

Managing Medical Trainees in Difficulty Procedure

Version:	2
Approved by:	MC
Date Approved:	20.3.14
Name of originator/ author:	Dr Jessica Yakeley
Lead Director:	Medical Director
Date issued:	Apr 14
Review date:	Feb 19

Contents

1	Introduction and Background	3
2	Purpose	4
3	Scope.....	4
4	Definitions.....	4
5	Duties and responsibilities.....	5
6	Procedures	7
7	Training Requirements	9
8	Process for monitoring compliance with this procedure	9
9	References and Sources of further advice/information.....	9

1 Introduction and Background

The second edition of this procedure reflects the substantial national and local changes that have occurred within the regional and national training landscape since 2008. These include the launch of Health Education England (HEE) and establishment of Local Education Training Boards (LETBs), the commencement of revalidation for doctors, including junior doctors, the publication of the Equality Act 2010, and as the strengthening of the Serious Incident reporting pathway, a refreshed policy for managing allegations of Bullying and Harassment. This procedure draws on *“The Framework for the Management of Trainees in Difficulty”* (December 2013) issued by Health Education England.

The management of trainees in difficulty is often challenging and may generate unforeseen and surprising complexities. This procedure provides generic guidance only, and each case must be considered and dealt with according to its particular facts and circumstances. It should result in transparent decision making in the best interests of the trainee.

Fortunately, serious performance issues amongst trainees are rare. The diagnostic framework and suggested management options (see Appendix 1) attempt to provide guidance on the identification, support and management of trainees in difficulty. Early recognition and appropriate intervention, coupled with effective feedback and appropriate support for trainee and trainer are essential if trainees in difficulty are to be managed effectively and successfully.

Progress review panels (Record of In Training Assessment (RITA) for Specialist Registrars, and Annual Review of Competence Progression (ARCP) for Specialty and Foundation trainees) play a central role in the support, management and monitoring of the trainee in difficulty, especially in cases where the trainee has issues with their clinical performance, knowledge base, or trouble passing a mandatory examination. They will also form the evidence base on which the Postgraduate Dean is able to make a revalidation recommendation to the GMC. The GMC recommends (June 2010) that:

“...the ARCP process, in conjunction with feedback from the local clinical governance supervisor or medical director that there are no outstanding concerns about fitness to practise, should provide the vehicle through which trainees would be able to revalidate. In effect, revalidation would be the by-product of successful progression through training”.

Trainees will revalidate every five years from when they receive their licence to practice at the end of Foundation Year 1 and will additionally go through a further revalidation process when awarded their CCT. The annual progress review has been enhanced to include information relating to fitness to practise, as well as training progression. The progress review panel will take responsibility for reviewing information that reflects

the trainee's full scope of practice and making the necessary recommendations to the Postgraduate Dean as Responsible Officer to enable them to deliver on their functions.

2 Purpose

This procedure aims at the early identification and intervention at local level, supported by documented evidence shared in a timely fashion, with appropriate escalation to the Deanery and / or other relevant organisations. It should result in transparent decision-making made in the best interests of the trainee whilst supporting patient safety. Many problems that trainees encounter can be overcome given time and support but only when done in a consensual, supportive and transparent fashion.

The purpose of identifying a trainee as being "in difficulty" is not to label them; it is to aid the addressing of relevant issues so that they may complete training successfully and continue to contribute to the work of the NHS. Conversely, if issues are not identified or understood, they cannot be addressed.

3 Scope

This procedure is aimed at:-

- medically qualified clinicians with educational roles and responsibilities such as Training Programme Directors, Educational and Clinical Supervisors, to help them manage the medical trainees in the Trust. It is also aimed at medical trainees themselves so that they are aware of the framework and processes involved in managing the trainee in difficulty.

4 Definitions

Medical Trainee

is a doctor in post-graduate training from first year foundation (FY1-2) through core training (CT 1-3) to specialty registrar training grade (ST4 and above).

Trainee in difficulty

The spectrum of performance difficulties is wide and can range from minor, momentary aberrations of behaviour, to major misdemeanours or persistent unprofessional behaviours or even acts of gross criminality. Periods of transition

(changing jobs, moving regions, personal life events etc.) can be associated with a deterioration of clinical performance, which may require additional vigilance and support.

The term '**trainee in difficulty**' is a nationally accepted phrase used to describe a doctor in training, who for whatever reason, needs extra help and support – beyond that which is normally required - to deal with an issue or issues, that threaten to impede their progress towards completion of their training programme.

5 Duties and responsibilities

Medical Trainee

A medical trainee, as an employee, has a contractual relationship with their employer which includes clinical accountability and governance frameworks in addition to recognised disciplinary procedures. Trainees have a responsibility to fully engage with the educational process

Clinical Supervisor

A Clinical Supervisor is responsible for providing safe clinical oversight of the trainee in the workplace. S/he provides feedback and assesses the trainee's performance. It is his/her responsibility to inform the Educational Supervisor when there are concerns about a trainee's performance.

Educational Supervisor

The Educational Supervisor is responsible for overseeing, facilitating and assessing a trainee's educational progress, (possibly over a number of posts). S/he is responsible for the trainee's appraisal and completing Royal College summative assessment forms and must inform the Training Programme Director (TPD) when there are persistent concerns about a trainee's performance.

Training Programme Director

The Training Programme Director's is responsible for coordinating and managing a geographical training programme. The TPD is responsible for ensuring that each trainee undertakes a training programme that meets the relevant College/Faculty curriculum and assessment requirements, and for balancing the needs of trainees within the programme. S/he performs a key role in the RITA and ARCP processes.

Director of Medical Education

The Director of Medical Education (DME) oversees the management of medical education within the Trust. S/he should be consulted by Training Programme Director when a trainee experiences significant difficulties, particularly if these are to be brought to the attention of the Deanery and / or when the trainee is subject to Trust disciplinary procedures. S/he is accountable to the Medical Director.

Medical Director

The Medical Director has overall responsibility for clinical governance, quality and safety, education, medical staffing planning, and disciplinary issues concerning doctors and is the medical representative on the Trust Board

Director of Human Resources

The Director of Human Resources is responsible for the management of poor performance and disciplinary matters, that are subject to the Trust's Disciplinary Policy and Procedure.

.

Please see Appendix 1 for the roles and responsibilities of external bodies which may be involved in managing trainees in difficulty.

6	Procedures (see appendices listed at end of section for further structured guidance)
---	---

General Principles

1) Early identification of problems and intervention is essential.

It is the responsibility of the Clinical Supervisor and supervising team with whom a trainee doctor is working to highlight any concerns that could constitute a threat to patient safety to the Educational Supervisor and Training Programme Director. This would usually be picked up through work place-based assessments or the trainee's ARCP

Useful 'Early Warning Signs' may include:

- **Frequent absence:** e.g. lateness, frequent sick leave
- **Low work rate:** slowness in dictating letters, making decisions; arriving early, leaving late and still not achieving a reasonable workload
- **Mood instability and poor impulse control:** bursts of temper, shouting matches, real or imagined slights
- **Rigidity:** poor tolerance of ambiguity' inability to compromise' difficulty prioritising' inappropriate 'whistle blowing'
- **"Bypass syndrome":** other trainees and colleagues find ways to avoid seeking the doctor's opinion or help
- **Career problems:** difficulty with exams, uncertainty about career choice, disillusionment with medicine
- **Insight failure:** rejection of constructive criticism, defensiveness, counter-challenge
- **Lack of engagement in educational processes:** fails to arrange appraisals, late with learning events/ work-based assessments, reluctant to complete portfolio, little reflection
- **Lack of initiative and appropriate professional engagement:** The trainee may come from a culture where there is a rigid hierarchical structure to medical training and trainees are not encouraged to question patient management decisions by senior colleagues, or demonstrate any other healthy assertive behaviours.
- **Inappropriate attitudes:** e.g. the cultural background may be strongly male oriented and the trainee may not be used to working with females on an equal status basis.

2) In the event of a particular problem, establish and clarify the circumstances and facts as quickly as possible. Access as many sources of information as possible.

Most concerns can be addressed by early, effective discussions between the Clinical or Educational Supervisor and the trainee, culminating in a realistic learning plan which is regularly reviewed to monitor satisfactory progress. An open and supportive culture should be encouraged within the whole clinical team, fostering the development of the trainee's skills and providing constructive feedback on performance improvements or ongoing difficulties.

Only form a judgment once all information is collated. Remember however, that issues of patient and person safety take precedence over all other considerations. GMC accountability applies to all doctors.

3) Remember poor performance is a 'symptom and not a diagnosis' and it is essential to explore the underlying cause or causes.

Key areas to explore are:

- **Clinical performance of the individual:** knowledge, skills, communication
- **Personality and behavioural issues:** professionalism, motivation
- **Sickness / ill health:** personal/family stress, career frustrations, financial
- **Environmental issues:** organisational, workload, bullying and harassment
-

4) A robust and detailed 'diagnosis' can lead to effective remediation: different problems require different solutions.

Poor performance or odd behaviour of a clinician with an evolving medical problem such as undiagnosed diabetes or mental health issues requires a different approach to achieve successful resolution than an individual with generally poor interpersonal skills and lack of insight. The former needs engagement with occupational health or the General Practitioner, the latter perhaps supportive mentoring, close clinical supervision and feedback to address and change the beliefs behind the undesired behaviour.

5) Clear documentation.

All relevant discussions and interventions with the trainee should be documented contemporaneously, communicated to the trainee and key individuals in the accountability framework (Trust and/or Deanery, possibly GMC) and followed up by named accountable individuals such as the Educational Supervisor, Training Programme Director, Director of Medical Education and Medical Director in the Trust, or the Lead

Provider and Postgraduate Dean as appropriate to ensure the process is concluded satisfactorily and managed appropriately.

6) Misgivings must be communicated; Records must be kept; remedies must be sought; progression must be delayed until issues resolved.

Please see Appendix 2 for more detailed guidance on the identification, support and management of trainees in difficulty. **Appendix 3** provides the template for a remedial interview record. **Appendix 4** provides the template for an action plan for remediation.

7 Training Requirements

All doctors acting in the roles of Training Programme Directors and Clinical and Educational Supervisors will have received training in the application of this procedure as part of their mandatory training for accreditation in these educational roles, coordinated and monitored by the Director of Medical Education in the Trust.

8 Process for monitoring compliance with this procedure

As it is anticipated that this procedure will be used infrequently by the Trust, application will be monitored by way of a case by case audit of practice against procedure on occasions when a remedial interview is carried out by a medical supervisor.

This review will be led by the Director of Medical Education and reported by exception via the Patient Safety and Clinical Risk Lead to the Management Committee.

9 References and Sources of further advice/information

For references and sources of further advice and information, refer to the *“The Framework for the Management of Trainees in Difficulty”* (dated December 2013) issued by Health Education England and found on the Deanery website at:

<http://www.londondeanery.ac.uk/var/about-us/trainee-and-applicant-support-team/framework-for-the-management-of-trainees-in-difficulty>

Appendix 2 provides a diagnostic and management framework to provide guidance on the identification, support and management of trainees in difficulty.

Appendix 3 provides the template for a remedial interview record.

Appendix 4 provides the template for an action plan for remediation.

Equality Impact Assessment

1. Does this policy, function or service development affect patients, staff and/or the public? **YES**

2. Is there reason to believe that the policy, function or service development could have an adverse impact on a particular group or groups?

NO, this procedure is applicable to the abilities and behaviours of individual medical practitioners to fulfil their role as doctors, not on their personal attributes

3. Based on the initial screening process, now rate the level of impact on equality groups of the policy, function or service development:

Negative / Adverse impact: **Low**.....

Positive impact: **Low**.....

Date completed

Name Jane Chapman

Job Title Governance and Risk Adviser

Appendix 1

Local Education Provider

The Trust, as the employing Local Education Provider (LEP) must ensure that employment laws are upheld and employer responsibilities implemented. The Trust is directly responsible for the management of performance and disciplinary matters and must ensure that issues identified are addressed in a proportionate, timely and objective way. Local Education Providers should have robust processes for the identification, support and management of doctors whose conduct, health or performance is giving rise for concern. The Trust also has a contractual responsibility to provide counselling and pastoral care for doctors in training.

Lead Provider

In 2011, the Medical and Dental Education Commissioning System (MEDCS) programme created Lead Providers (LPs) and Local Education Providers (LEPs) to separate commissioning from the delivery of medical education in London. The LP oversees the training programmes, manages trainee rotations, reviews their progress and controls the quality of education in the LEPs. In 2012, University College London Partners (UCLP) became LP for higher medical psychotherapy training pan-London, overseeing all 4 London Medical Psychotherapy and Forensic Psychotherapy higher training schemes in London. UCLP became LP for Child and Adolescent Psychiatry for North London.

London Deanery and Local Education Training Boards (LETBS)

In April 2013 the responsibilities of the London Deanery passed to three Local Education Training Boards (LETBs) covering all of London, who are themselves part of Health Education England, the national leadership organization responsible for ensuring that NHS education, training, and workforce development drive the highest possible standards of public health and patient outcomes.

The three LETBs in London are Health Education North Central and East London, Health Education North West London and Health Education South London.

A new Shared Services, hosted by Health Education South London, provides all three LETBs with support services, including a dedicated Events Centre, and is co-located with the three LETBs and the London Learning for Health Partnership in Stewart House, on the campus of the University of London.

Responsible Officers and Postgraduate Deans

Since the introduction of the Responsible Officer regulations in 2010, every doctor in the UK must have a 'designated body' and relate to a named General Medical Council 'responsible officer'. The Responsible Officer is responsible for ensuring the fitness to practise of his or her doctors and for ensuring that appropriate systems are in place to

ensure effective identification, remediation and monitoring of the doctor in difficulty. For doctors in postgraduate training, the Responsible Officer is the Postgraduate Dean responsible for the management of their training programme.

In London, the situation is complicated because of the commissioning of training from Lead Providers. However, trainees are aligned to the Postgraduate Dean of the Local Education and Training Board from where their training programme is 'led' from, regardless of where they happen to be in their rotation. So for example, for all trainees in programmes run by lead providers in North Central and North East London, the designated body is Health Education North Central and East London (HENCEL) and the Responsible Officer is its Postgraduate Dean. For currently non-commissioned specialities, such as general practice, trainees are aligned in respect of the geography of their programmes. For Foundation doctors, Health Education North West London (HENWL) is responsible for trainees in the North West Thames Foundation School, whilst Health Education North Central and East London (HENCEL) is responsible for trainees in the North East and North Central Thames Foundation Schools.

The National Clinical Assessment Service (NCAS).

The NCAS is part of the National Patient Safety Agency, can offer specialist expertise in assessing complex issues of clinician performance. They can also offer management and specialist remediation advice.

The General Medical Council (GMC)

The GMC should be involved in all cases when the doctor's medical registration is called into question. All doctors are bound by the terms of the GMC 'Duties of a Doctor' and this includes the responsibility to raise concerns about the fitness to practice of another doctor.

Appendix 2 –Detection and management of trainees if difficulty

a) A Diagnostic Framework for Poor Performance

In dealing with any serious performance issue remember that there are often many dimensions to the problem:

- Trainees may come from other countries, cultures and religions where healthcare systems and social/cultural norms are sometimes quite different. This complexity may introduce conflicting tensions and make effective management all the more challenging.
- Confounding elements include legal aspects such as health and safety, employment, race, sexual and gender discrimination legislation. In addition there may also be moral, ethical or confidentiality considerations.
- Other factors that may be present include bullying and harassment, litigation, industrial tribunals, conflict management, the need for mediation and reconciliation.
- Other more generic issues may include the challenge of convening effective, but at times, difficult conversations. Communication generally can be challenging in both verbal and written form, and formal and informal contexts.
- Other issues concern professional accountability and issues of professional registration including your own. Take advice and seek support. Do not try to deal with complex scenarios on your own.

Escalate and engage local and regional resources at your disposal in a proportionate manner. Effective and fair management of trainees in difficulty requires an objective assessment of the circumstances and it is important to involve an experienced colleague early to assist in identifying and exploring underlying factors and to help set clear goals for improvement. Remember: early and proportionate intervention may prevent problems becoming intractable. Early intervention is essential if undesirable, and perhaps predictable, adverse consequences are to be avoided for patients, the doctor concerned and his/her colleagues.

1. Trigger event or incident

Decide whether it is important, and if so, who to talk to and discuss. Consider Clinical or Educational Supervisor, TPD, DME, Medical Director, HR, LP or Postgraduate Dean.

2. Investigate. If serious, define the problem.

Collate evidence from as many sources as possible including from the individual concerned. Think patient and person safety at all times. Do not jump to conclusions initially. Formulate your opinion.

3. Decide whether this is an individual performance issue, an organisational issue or both?

This analysis is crucial as systems failure is often overlooked and it is easy to blame the individual in isolation. Be fair and objective.

4. Consider the following three questions:

a) 'Does 'it' matter?'

- If no, leave it.
- If yes, do something! Next ask...

b) 'Can they normally do 'it'?'

- If no, it may be a capability issue – resolution may be possible with training or retraining. They may also be 'un-trainable' and hence never be able to do 'it'. This is a 'diagnosis of exclusion' and can only be reached when a period of intensive training has proven ineffective.
- If yes the next question is...

c) 'Why are they not doing 'it' now?'

- Consider all possibilities. Is there:
 - a clinical performance issue?
 - a personality or behavioural issue?
 - a health issue?
 - an environmental issue?

Interventions should be tailored to underlying 'diagnosis'. Successful remediation is often achievable but only with appropriate intervention.

b) A Management Framework for poor performance

The interventions depend upon the underlying 'diagnosis' or 'diagnoses' revealed by the diagnostic framework above. Workplace based assessments (WPBAs) may be used to help document, monitor and address identified areas of deficiency or learning needs.

1. Clinical Performance

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

2. Personality and behavioural issues

Close clinical supervision and dedicated mentoring may provide a supportive environment to tackle issues of insight into behaviour. Seeking advice or involvement from senior colleagues of similar ethnicity, cultural or religious backgrounds to a trainee in difficulty, where such factors are relevant, can be crucial in resolution of problems relating to these factors. Feedback, possibly using video or simulation based techniques if appropriate 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 occupational psychologists or other performance specialists such as the London Deanery's Professional Support Unit may need to be engaged. Sometimes problems persist and, particularly with personality disorders or other behavioural issues, remediation may be very difficult.

Some of our trainees at the Tavistock and Portman are already in psychotherapy as a requirement of their training, and communication with their therapist may not be thought appropriate due to issues of confidentiality, so that an independent psychotherapy or psychiatric assessment may be sought.

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

3. 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 (1995–2005) 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. Ensure adequate support is available eg. mentor, or access to psychotherapy if the trainee is not already having therapy. Consider Med Net, or other national services such as 'Doctor Support Network' or 'Doctors for Doctors' run by the British Medical Association.

4. 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.

Remedial interview record

*Always act fairly, equitably, supportively and confidentially
within the training accountability framework*

Name: Grade: Date:

Clinical Supervisor: Educational Supervisor:

Programme: Training Programme Director:

Persons Present:

Meeting led by: Notes taken by:

Concerns**Consider**

*Are they safe to
practice?*

*If no, inform Clinical
Medical Director and HR*

Have they got a GP?

Discussion

What are the issues?
Clinical Performance

*Personality /
Behavioural*

Physical illness

Mental illness

Environmental issue

In all circumstances where there are fitness to practice issues the Postgraduate Dean must be involved.

Action Plan

Define Learning Need	Create Learning Objectives	How will I address them (action & resources)	Date set to achieve goal	Date actually completed	<p><i>Document agreed SMART goals and objectives ie. Specific, Measurable, Achievable, Relevant Timeframed</i></p> <p><i>Use work based Assessments as Appropriate</i></p> <p><i>Agree clear timeframe</i></p> <p><i>Identify date for review</i></p> <p><i>Has the trainee got adequate support?</i></p>

Date of next Review:

Refer to Occupational Health YES / NO

Involve (circle if appropriate) Clinical Director / Director of Medical Education / Deanery / other

Signed.....
Educational supervisor Consultant

Signed.....
Colleague (College Tutor or representative)

Signed.....
Trainee

Date.....