Educational1 Performance pathway

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| **Structuring and Recording**Contemporary recording of events2Evidence triangulation3Timely contactsSMART plansClear summariesSignposting process of reviews | **Identification4** **Building and maintaining Relationships** Building trust and **Transparent communication with**TraineeESCSSchemeSchool (DiD tutor)OthersGathering information /reaching a diagnosis**Assessing risk to patients10**Confirming and Agreeing evidence 11Using Self-assessment and comparing with Educator assessment(s) 12 Classifying evidence 13  to reach and share an initial RDM-p**©** diagnosis (defining the problem)Reviewing Relevant background information to achieve a SKIPE**©**understanding 14, 15 Planning and ExplanationSummary agreement on Problem “What” and “Why”**SMART plans and review dates****Review and safety nets discussed16** **Reviews17**Including diagnosis and Causes as well as plans. |   |

1. Remember that where trainees do not attend to contractual demands e.g. around timekeeping, leave and communication with colleagues after difficulties have been discussed repeatedly a disciplinary or contractual route may be appropriately followed as well or instead of the Educational performance route, i.e. treat the trainee as you would any other member of staff
2. One of the biggest challenges to supporting people with poor progression and assessing progress is lack of information so it is appropriate to use Educator Notes for relevant discussions being recorded as well as expecting more than the RCGP minimums for WPBA etc. Good records also help to defend any future challenge.
3. Triangulation may come from seeing performance problems arise from different contexts, different evidence gathering tools and from different people. Evidence from colleagues helps, non trainers can be given access as CS , and where possible get several people to do the WPBA and contemporaneous descriptions of reports from the wider practice team may also be useful.
4. Early identification is the cornerstone of fairness. It helps the trainee to have more chance to improve, it helps ensure that all posts have awareness of possible difficulties which improves patient safety, and it may help the school of GP and trainee if they are not struggling for 3.5years on a programme they are never capable of completing.
5. SJT The situational Judgement test (also known as the Professional Dilemmas Test) is a computer marked assessment of judgements made which is part of the process for GPSTR selection. It has been shown to have a high predictive value for successful completion of GP training.
6. Admin behaviours There are a range of measurable behaviours which may suggest concerns these might include poor attention to the lab results, or practice paperwork, Failure to register as AiT within first month of ST1, Failure to return paperwork for CRB, or for GPSTP salary within first month of posts, Failure to complete a COT by end of first two months in a General Practice post, Late release of learning log entries to educational supervisor (i.e. more than 15 log entries released at any one time after a previous gap in entries of 3w or more), Not responding to e-mails from GPSTP or TPD or ES, other issues with maintaining e-P
7. Indicators of potential underperformance: <http://www.yorksandhumberdeanery.nhs.uk/media/78468/IndicatorsofUnderPerformanceFramework.doc>
8. Absence. Sickness which is either  long term  or short and repeated may represent a reason for concern, but absence should also relate to late arrivals/ early departures from work or, absence from OOH or failure to book this.
9. SUI Significant Untoward Incident. This is the official GMC term for any incident which involves significant harm to or risk of harm to patients. The SUI should be reported to the employing Trust, ( or to the Responsible Officer in GP). All those involved in an incident will need to report this on their Form Rs or appraisals.
10. Risk : it is important to pause and consider risk to patients. The more likely this is the quicker the contact with the school of GP needs to be and the greater the level of checking to ensure patient safety. Think about how as GPs we suspend the partnership approach in consultation when there is a safeguarding concern… The greater the assessed risk the more senior the ES should be and the more regular the reviews need to be.
11. Performance issues are difficult conversations, it is really important to ensure that the nature, and separately the cause, of concerns are established as objectively as possible (i.e. in terms of behaviours that are seen/not seen, rather than impressions) before a judgement is made about their importance or relevance. The task for an educator is to first try to summarise what evidence there is that is objective and then to review and agree this with the trainee.
12. It is important to consider the amount of insight that the trainee has and comparing self assessment with assessment done by an experienced practitioner is a useful way to do this <http://www.yorksandhumberdeanery.nhs.uk/media/126007/RDMp%20Screening%20Form%20revised%209%2013.doc>
13. The process for establishing the diagnosis of what the educational issue is or are is one that most GP educators will not do that often and so it is appropriate to progress slowly and gradually rather than assuming it is easy to recognise the pattern (like a sore throat). R, D, and M are all defined by the evidence seen, p is inferred when there are relevant patterns over time or between events. It is important at this stage to look and agree the nature of the problem first overtly and clearly *and only then at the next step to start to consider causes.*
14. Our process should separate making a diagnosis in terms of Relationship, Diagnostics, Management and professionalism from understanding possible causes (as a GP would separate making a diagnosis of pneumonia from the aetiology as inferred from smoking status, occupation etc. when planning how to manage the problem).SKIPE**©** ( Skills, Knowledge, Internal Past, and External ) provides a structure for reviewing the context or causes of difficulties. <http://www.bradfordvts.co.uk/wp-content/onlineresources/0307teachinglearning/difficulttrainee/the%20RDM-p%20manual.pdf>
15. Review of the full context of a trainee’s situation may result in an assessment that the trainee is likely to benefit from other support. What this might be will depend on the RDM-p diagnosis and the SKIPE review. This will include re-visiting RDM-p**©** to determine whether there are specific Knowledge , Skills or Attitude issues which need to be addressed.

Local resources to be aware of include Take Time (WYLO and NEYNL) or Workplace Wellbeing for counselling and psychological support, Occupational Health referral (to Trust OH, but school has letters to help frame relevant questions), Life Coaching either private or through the GP School/LETB.

<http://www.yorksandhumberdeanery.nhs.uk/1360?search=coaching> , Dyslexia screening may also be appropriate <http://www.yorksandhumberdeanery.nhs.uk/media/135789/GP%20School%20Dyslexia%20Policy.docx>

Don’t forget to review organisational aspects of the work role as potential concerns from ES, CS and trainee perspectives.

1. Performance reviews need to be much more frequent than ESRs or ARCPs and have a different function. ARCP are run in a very defined manner and do not involve the trainee in the process to reach a decision. It is not normally possible to define a detailed educational plan at an ARCP either and this is best done at a performance review meeting with the trainee.
2. Reviews of trainees with Difficulties should include considering if the evidence suggests that the educational diagnosis needs to be reviewed ( RDM-p**©)** and if there has been a change in causes for the problems (SKIPE**©**) as well as reviewing progress against the action plans agreed.

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