



Managing a Trainee in difficulty

A. Scope of Document

The purpose of this guidance is to provide support and guidance to Faculty Registered Trainers (FRTs) who encounter a trainee in difficulty during a clinical placement for either the DFSRH or LoC and where the trainee is NOT a recognised “doctor in training” and as such would come under the responsibility of the Postgraduate Dean. For those trainees separate guidance exists and would likely supersede the information contained within this policy document .

A trainee in difficulty may present in different ways but in general concerns fall into 3 main categories:

1. capability
2. health/ personal factors
3. conduct

B. Why is separate guidance necessary?

Separate guidance is needed for the management of DFSRH and Loc trainees in difficulty for several reasons:

1. Unlike specialty or Foundation programme trainees, Health Education England and the post-graduate Deans are not directly responsible for their training.
2. DFSRH and LOC trainees include nurses as well as doctors so GMC as well as NMC considerations must be acknowledged.
3. DFSRH and LOC trainees may complete their training in centres that are not their direct employer. Honorary contracts may or may not be in place. Special agreements such as a Memorandum of Understanding may or may not be in place.

C. Process for Management of a Trainee in Difficulty

1. Identification of a Trainee in Difficulty

Patient safety is paramount. It is the responsibility of FRTs and other trainers working with the trainee to identify early warning signs of a trainee in difficulty and report these to the Primary Trainer and/ or General Training Programme Director (GTPD) immediately to reduce risk to patient safety.

A trainee in difficulty may present in different ways. Key areas that may alert concern 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 behavioural issues
 - lack of professionalism,
 - motivation,
 - poor attitudes to patients and colleagues
 - inappropriate remarks or comments
- Sickness / ill health
- Life events (bereavement, family and personal problems)
- Environmental issues: (organisational, workload, available training, bullying and harassment)
- Training environment

The London Deanery website distinguishes between three different 'categories of difficulty'.

- a) trainee failing to make satisfactory progress overall –ie those with capability concerns
- b) those with short term and transient problems that are often personal in nature and just need support – this may also include health issues
- c) 'the difficult trainee' - those with conduct concerns

Distinguishing between these different groups is important because the issues and subsequent management plan will be different.

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.

It is recommended that GTPs have in place measures that will help reduce the risk of problems arising in the first place or allow concerns to be handled effectively. Such measures include:

1. Effective initial assessments – these should be routine at the start of clinical placement so that any predisposing factors may be identified and discussed. The trainee's personal development plan for the placement is usually considered and will inform the "learning contract" which must be agreed between trainer and trainee. The learning contract may later be referred to when there are any concerns about performance or expectations. It may detail the additional support a trainee requires and can expect from the GTP. The initial assessment should also cover the raising of concerns and how they are managed as well as a discussion about any personal beliefs which may conflict with the training. The primary trainer must be clear about expectations about required standards of attitude and behavior. The primary trainer must strive to create an open and supportive relationship with the trainee, where the interplay between work and life is acknowledged and respected.
2. strong medical leadership through a visible and supportive GTPD
3. Human resources input where appropriate
4. Clear written policies and procedures for dealing with concerns
5. Training for GTPDs on the management of concerns.

2) Investigation of concerns

Most concerns can be addressed by early, effective discussions between the 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. Where a concern is raised it is important to establish and clarify the circumstances and facts as soon as possible. It is important to validate the sources of concern. Aim to triangulate evidence by accessing different sources of information. Only form a judgement once all information is collated. Issues of patient and person safety take precedence over all other considerations.

Workplace-based assessments may be useful in validating concerns around performance or conduct. It is vital that you are explicit about labelling all causes for concern and that these are recorded. Use the ACPs and RDCPs formatively from the first session onwards, whether they have been completed fully or there are areas which needed prompting (or even taking over), so that you have a record of the feedback that has been given, and the

trainee has explicit information regarding what they need to do in order to pass the assessments.

Set realistic goals for improvement, monitor these and record outcomes. Ensure feedback is timely, specific and, based on observable behaviours and with specific suggestions for improvement.

See appendix 1 -

A Diagnostic Framework for Poor Performance

See Appendix 2 – Common areas of difficulty and how to approach them

3) Escalation of concerns

Take advice and seek support. Know your organization structure and where you can go for help . It is important that FRTs do not feel they have to manage complex situations single-handedly or alone. GTPDs may escalate to Faculty Regional Training Advisers(FRTAs) and to the Faculty officer dedicated to general training.

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. 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. Early intervention is essential if adverse consequences are to be avoided for patients, the doctor concerned and his/her colleagues.

If the trainee is also a specialty or GP trainee there may be support through the relevant schools and deaneries.

Where appropriate, consider involving Human resources early on in any process so that correct legal employment processes are followed and in order to establish or clarify what your contractual obligations are in terms of providing the training.

Possible escalation pathway:

FRT ==> Primary Trainer==> GTPD ==> FRTA ==> FSRH

GTPD ==> Director of Medical Education/ Clinical Governance Lead ==> GMC/NMC

Remember that the trainee in difficulty will need support too so you may wish to share sources of support with them

See Appendix 3 - Roles and Responsibilities

See Appendix 4 – Sources of support

4) Documentation of process and outcomes

All relevant discussions and interventions with the trainee should be documented contemporaneously. Ideally these should then be communicated to the trainee first and then key individuals in the accountability framework (Trust and/or FSRH, possibly GMC/NMC) and followed up by named accountable individuals such as the Educational Supervisor, GTPD or DME to ensure the process is concluded satisfactorily and managed appropriately.

Maintain a clear record of the concern and how it has been handled. Define the type of concern (for example, health, conduct or capability) and consider any underlying systems or organisational problems. Understand the thresholds for referral to regulatory bodies. Be aware that 'off the record' informal conversations

- do not resolve concerns and often makes them more difficult to handle effectively
- do not change behaviour or discharge responsibility.

IN SUMMARY

The effective management and support of a trainee in difficulty is complex and approaches adopted will vary depending on the nature of the difficulties faced by the trainee and your role in training. However, some general principles are relevant for all.

- i. Seek to create an open and supportive relationship with all trainees, where the interplay between work and life is acknowledged and respected.
- ii. Familiarise yourself with sources of support .A trainee in difficulty is likely to require advice and guidance from a range of people, as will the trainer
- iii. Keep contemporaneous records of all encounters with the trainee in accordance with employer, deanery and professional body guidelines.
- iv. Set realistic goals for improvement, monitor these and record outcomes. The importance of ensuring clear feedback, based on observable behaviours and with specific suggestions for improvement cannot be overstated here.
- v. Remember that trainees in difficulty are also employees in difficulty, who may put patient care or safety at risk. Involve appropriate colleagues with specialist skills within your organisation and your local deanery at an early stage.

Appendix 1

A Diagnostic Framework for Poor Performance - taken from NACT : Managing Trainees in Difficulty Practical Advice for Educational and Clinical Supervisors

Events and Diagnostic Process'

Trigger event or incident

Is it important? Does it really matter? Who do I need to talk to or discuss this with? Consider Clinical or Educational Supervisor, other Colleagues, Clinical Director, TPD, DME, HR, Deanery.



Investigate – validate the sources

Collate evidence from as many sources as possible including from the individual concerned.

Be objective and document in detail



Define the problem. Decide is this an individual performance issue, an organisational issue or both?

Think patient and person safety at all times! Do not jump to conclusions initially. Formulate your opinion as the investigation proceeds.

This analysis is crucial as systems failure is often overlooked and it is easy to blame the individual in isolation - try and resist this temptation! Be fair and objective.



Perform a risk assessment to determine whether this is a minor, moderate or major concern.

Consider the following three questions

1. 'Does 'it' matter?'
- if no – this would constitute a minor concern → reflect and document

2. If yes, do something! Next ask...
'Can they normally do 'it'?'

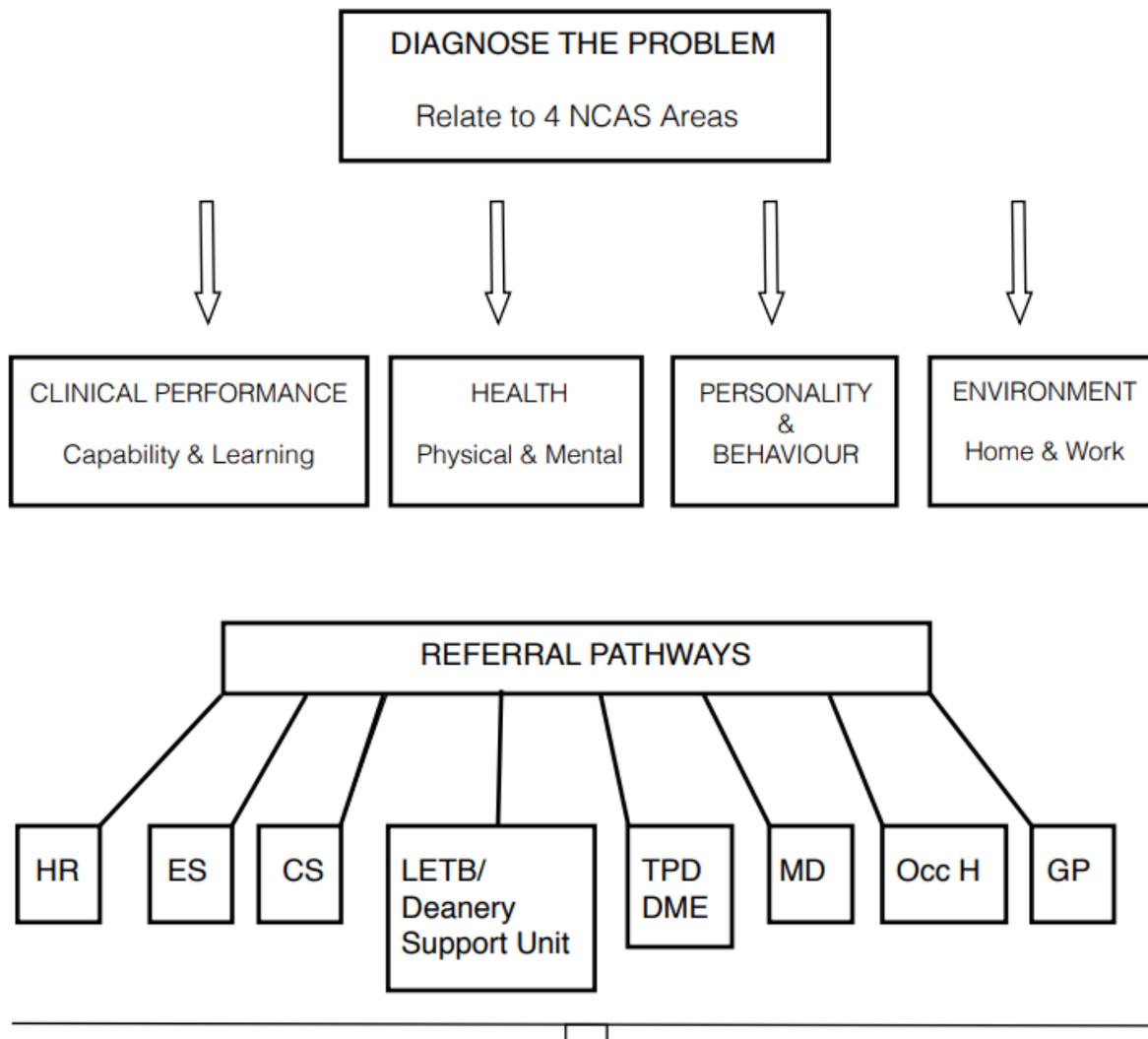
- If no then it is a training or personal capability issue – resolution may be possible with training or retraining.
- They may also be 'un-trainable' and hence never be able to do 'it'. This is a 'diagnosis of exclusion' and can only be reached when a period of intensive training has proven ineffective.

3. If yes the next question is...
'Why are they not doing 'it' now?'

- Diagnose the problem – consider NCAS 4 problem areas. Is there:-
 - a clinical performance issue (capability and learning)
 - a personality or behavioural issue including a cultural background or religious issue
 - a health issue (mental and physical)
 - an environmental issue (home and work)

Once the initial investigation has been completed the findings will help to determine the appropriate response:

- Health matters should be referred to occupational health or GP or any relevant medical service.
- Conduct matters should be dealt with by the employer – human resources
- Capability issues should be dealt with locally in the first instance- educational supervisor (FRT); clinical supervisor (secondary trainers); GTPD; director of medical education
- Regulatory matters should be referred to the regulatory body in parallel with local processes. The GMC employer liaison service is able to advise.
- Any criminal matters should be referred to the police in parallel with local and regulatory processes – acting in a linear way can increase the length of time it takes to resolve issues.
- Any cases of fraud should be referred to the Counter Fraud and Security Management Service for advice.



Appendix 2

Common areas of difficulty and how to approach them

Area of difficulty	Approaches to identification	Possible educational interventions
Practical skills/procedures	Assessed or observed practice Feedback from colleagues Errors reported	Specific feedback and guidance Purposeful observation of those skilled in the procedure Simulation Close supervision and repeated opportunities to practise

<p>Communication skills</p>	<p>Mini-Cex, multi-source feedback, observation Feedback from patients, carers, colleagues</p>	<p>Specific feedback and guidance Video recording with self-review Formal training</p>
<p>Clinical reasoning</p>	<p>Case-based discussion, clinical teaching (on rounds, in clinic, etc.) Over-reliance on investigations Diagnostic errors</p>	<p>Developing knowledge base Use socratic questioning techniques in supervision Data interpretation (results of investigations, etc.) Informal case-based discussion with a focus on rationale for choices made, along with consideration of alternative options (diagnosis, investigations, management) Increased clinical exposure (clerking, history taking) and requirement to present cases</p>
<p>Insight into performance</p>	<p>Multi-source feedback Self-ratings Evidence in feedback (capacity to self-evaluate) and supervision sessions</p>	<p>Encourage independent review of performance in all feedback sessions Encourage trainee to self-rate assessments before sharing your ratings – then discuss difference in perceptions (with evidence to back up) Develop competence through increased opportunities to practise (being able to recognise a competent performance is a key step to developing insight) Regular feedback, with specific supporting examples and guidance</p>
<p>Team working</p>	<p>Multi-source feedback, feedback from colleagues and observed behaviour</p>	<p>Shadowing team members to develop awareness of their roles and contributions Case-based discussion to explore who else to involve in patient management (and why) Specific feedback, guidance and goal setting</p>

Appendix 3

Roles and responsibilities

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

Trainee

4. As a registered medical practitioner or registered nurse, the trainee has an individual responsibility to practice and abide by the principles enshrined in GMC Guidance for doctors and RCN guidance for nurses
5. 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.
6. Trainees have a responsibility to engage with the educational process and adhere to the plan agreed with primary trainer at initial assessment
7. Trainees should inform the general training programme director if they are the subject of a formal complaint, involved in a serious untoward incident or if they are referred to the GMC.

The General Training Programme = Local education provider

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. GTPs should have well developed processes covering clinical governance and the identification, support and management of doctors or nurses whose conduct, health or performance is giving rise for concern.

Within the GTP, FTRs may be involved in the identification, support and management of a trainee in difficulty. For this reason it is imperative that GTPDs in partnership with the Faculty ensure that FRTs receive adequate training in the management of Trainees in difficulty

This training should emphasise that it is one of the duties of a Doctor or nurse to act without delay if they have good reason to believe that a colleague may be putting patients at risk.

When a trainee in difficulty is identified the GTPD 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 may be removed from the clinical environment

FSRH

GTPDs will be supported in their role by FRTAs and the Faculty officer/ vice-president responsible for general training.

FSRH is also responsible for FRT development. Training to support the management of TIDs is provided within the GTPD/FRTA conferences which must be disseminated to the regional FRT meetings. The education manager at the FSRH is 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.

The FSRH accredits training programmes through the appointment of GTPDs and FRTA.

FSRH accredits trainers through the award of FRT status which is a re-certifiable position and where evidence of continuing competence must be demonstrated in line with GMC accreditation of education 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.

General Nursing Council (NMC)

The employer / LEP should involve the NMC in all cases when the nurse's registration is called into question.

Appendix 4 – Support sources for Trainees in Difficulty –

1. BMA Counselling and Doctor Advisor Service:
<https://www.bma.org.uk/advice/work-life-support/your-wellbeing/bma-counselling-and-doctor-advisor-service>
Confidential BMA Counselling phonenumber available 24h/7d: 0330 1231245.

2. Royal College of Nursing Counselling Service: <https://www.rcn.org.uk/get-help/member-support-services/counselling-service> or 0345 772 6100.
Royal College of Nursing- advice and support for members.
<https://www.rcn.org.uk/get-help>
3. The NHS Practitioner Health Programme- an award winning, free and confidential NHS service for doctors and dentists with issues relating to a mental or physical health concern or addiction problem, in particular where these might affect their work. <http://php.nhs.uk/>
4. The NHS GP Health service (linked to the NHS Practitioner Health Programme)- confidential NHS service for GPs and GP trainees in England. The GP Health Service can help doctors with issues relating to a mental health concern, including stress or depression, or an addiction problem, in particular where these might affect work.
<http://gphealth.nhs.uk/>
5. British International Doctors' Association- health counselling panel provides support in instances where cultural or linguistic problems may be a contributing factor.
<http://www.bidaonline.co.uk/>
6. Medical defence organisations.
7. British Doctors & Dentists Group – a recovery group for doctors and dentists addicted to alcohol and/or drugs.
<http://www.bddg.org/>
8. Royal Medical Benevolent Fund-provides financial help for sick doctors.
<http://www.rmbf.org/>
9. RCN Foundation- providing different types of financial help to nurses, midwives, healthcare assistance and student nurses. <http://www.rcnfoundation.org.uk/>
10. Mentors: Mentoring can be useful for doctors experiencing difficulties such as personal problems, difficulties with colleagues, underperformance and so on. Mentoring is a relationship between two individuals in which one guides the other to help them develop personally and professionally. Mentors are useful when things are going well, to help you take advantage of your opportunities, as well as in more challenging times. You might turn to a mentor for help in times of:
 - Development
 - Transition
 - Change
 - Difficulties (e.g. communication or relationship difficulties, or stress)

Your mentor should not be your Primary trainer, because being a mentor is a specific and important role on its own. It can be useful to have advice from

someone who isn't responsible for your education. Many deaneries and trusts run mentorship schemes.

Appendix 5 - Additional References / Resources

1. Local Employing Trust / Employer Guidelines and Policies
2. LETB / Deanery Guidelines for Dealing with Doctors in Difficulty -eg London Deanery Website <http://www.faculty.londondeanery.ac.uk/e-learning/managing-poor-performance/different-types-of-difficulty>
3. NMC guidance eg <https://www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-to-support-learning-assessment.pdf>
4. RCN guidance e.g. <https://www.rcn.org.uk/professional-development/publications/pub-006133>
5. NHS employers- http://www.nhsemployers.org/~media/Employers/Publications/Staying_on_course.pdf
6. GMC guidance : http://www.gmc-uk.org/guidance/ethical_guidance/raising_concerns.asp
7. NCAS , National Clinical Assessment Service <http://www.ncas.nhs.uk/> - <http://www.ncas.nhs.uk/resources/handling-concerns-about-a-practitioners-behaviour-and-conduct/>
8. RCN (2013). Raising concerns about nurses or midwives
http://www.rcn.org.uk/_data/assets/pdf_file/0015/510180/004391.pdf<https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/raising-concerns-about-nurses-or-midwives.pdf>