

Managing Trainees in Difficulty

Guidance and support for trainees and trainers

Definition

A trainee in difficulty is one whose progress is causing concern or who is not meeting curricular requirements. This may be due to ill health, life events, difficulties with learning or through less than satisfactory professional conduct.

Introduction

Almost all medical and dental trainees will complete their training years meeting educational standards and performing their role without concerns being expressed about their professional performance. However there may be situations where a trainee may be facing difficulties and this guidance is intended to provide a practical overview of managing trainees in difficulty (TIDs).

This guidance seeks to clarify roles and responsibilities, provide suggestions on how to identify and support TIDs, provide a formal management plan for TIDs and provide a systematic approach to dealing with these often complex issues. It is applicable to all specialty trainees appointed to programmes within the East of England Multi-professional Deanery. For Foundation Trainees please also consult the [Managing Foundation Trainees with Differing Needs](#).

This guidance:-

- seeks to provide a robust method of dealing with TIDs ensuring that there are effective and fair procedures for identifying, managing and supporting them;
- highlights the importance of clear, contemporaneous documentation; and
- provides details on where additional support and help can be sought throughout the process.

This guidance places patient safety first but also recognises the principles of acting confidentially, fairly and in a supportive manner to TIDs.

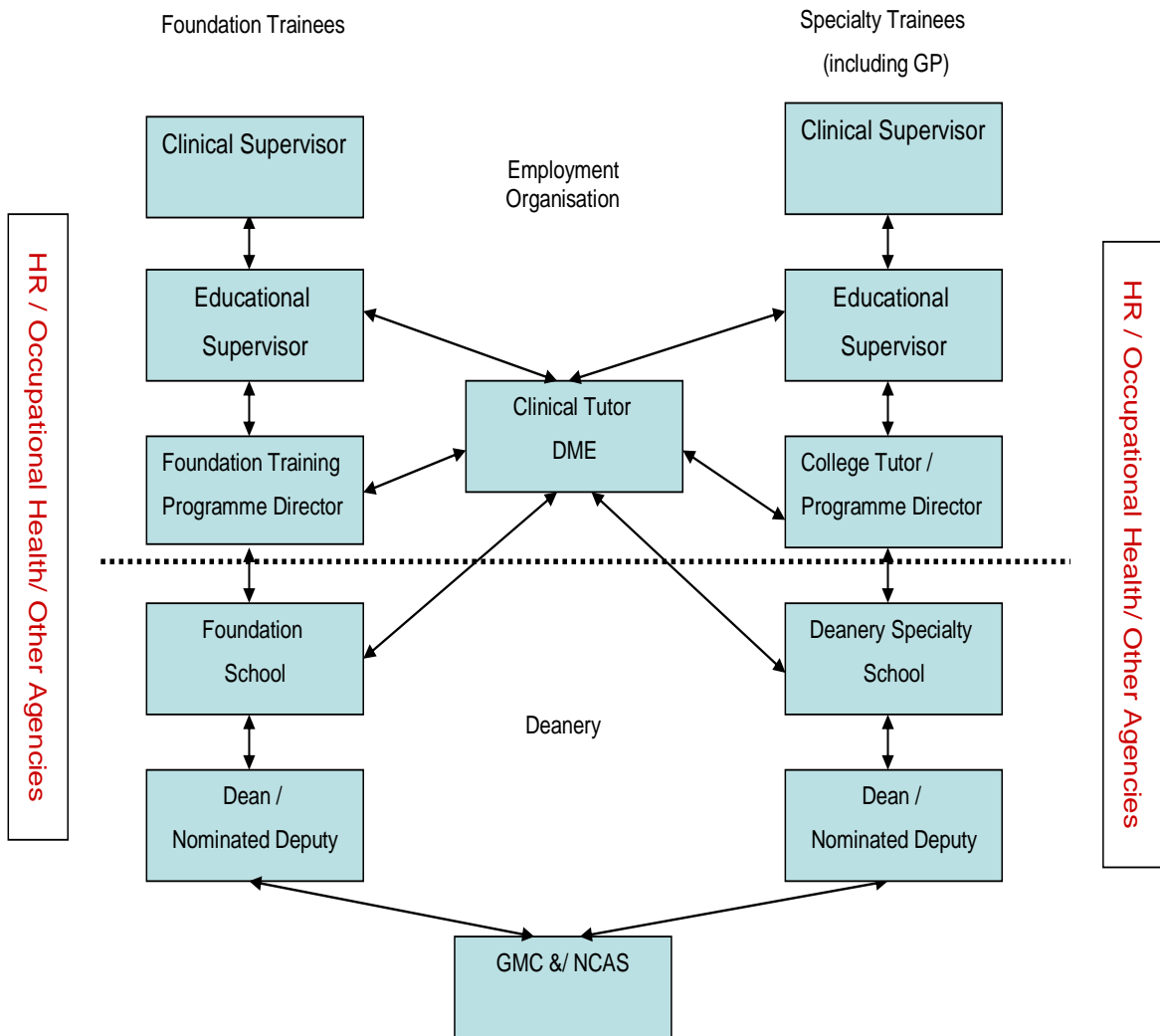
Those involved in the management of TIDs should read:

- Section 7 of the Gold Guide, particularly paragraphs 7.22, 7.23, 7.35, 7.44 and 7.45.
- The NACT(UK) Document: Managing Trainees in Difficulty

Please find the roles and responsibilities of the organisations and individuals concerned in Appendix 1.

East of England Multi-professional Deanery Framework for Managing Trainees in Difficulty

Stakeholder Relationship Chart



This broad hierarchical structure is intended to provide opportunity for a proportionate and effective response.

Process for Management of a Trainee in Difficulty

Identification of a Trainee in Difficulty

It is the responsibility of the Clinical Supervisor (CS) and other colleagues with whom the trainee is working to identify early warning signs of a TID and report these to the Educational Supervisor (ES) / Training Programme Director (TPD) immediately to reduce risk to patient safety.

The causes for poor performance vary widely but key areas include:

- Clinical performance (knowledge, skills, communication):
 - Low standard of work, for example, frequent mistakes, not following a task through, inability to cope with instructions given.
 - Lack of awareness of required standards
 - Acting outside limits of competence
- Personality and behavioral issues: (professionalism, motivation, attitudes to patients and colleagues)
- Sickness / ill health
- Life events (bereavement, family and personal problems)
- Environmental issues: (organisational, workload, available training, bullying and harassment)
- Training environment

Seven Key Early Warning Signs of a Trainee in Difficulty

The 'Disappearing Act'	not answering bleeps; disappearing between clinic and ward; lateness; frequent sick leave.
Low work rate	slowness in doing procedures, clerking patients, dictating letters, making decisions; arriving early, leaving late and still not achieving a reasonable workload.
'Ward Rage'	bursts of temper; shouting matches; real or imagined slights.
Rigidity	poor tolerance of ambiguity; inability to compromise; difficulty prioritising; inappropriate 'whistle blowing'.
'Bypass Syndrome'	junior colleagues or nurses 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.

(Paice 2006)

Classifying the Scale of Concern

The scale of concern regarding a TID will vary. The Educational Supervisor and Clinical Supervisor, usually with the TPD in the case of GP specialty trainees (GPST), will meet with the trainee in the first instance to classify the concern. The severity of the issue will determine if the concern is of a low, intermediate or high level nature, and should be managed in accordance with the guidance given below. Appendix 2 and 3 provide a template for assessing the TID.

Examples: Low Level Concerns	Examples: High Level Concerns
Non-attendance at educational programme Some incidents of arriving late Unavailable on occasions when bleep required	Serious Untoward Incidents Undue absence from the workplace Complaints from patients, relatives or healthcare professionals Poor performance in the workplace clinically, managerially or inter-personally. Failure to engage in the educational process, Erratic behaviour or issues around bullying or harassment.

Management Process

Different problems will require differing solutions. For example, ill health will require the involvement of occupational health and / or the trainee's GP; while unprofessional behaviour may require supportive mentoring, close clinical supervision and feedback to address and change the beliefs behind the undesired behaviour or may involve disciplinary action by the employing authority / referral to the GMC.

An overview of the process for managing TIDs can be found in Appendix 4. In all instances it is also essential that local processes for managing TIDs are followed, and advice from Human Resources and Occupational Health is sought early.

It is essential that facts are gathered and communicated to the trainee in a supportive, open way. It is recommended that this occurs in progress review meetings with the trainee's Educational Supervisor. Meetings must be documented with a copy sent to the trainee.

Low Level Concerns

Where concerns are of a low level nature, the Educational and Clinical Supervisor, or for GPST in conjunction with the TPD, should discuss these with the trainee and document the discussion. Appendix 5 provides a template for the review discussion. Information regarding the concern and resolution must be recorded in the Educational Supervisor's report for the ARCP panel.

With early intervention and / or appropriate focused remedial action, low level concerns will be resolved without further escalation. Where appropriate, careers support may be of benefit and input from Occupational Health may also be helpful. However any concerns, even if resolved, should be documented and communicated through the Educational Supervisor's report and e-portfolio for consideration by the panel during the trainee's next ARCP panel.

If the issue cannot be resolved informally the concern will be escalated to an intermediate or high level concern.

Intermediate / High Level Concerns

Where the concerns are of an intermediate or serious nature, the Educational and Clinical Supervisor, or for GPST in conjunction with the TPD, should meet with the trainee to discuss the issue. A report and an action plan should be implemented and communicated to the trainee, the Training Programme Director, the relevant College Tutor, Clinical Tutor, GP Associate Dean and HR where relevant. Where the concern is of a serious nature and patient safety is at risk the Chair of the Trainees in Difficulty Group should be informed immediately. (See Below)

An action plan should be developed against clearly defined measurable outcomes in consultation with the trainee. Further meetings between those supervising the trainee, but always including the Educational Supervisor with senior educator support, and the trainee should be scheduled to review progress. The supervising educational faculty is responsible for producing contemporaneous, timely and appropriate documentation following each review meeting. For these purposes, employers are recommended to use the template detailed in Appendix 5.

The supervising educational faculty along with HR should consider if additional support from Occupational Health / NCAS should be sought at this stage and if sufficiently serious, the employing organisation's disciplinary or serious untoward incident policy will be followed alongside Deanery policies such as the ARCP policy or the Removal of NTN / Deanery Reference Number in Exceptional Circumstances policy.

Concerns, even if resolved, must be documented and brought to the attention of the ARCP panel. If an unsatisfactory ARCP outcome is thought to be possible, the trainee must be informed and all documentation shared with the trainee prior to the ARCP panel hearing. Please follow the Deanery's ARCP policy.

An unsatisfactory ARCP outcome may lead to a period of targeted training or a requirement to undergo a defined further period of training. Additional support may also be identified including careers support, a recommendation for less than full time training or a supernumerary placement, and occupational health and /or specialist referral. The Deanery will where possible provide additional resource to support recommendations.

Rarely, it may be necessary to consider withdrawal of the trainee's NTN, in accordance with the processes set out in the Gold Guide and the Deanery policy on Removal of NTN / Deanery reference number in Exceptional Circumstances. The Deanery may also refer the trainee to NCAS and / or the GMC if this has not already been undertaken by the Local Education Provider.

Record of Outcomes

The Deanery will keep a written record of all trainees experiencing difficulties reported to them, and they will be reviewed by the Deanery Trainee in Difficulty Group at 3 monthly intervals.

All information concerning sharing of information about progress or conduct of a trainee will be dealt with through the Transfer of Information policy.

Deanery Trainee in Difficulty Group

The purpose of the Trainee in Difficulty Group is to provide support and remediate problems. It will provide advice on handling complex issues, assess common themes, provide links to other agencies such as occupational health, HR, legal advice, career advice and the NCAS / GMC.

The TID group meets on a monthly basis (excluding August) and is chaired by the Postgraduate Dean / Deputy Postgraduate Dean. The TID group will consider cases on an individual basis within the following principles;

- Patient Safety
- Support offered to Trainee
- Support offered to the Educational Supervisor / those involved in handling the case.

In general problems of a low level, straight forward nature will be handled by the local education provider and the trainee's Educational Supervisor. Where the concern includes matters of clinical governance or conduct, HR and the medical director at the LEP must be involved.

If a problem escalates to a medium or high level nature the case should be referred to the TID Group. It is likely that cases will be highlighted to the Postgraduate Dean or Deputy by the Programme Director / Head of School. The Chair of the TID will also request information relating to those trainees who are currently issued with a RITA E Stage 2 or ARCP Outcome 3.

The Trainee in Difficulty Group at its monthly meeting on reviewing each individual case will formulate an action plan with a named contact responsible for follow up. This will include communication with appropriate bodies / individuals and implementation of a remedial training agreement if appropriate to the individual trainee.

Constitution of Deanery TID Group

Postgraduate Dean or Nominated Deputy as Chair
Deputy Dean responsible for LTFT and remedial training
Deputy Postgraduate Dean (s)
Member of the Deanery Senior Management Team
Head of School
HR Advisor

Document History

Version	Date	Remarks
1.0	July 2010	First draft JH, AB JW SA
1.1	July 2010	Revision and second draft involving HoS representatives
1.2	Sept 2010	Second draft discussed with Clinical Tutors
1.3	October 2010	Third draft including Eversheds comments (KR and SS)
1.4	December 2010	Fourth draft AB, KR
1.5	January 2011	Final draft AB, KR
1.6	March 2011	Final version

Appendix 1

Roles and responsibilities

All staff involved with managing TIDs should have undergone Equality & Diversity training within the past 3 years.

Trainee

- As a registered medical practitioner, the trainee has an individual responsibility to practice and abide by the principles enshrined in “Good Medical Practice” and all other GMC Guidance for doctors.
- As an employee of a NHS body (a Trust or General Practice), the trainee has a contractual relationship with his / her employer and is subject to local and national terms and conditions of employment. This will include compliance with clinical accountability and governance frameworks in addition to the employer’s HR policies and procedures.
- As members of a training programme, trainees have a responsibility to fully engage with the educational process at all stages of their training, including taking the initiative to seek help and guidance from their local education provider (LEP) and / or the Deanery if they become aware they are experiencing difficulty. The trainee is also required to complete and provide the necessary evidence to demonstrate their progress through the training programme and the acquisition of the required skills and competencies, including Workplace Based Assessments, and to maintain their training portfolio.
- Trainees should inform their training programme director and where relevant, their employer if they are the subject of a formal complaint, involved in a serious untoward incident or if they are referred to the GMC. Similarly, if the Deanery or employing body receives information from the GMC concerning a trainee, they should inform the trainee and his / her employer.

The Employer / Local Education Provider (LEP)

- The employing organisation must ensure that employment laws are upheld and employer responsibilities implemented through robust policies and procedures. They are directly responsible for the management of performance and disciplinary matters, and for ensuring that issues identified are addressed in a proportionate, timely and objective way. LEPs should have well developed processes covering clinical governance and the identification, support and management of doctors whose conduct, health or performance is giving rise for concern.
- Employing organisations also have a contractual responsibility to provide Practice / Trust and Departmental induction, appraisal, assessment, counselling and pastoral care for doctors in training as well as Occupational Health services as detailed in Appendix 6a of the Local Development Agreement (LDA) between the LEP and the East of England Multi-professional Deanery and the Quality Management Framework for PGMDE.
- Within the employer, Clinical or Educational Supervisors, the Foundation Training Programme Directors, and / or Clinical Tutor/Director of Medical Education may be involved in the identification, support and management of a trainee in difficulty. For this reason it is imperative that employers in partnership with the Deanery ensure that these individuals receive adequate training in the management of TIDs.

This training should emphasise that it is one of the duties of a Doctor to act without delay if they have good reason to believe that a colleague may be putting patients at risk. In addition, LEPs should develop a culture where trainers know that if they have serious concerns about a trainee

- They will be expected to formally document these
 - They will be supported if they do so.
-
- Educational Supervisors / College Tutors must also inform the TPD immediately of any trainee whose performance they deem to be sufficiently impaired as to lead to the possible award of an adverse ARCP outcome
 - When a trainee in difficulty is identified the LEP is required to carry out an immediate risk assessment to ensure patient safety. If it is felt that there is a significant risk to patients, the trainee, the trainee's colleagues, the LEP or the Deanery, the trainee's duties should be modified in order to reduce that risk; this may involve removing the trainee from the clinical environment
 - Additional local support for both the trainee and the trainee's supervisors should also be provided as appropriate by College Tutors, Clinical, Practice and General Managers, Human Resources Departments, Occupational Health departments and the Medical Director of the Trust or Primary Care Trust (PCT) or equivalent.
 - LEPs are required to inform the Deanery of any instance involving a trainee that leads to the employer undertaking any investigation into the conduct of a trainee and any disciplinary actions taken including serious untoward incidents and referrals to NCAS or the GMC. In the case of a GP specialty trainee (GPST) they must also inform the PCT.

The East of England Multi-Professional Deanery

The Deanery is responsible for ensuring the quality management of postgraduate medical education to the standards determined by the GMC and to have systems in place to respond quickly to any concerns raised.

The Deanery has structures and processes in place for educational governance and operational educational frameworks led by the TPDs overseen by local Postgraduate Schools Boards under the supervision and guidance of Heads of School, the Associate Deans and the Postgraduate Dean / Postgraduate GP Dean.

- Advice from within the Speciality must be available for trainers and will generally be provided through the relevant Training Programme Director (TPD) who is likely to also arrange to interview the trainee. Specialty TPDs will be supported in their role by the Head of School / Lead for Trainees in Difficulty of the appropriate Specialty School and / or the Specialty Associate Dean. The latter should be included in all information transfer regarding such matters.
- Whenever there is a need for the Deanery to initiate additional educational support over and above that required in a typical programme an appropriate action plan will be developed, usually in cooperation with the trainee concerned. Records of all meetings must be contemporaneous and accurate; all parties should agree these records.

A plan may involve a multi-professional approach although the Postgraduate Dean/GP Dean will maintain responsibility for the coordination of the educational provision for the trainee. As necessary the delivery of this plan will usually be supervised through the TPD and monitored through the local Postgraduate Specialty School. The Deanery will keep the relevant Medical Director and Clinical Tutor informed of any matters of relevance to the employer/PCT/Trust pertaining to a trainee in difficulty.

The Deanery is also responsible for trainer development. Training to support the management of TIDs is provided within the Deanery Faculty Development programme. Specialty Associate Deans are also available to give advice to all those involved in this process and to help arrange further advice and support for trainees in difficulty and their trainers / supervisors.

National Clinical Assessment Service (NCAS)

The NCAS as 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. Employers / LEPs must consider referring any trainee suspended under their internal disciplinary process to NCAS and to inform the Deanery of this immediately.

General Medical Council (GMC)

The employer / LEP should involve the GMC in all cases when the doctor's medical registration is called into question. All doctors are bound by the terms of the GMC's Good Medical Practice, in particular, the responsibility to raise concerns about the fitness to practice of a trainee in difficulty independently of this guidance.

Assessment / Performance Review for a Trainee in Difficulty

Name	
GMC Number	
Date	
Clinical Supervisor	
Educational Supervisor / Trainer	
Programme	
Programme Director / Clinical Tutor	
Persons present	
Meeting led by	
Notes taken by	
Initial or review meeting	
Previous meeting dates	1
	2
	3

Concerns	Main issues to consider	(Y / N)
	Clinical performance / capability issues (see checklist 1)	
	Health issues (see checklist 2)	(Y / N)
	Physical	
	Mental	
Discussion & issues identified	Specific learning disability	
	Personality / attitude / behavioural issues (see checklist 3)	
	Environment / support / systems (see checklist 4)	
What has been done already?	Patient safety: Are they safe to practice?	

Summary of main issues		
Risk assessment		(Y / N)
Who does this affect?	Trainee	
	Patients	
	Employer	
	Colleagues / teams	
	Deanery	
Scale of concern		(Y / N)
Please indicate scale of concern	High	
	Intermediate	
	Low	
Action plan for doctor in training Attach if necessary, but list summary points below		
Action plan for assessor(s) May include clinical / educational supervisor, trainer, programme director		
Further referral	(Y / N)	Comments
Own GP		
Occupational Health		
Regional Director		
Specialist Deanery support - communication skills - occupational psychologist - educational psychologist - elocution coach		
Other		

Review date	
Signature of assessor	
Signature of trainee	
Trainee comments	

Print off completed copy of form for signing and retain in trainee's records.

In all circumstances where there are fitness to practice issues, the Medical Director and Postgraduate Dean must be informed.

Adapted with permission from Dr Ian Curran's "remedial interview record" for NACT UK, and "The Wessex Institute Strategy for Dealing with Doctors in Difficulty", Severn & Wessex Deanery.

Copy sent to	
Clinical Tutor	
Training Programme Director	
Head of School	
Specialty Associate Dean	
Postgraduate Dean	

Checklist for Assessing a Trainee in Difficulty

The following lists are by no means all-encompassing, but give the flavour of “symptoms” of problems in the four broad areas. There is quite a bit of cross-over, and the assessor will need to ascertain for him / herself the root cause(s). *What are the underlying reasons for these observed problems / behaviours?*

Please note – all of us could generate a tick in one of these boxes at some time during our career. One or more checked boxes does **not** automatically mean a trainee has a significant difficulty. The purpose of the lists is to act as a reminder of the sorts of problems / observed behaviours that **may** indicate significant difficulty in the four areas of Clinical, Health, Attitudinal and Environment, and to facilitate raising / discussing these with the trainee.

1. Clinical Performance and Capability Issues		
	(Y / N)	Comments / Details / Evidence
Clinical complaints		
Failing exams		<i>An “early attempt” exam failure does not necessarily indicate a major problem.</i>
Supervisor’s concerns		<i>May start as “gut feeling” but try to evidence with clear statement of areas of concern by reviewing the checklists.</i>
Poor competence development despite working long hours		
Help seeking +++ or not enough		<i>Loss / lack of confidence (why?) – or over-confident with poor insight.</i>
Rigidity or inflexibility of approach		
Disorganised diagnostic process or decision making		
Missing “the big picture” +/- resulting poor prioritisation		
Poor judgement		
Over-keen to please and never saying “no”		<i>Personality issues overriding professionalism?</i>
Critical incidents		
Capacity: a fundamental limitation from a physical / mental impairment which prevents them from doing their job		<i>If due to a chronic physical or mental illness this may force a change of role or career.</i>
Discussing a career change		

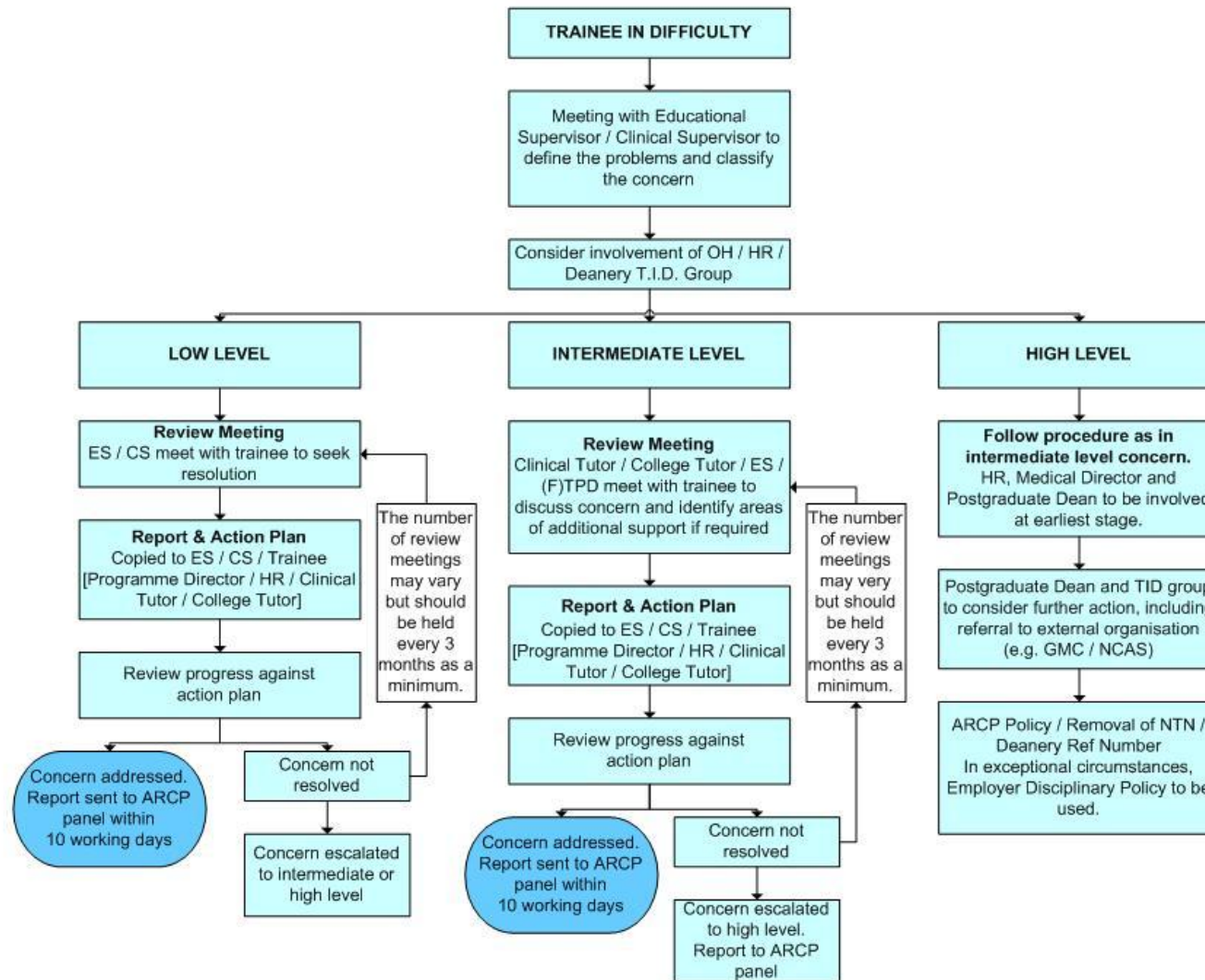
2. Health Issues		
	(Y / N)	Comments / Details
Frequent absences / sick leave		<i>Try to discover underlying cause, e.g. work stress, personal / relationship difficulties, ongoing illness.</i>
Fall-off of previous good performance, poor motivation		
Stress due to (non-medical) life events		
Drug or alcohol abuse		<i>Patients may report the individual smelling of alcohol.</i>
Patient complaints / feedback		
Overt psychiatric illness		
Overt physical illness		
Verbal / physical aggression		
Erratic / volatile behaviour		<i>Inappropriate emotional outbursts.</i>
Capacity: a fundamental limitation from a physical / mental impairment which prevents them from doing their job		<i>If due to a chronic physical or mental illness this may force a change of role or career.</i>
Evidence of difficulty with processing information		<i>Consider whether an educational psychologist's assessment is warranted.</i>

3. Environment / Systems / Support Issues		
	(Y / N)	Comments / Details
Complaints re "attitude" from patients		
Complaints re "attitude" from staff		<i>Being rude / overbearing to staff, ordering them around inappropriately, public dressing down of staff.</i>
Hostile reactions to feedback / constructive criticism		
"Ward / reception rage"		
Lack of team working		<i>This may include being unwilling to cover for colleagues, or undermining them by criticising / arguing in front of patients; isolation; being "invisible", disappearing acts.</i>
"Jobsworth"		
Arrogance, lack of insight		
"Bypass syndrome"		<i>Colleagues avoid seeking the individual's help and go round him / her to seniors / others.</i>
Abrupt absences with no explanation		<i>May conceal a health issue also.</i>

4. Environment / Systems / Support Issues		
	(Y / N)	Comments / Details
Individual complaining of excessive workload		
Demoralisation / demotivation		<i>May be through being stressed, bored, bullied or simply overloaded; noise / disruption within work environment; poor / absent educational input.</i>
Unexplained or sudden absence from work		
Frequent complaints to colleagues		<i>Colleagues may bring departmental problems or trainer / trainee relationship problems to attention of others.</i>
Lack of team working		<i>May be because of dysfunctional team.</i>
Frequent absences / sick leave, especially on the busy days		<i>Whilst this may be a capacity issue it may also stem from unrealistic timetabling / excessive workload.</i>
Overt complaints to Educational Supervisors / PDs concerning environment / support		
Issues / relationship concerns between trainer (or clinical educator / supervisor) and trainee		

Appendix 4

Management Flowchart for Managing Trainees in Difficulty



Appendix 5

Conduct of review meetings

Concerns need to be documented and objectively evidenced and ideally shared with the trainee before the meeting. Factors which should be considered include:

1. Background information
2. Relevant issues identified during selection e.g. assessment of suitability for training?
3. Evidence of pre-existing concerns e.g. from previous attachments, and
 - a. Evidence that these concerns have been recorded
 - b. Evidence that trainee has been made aware of these concerns
 - c. Evidence of attempts to address these concerns
 - d. Evidence of trainee's response to these attempts
4. Evidence of previous satisfactory performance (which has subsequently declined)
5. Mitigating circumstances.
6. Remedial training time since start of all training
7. Details of the issues(s) that have resulted in the event, meeting or concern.
 - a. Supporting evidence and results of further investigations
 - b. Learners' awareness of these concerns and transparency of the process
 - c. Attempts to address concerns, e.g. educational support)
 - d. Progress to date
 - e. Evidence of an underlying cause e.g. health issues
 - f. Unresolved educational issues
 - g. Proposed attempts to address these – including an estimation of any extra time or resources that might be required.
 - h. Proposed methods to assess progress

Appendix 6

The guidance draws upon policies and standards published by the General Medical Council (GMC) and General Dental Council (GDC), as well as national guidance set out in 'Managing Trainees in Difficulty', NACT 2008. It describes the Deanery's framework and management options for individual trainees including the involvement, as necessary, of the employer, deanery and outside agencies.

List of Relevant Deanery Policies

ARCP Policy

Consideration of Removal of NTN / Deanery Reference Number in Exceptional Circumstances

Transfer of Information Policy

Managing Foundation Trainees with Differing Needs

Serious Untoward Incidents

References

Paice E (2006) The role of education and training. In: Cox J, King J, Hutchinson A and McAvoy P (eds) *Understanding Doctors' Performance*, pp. 78-90. Radcliffe Publishing, Oxford.

Link to London faculty development e-learning (free resource):

<http://www.faculty.londondeanery.ac.uk/e-learning/managing-poor-performance>

'Managing Trainees in Difficulty', NACT 2008

<http://www.nact.org.uk/parsedownload?docid=2381>

The Gold Guide

http://www.mmc.nhs.uk/specialty_training/specialty_training_2011_final/gold_guide.aspx