include clear documentation of competencies achieved, as well as those not achieved, to assist with future Trust Grade employment if the trainee is deemed unsuitable to progress with higher training.

Personality and behavioural issues

Increased clinical supervision with close observation and feedback can provide the support and information required to tackle issues of insight into behaviour. Feedback, possibly using video or simulation based techniques can be used to challenge unhelpful or undesired behaviour. This work is difficult, but with appropriate communication skills, progress can often be made. In more extreme cases the Career Development Unit (CDU) service can provide personal coaching and employ cognitive behavioural approaches. Sometimes problems persist and, particularly with personality disorders or other behavioural issues, remediation may prove impossible.

Career guidance and limits to practice may be necessary but these 'high-stakes' decisions should not be taken lightly and are decisions for the local accountability framework, Trusts, Deanery or even the GMC.

Health Issues – physical and mental

Doctors become ill like all other individuals. Consider physical and mental health as well as substance misuse such as drugs or alcohol.

All doctors in difficulty should be assessed by Occupational Health. "Good Medical Practice" requires doctors to seek and follow advice from a Consultant Occupational Physician if their judgement or performance might be affected by illness.

The Disability Discrimination Act (1995) covers both physical and mental impairments that affect a person's ability to carry out day-to-day tasks and requires employers to make reasonable adjustments to work pattern, content, and environment.

The Clinical Tutor is responsible for ensuring Trust support for these trainees through the Educational Governance Group.

Medic Support is an independent confidential psychological service which is free for trainees in the Oxford Deanery. Also consider national services such as 'Doctor Support Network' or 'Doctors for Doctors' run by the British Medical Association.

Environmental issues

The National Clinical Assessment Service (NCAS) has identified that organisational issues, including systems or process failures are often under acknowledged in the investigation of poorly performing individuals.

"Failures include lack of resources, such as poorly maintained equipment, inadequate secretarial support, computer equipment etc, unrealistic work demands, poor clinical management, poor support and substandard working environments."

All can prove to be confounding variables when other problems arise and can often precipitate a dramatic deterioration in performance.

In addition, some trainees find themselves working in a dysfunctional team and through little fault of their own, can become the scapegoat. In that situation, trainees usually have an unblemished previous record and can start to thrive again if the situation is confronted or when they move to a new post.

Role of External Agencies

National Clinical Assessment Service (NCAS)

The National Clinical Assessment Service (NCAS), formerly National Clinical Assessment Authority (NCAA), was established as a special health authority in April 2001. It became a division of the National Patient Safety Agency (NPSA) in April 2005.

NCAS provides confidential advice and support to health services on how to deal with the situation where the performance of doctors or dentists gives cause for concern. If a difficulty becomes apparent, the employer, contracting body or the practitioner can contact NCAS for help. The aim of NCAS is to work with all parties to clarify the concerns, understand what is leading to them and make recommendations for how they may be resolved.

The expert support which NCAS provides is wide ranging and includes not only advice over the telephone but also more detailed and ongoing support. This support includes specific responsibilities for NCAS to advise the NHS on the use of disciplinary procedures in doctors and dentists, in particular where suspension or exclusion of the practitioner from their work is being considered, and also where disciplinary action on the grounds of capability are being considered.

Where the performance problem is sufficiently serious or repetitious and attempts to resolve the problem at local level have failed, a doctor may be asked to undergo a full NCAS assessment. This comprises three main components: an occupational health assessment (by an occupational health doctor), a behavioural assessment (by an occupational psychologist) and a clinical assessment (by a team of clinical assessors). A report is produced by a panel of assessors (including a lay assessor) containing the findings, conclusions, and recommendations. NCAS will then work with the doctor and the Referring Body to agree an action plan to resolve the concerns.

NCAS does not take on the role of an employer, nor does it function as a regulator. It is established as an advisory body, and the referrer retains responsibility for handling the case throughout the process.

NCAS presently covers the NHS in England, Wales and Northern Ireland, and also defence medical services and the prison medical and dental service.

NCAS has published a Directory of Resources which is intended to help with the implementation of recommendations following an NCAS assessment of a doctor.

In addition, it should also be useful in supporting educational programmes for doctors generally and for identifying further training/programmes following determinations made by the General Medical Council or General Dental Council.

Full details of how and when to use the services of NCAS can be obtained through its website.

General Medical Council (GMC)

The purpose of the General Medical Council (GMC) is to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine.

The law gives the GMC four main functions under the Medical Act:

- keeping up-to-date registers of qualified doctors
- fostering good medical practice
- promoting high standards of medical education
- dealing firmly and fairly with doctors whose fitness to practice is in doubt.

The GMC has legal powers designed to maintain the standards the public have a right to expect of doctors. Their job is to protect patients.

Where any doctor fails to meet those standards, the GMC acts to protect patients from harm – if necessary, by removing the doctor from the register and removing their right to practice medicine. The employing NHS Trust has an obligation to make an appropriate referral to the GMC but all doctors have a duty to take action is they have concerns about a doctor's fitness to practice. This should normally be done through the Medical Director, or Postgraduate Dean or other appropriate person in authority.

The publication Good Medical Practice, underpins all the GMC's work and embodies the values of the medical profession.

The GMC focuses on fitness to practise (whereas NCAS focuses on fitness for purpose).

British Medical Association (BMA)

The British Medical Association represents doctors from all branches of medicine all over the UK. It has a total membership of over 137,000, rising steadily, including more than 3,000 members overseas and over 19,000 medical student members.

The BMA:

- is a voluntary professional association of doctors
- speaks for doctors at home and abroad
- provides services for its members
- is an independent trade union
- is a scientific and educational body
- is a publisher
- is a limited company, funded largely by its members.

It does not

- register doctors – that is the responsibility of the General Medical Council (GMC)
- discipline doctors – that is the province of the employer/primary care trust and/or the GMC recommend individual doctors to patients.

Its policies are decided by elected members, mainly practising doctors.

It is supported by a professional staff and works with other bodies to meet its objectives.

Medical Defence Organisations

Medical Defence Union (MDU)

The MDU is a mutual, non-profit organisation, owned by its members – doctors, dentists and other healthcare professionals.

The MDU defends the professional reputations of its members when their clinical performance is called into question. On their members' behalf they may pay legal costs in the civil courts, professional tribunals and criminal courts. They may also pay compensation to patients who have been harmed by medical negligence during their treatment.

Medical Protection Society (MPS)

The Medical Protection Society is a leading indemnifier of health professionals. As a not-for-profit mutual organisation, MPS offers support to members with the legal and ethical problems that arise from their professional practice.

MPS members commonly seek help with clinical negligence claims, complaints, medical council inquiries, legal and ethical dilemmas, disciplinary procedures, inquests and fatal accident inquiries. They have access to expert advice from a 24-hour emergency helpline and, where appropriate, legal assistance and compensation for patients who have been harmed through negligent treatment. MPS also runs risk-management and education programmes to reduce adverse incidents and promote safer practice.

Appendix 4 References and further reading

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Modernising Medical Careers: Operational Framework for Foundation Training.

http://www.mmc.nhs.uk/

Good Medical Practice (2001). General Medical Council, London.

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Maintaining High Professional Standards in the Modern NHS. Department of Health. 2005.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4103586

National Clinical Assessment Service (NCAS).

http://www.ncas.npsa.nhs.uk/

GLOSSARY

ARCP	Annual Review of Competency Progression Panels
BMA	British Medical Association
CCT	Certificate of Completion of Training
CDNA	Career Development Needs Assessment
CDU	Career Development Unit
FIRO-B	Fundamental Interpersonal Relations Orientation-Behaviour
FTPD	Foundation Training Programme Director
GMC	General Medical Council
GP	General Practitioner
GP VTS	General Practice Vocational Training Scheme
MPS	Medical Protection Society
MSF	Multi Source Feedback
NCAS	National Clinical Assessment Service
OOH	Out of Hours
PDP	Personal Development Plan
PIP	Personal Improvement Plan
RITA	Record of In -Training Assessment
SAC	Specialist Advisory Committee
SLE	Specialist Lead Educator
SpR	Specialist Registrar
St1	Speciality Training Year 1
St2	Speciality Training Year 2
STC	Speciality Training Committee
StR	Speciality Registrar
TID	Trainee in Difficulty
WPBA	Workplace Based Assessment