

Name of Guidance	Principles for recognition and support of Doctors and Dentists in training experiencing difficulties
Category	Trainee Support
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1.0	August 2018	David Eadington	New Guidance

Section 1: Introduction

Doctors and dentists in training may experience difficulties and need extra help and support to perform competently and progress through the training programme. Intervention through early identification, clarification of level of concern, proper assessment and support during such periods is an essential part of training and maintaining patient safety. The aim of this guidance is to support educators and learners by outlining a systematic approach to challenging and often complex issues.

This guidance has drawn on various key national and regional documents. It should be read alongside existing guidelines, policies and protocols from;

- Health Education England (Yorkshire and Humber) (HEE-YH)
- Local education providers (LEP)/employing organisations (including their disciplinary procedures)

It is intended to support those other processes, and not to replace them.

It is supported by detailed training packages from HEE-YH which are accessible to clinical educators on this link: www.yorksandhumberdeanery.nhs.uk/education

HEE-YH has chosen not to create a Professional Support Unit as a separate organisational entity - all educators need training and support to enable them to deliver their responsibility for providing this kind of support. This guidance illustrates how the necessary components of professional support are identified, resourced, and coordinated.

Section 2: Key Principles

The following key principles underpin this guidance. There should be:

- A culture of support and development for both trainees and educators.
- A consistent and systematic application of fair and transparent processes, including principles of equality, diversity and inclusion
- Trained educators with clarity and confidence in delivering their roles and responsibilities
- Access for trainees and educators to a range of additional educational resources, including coaching and specialist educational help.
- Clear and appropriate communication between educators and with the trainee.
- Early identification of issues with focused clinical supervision and training to prevent escalation.
- There must be documented evidence of concerns (in e-portfolio and/or trainee file depending on level of concern), discussions, decisions, and follow-up plans.
- Clear criteria for assessments and action plans, with decisions supported by written evidence that has been shared with the trainee.
- Collaboration between HEE-YH, employing organisations and local education providers, present and future, to ensure optimal trainee support, patient safety, provision of education and best HR practice.

Section 3: Who Should Be Considered As A Trainee Experiencing Difficulties?

Three terms are currently in use;

- Doctor in Difficulty; a trainee whose progression problem has already led to an adverse ARCP outcome, OR who is the subject of investigation by an external agency or regulator.

The same term is often applied (wrongly) to any trainee with any problems that are being managed at any level. This wider use of the term risks accentuating the stigma that many trainees perceive around the use of the term 'DiD' – the focus of identifying problems is always to provide support, and not to label someone as failing. People develop at different speeds, and in different skill domains; there will inevitably be some trainees developing more slowly than others.

- Doctor at Risk; a trainee who has been named in a revalidation Exception Report either for a conduct concern, being named in a complaint, or as a witness in a SI investigation. No conclusions are drawn at that stage, the term is purely to ensure that trainees who will need additional support during the process are identified.
- Trainee Experiencing Difficulty; a more inclusive term to encompass any trainee in whom the expected training trajectory has become (or may become) disturbed, by many possible factors.

All doctors should work in line with the principles and values set out in the GMC guidance 'Good Medical Practice' (the GDC for dentists) and should demonstrate that they are doing so through evidence gathered. The reasons why a trainee might be experiencing difficulties in doing this are wide and varied. Whilst not an exhaustive list, concerns about a doctor or dentist in training may involve:

- Clinical knowledge and skills
- Communication skills – written, verbal and non-verbal
- Environmental/organisational issues
- Poor or non-engagement with work or training delivery
- Professional behaviour and attitudes
- Health concerns, including stress related illness, alcohol or drug misuse/addiction
- Social factors – isolation, integration, family issues, financial concerns
- Doctors and dentists in training may also become involved in Serious Incidents, Coroner's Inquests, Complaints and (rarely) GMC/GDC referrals. These events create added risks, and additional professional and pastoral support is often required.

Several factors can combine to aggravate a situation.

The learning environment itself may be relevant. Working conditions and trainer commitment/behaviour should be considered as a potential contributor – it is not just the doctor in training who may have a problem that needs a solution.

Section 4: Who Are The Key People Who Will Be Involved in Supporting a Trainee Experiencing Difficulties?

There is an extensive network of educators available to give support to both the doctor or dentist in training, and to their trainers when they need advice;

HEE-YH/'Deanery'	LEP/Employing organisation	Other
Training Programme Director/Foundation TPD	Sessional Clinical Supervisor, Named Clinical Supervisor, Educational Supervisor	Occupational Health
Head of School/Deputy FSD	Director of Medical Education	Primary health care providers
Specialty Training Committee Chair	Clinical Leads, Clinical & Medical Directors	Secondary health care providers
Lead Deputy Dean Associate Deans	Royal College Tutor Regional Specialty Advisor	Multi-professional support team (e.g.: pharmacists)
	HR	GMC/GDC/NACT
Administrative support within all organisations		
INVOLVEMENT OF AND DISCUSSION AND COMMUNICATION WITH TRAINEE		

The spectrum of performance difficulties varies from minor concerns presenting a potentially low risk to patients or to training progression (Level 1), a medium risk group (Level 2) where the concerns are more worrying, up to serious and/or repeated performance problems that create a high potential level of risk (Level 3), and which require a more intensive approach. When more significant or longer-lasting issues develop, defining the level is a matter of degree - level 2 usually means that the specialty School is managing the trainee jointly with the LEP, level 3 means that the Lead Deputy Dean is also involved and often that additional resources are being applied. Examples of level 2/3 would be significant concerns about patient safety, disciplinary matters, complaints that may indicate serious underperformance, conduct/behaviour/professionalism concerns, persistent organisational and communication issues, continuing failure to engage with the education process, repeated inability to pass exams, and the impact of health concerns. Complex issues have potential to pose significant risks for the trainee, patients, and the employing organisation.

Section 5: Early Identification and Support for Level 1 Concerns

It is important to recognise the early warning signs in the workplace which might indicate that a trainee is experiencing difficulties. Some of these signs are:

- The disappearing act – lateness, unexplained absence from work, just not being reliable
- Slow work rate – apart from the obvious, this relates particularly to trainees who fail to engage with the e-Portfolio, make few log entries; do not complete the minimum number of Workplace Based Assessments etc.
- 'Ward rage' – i.e. outbursts of temper
- Rigidity – poor tolerance of ambiguity and complexity, inability to compromise
- Bypass syndrome – nurses and others avoid seeking opinions from the trainee, and go to others
- Career problems – difficulty with exams, uncertainty about career choice
- Lack of self-awareness – rejection of constructive criticism, defensiveness, counter-challenge

Each of these concerns may have unrecognised mitigating causes which need to be understood. A few examples are given;

The disappearing act

- The problem; Daniel is a Foundation Year 2 doctor working on a gastroenterology ward. His team have noticed his absence recently. He always comes to work but is sometimes a few minutes late or disappears off in the middle of ward round. Sometimes he seems to be away for lunch for a long time or he doesn't seem to eat anything saying it's so he can get off a few minutes early.
- The unknown; Daniel's mum has recently been diagnosed with cancer and he is fielding constant phone calls and text messages from family who want his advice/opinion/support because he is the only doctor in the family.

Slow work rate

- The problem; Pauline has been working with the colorectal surgery team for 3 months, however, she does not seem up to speed with her colleagues. You have noticed she tends to take a long time to complete seemingly simple tasks. She has only done 1 work place based assessment on her portfolio and hasn't completed 360 feedback from the team.
- The unknown; Pauline was highly regarded by her previous team and her portfolio was always completed. She was recently bereaved, and this has impacted on her work.

Ward rage

- The problem; Donna appears to be a competent and effective worker, but the nursing staff tell you that while she is lovely and does a good job, she can be quite short and snappy with them and last week she got annoyed and stormed off the ward.
- The unknown; Donna feels she is struggling with the pace of work; she feels stressed and anxious and worries she is not doing a good enough job. She admits she has stormed off before but this is usually, so she won't be seen getting upset.

Rigidity

- The problem; Cho struggles to deal with complex cases. She is quite set in her ways and does not deal well with a change of plan or situation. She can be unwilling to compromise, and the nursing staff have noticed she won't meet them in the middle with any of their requests.
- The unknown; Cho is a Foundation doctor who is working in the UK for the first time. She is accustomed to training in a different healthcare environment. She is establishing a routine of working in the NHS. She is trying to get used to new equipment, new prescription charts and collaborative working.

Bypass Syndrome

- The problem; Mark is one of two core trainees within your team. Members of the team tend to ask the other core trainee or call a more senior team member rather than speak to Mark. Mark always looks tired and busy and team members don't know that he will listen to their concerns.
- The unknown; Mark has recently begun experiencing migraines. He is not sleeping well and is experiencing pain. He is finding concentrating difficult and has made some errors in prescribing and note taking. He is finding this frustrating but does not know what to do.

Career Problems

- The problem; Mohammed has taken his part 2 exam twice with no success. He has been heard telling colleagues he does not know if it is all worth it and that he might leave medicine. On discussion it is clear that Mohammed enjoys his job but is finding this hurdle very difficult.
- The unknown; Mohammed is a new dad. His wife had a complicated pregnancy. He sat part 2 during her pregnancy thinking that would be an optimal time, but things didn't work out as planned. He ended up trying again with a new baby at home.

Lack of self awareness

- The problem; Reem has received poor feedback on her multisource assessment. You discuss this with her, but she is very dismissive of comments from other professionals. You point out that you too have observed some of the highlighted behaviours, but she is defensive.
- The unknown; Reem has very strict parents who criticise her often. She has developed ways to protect herself and tends to reject criticism.

Support

Concerns should first lead to discussion with the named Clinical Supervisor and, if needed, the Educational Supervisor. Once information is gathered from the trainee, and from other sources as indicated, specific needs should be identified so that clear objectives can be set and a revised personal development plan agreed. This should include a date for review and should be in full discussion with the trainee concerned. If a health issue is suspected, advice regarding an occupational health assessment should be sought - absences should be recorded by both Trust HR and on the trainee e-portfolio (and summarised on Form R).

All remediation plans, whatever the scale of the problem, should be tested against the SMART criteria;

- **Specific** – targeting a specific area for improvement.
- **Measurable** – quantify or at least suggest an indicator of progress.
- **Assignable** – specify who will do it.
- **Realistic** – state what results can realistically be achieved.
- **Time-related** – specify when the result(s) should be achieved by.

Most issues are level one, local and minor and can be resolved within the service or the programme, by the named Clinical Supervisor in conjunction with Educational Supervisor. The Lead Educator will usually be the Educational Supervisor - who might want to seek advice from the Training Programme Director (the FTPD if a Foundation trainee). Comprehensive, open and honest documentary evidence should be kept and shared in a confidential manner.

Section 6: Managing Higher Levels of Concerns (Levels 2 and 3)

Trainees should be assessed and managed jointly by the Department of Medical Education in the LEP and HEE-YH, with the TPD/FTPD being the Lead Educator. An initial fact finding internal review should take place to gather all relevant information. This should be done in a sensitive and confidential manner, should include the trainee and is likely to include members of the multi-professional team. If progress has previously been good, there should be a thorough search for

reasons for change, including health and personal circumstances as well as organisational issues

Action plans may involve solutions at local or regional level including remedial training. It is therefore important to involve educators and other relevant stakeholders outside the service or programme so all relevant resources available can be considered. Additional training time may be required and must be flagged up early to ensure educational, contractual and supernumerary funding arrangements are in place if needed. Workplace adjustments may be needed, particularly if health or social factors are identified. Arrangements for targeted support and clinical supervision, occupational health involvement, limiting on-call duties, working Less Than Full Time, Out-of-Programme Career Breaks, etc. could be considered.

Again, comprehensive, open and honest documentary evidence should be kept and shared in a confidential manner. This information is held locally within the LEP for level 1 concerns. For level 2 and 3 concerns, accurate and updated records should be kept by the LEP and also placed in the trainee file at HEE-YH.

Complaints, conduct issues & SIs should be reported to HEE-YH using the Revalidation Exception Report system.

Relevant training information should be forwarded to future LEPs especially where specific actions are indicated for the next placement. This should be done by a standardised mechanism and with a timescale that enables subsequent LEPs to plan their provision of support. This would normally be done by the TPD/FTPD.

When assessing progression in training and the impact of remediation measures all necessary information should be available to the ARCP panel members so that appropriate decisions can be made. The ARCP panel will base its decision only on the information in the e-Portfolio, so it is essential that remediation plans are uploaded in order for the panel to gauge the extent to which the evidence illustrates improvement. Where there is additional information that may influence the ARCP panel decision this would normally be shared with the panel through the Revalidation Exception Report process, which is also shared with the doctor in training.

Section 7: Conduct concerns

Concerns that are primarily about conduct should be managed by the Employer using agreed disciplinary procedures in line with local policies and national guidance on Maintaining High Professional Standards. The Postgraduate Dean (or delegate) is the Responsible Officer for all doctors and dentists in training, and HEE-YH must be made aware so that information can be acted upon and decisions about further training placements can be made.

Section 8: Serious Incidents

It is almost inevitable that at some stage a doctor or dentist in training will either witness or be involved in a Serious Incident. This can have an important impact on the staff involved as well as the effects on the patient and family. The extent of trainee involvement in the event bears no relationship to the severity of the event itself, but pastoral support for all staff is still important, as well as the professional investigation process needed to promote learning from the event. Please see further attached guidance to explain the role of HEE-YH in managing trainees who are involved in or witness serious clinical incidents.

www.yorksandhumberdeanery.nhs.uk/learner_support/policies/quality_management_and_patient_safety

Some Serious Incidents are followed by a Coroner's inquest. Further explanation of the inquest process and the support available to doctors and dentists in training is at this link;

https://www.yorksandhumberdeanery.nhs.uk/learner_support/policies/coroners_inquests

Section 9: An integrated approach to Professional Support

The Professional Support figure in appendix 1 illustrates the range of likely responses to different sorts of problem – accepting that every situation will have its own individual aspects. It can be seen that as well as the educational faculty there are many other sources of internal and external support for doctors in training experiencing difficulties.

Workplace morale and satisfaction are a concern for doctors and dentists in training, HEE-YH, and employers. The Wellbeing Resources (link below) are included to illustrate the many options that exist for acknowledging and responding to workplace stresses.

www.yorksandhumberdeanery.nhs.uk/learner_support/policies/trainee_support

Section 10: Reporting to GMC

The GMC (GDC for dentists) may (rarely) need to be informed if there is evidence that suggests that a doctor in training may not be fit to practice on account of their behaviour, for whatever reason, and patients or anyone else may be at risk of serious harm. Examples are where a doctor has:

- made serious or repeated mistakes in diagnosing or treating a patient's condition
- not examined a patient properly or not responded to reasonable requests for treatment
- misused information about patients
- treated patients without their consent
- behaved dishonestly in financial matters, in dealing with patients or colleagues, or in research
- made sexual advances towards a patient
- misused alcohol or drugs

For doctors and dentists in postgraduate training their Responsible Officer is the Postgraduate Dean (or delegate) and their Designated Body is HEE-YH. The need for a referral to the regulator should be discussed in advance whenever possible, usually at Medical Director/Deputy Dean level to maintain consistency in thresholds. Where possible the doctor or dentist may be advised to self-refer, especially if health problems are affecting Fitness to Practice. Some GMC referrals are made by patients or families, but most GMC referrals of doctors in training are made by the employer rather than by HEE-YH. The GMC guidance 'A guide for health professionals on how to report a doctor to the GMC' should be followed.

The National Clinical Assessment Service (NCAS) may assist with assessments of doctors if there are concerns about poor professional performance but patient safety is not considered to be at sufficient risk to call into question the doctor's fitness to practise without restriction.

Being the subject of a GMC investigation can create major stresses, for any doctor. Additional pastoral and professional support will often be needed, and educators who have no previous links to the trainee or the situation leading to the referral may be needed to provide that support. This may be at LEP or HEE-YH level, or both.

Section 11: Summary

- There are many reasons that doctors and dentists in training may experience difficulties.
 - Both organisational/environmental and personal health/social issues should be explored.
 - It is important that concerns are identified early, and appropriate actions taken.
 - Defining an effective management approach depends on the level of concern and the complexity of the situation.
 - Management of medium and high level concerns should be shared by the LEP, clinical educators and HEE-YH.
 - Communication of investigations and remedial plans (with SMART content) should be clear and appropriate with the trainee being involved and supported. Relevant information should be forwarded to future LEP(s) as indicated.
 - Records should be up-to-date and accurate and held at the LEP, and if indicated in the trainee file at HEE-YH.
 - Local, regional and external resources for supporting trainees professionally should be explored and utilised.
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Appendix 1 Professional Support

TYPE OF CONCERN  AVAILABLE RESOURCES 	Competence issues (e.g. knowledge, skills)	Exam difficulties	Communication / language issues	Behaviour / attitude issues	Lack of insight concerns	Confidence issues
Courses and E-Learning	✓ Communication skills, assertiveness or simulation	✓ Study skills, exam technique, communication skills	✓ communication skills	✓ simulation, human factors, assertiveness, communication skills	✓	✓
Work place based assessments	✓	✓	✓	✓	✓	✓
Career advice and support	✓	✓		✓		✓
Peer support		✓ are there study groups in your local area?				✓
Well being resources document		✓		✓		✓
Coaching and mentoring		✓	✓	✓	✓	✓
Counselling services		✓				✓
Health support						
Less than full time resources						
Language assessment	✓	✓	✓			
Services for international graduates			✓ consider refugee specific support	✓ if relevant		✓ if relevant
Dyslexia / learning disability difficulty assessment		✓				
Educational psychology assessment		✓				
SuppoRTT (Return to training services)						
Trust based support	✓ Trust based courses may be available					

Appendix 1 Professional Support

TYPE OF CONCERN AVAILABLE RESOURCES 	Personal / social issues	Social isolation / cultural issues	Health concerns	Serious incidents	GMC investigation	Time management / organisational issues
Courses and E-Learning						✓ Human factors, simulation
Work place based assessments and supervised learning tools						✓
Career advice and support						
Peer support	✓	✓	✓	✓	✓	
Well being resources document	✓	✓	✓			✓
Coaching and mentoring		✓				✓
Counselling services	✓		✓	✓		
Health support	✓		✓ Occupational health, GP, specialist services			
Less than full time resources	✓		✓			
Language assessment						✓
Services for international graduates	✓ if relevant	✓				✓ if relevant
SupportTT (Return to training services)			✓			
Trust based support			✓ HR support re: sickness policy	✓ Clinical team, department of medical education, trust legal team	✓ Clinical team, department of medical education.	
External Support				✓ MPS/MDU/BMA	✓ MPS/MDU/BMA	