The Trainee
In Difficulty
A KSS Guide

November 2008
What processes should be followed when a trainee is in difficulty or has an additional need? Educational Supervisors, Education Managers (such as Directors of Medical Education (DMEs) and Clinical Tutors), Clinical Managers (such as Clinical Directors), and General Managers (such as Medical Education Managers (MEM)) all may become involved with the trainees when concerns/problems happen. This guide:

- advises on the management of doctors in Deanery funded training posts (although its general principles may apply to other groups of doctors in the NHS)
- brings together in one place a number of resources and details of relevant national and local initiatives
- covers both trainees in difficulty and those with additional needs (see Appendices I and K)
- offers the trainees support and guidance
1. General Principles

1.1 Concerns about doctors’ conduct or capability come to light in many ways:

- through other NHS professionals
- assessments (including failure to complete minimum number satisfactorily)
- appraisals
- data on performance
- clinical governance
- clinical audit activities
- complaints
- litigation, or
- information from the police or coroner

1.2 Even minor problems need to be considered and managed in a systematic and appropriate fashion. More complex concerns will usually require a multi-disciplinary approach to achieve a fair and appropriate resolution.

1.3 Roles and Responsibilities

From an educational perspective the KSS Deanery is encouraging a supportive and developmental approach, but we recognise that in some cases formal disciplinary procedure may be appropriate:

- Trainees have a contractual relationship with their employer which is subject to the policies established by the employing body. The employer has responsibility to ensure that employment issues, including performance and potential disciplinary matters are dealt with appropriately. Doctors should be managed in the same way as any other NHS employee.

- Deaneries are responsible for commissioning high quality education and training. NHS Trusts and other training providers have a responsibility for delivering education through educational supervisors. Training providers must ensure that mechanisms are in place to support trainees and enable problems to be addressed at an early stage in an open and supportive way.

1.4 Signs and symptoms

- anger
- rigidity
- absenteeism
- failure to answer bleeps
- poor time keeping or personal organisation
- change of physical appearance
- lack of insight, clinical mistakes
- failing exams
- bullying, arrogance
- rudeness
- lack of team working
- undermining other colleagues
- defensive reaction to feedback
- verbal or physical aggression
- erratic or volatile behaviour
1.5 Good documentation

It is an essential part of educational governance that records of conversations should be held confidentially with the knowledge and consent of both the doctor in difficulty and the person who has conducted the assessment of the problem with the doctor in difficulty. The doctor should be given a copy of any documentation concerning his or her performance and encouraged to keep such copies in his or her portfolio for discussion at appraisals with.

1.6 If the doctor moves to a different post or in the event that the problem escalates or others become involved, it may become necessary to pass the record to other parties, again, with the consent of the doctor where possible. Transfer of information about trainee doctors’ progress from post to post should become standard procedure including areas of concern.

2. General procedures for minor concerns

[Examples: not passing on messages, timekeeping, not answering bleep]

2.1 Minor concerns can be dealt with on a day-to-day informal basis by a trainee doctor’s educational supervisor. The supervisor should:

• identify the problem
• take into account all available data
• if not sure, consult with the college tutor or clinical tutor for a ‘second opinion’ on the seriousness of the problem since major concerns will have a different route
• be prepared to act on recurrent small concerns, clinical incidents and rumours. Triangulate information with others

2.2 If a doctor in difficulty prefers to talk the issue through with the local clinical tutor instead of their educational supervisor, they must be able to do that.

2.3 Most minor concerns are likely to be discussed at the next routine appraisal/supervision meeting. If more pressing, the educational supervisor should discuss the problem with the trainee and agree any future changes and objectives to be met by the next planned appraisal within the job.

3. Communication and record-keeping

3.1 Minor concerns may be dealt with verbally, but investigations into more serious concerns should always be documented in writing.

• the educational supervisor should keep a record of all formal discussions including those that occur outside of planned meetings
• a copy of all documentation must be given to the trainee

3.2 At all stages the doctor must be kept fully informed about any concerns and the actions to be followed, ideally recorded in their portfolio together with a record of the conversation kept by the trainer.

3.3 All documentation must comply with the requirements of the Data Protection and Freedom of Information Acts.
4. Foundation Doctors (see flow chart on page 11)

4.1 The progress of Foundation doctors must be discussed three times a year at Local Faculty Groups (LFGs) (See Appendix A), and minutes of these meetings must be sent to the relevant Foundation School Director and to the Deanery. (See Appendix B - Good Practice Guide)

4.2 For any trainees with possible problems, assessments should only be done thereafter by senior medical staff. (See Appendix C)

4.3 Where progress is not being maintained, the relevant Foundation Training Programme Director (FTPD) must contact the Director of the Foundation School, including completing the confidential Note of Concern form, at any time that a concern is raised (Appendix C).

4.4 If appropriate, a meeting should be held with other stakeholders (for example, the Educational Supervisor, DME, Foundation Training Programme Director, a KSS Educationalist or a Careers Guidance Advisor) to discuss the evidence and make an assessment. This may be attended by the Director of the Foundation School.

5. Doctors in Specialty Training Programmes

5.1 The progress of doctors in Specialty Training Programmes should be discussed yearly, according to the Annual Review of Competence Progression (ARCP) process.

5.2 If appropriate, a meeting should be held with other stakeholders to discuss the evidence and make an assessment.

5.2 At any stage, if there is any evidence that progress is not being maintained, the lead educational supervisor should contact the Programme Director and/or the appropriate Associate Dean/Head of School to advise.

5.4 Records must be kept of all meetings as described above in Section 3.

6. Assessment and Further Interventions

6.1 The end point of this diagnostic and assessment process is likely to suggest that there is a problem in one or more of five areas listed in the boxes on the following page.

6.2 Appropriate interventions will depend on the type of problem diagnosed. Deaneries expect to be the lead agency for educational interventions for all trainees in difficulty (for example arranging additional training). The Deanery may contact National Clinical Assessment Service (NCAS) if they believe their methods would be helpful.

6.3 The DME must be fully involved as should the Deanery where the problems seem serious or complex.

6.4 Careful documentation is always vital as described above in Section 3.
Assessment Outcome

a) Training environment
Mismatches between trainee and trainer, excessive workload, harassment, bullying, wrong level of expertise expected of the junior doctor, supervision not congruent with level of expertise expected.

b) Personal issues
Health, emotional difficulties (partner/spouse relationship, critical family illness), wrong career path.

c) Craft development
Speciality specific skills and knowledge. Problems with procedures, manual dexterity, depth of understanding and clinical decision making.

d) Generic professional development
Rapport with patients, staff and families, respect for people holding different views, cultural acclimatisation, and acting effectively within the team. Motivation, maturity, a lack of insight. Time management and basic organisation skills.

e) Professional behaviours
Integrity and probity, reliability, substance abuse.

Further Educational Interventions

Review local education system. May involve discussion with Director of the Foundation School, STC Chair, Head of School or Deanery. Both the London and KSS Deaneries have statements on bullying, (Appendix F). Individual may need to be relocated to a more appropriate environment.

Take advice from local Human Resource (HR) and Occupational Health (OH), and follow this through. A referral to MedNet may be appropriate. This is a confidential counselling service available to London/KSS doctors (See Appendix H for details). Career counselling service input may also be of value.

Educational intervention with more supervision and possible use of simulators. Targeted or repeat training with clear educational objectives and yardsticks of success. Career support may be required.

Identify the issues with care. A mentor or role model may be required. Complex problems may require behavioural or psychometric assessment, possibly through the KSS Education Department or NCAS.

These are serious issues, which are likely to require further assessment through psychologists identified through KSS or NCAS. These are likely to be disciplinary as well as educational matters. Involvement with Trust HR team is essential.
7. Problems unresolved

7.1 If the appraisal has been repeated with the trainee and the problem is still not resolved based on the assessment above, the following steps apply, depending upon the issue and stage of training.

- **for Foundation trainees** the process of action set out in sections of the Operational Framework should be followed. (see Appendix D)

- **for StRs** if the problem is not easily resolved, the case must be discussed further. All such cases should be referred to the KSS Trainee in Difficulty Committee for information. For Core trainees or trainees managed by KSS, the referral must also go to the Head of School. For Higher Speciality trainees managed by London, the referral must also go to the STC Chair. The Head of School will discuss and plan further management based discussion at the Trainee in Difficulty Committee meeting. For London managed trainees the STC Chair will take advice from the London Deanery, and inform the KSS Trainee in Difficulty Committee.

7.2 **Bullying** The identification and effective management of repeated bullying can be complex and challenging. Both KSS and London Deaneries have current guidelines. All KSS Trusts have current bullying or harassment policies, as does NHS Employers.

7.3 **Ill health** may be unrecognised by trainer and trainee alike. Trainees may be reluctant to acknowledge illness as they may have to take time of work and their training may be interrupted as a consequence. Trainees who are ill should be managed by their employer’s sickness absence policies and if necessary referred to OH as per the General Medical Council (GMC) requirements.

‘If you know that you have, or think you might have a serious condition that you could pass on to patients, or if your judgement or performance could be affected by your condition or its treatment, you must consult a suitably qualified colleague within the employing organisation. You must ask for and follow their advice for investigations, treatment and changes to your practice they consider necessary. You must not rely on your own assessment of the risk that you pose to patients’.

Good medical practice para 79.

The Deanery provides some training to assist trainees who are ill or disabled. Where a trainee’s fitness to practise is impaired by physical or mental ill health but the trainee is unwilling to acknowledge or seek treatment, advice should be sought from a consultant in Occupational Medicine and if appropriate, the GMC should be advised, and the Deanery informed in writing. Hope for Disabled Doctors may also be able to assist doctors with a disability (www.hope4medics.co.uk).

7.4 **The transfer of information** when a trainee moves to a new NHS Trust environment is important. The trainee should be informed of the information transferred but patient safety must override personal confidentiality. Very sensitive information is best transferred by a Dean, Foundation School Director or Head of Speciality School to the new Trust DME.
8. Risks to Patients and Staff

8.1 *More serious problems and concerns* are those where possible risks to patients, other staff or the doctor are present. These may come to light as a pattern of problems or, more usually, as a single incident, either of which can involve personal conduct, professional conduct or competence (see page 7). Other audit data or 360° appraisal from staff or patients may well inform the process.

8.2 The National Patient Safety Agency (www.npsa.nhs.uk) has published an *incident decision tree* (summary diagram in Appendix G). This is an interactive web based tool which can be used by doctors and managers to decide how to analyse and manage a single clinical incident.

8.3 *Other serious concerns* about trainees (for example, issues of probity) will always need to be investigated by the employing organisation. In doing this they must follow the national guidance set out in HSC2003/012 available at (web addresses in Appendix E), the key aspects of which are:

- the appointment of a Case Manager who could be the trainee’s consultant supervisor, the Clinical Tutor, the College Tutor, the GP Programme Director (in the case of GPStR), the Medical Director, or another doctor appointed by the Medical Director

- the appointment of a case investigator who, for an issue of personal misconduct, could well be a suitably trained senior HR manager. For clinical issues the case investigator must either be a doctor or be supported by expert professional advice

- appropriate use of the NCAS

- rare use of exclusions

8.4 Any doctor undergoing investigation should automatically be offered the name of a stress counselling service, or given information about MedNet. Some NHS Trusts will also routinely refer doctors to the OH service. If it becomes clear that there is a health issue, consultant OH advice should be immediately sought, and be regarded as a ‘reasonable management request’.
9. Exclusion from the work place

9.1 Exclusion from the work place should only occur:

- to assist the investigative process where there is a clear risk the practitioner’s presence would impede the gathering of evidence, and/or
- to protect the interests of patients or other staff

9.2 HSC2003/12 emphasises that, in particular for trainee doctors, options to avoid exclusion include:

- restricting the practitioner to certain forms of clinical duty
- restricting activities to administrative, research/audit or other educational duties
- the trainee may take sick leave during the investigation of specific health problems

9.3 An immediate exclusion (if warranted) can only be for up to two weeks during which there must be a case conference including the Chief Executive, the Medical Director, the Director of HR, NCAS and ideally the Deanery (for trainees).

10. GMC Involvement

Where serious problems (for example of probity) have occurred, the possibility of the doctor’s fitness to practice may be called into question. The primary obligation is on the employing NHS Trust to make appropriate referral to the GMC, but it is an obligation on all doctors to take action if they have concerns about any doctor’s fitness to practice, normally by referral to an appropriate person in authority such as the Medical Director. An ‘alert letter’ may also need to be issued to other employing organisations after discussion with the SHA Director of Public Health.
Possible problem areas

1. Training environment. Mismatches between trainee and trainer, excessive workload, harassment, bullying, wrong level of expertise expected of the junior.

   Review local education system. May involve discussion with Director of the Foundation School or Deanery. Both the London and KSS Deaneries have bullying statements (Appendix F).


   Take advice from HR and OH and follow this through. A referral to MedNet (confidential counselling service for London/KSS doctors - see Appendix H) may be appropriate.

3. Craft development. Speciality specific skills and knowledge. Problems with procedures, manual dexterity, depth of understanding and clinical decision making.

   Educational intervention with more supervision and possibly use of simulators. Targeted or repeat training with clear educational objectives and yardsticks of success. Career support may be required.

4. Generic professional development. Rapport with patients, staff and families, respect for people holding different views, cultural acclimatization, and acting effectively within the team. Motivation, maturity, a lack of insight.

   Identify the issues with care. A mentor or role model may be required. Complex problems may require behavioural or psychometric assessment, possibly through the KSS Educational Department or NCAS.

5. Professional Behaviours / Conduct. Integrity and probity, reliability, substance abuse.

   These are serious issues likely to require further assessment through psychologists identified by KSS or NCAS, and likely to be disciplinary as well as educational matters.

Management flowchart

Trainee must be kept fully informed about any concerns and actions to be followed.

Potential sources of feedback about trainee:
- Other HF/HS professionals
- Assessments
- Appraisals
- Performance data
- Clinical governance

Any concerns?

Educational supervisor or (if trainee seems unable to talk issue through with educational supervisor, clinical tutor) to try and deal with the problem informally:
- Identify the nature of the problem (if possible)
- Take into account any other available data
- Consult with clinical or college tutor if not sure about seriousness

Major problem?

Educational supervisor or, if trainee seems unable to talk issue through with educational supervisor, clinical tutor to try and deal with the problem informally:
- Early formal discussion with trainee
- Agreement on any changes / objectives to be met by next planned appraisal
- Record of discussion to be kept, copied to trainee

Can formal discussion wait?

Repeat appraisal: discuss at next routine appraisal

Progress satisfactory?

Foundation Training Programme Director (FTPD) to:
- contact Foundation School Director and consider meeting with other stakeholders, e.g.
  - Educational Supervisor
  - DME
  - KSS Educationalist
  - Careers Guidance Advisor
  - Foundation School Director to discuss the evidence and help assessment
- identify the nature of problem or problems (see left)
- decide on appropriate interventions with input from DME and deanery

Health issue?

Immediate advice from OH consultant

Professional Behaviours / Conduct problem?

Employer to investigate following national guidance (Appendix E):
- assign a case manager
- appoint a case investigator
- offer trainee stress counselling
- provide information about MedNet

Repeat appraisal

Does trainee’s presence pose clear danger to patients, other staff or evidence gathering?

Can risk be managed by:
- restricting clinical or non-clinical duties?
- sick leave (if specific health concerns)?

Immediate exclusion for up to 2/52 only; mandatory case conference involving:
- Chief Executive
- Medical Director
- Director of HR
- NCAS
- Deanery

Follow Operational Framework sections Q - S (Appendix D)
Consider GMC referral

An example the foundation doctor in difficulty
Possible problem areas

1. Training environment.
Mismatches between trainee and trainer, excessive workload, harassment, bullying, wrong level of expertise expected of the junior, supervision not congruent with level of expertise expected.

Review local education system. May involve discussion with Head of School School and Training Programme Director, or Deanery. Both the London and KSS Deaneries have statements on bullying (Appendix F). Individual may need to be relocated to more appropriate environment.

2. Personal issues.
Health, emotional difficulties (partner/spouse relationship, critical family illness), wrong career path.

Take advice from HR and OH and follow this through. A referral to MedNet (confidential counselling service for London/KSS doctors - see Appendix H) may be appropriate. Career Counselling Service input may also be of value.

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Specialty specific skills and knowledge. Problems with procedures, manual dexterity, depth of understanding and clinical decision making.

Educational intervention with more supervisions and possibly use of simulators. Targeted or repeat training with clear educational objectives and yardsticks of success. Career support may be required.

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Identify the issues with care. A mentor or role model may be required. Complex problems may require behavioural or psychometric assessment, possibly through the KSS Educational Department or NCAS.

5. Professional Behaviours / Conduct.
Integrity and probity, reliability, substance abuse.

These are serious issues, which are likely to require further assessment through psychologists identified through KSS or NCAS. These are likely to be disciplinary as well as educational matters. Involvement with Trust HR team is essential.

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An example the speciality doctor in difficulty

Management flowchart

Trainee must be kept fully informed about any concerns and actions to be followed.

Potential sources of feedback about trainee
- Other NHS professionals
- Assessments
- Appraisals
- Performance data
- Clinical governance

Any concerns?

Educational supervisor to
- Identify the nature of the problem (if possible)
- Take into account any other available data
- Consult with clinical or college tutor if not sure about seriousness

Major problem?

Educational supervisor (or, if trainee seems unable to talk about issue through with educational supervisor, clinical tutor) to try and deal with the problem informally

Can formal discussion wait?

- Early formal discussion with trainee
- Agreement on any changes / objectives to be met by next planned appraisal
- Record of discussion to be kept, copy to trainee

- Discussion with trainee at next routine appraisal
- Agreement on any changes / objectives to be met by next planned appraisal

Repeat appraisal; discuss at triannual LFG meeting

Progress satisfactory?

Contact Head of School who will discuss with other appropriate stakeholders and refer to the Trainees in Difficulty Committee as appropriate.
- Educational Supervisor
- DME
- KSS Educationalist
- Careers Guidance Advisor
to discuss the evidence and help assessment
- identify the nature of problem or problems (see left)
- decide on appropriate interventions with input from DME and deanery

Health issue?

Immediate advice from OH consultant

Professional Behaviours / Conduct problem?

Employer to investigate following national guidance (Appendix E)
- assign a case manager
- appoint a case investigator
- offer trainee stress counselling
- provide information about MedNet

Repeat appraisal

Problem resolved?

Follow Section 7 of the ‘Gold Guide’ Consider if GMC referral is needed.

Immediate exclusion for up to 2/52 only; mandatory case conference involving
- Chief Executive
- Medical Director
- Director of HR
- NCAS
- Deanery

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The Trainee In Difficulty A KSS Guide
SOUTH THAMES FOUNDATION SCHOOL: COMPOSITION & ROLE OF LFG

1. The offices of the South Thames Foundation School should have the same basic processes.

2. Each NHS Trust should set up a LFG. The remit of the group would be to:

   • Put in place mechanisms to allow completion of the attainment of F1 competencies (to satisfy GMC requirements for registration for issuing of certificates of experience) and the Foundation Achievements of Competency Documents (FACD)
   
   • To ensure that any doctors who are failing to make progress during Foundation training will be managed in line with the national Operational Framework for Foundation training
   
   • To be responsible for the local implementation of the Foundation Programme; its quality control and further Foundation Programme development

3. Frequency of Meetings

   Meet a minimum of 3 times a year in November, March and June.

4. Composition of the Group

   • DME (Chair)
   • All relevant Foundation Training Programme Directors (including those based in Primary Care and Psychiatry)
   • All local MEMs
   • Any Educational Supervisor who wishes to attend (ideally Educational Supervisors would always attend for any trainee where there are concerns)
   • A lay representative whose role is to represent patients. This should be locally arranged by the local Education Centre after consultation on good practise with the London or KSS Deanery. It should not be anyone formally involved in NHS business
   • A local Deanery representative or Education Adviser at the discretion of the Deanery

5. Proceeds should be minuted, confidential and a copy should be sent routinely to the Director of the Foundation School and Deanery.
1. It is a local decision for the Foundation School to have mechanisms in place to allow completion of the attained F1 competencies (to satisfy GMC requirements for registration for issuing of certificates of experience) and the Foundation Achievement of Competency Documents (FACD).

2. This would be achieved in South Thames Foundation School by the Local Foundation Faculty Group.

3. The role of the group is to ensure that at both the November meeting and the March meeting that all F1 and F2 trainees are discussed and any problems are identified at the earliest possible opportunity. It should be very rare for unexpected problems to be dealt with in the June meeting. Any failure to make progress during Foundation training must be notified to the Director of the Foundation School and managed as set out in sections Q-S of the National Operational Framework.

4. The F2 competency forms will be formally signed off by the DME as chair of the local Foundation Faculty Group and by their appropriate Foundation Training Programme Director. For F1 the DME will make recommendations on behalf of the Faculty Group to the Director of the Foundation School for them to advise the Medical School on completion of the GMC’s ‘Certificate of Experience’ form.
1 Purpose
The purpose of this brief guide is to identify and develop good practice for Faculties within the South Thames Foundation School (STFS). LFGs have a key role to play in the Foundation Programme. They are vital in:

- securely anchoring the local Foundation Programme
- ensuring its quality in relation to trainee progression (mapped to the Foundation Programme core competencies)
- offering a two year spiral curriculum for F1 and F2
- developing appropriate performance indicators and ensuring feedback for the local Foundation Programme
- auditing the curriculum against the Foundation Programme (both local taught programme and in related identified work-based opportunities – the curriculum in practice)
- ensuring local curriculum development
- ensuring the dissemination of local best practice
- ensuring local Faculty development

Over the past year Faculty Groups have become established within the STFS. There is some very good emerging practice and we have drawn on this here. This guide offers a baseline entitlement for Foundation Programme Faculty good practice. We very much welcome, in addition, creativity and development which reflects the local culture.

2 What is the remit of Faculty Groups?
The terms of reference and remit for Faculty Groups are given in the South Thames Foundation Training Programme Handbooks.

3 Faculty Good Practice in STFS comprises:

3a The curriculum as a living document
Any curriculum exists on several levels. There is the official national text: e.g. the Curriculum for the foundation years in postgraduate education and training. This is then interpreted and re-contextualised locally as a Foundation Programme which draws on local strengths and expertise, as well as meeting the requirements of the national text. It is good practice for the Local Faculty to audit and review their local Foundation Programme annually; and to identify good practice and what needs to be adjusted in the light of experience and feedback, in order to meet the requirements of the national Foundation Curriculum (see Annual Audit and Review below).

3b Local Trust Based Performance Indicators
Each Faculty Group should establish light touch, but robust, performance indicators to monitor and review the local Foundation programme. These need to map across to the national Foundation Curriculum and emerging national frameworks e.g. Standards and Outcomes for Quality Assurance of the Foundation Programme (see: GMC Consultation Standards and Outcomes 2006).
We recommend that such performance indicators include:

- receiving at each Faculty Meeting a record of trainee progression [at the end of the meeting, as confidential reserve business]
- devising feedback mechanisms for clinical and education supervisors
- receiving at each Faculty Group meeting trainee Year Group reports (see below)
- providing a short Annual Audit and Review of the local Foundation Programme
- reviewing the generic curriculum against the requirements of the Foundation Curriculum
- establishing communication links between clinical and educational supervisors, and establishing appropriate briefings for clinical supervisors
- reviewing your local educational initiatives e.g. action learning sets
- reviewing how the Foundation Programme is embedded in work place teaching
- ensuring that local Faculty are appropriately qualified to undertake their educational tasks
- devising an appropriate strategy for local, year on year, development of the Foundation Programme and the sharing of local good practice

You may well have other local performance indicators which you feel are appropriate.

3c Annual Audit and Review of the Local Foundation Programme

To a large extent quality assurance of the Foundation Programme sits at local Faculty level. A key feature of national statutory bodies is to encourage locally driven quality control and assurance. We recommend that each local Faculty, at the end of each year (June / July) undertakes a short Annual Audit and Review of the local Foundation Programme, using performance indicators to gather and triangulate information from a range of sources. This needs to encompass:

- trainee progression, completion, attrition rates; trainees in difficulty;
- keeping minutes of the Faculty meeting and routinely sending these to the Foundation School;
- issues from feedback from trainees, educational supervisors, clinical supervisors, MEMs;
- what was done in the light of such issues e.g. changes to curriculum support and delivery;
- identified best practice and points for development for the forthcoming year. The Annual Audit and Review can be used to feed into Deanery Visiting or QA processes e.g. Centre Review within KSS.

3d Local Faculty Handbooks

We recommend that each Local Faculty compiles a short Local Faculty Handbook which outlines, for all involved, how the Foundation Programme works in the local setting. This will enable the Foundation trainees to see what their entitlement is in relation to local provision, to be clear about expectations as to their role and responsibilities, and to understand those of the local Faculty.

3e Foundation Trainee Year Groups for F1 and F2

We recommend that each Faculty establishes an F1 year group and a separate F2 year group. These trainee groups need to meet three times a year, just before the LFG meetings. The F1 year group and the F2 year group should each elect one representative to sit on the Faculty Group. The purpose of the trainee meetings is to provide an opportunity for each year group to have an opportunity to: identify things which are going well; and identify concerns which need to be brought to the attention of the Local Faculty in relation to the local curriculum and or local processes. Where the Faculty Group operates across sites, then we recommend that each site has its own year group and that the year group representatives compile one Year Group Report which acknowledges the views of each site as discrete issues.
Year Group Representatives on the Faculty Group

It is the responsibility of F1 and F2 year group representatives to compile a short report from their year group meetings for discussion at each Faculty Group meeting. It is essential that F1 and F2 representatives feed back relevant action points from the Faculty Group meeting to their year groups, thus closing the feedback loop.

It is good practice:

• for trainees to elect their representatives; including a deputy
• for year group representatives to be inducted into their role
• for this public role to be acknowledged as part of trainee CPD
• for year groups to meet without Faculty present, but for the meetings to be chaired by the year group representative
• for the trainee draft reports to be discussed and agreed with the local Foundation Programme Director, prior to each Faculty Group Meeting, where appropriate issues for the Faculty Group are identified to be taken forward, as opposed to local house keeping issues which can be dealt with outside the meeting

Portfolio Sampling

In several Trusts, e.g. at Worthing and Frimley NHS Trusts, Faculties have developed good practice to support Portfolio development. For example: Faculty Groups (say 12 colleagues) have worked as small teams (of three or four) to review and sample a small range of randomly selected trainee portfolios. These have been reviewed in two ways: in the light of a checklist of what the portfolio should comprise and also an understanding of the ways in which trainees can evidence / integrate their own learning in the Foundation Programme. The sub groups of the Faculty Group, reviewing a sample of submitted portfolios, have a sense of the range of submitted portfolios: i.e. those which fully meet and exceed the above criteria; those which satisfactorily meet the criteria; those which do not meet the criteria. Each group then can discuss examples of good practice in portfolio building. This can then be disseminated to the next cohort of trainees, across the Faculty Group and to a larger group of Educational Supervisors.

Faculty Development

This is a crucial aspect of maintaining good educational practice and supporting local quality assurance. You might wish to consider in your Annual Review how the local faculty can further develop good practice through participation in an accredited teacher education programme or an accredited Educational Supervision programme or by targeting local Career Development for Foundation trainees as an example of this year’s good practice. It is valuable to find opportunities to exchange and develop good educational practice locally.

Pam Shaw
Aug 24th 2006
Minimum Expectations

In order to progress this initiative it is expected that each Faculty Group ensures that the following minimum expectations, arising from the Faculty Good Practice Guide, are put in place by June each year.

1. **Local Trust Based Performance Indicators**
   We recommend that you establish performance indicators (see 3b Faculty Good Practice Guide) as a base line and use them for 2 below.

2. **Annual audit and review of the local Foundation Programme** (see 3c Faculty Good Practice Guide). We recommend that the Foundation Programme Lead compiles this document which is then circulated to the LFG for comment before being signed off at the June Faculty Group meeting. We recommend that this document is brief and that:
   - it is based on the range of performance indicators (1 above)
   - it is primarily an annual means of local quality assurance and local faculty review and is a means to evidence the robustness of local processes
   - it is an opportunity to give a brief overview of the working of the Local Foundation Programme, to highlight any particular issues of concern, note actions taken and to highlight areas of good practice
   - it is used to provide evidence of local quality assurance of the Foundation Programme for a range of external quality assurance audits and audiences as appropriate e.g., Centre Review in KSS
   - it should be signed off by the local Faculty and sent to the Foundation School Director by July 31st, prior to the next intake of trainees

3. **Local Faculty Handbooks for the Local Foundation Programme**
   (see 3d Faculty Good Practice Guide)
   These need to be updated and produced annually.

4. **Year Groups for F1 and F2** (see 3e Faculty Good Practice Guide).
   We recommend that these are established from now onwards as trainee feedback is a core aspect of any quality assurance process.

5. **Year Group Representatives on the Faculty Group** (see 3f Faculty Good Practice Guide)
   We recommend that these are established from now onwards.

6. **Faculty Development** (see 4. Faculty Good Practice Guide)
   We recommend that, arising out of the Annual Audit and Review, the local Faculty agrees targets for the forthcoming year for local Faculty Development and commits appropriate time to this: this could be at the level of Foundation curriculum, the sharing of good practice or Faculty Development per se.
Appendix C

See ‘A Guide to Postgraduate Speciality Training in the UK’ (Gold Guide), Section 7: Progressing as a Speciality Registrar

PLEASE REFER TO

MODERNISING MEDICAL CAREERS:
OPERATIONAL FRAMEWORK FOR FOUNDATION TRAINING

Section Q - When a foundation doctor fails to make progress during foundation training

197 Foundation doctors in this situation may be identified by, for example:
• their reluctance or failure to take part in all the necessary training modules
• their reluctance or failure to get fully involved in the assessment process
• concerns raised by educational supervisors, or
• serious incidents, events or complaints involving something they have done or not done

198 Educational supervisors should look out for these and other early signs of problems, and be ready to offer support to foundation doctors who are having difficulty adjusting to the role. It is essential that the educational supervisor raises such concerns early and formally with the foundation doctor concerned. The educational supervisor should also get advice early on from the foundation training programme director (FTPD) and follow the guidance set out in The New Doctor.

199 The educational supervisor may need to arrange an in-depth assessment, looking at the foundation doctor’s health, attitudes, skills and their training environment, so that they can take appropriate supportive action. All meetings, discussions, assessments and so on should be recorded in writing.

200 The postgraduate dean or foundation school director, or their deputy, and the university from which the foundation doctor graduated (for F1s) may need to be directly involved so that appropriate remedial (supportive) or extra assessment measures can be taken (see paragraphs 106 to 111). Such action may be separate to or part of the employing authority’s performance or disciplinary procedure.

Section R - Failure to complete foundation year one (F1)

201 The New Doctor sets out guidance on monitoring the progress of F1s in the standards for training for the Foundation Programme.
Section S - Failure to complete foundation year two (F2)

202 There will be some F2 doctors who do not complete foundation year two.

203 The possible reasons for this failure, and the options open to the foundation doctor in each situation, can be summarised as follows.

a Failure to provide evidence of gaining F2 competences
This may be, for example, as a result of failure to complete enough assessments, or to provide the outcomes for analysis on time.

Exit action: It is the foundation doctor’s responsibility to do their assessments on time. If, at the end of the F2 year, they have not built up enough assessments as evidence of their competence, they will not get an F2 achievement of competence document (FACD). The educational supervisor should encourage each foundation doctor to get involved in the assessment process, and to report any difficulties they may have in doing so as soon as they arise. The educational supervisor should report to the foundation training programme director (FTPD) any foundation doctor who does not get involved in the assessment process. The FTPD will consider further in-depth assessment for the foundation doctor concerned, to look at their health, attitudes, skills and the training environment, and to see what support they need. At this stage the foundation training programme director should involve the foundation school director, and they can consider other ways of assessing the foundation doctor. If, despite this support, the foundation doctor does not complete the necessary number of different types of assessments, they should be given an educational supervisor’s report that lists the competences they have achieved while in the programme, and their level of performance as assessed at the end of the F2 year. This report should be filed in their portfolio, which the foundation doctor should keep.

Return to training: If the foundation doctor decides to return to training, they will have to apply for entry to the F2 programme in the normal way. If they get a place on the training programme, their portfolio may provide a useful starting point for a learning plan. The foundation doctor will normally be expected to complete the full set of competence assessments following their return to training, before they will be issued with a certificate of satisfactory completion. They may be given credit for the time they have already completed in training or the competences they have already achieved, but this will be the postgraduate dean’s or foundation school director’s (or deputy’s) decision.

b Failure to achieve F2 competences at the end of the F2 year
This may be, for example, a situation where assessments reveal the foundation doctor has not achieved the standard needed for F2 within the expected timescale.

Exit action: Although the educational supervisor should do all they can to identify those foundation doctors who are struggling early on, and to provide support as soon as possible, some foundation doctors will not achieve the necessary standard within the expected timescale. This failure to progress as expected should automatically lead to a further in-depth assessment that will look at the foundation doctor’s health, attitudes, skills and their training environment, and the appropriate support they need. If, at the end of the F2 year, the doctor’s assessments taken together show that they have not met the necessary standard, they will not get the F2 achievement of competence document. The foundation doctor should be given an educational supervisor’s report that lists the competences they have achieved while in the programme,
and their level of performance as assessed at the time of the F2 year. This report should be filed in their portfolio, which the foundation doctor should keep. Depending on the nature and seriousness of the doctor’s under performance, it may be appropriate to refer them to the GMC.

**Remedial training:** As long as the foundation doctor has been involved in the training and assessment process, and tried to improve their weaknesses, they may be granted an extension to their F2 training through a remedial training placement. This placement will focus on the identified weaknesses. The postgraduate dean or foundation school director will have the final decision. A remedial training placement will be arranged for a fixed period, usually for three, four or six months (full-time equivalent). In exceptional circumstances, a further fixed-term placement may be agreed. However, the total period of remedial training should not be more than 12 months (full-time equivalent) in total. The foundation doctor does not have to apply for a place on a remedial training course. Instead, it will be arranged by the foundation training programme directors (FTPD), in discussion with the foundation doctor, as far as possible to suit their individual needs (see paragraph 110). The portfolio will provide evidence of the competences the foundation doctor has already achieved, and will form the starting point for developing a learning plan. The foundation doctor will be expected to complete the full set of competency assessments satisfactorily after their remedial training. If they do, they will be issued with an F2 achievement of competence document.

**Failure to achieve F2 competences at the end of remedial training**

In this situation, assessments reveal that the foundation doctor has failed to achieve the standard needed to complete F2 despite having an extended period of remedial training.

**Exit action:** Although the educational supervisor should do everything they can to support the remedial foundation doctor, it is possible that some foundation doctors will not achieve the necessary standard even after an extended period of remedial training. If, at the end of the extended period of remedial training, the doctor’s assessments taken together show that they have not met the required standard, they will not get the F2 achievement of competence document. The foundation doctor should be given an educational supervisor’s report that lists the competences they have achieved while in the programme, and their level of performance as assessed at the end of the remedial training. This report should be filed in the portfolio, which the foundation doctor should keep. At this stage the foundation doctor will be referred to the GMC.

**Return to training:** It is possible that after a career break, or experience of working in another setting, the foundation doctor who has failed to achieve the F2 competences (despite extended remedial training) may want to try again. They will have to apply for entry to F2 training opportunities in the normal way. Once the foundation doctor has been appointed, the portfolio will provide evidence of the competences they have already achieved, and those they did not achieve even after remedial training. This portfolio can provide the basis for developing a learning plan. The foundation doctor will be expected to complete the full set of competency assessments satisfactorily after they return to training, before they will get the Foundation Achievement of Competency Document (FACD).
Resigning from an F2 placement or post
This may be for personal reasons (for example, taking a career break or a change of career).

Exit action: The foundation doctor needs to understand that if they resign from a post or placement, this normally means they resign from the F2 programme altogether. The foundation doctor should consider alternatives to resignation. Sometimes, a change of placement and a fresh start with a new trainer is all they need. If the foundation doctor is determined to resign, however, they should be given an educational supervisor’s report that shows the competences they achieved while in the programme, and their level of performance as assessed at the time they resigned. This report should be filed in the foundation portfolio, which the foundation doctor should keep.

Return to training: A foundation doctor who has resigned will not be automatically entitled to a placement if they decide to return. They will have to apply for a placement on the F2 programme in the normal way. Once they have been appointed, their portfolio may provide a useful basis for developing a learning plan. The foundation doctor will normally be expected to complete the full set of competency assessments after they return to training, before they can get a Foundation Achievement of Competency Document (FACD), but they may be given credit for time they have already completed or competences they have achieved, although this decision will be made by the postgraduate dean or foundation school director.

dismissal from an F2 placement (for example, because of misconduct).

Exit action: If the foundation doctor is dismissed from one placement in the F2 programme, this normally means they are dismissed from the F2 programme altogether, and will face the appropriate disciplinary procedures by their employing NHS Trust. The foundation doctor should be given an educational supervisor’s report that lists the competences they achieved while in the programme, and their level of performance as assessed at the time they were dismissed, as well as a brief statement of the facts about their dismissal. This report should be filed in their portfolio, which the foundation doctor should keep. The Medical Director of the employing NHS Trust or equivalent should consider referring the foundation doctor to the Regional Director of Public Health, or to the GMC, depending on the nature and seriousness of the behaviour that led to the foundation doctor’s dismissal, and whether there is any doubt about their fitness to practise.

Return to training: A foundation doctor returning to training will have to apply for entry to the F2 programme in the normal way. They will normally have to mention on their application form for F2 programmes if:
• they have previously been dismissed for misconduct;
• they have ever been disqualified from practice or had specific limitations put on their practice; or
• their fitness to practise is currently under investigation, in the UK or elsewhere.

Once the foundation doctor has been appointed, their portfolio will provide a basis for their learning plan. Their previous dismissal, and the behaviour that led to it, will be taken into account in setting their objectives and arranging their supervision. The foundation doctor will normally be expected to complete the full set of competency assessments after they return to training, before they will get a Foundation Achievement of Competency Document (FACD), but they may be given credit for time they have already completed or competences they have achieved, although this decision will be made by the postgraduate dean or foundation school director.
Foundation doctors will benefit from getting fully involved in the educational and assessment processes of their foundation training. The foundation doctor’s responsibilities as far as the in-work assessment programme is concerned are that they:

- demonstrate professional behaviour in line with Good Medical Practice
- get help from appropriate people if they have any problems during their training
- get fully involved in the education and assessment processes and demonstrate their involvement by attending educational sessions and by taking part in the full range of activities needed to get their competences signed off, and
- take part in the career-management process set up by the deanery to match their skills, interests and ambitions with the available opportunities to practise
Appendix E

MAINTAINING HIGH PROFESSIONAL STANDARDS IN THE MODERN NHS

PLEASE REFER TO

www.dh.gov.uk/assetRoot/04/10/33/44/04103344.pdf
www.nhsemployers.org/practice/doctors-dentists.cfm
BULLYING AND INTIMIDATION IN POSTGRADUATE MEDICAL AND DENTAL EDUCATION

The KSS Approach

The KSS Deanery is not prepared to tolerate bullying or intimidation within postgraduate medical education. Where this is found to be occurring, NHS Trusts, academic units or General/Dental Practices will be expected to take appropriate action. This action should be taken in collaboration with the Deanery and if necessary the University of London or the appropriate Royal College and the GMC.

Paragraph 2.1.1 of the NHS Trust/Deanery Education Contract refers to the requirement that NHS Trusts have in place an appropriate policy under which to take such action.

Senior doctors and managers should establish and maintain positive and supportive working environments free from bullying. Those who witness acts of bullying or receive a complaint of bullying are responsible for ensuring that appropriate action is taken promptly, sensitively and confidentially. The NHS Trust has similar corporate responsibilities as an employer.

The Deanery is aware that employees other than doctors may also be bullied and would be prepared to work with those with particular responsibility for the welfare of these employees to eliminate bullying and intimidation. There is evidence that bullying is a widespread problem.

Distinguishing constructive supervision from bullying behaviour

Bullying should not be confused with the firmness and oversight that is required to develop a doctor or dentist in training. It is important to distinguish between bullying behaviour, which is always undermining and destructive, and effective supervision, which is developmental and supportive.

The GMC guides “The New Doctor” and “The Early Years” provide more information about the duties and responsibilities of educational supervisors. The GMC’s other booklet, “Good Medical Practice”, is explicit about the requirement that doctors work with colleagues in the “ways that best serve patients’ interests”. Doctors must therefore always treat all colleagues fairly, must not discriminate against colleagues and must not denigrate another doctor’s skills or knowledge in front of patients.

Identifying the problem on the ward and in the clinic

Bullying can take the form of verbal, written, mental or physical intimidation, and in medical education could typically include derisory remarks, shouting or threats. The person who bullies may not be aware of the effect their behaviour may have, but those effects can be catastrophic.
Examples of Bullying Behaviour in the Context of PGMDE

- Teaching by humiliation
- Undermining status and credibility, e.g. criticism in the presence of others, possibly patients or the public
- Using threats, abuse or swearwords or shouting inappropriately
- Excessive criticism over minor things
- Undervaluing or even ridiculing contribution and/or genuine effort
- Changing objectives or expectations without consultation or explanation
- Deliberately setting unreasonable objectives or tasks with impossible deadlines
- “Sending to Coventry”, ignoring or devaluing
- Exclusion from meetings that an individual might reasonably expect to attend
- Unrealistic expectations/demands concerning the trainee’s out of hours responsibilities

Three illustrative case histories appear below:

Case History 1

While on call, a specialist registrar was obliged to discuss several difficult cases with a particular consultant. On a number of occasions, the consultant made it clear that he did not wish to be bothered when on call and made a number of unsubstantiated allegations, threats and personal remarks, such as:

- That the doctor in training should try a less challenging specialty, if he found his current specialty too demanding and stressful
- That the SpR had not attended a patient when requested to by nursing staff – although this was wholly without foundation
- That he should not bother the consultant over something that should be within an SpR’s capabilities
- That he would be complaining to the trainee’s educational supervisor and to the head of department
- That national guidelines on certain case managements did not apply to that NHS Trust

Case History 2

A consultant conducted the weekly ward round with his trainees in an intimidating manner. This included:

- Aggressive quizzing of the trainees on the patients they had presented
- Meeting their answers with derisory remarks and gestures
- Reducing trainees to tears
- Belittling trainees in front of patients and colleagues
- Setting impossible targets so that the trainees were bound to fail
Case History 3

The Clinical Tutor expressed concerns around a PRHO in general surgery who had been bullied by other members of her firm. In a review with the PRHO, he observed that she was “distressed and weepy”. She felt that:

• She had been unfairly criticised by her SpR
• This had happened in front of her patients and other staff
• Her SHO was beginning to adopt a similar approach.

The PRHO moved subsequently into a urology post, which she completed satisfactorily without further incident or complaint. The SpR had been through two annual reviews (for the purposes of RITA), at which no comments or anxiety regarding behaviour or attitudes had been recorded. On exploration, it emerged that the SpR had been required to apologise to another consultant for the manner in which he had debated a clinical issue. The SpR’s educational supervisor described the SpR as bright, challenging and maybe “over-argumentative”. The Clinical Tutor had had a problem with the SpR who had refused to co-operate with the hospital policy around the introduction of protected rest at night for PRHOs. The allegation of intimidation and aggressive style, handled sensitively in a private interview with a Postgraduate Dean, came as a complete surprise to the SpR. He was concerned that he had caused distress, and that others had considered his behaviour unprofessional: he agreed to reflect on events, to examine his attitudes to other staff and his discussion style, and to learn from the episode.

The behaviour demonstrated by the educational supervisors in these three examples can mean that the trainees:

• Fail to request help when working outside their level of competence
• Become excessively ward bound because they wish to avoid being shouted at, and therefore miss out on educational opportunities, such as topic teaching or divisional meetings
• Do not ask relevant questions and therefore fail to benefit from their training and reach an appropriate level of knowledge
• Perpetuate the bullying cycle when they become consultants
• Become disillusioned with medicine and leave so that the NHS loses the benefit of the substantial investment made in their training

Providing support

If bullying is to be tackled successfully, it is essential that an organisation is able to provide support to all of those involved:

• Anyone who has suffered from the bullying behaviour of others should be offered additional support including mediation and counselling
• Third parties who might be aware that bullying is taking place should feel empowered to challenge it directly or to raise it with the management of the NHS Trust or the practice concerned
• The person who is bullying should be offered support to enable him or her to change their behaviour and learn different ways of interacting with colleagues

Some organisations will already have policies in place for dealing with bullying and intimidation. However, for those organisations which have not developed such a policy, we would be interested in collaborating in the development of a caring, practical and legally robust model. Alternatively, a model policy is available from the NHS Employers website (www.nhsemployers.org).
‘Bullying reported’

By trainee

By Trust

By others

Explore with trainee and Trust...

Provisional confidentiality
Fairness to the alleged bully
Mediation rather than confrontation
(professional rather than disciplinary)

Evidence from other trainees or other sources

Specific and/or documented?

Agreement on a way forward reached or possibly imposed

Explore solutions with trainee

Explore solutions with alleged bully

Led by Trust / Deanery / Group
Plan for handling the problem emerges

Possibly involve...
Clinical tutor, Educational Supervisor, Medical Director, Trust HR, External expertise e.g. counsellors, BMA

For the Trainee...
Decisions on placements?
Trainers briefed?
Counselling?

For the ‘Bully’...
Personal support?
Disciplinary action?
Personal development?

Reflection and evaluation

Outline of an Implementation Process for Deanery and Trust
Roles and Responsibilities

The London Deanery is responsible for commissioning and managing postgraduate education and training for doctors and dentists in London. It carries out this responsibility in part through educational contracts with NHS Trusts who employ both the doctors and dentists in training, and the consultants and other staff who train, supervise and work with them. The management of training in specialist registrar programmes is carried out by specialty training committees under the aegis of the Deanery. STC Chairs, programme directors and members act as Deanery agents when they deal with trainees in programmes that span more than one employer. Education and training in General Practice is carried out by GP trainers and vocational training scheme (VTS) course organisers. This process is managed through the Deanery educational network and ultimately by the GP Education and Training Committee. In addressing complaints of bullying or harassment we must be mindful of the sometimes complex relationships between employers, trainers, trainees and the Deanery. Due consideration must be given in every case about the appropriate channel for dealing with the individual problem. The Deanery will not tolerate bullying or harassment of trainees by their trainers or others involved in their training or working environment. Our educational contract with NHS Trusts requires them to have a Bullying and Harassment Policy.

What is Bullying and Harassment in a Training Context?

Bullying and harassment in a training context may include:

• persistent and deliberate belittling or humiliating
• shouting, threatening or insulting behaviour
• persistently and unfairly singling out an individual for unreasonable duties, or for duties with no educational value
• persistently and unfairly preventing access to the normal educational events or opportunities associated with the post or programme
• Marginalising trainees without good reason, so that they are unable to carry out their jobs and make progress in their training

Isolated incidences of such behaviour should not normally be taken as bullying or harassment unless extreme or subsequently repeated. Nor should constructive criticism, adverse performance appraisal or unsatisfactory assessment be considered in this light, provided these are based on evidence and carried out in a way that respects the dignity of the trainee. Tailoring of educational opportunities and clinical responsibilities to the progress of the individual is normal and appropriate, and should only be considered bullying or harassment if without justification.

How to Handle a Complaint

When a complaint of bullying or harassment about a trainer is made by a trainee, and is brought to the attention of the Deanery, this should be taken very seriously. The trainee should be invited to the Deanery to explain the situation in confidence to the appropriate Dean, Deputy or Associate Dean. Sometimes they will wish to bring a friend or representative and this should be encouraged, as talking about the situation may be emotionally distressing for the trainee. It is also best for another member of the Deanery staff to be present for support and in order to
make a confidential record of any action agreed. The purpose of the meeting should be clarified at the start. For the Deanery the purpose is to hear the complaint in detail in order to judge whether there is a prima facie case of bullying or harassment. It is not usually a good idea to attempt to document the events complained about at this meeting. If this will be needed, it is better to ask the trainee to prepare a written statement of the events with names and dates, and to ask for written permission to hold this data or to share it with others. It is also important to clarify the confidential status of the meeting. The Dean should make it clear that while confidentiality will be respected, there are extreme circumstances in which we would not be able to maintain confidentiality eg. where illegal actions or patient safety were concerned.

If there is a Prima Facie Case

If the initial discussion of the complaint suggests there is a prima facie case of bullying or harassment, then the Dean should set out for the complainant the options for further action. As this is a new and complex aspect of Deanery work, Associate Deans should discuss the case with a senior colleague at this stage. There are two potential routes, informal and formal.

Informal action: Where possible the Dean or his/her nominated deputy will attempt to help the trainee to resolve the differences informally, through discussion with the parties concerned. Sometimes it may be advisable to remove the trainee from the supervision of the trainer concerned, on the grounds that the training relationship has broken down. In the secondary care setting, ideally this should be accomplished by a change of supervisor without a change of location. Sometimes a change in location may be attractive to the trainee, who will usually be on a rotational programme and may prefer another placement, but it is important that the trainee is in no way disadvantaged or made to move because of the situation that has arisen. Due to the unusual nature of the GP registrar/trainer relationship, in primary care a change of training practice may be necessary. If the situation has been resolved informally, the Dean should take steps to check whether the trainee is satisfied with the new arrangements after a settling in period, but usually within three months. If the trainee is keen to stay with the trainer whose behaviour has been the source of the informal complaint, then the trainee should be advised that the issues of concern should be raised with him or her, directly, or through a third party. Otherwise, there is no reason to suppose the situation will change.

Formal action: The trainee should be asked to produce a written statement detailing the complaint with dates and witnesses. In the case of workplace bullying or harassment this should normally be brought to the attention of the Medical Director or HR Director of the employing NHS Trust, depending on the procedure set out in the NHS Trust's Bullying and Harassment Policy. The Dean will support the trainee in ensuring the case is given due and timely consideration by the NHS Trust. GP registrars wishing to lodge a formal complaint should submit a written statement to both their employing Health Authority or Primary Care NHS Trust and the Dean of Postgraduate General Practice Education. If the complaint is laid against an agent of the Deanery, eg a consultant acting in the capacity of programme director, a GP trainer or specialty training committee chair, then the Deanery will set up a Review Panel to investigate the situation. This Panel should include a Postgraduate Dean; the Deanery Head of Medical Workforce or Head of HR; a NHS Trust Director of HR and a trainee representative. Although the relationship between the Deanery and the trainer is not an employment relationship, a possible outcome of this Review if the complaint is upheld might be the termination of the trainer’s role as an agent of the Deanery.
If the Trainee is Reluctant

Sometimes the trainee is reluctant to make a statement, or to have the case formally investigated, or to have their name associated with a complaint, in fear of retribution. In such cases, the trainee should be made aware of the limitations they are placing on the deanery in handling this issue. We should encourage them to come forward and offer support. Such support might include web sites, booklets, Employment Assistant Programmes. The Dean should encourage the trainee at the very least to talk in confidence with the NHS Trust HR Director, Clinical Tutor or VTS course organiser. If they are not willing to do this, the Dean should suggest contacting the HR Director, Clinical Tutor or VTS course organiser on their behalf.

Support and Education for Trainers

It must be remembered that trainers have the right to know about accusations and be able to defend themselves, or to change their behaviour if appropriate. Sometimes trainees interpret performance management, honest feedback or constructive criticism as bullying. The Dean has a role in interpreting such behaviour and ensuring that it is distinguished from bullying and harassment. Wherever possible, the Dean will attempt to resolve complaints informally. If necessary, the Deanery will offer help to the trainer to modify their behaviour. The Deanery will encourage raised awareness of bullying and harassing behaviour through its trainee surveys, seminars and e-learning programmes. Through the educational contract we will continue to ensure that all employing NHS Trusts have anti-bullying and harassment policies and make their trainees aware of them. This Deanery policy will be an agenda item for discussion at all specialty training committees, including the GP Education and Training Committee, during the next year.

Elisabeth Paice
London Deanery, 15 September 2002
Appendix G

NHS National Patient Safety Agency
Incident Decision Tree

Deliberate Harm Test

- Were the actions intended?
  - Yes
  - No

Physical/Mental Health Test

- Did the individual depart from agreed protocols or safe procedures?
  - Yes
  - No

Foresight Test

- Were the protocols and safe procedures available, workable, intelligible, correct and in routine use?
  - Yes
  - No

Substitution Test

- Would another individual coming from the same professional group, possessing comparable qualifications and experience, behave in the same way in similar circumstances?

- Were there any deficiencies in training, experience or supervision?

- Were there significant mitigating circumstances?

Guidance on appropriate management action

- Is there evidence that the individual took an unacceptable risk?

Guidance on appropriate management action

Guidance on appropriate management action

Guidance on appropriate management action

- System failure - review system

Deliberate Harm Test

- Were adverse consequences intended?

Guidance on appropriate management action

Guidance on appropriate management action

Guidance on appropriate management action

Guidance on appropriate management action

System failure - review system
MedNet is a Confidential Counselling service for doctors by doctors funded by the London Deanery at Tavistock & Portman NHS Trust and at The Maudsley Hospital.

What is MedNet?
MedNet provides doctors and dentists working in the area covered by the London Deanery with practical advice about their career, emotional support should they need it, and if appropriate, access to brief or longer term psychotherapy. It operates on the basis of strict confidentiality. The MedNet service is based at the Tavistock Centre and at the Maudsley Hospital; it is funded by the London Deanery.

MedNet aims to contribute via research to the body of knowledge about doctors and their work-related difficulties in several areas and what might help them to overcome those difficulties.

Who has access to MedNet?
Any doctor or dentist working in the NHS in hospitals or general practice in the area covered by the London Deanery has access to MedNet, irrespective of their grade.

What does MedNet offer?
After referral (this is a self-referral service) an assessment of up to 6 sessions is offered. Following this assessment, which may include brief therapy, a conclusion will be reached about what further action would be appropriate. This might include a referral to a specialist psychotherapy service, to a psychiatrist (to clarify indication for medication), to individual or group psychotherapy, to Cognitive Behaviour Therapy. Subject to capacity, longer term low frequency psychodynamic psychotherapy might be offered by clinical staff of MedNet themselves.

MedNet does not provide any reports to tutors, employing authorities or referrers. Exceptions are made only in agreement with the user.

MedNet aims to help doctors with psychological problems which are work-related; it is not a general psychotherapeutic service for doctors.

Who Works at MedNet?
At the Tavistock Centre:
Clinical Staff: Dr Antony Garelick, Consultant Psychiatrist in Psychotherapy, Associate Dean for the Counselling of Doctors; Dr Matthias von der Tann, Consultant Psychiatrist in Psychotherapy
Research Assistant: Dr Irene Richardson
Research Supervisor: Prof Phil Richardson
Administrator and secretary: Mrs Chris Loizou
At the Maudsley Hospital:
Clinical Staff: Dr Julia Bland, Consultant Psychiatrist in Psychotherapy
Administrator and secretary: Mrs Chris Loizou

What does MedNet request from the user?
The service of MedNet is free of charge to the user. As MedNet is extensively but anonymously audited, every user is requested to participate in this process by filling out some questionnaires at different times in the process.
How does one make contact with MedNet?
This is possible either in writing or by telephone. Following this, an appointment will be offered usually within 2 weeks.

For further information call:
Mrs Chris Loizou (Administrator)
MedNet
Tavistock Centre
120 Belsize Lane
London NW3 5BA
Tel : 020 8938 2411
Fax: 020 7447 3745
Appendix I

TRAINEES WITH ADDITIONAL NEEDS

OTHER RESOURCES AVAILABLE

**Education department**
Certificate in Teaching
Certificate in Educational Supervision
PG Certificate - Teaching in Clinical Settings
PG Dip/Ma - Clinical Education
Supporting Trainee in Difficulty Workshops

**Contact points**
Professor Zoe Jane Playdon, Head of Education, KSS Deanery
Email: zoe-jane@kssdeanery.ac.uk
Tel: 020 7415 3415

Dr Pam Shaw, Deputy Head of Education, KSS Deanery
Email: pshaw@kssdeanery.ac.uk
Tel: 020 7415 3467

**In-depth assessment for trainees with additional needs**
Communication problems
Target group: trainees
UCL communications skills unit

**Contact point**
Mr Symon Quy, Education Adviser, KSS Deanery
Email: squy@kssdeanery.ac.uk
Tel: 020 7415 3635

**Careers guidance**
Target group: trainees and trainers
Careers guidance for trainers
Speciality career advice for trainees

**Contact point**
See full details page 39
Less Than Full-time Training (LTFT)

Target group: Trainees

LTFT

Trainees are eligible to apply for reasons of ill health or childcare

**Contact point**

LTFT Adviser
Email: lessthanfulltimetraining@kssdeanery.ac.uk
Tel: 020 7415 3464

Karen Allman, LTFT Manager
Email: lessthanfulltimetraining@kssdeanery.ac.uk
Tel: 020 7415 3464

Dr Subir Mukherjee, Associate Dean (Surrey)
Email: smukherjee@kssdeanery.ac.uk
Tel: 020 7415 3464

**BMA Counselling Service**

Trainers and trainees

Provides 24/7 telephone counselling by qualified counsellors.
Tel: 0645 200169

**British International Doctors Association**

Areas covered: where cultural linguistic problems may be a contributing factor doctors can access the health counselling panel.

**Contact details:**
Tel: 0161 456 7828
Email: oda@doctors.org.uk
1. Introduction

The purpose of this document is to outline the main way whereby trainee doctors in the South Thames Foundation School will be referred to the Deanery careers team for additional careers support. The Deanery careers team comprises a full-time senior careers adviser, and a part-time, Education Adviser who is also an experienced career counsellor.

Trainee doctors will be referred to the Deanery careers team as a managed referral.

2. Managed referral

The careers support model for the foundation school has three tiers:

- Initial careers advice - is provided by educational supervisors.
- Supervisors are supported by a medical education manager, and a designated faculty career lead.
- The third tier of the support model is the Deanery careers team.

2.1 Reason for referral

Referrals of foundation trainees who require additional career support can be made to the Deanery careers team by one of the following within the employing hospital trust - Faculty Career Lead, DME, Foundation Programme Training Director, Clinical Tutor or MEM.

There could be a number of reasons why a trainee is referred for additional support. Some will have a ‘pure’ career problem (eg they are having difficulty deciding on their post-F2 career pathway, but the educational supervisors have no concerns about the trainee’s performance). In contrast, with other trainees the career difficulties will be associated with additional problems such as poor performance or ill health – where this is the case, the trainee would normally also need to be brought to the attention of the Foundation School Director. The Foundation School Director will, where appropriate, manage what information is passed onto the KSS Deanery Trainees in Difficulty working group. Where the trainee is considered to be a “trainee in difficulty” the Deanery careers team may need access to some information about the trainee and will liaise with the Faculty Career Lead as required.

2.2 Communication and support

The referral should take the form of a brief email simply requesting additional careers support from the Deanery careers team with a contact email address for the trainee. It should be sent, in the first instance, to the senior careers adviser and copied to the trainee. Where there are wider concerns about the trainee, the referral email should also be copied to the Foundation School Director so where appropriate, the Trainees in Difficulty working group can be informed that the careers team have become involved. The senior careers adviser will let the trainee know by email who will be providing the additional career support and their contact details. The trainee will then need to set up an initial meeting, which, in the first instance, will be a face-to-face meeting.

2.3 Career support

The Trainee In Difficulty A KSS Guide
The minimum number of sessions that the trainee will receive from a member of the Deanery careers team is two – one to have an initial discussion with the trainee and a second follow-up session. If there is a need for additional session(s), the Deanery careers team member will discuss this with the trainee at the initial session. Subsequent sessions, if they are needed, may either be face to face or over the telephone depending on practicalities. The STFS places foundation trainees in hospital trusts over a wide geographic area and foundation trainees may not always be able to take time off to meet a career counsellor.

Confidentiality of the careers conversations between a member of the careers team and a foundation trainee will be fully discussed at the first meeting. It will be explained that confidentiality will only be breached if the careers counsellor becomes concerned about the trainee’s safety, or about patient safety. In the rare event that the career counsellor feels it necessary to breach confidentiality and discuss their concerns with the Foundation School Director, the trainee would be informed of the career counsellor’s decision before contact is made with the Foundation School Director.

If the trainee in question is being supported by the Trainees in Difficulty working group, the Deanery careers team member will let the Foundation School Director, the Trainees in Difficulty working group and the person in the employing trust who referred the trainee know when the agreed sessions have been completed.

3. Career counselling process – a guide for hospital trusts

- Foundation trainees will be referred for career counselling through the managed referral process. Referrals can be made by either the Faculty Career Lead, DME, Foundation Programme Training Director, Clinical Tutor or MEM. The referral should take the form of a simple brief email requesting additional career support from the Deanery careers team and copied to the trainee doctor. The email should be copied to the Foundation School Director if the careers referral is linked to a concern about poor performance or ill-health.

- The Deanery careers support team will decide who will take on the trainee and the senior careers adviser will inform the trainee of the name and contact details of the career counsellor so they can arrange an initial session. The normal provision will be two sessions and the careers counsellor assigned to the trainee will review what provision is required at the initial meeting.

- The initial meeting will take place face to face, usually at the KSS Deanery, London Bridge, Sherman Centre (Guy’s Hospital Campus) or St George’s Hospital Campus, Tooting. If further meetings are required these will normally take place over the telephone. (The career counsellor will need an appropriate environment to take the calls where they will not be disturbed, use a headset and have access to any resources they might need.) The trainee will need to be in an environment where they can talk freely and not be disturbed.

- Confidentiality of the sessions with the career counsellor will be assured. It will only be breached where the career counsellor has concerns for the trainee’s and/or patient’s safety. The career counsellor will explain their concerns to the trainee before discussing the issue with the Foundation School Director.

- The Deanery careers team will normally be available for career counselling sessions during the following times: 8am-7pm (Mon - Fri).
• Once a careers session or series of sessions has been completed, then the Deanery careers team will inform the employing trust and, where appropriate, the Trainees in Difficulty working group that the sessions have ended.

Queries
For queries on either this service or the Deanery careers team please contact one of the following:

Dr Pam Shaw, Deputy Head of Education, KSS Deanery
Email: pshaw@kssdeanery.ac.uk

Dr Caroline Elton, Education Adviser, Career Planning, KSS Deanery
Email: celton@kssdeanery.ac.uk

Joan Reid, Senior Careers Adviser, KSS Deanery
Email: jreid@kssdeanery.ac.uk
GUIDANCE FOR THE TRAINEE IN DIFFICULTY OR THOSE WITH ADDITIONAL NEEDS

All of us experience difficulties at times in our lives, for professional, personal and health reasons. These notes are designed to help you if you are in difficulty. Arbitrarily the difficulties are divided into professional and personal. There is a considerable overlap and problems in one area may exacerbate problems in another.

Professional Difficulties

These include:
- Difficulty in getting the next post which is right for you
- Examination stress and failure
- Being in the wrong specialty or career
- Disenchantment with medicine
- Under performing
- Concerned about the poor quality of care in your hospital or practice
- Lack of supervision
- Lack of time for training
- Insensitive or absent feedback and appraisal
- Dysfunctional department
- Communication breakdown
- Communication and language difficulties
- Complaints from patients, trainers or other trainees

Personal Difficulties

Stress resulting from problems such as:
- The environment, accommodation and food
- The organisation – being undervalued as an employee overloaded with work, deprived of sleep
- Finance
- Personal relationships
- Family overseas or remote
- Cultural differences
- Physical and mental illness – personally and within family members
- Drugs/alcohol
- Bullying
Help and Support

If you are in difficulty the following are there to help you:

• Your Trust or practice:
  • Your colleagues
  • Your trainer or educational supervisor
  • The clinical director of your unit
  • The college or clinical tutor
  • Medical staffing/HR
  • The postgraduate centre staff especially the MEM

• The Deanery:
  • The Postgraduate Dean
  • The GP Dean
  • The KSS Deanery Career Development Unit (details from the postgraduate centre or KSS website)

• For health issues, including stress:
  • Your general practitioner
  • OH
  • MedNet: A completely confidential service for doctors by doctors (details are available from your postgraduate centre or on the KSS website)

• For contractual or financial issues:
  • BMA
  • The Royal Medical Benevolent Fund

Some general principles about being in difficulty

If you have personal or professional problems, which might affect the way you manage patients or your career –

• You should talk about it to a responsible person such as your consultant, your Trust Clinical Tutor or GP Course Organiser. This conversation will be confidential, but will enable both of you to see whether it should be taken further

• Try to solve your difficulties locally and within the structure of your normal workplace

• Your problem may cause you considerable emotional upset, which is normal. Be aware that your emotions may obscure the real issues

• If you ask for help, the main aim of the helper will be to try to get you back on track

• Do ask when you are in difficulty, a short conversation early may save a lot of trouble later

• If you are coping with a stressful event, either at home or at work, you may not be aware how it is affecting your general performance at work. Many doctors feel that they have to persist at work when they know they are not functioning adequately. It is important to share this with an appropriate person at an early stage – it may be appropriate for you to take compassionate leave or adjust your workload
GUIDANCE FOR DOCUMENTATION:
LFGS (POST FOUNDATION)
(Re. HANDLING OF TRAINEES IN DIFFICULTY)
RECORD KEEPING

Introduction

The following is guidance on recording information relating to handling of trainees in difficulty by LFGs based upon good practice. This must be used in conjunction with Trainees in Difficulty Guide published by KSS Deanery and Graduate Education and Assessment Regulations (GEAR).

Documentation of meetings of the Faculty Groups must be in line with guidance provided by the Data Protection Act in relation to processing, retention and security of records. The possibility is that recording of processes relating to handling of a trainee in difficulty may subsequently form part of regulatory proceedings. Therefore recording of information must be of a standard and character where undue legal challenges could be avoided. The Freedom of Information Act (2005) allows the right of access to information held about practitioners/trainees (subject to exemptions where appropriate) and any documentation by faculties could be assessed through this.

Principles

1. Record place of meeting/time/length/names of those present
2. Record notes promptly after any meetings/event and agree it with those present as soon as possible (within two weeks).
3. Information being presented to the Faculty Groups regarding a trainee should be recorded in a 'standard concern form', completed by the Educational Supervisor and the chair of the Faculty Groups.
4. The LFGs may discuss the matter in detail but the minutes should only contain a factual summary. (The individual supervisor concerned should hold detailed notes of training etc but this must not form part of the minutes).
5. Confidentiality of the trainee concerned must be protected. Also confidentiality of others involved e.g. patients and work colleagues must be preserved.
6. Details of documentation may depend on the stage the problem has reached but there must be consistency.
7. Principles of equality and Diversity must be observed.
8. Do not record third party statements in the minutes.
9. Exclude information about aspects of the trainee’s life not directly related to his or her work even if discussed during the course of the meeting for other reasons.
10. Record discussions in a balanced way. The minutes should be objective and unbiased, written in an accurate and concise style. Once written, they should be checked for accuracy and distributed to the members as soon as possible. The minutes of trainee in difficulty should be recorded in bullet points as follows:
   - Issues raised
   - Conclusions
   - Action points and time lines
   - Review date
11. At the end of formal the LFG meetings confidential information sheets should be returned to the responsible officer to be shredded in line with local Trust policy.
12. In recording, keep to facts only not suppositions/hypotheses discussed during meetings.
13 Minutes of notes will need to be retained for 7 years. At the end of a case file being closed agree final notes with trainee/trainees representative if available.

14 The sharing of information recorded must be with permission of the LFG Chair and is in keeping with other guidance regarding this. E-mailing notes to a third party by members for any other purpose should be avoided.

**Practical Approach in record keeping**

- The Chairman of the LFG/DME may choose to refer to the individual trainee in the minute through a coding process and they will be responsible to keep the key to coding confidential. The trainee in the note might be referred to as follows: Trust code/numerical number/ the year. For example John Smith is the first trainee who has been discussed in the faculty that year. The minutes will show the Trust code/1/08.
- The minutes will refer to all factual issues raised. For example, not taking part in DoP’s assessments.
- The conclusion of the LFG. For example, a formal letter to trainee giving them reasonable times scale to complete the assessment. Or refer to the school board.
- The review period to indicate when and what the LFG will review in the case of the 3456/1/08.