

# **Managing Trainees in Difficulty**

## **(version 3)**

*Practical Advice for Educational and Clinical Supervisors*

**October 2013**

## **Foreword and Acknowledgements**

This updated version of the original document (published in January 2008) continues to outline key principles and concepts in the challenging field of managing doctors in difficulty. The main changes in this version result from the valuable contribution from BAPIO and highlight the cultural issues facing both supervisor and trainee in our diverse medical workforce. The bulk of the document remains unchanged.

Claire Mallinson, Chair NACT UK

### **Acknowledgements**

There were numerous documents and important contributions made by many innovative groups and individuals to write the first edition. In particular, we thank:-

- Dr Ian Curran who contributed significantly to the original document and whose work remains intact in this version
- London, Northern, Wessex and West Midlands Deaneries and their Clinical Tutors
- Medical Education Team from Taunton & Somerset NHS Trust for the idea and template of the meeting record and action plan which we have amended and developed
- National co-ordination and leadership of both the National Clinical Assessment Service and the General Medical Council in supporting and promoting the development of effective frameworks for the management of doctors in difficulty
- Dr Liz Spencer, past Chair, and NACT UK Council member who formed the working group responsible for the original document

By developing robust assessment and remediation frameworks, collectively the Deaneries, NCAS and the GMC have laid the practical, conceptual foundations for the effective diagnosis, support and management of doctors in difficulty. We explore and highlight these themes in this document and offer a pragmatic diagnostic and management framework. We have tried to accurately capture the essence of their vital work whilst retaining the educational value of this document as a learning resource for clinicians.

## **Introduction**

The diagnostic framework and suggested management options attempt to provide guidance on the identification, support and management of trainees in difficulty and to provide clinicians with a systematic approach to dealing with these challenging and often complex issues. The pre-eminence of maintaining patient safety should be paramount when managing trainees in difficulty.

**Formal management guidelines and protocols from your local LETB/Deanery or NHS employing organisation supersede this guidance in all circumstances.**

- The spectrum of performance problems is wide and ranges from minor, momentary aberrations of behaviour, to major misdemeanours, persistent unprofessional behaviours or even acts of gross criminality.
- Periods of transition (changing jobs, moving regions, countries/cultures, personal life events etc) can be associated with a deterioration of clinical performance, which may require additional vigilance and support.
- Serious performance issues amongst trainees are rare. This infrequency, together with the trainer's perceived lack of expertise and the increasing requirement for robust evidence, heightens anxiety and concerns amongst those who may have to deal with such matters when they do occur.

In dealing with any serious performance issue remember that there are often many dimensions to the problem.

1. A significant number of colleagues come from other countries, cultures and religions where healthcare systems and social/cultural norms are sometimes quite different. This complexity may introduce conflicting tensions and make effective management all the more challenging.
2. Confounding elements include legal aspects such as health and safety, employment, race, sexual and gender discrimination legislation. There may also be moral, ethical or confidentiality considerations.
3. HR factors such as bullying and harassment, litigation, industrial tribunals, conflict management, the need for mediation and reconciliation.
4. Challenge of effective difficult conversations. Communication can be challenging in both verbal & written form, and formal & informal contexts.
5. Issues around professional accountability and professional registration including your own.

**Take advice and seek support.**

**Do not try to deal with complex scenarios on your own!**

Escalate and 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. Remember: early and proportionate intervention may prevent problems becoming intractable. Early intervention is essential if adverse consequences are to be avoided for patients, the doctor concerned and his/her colleagues.

**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.**

## **Roles & Responsibilities**

A **trainee**, as an employee, has a contractual relationship with their employer and is subject to local and national terms and conditions of employment. This will include clinical accountability and governance frameworks in addition to recognised disciplinary procedures. Trainees have a responsibility to fully engage with the educational process.

**The Local Education Provider** must ensure that employment laws are upheld and employer responsibilities implemented. They are directly responsible for the management of performance and disciplinary matters, and that issues identified are addressed in a proportionate, timely and objective way. They should have robust processes for the identification, support and management of doctors whose conduct, health or performance is giving rise for concern.

Clinical and Educational Supervisors should receive training in how to support trainees in difficulty in partnership with Training Programme Directors, Clinical and General Managers, Human Resources Departments and the Director of Medical Education (DME) as appropriate. DMEs need to be made aware by Trust management, of any changes in local/regional disciplinary regulations and structures that would have impact on trainees.

Employing organisations have a contractual responsibility to provide counselling and pastoral care for doctors in training.

**The Postgraduate Dean** has responsibility for all doctors in training; and for overseeing effective systems is for managing problems that arise which prevent normal progression through the training process, for whatever reason.

The LETB / Deanery is responsible for ensuring the quality management of postgraduate medical education and should have systems in place to respond quickly to any concerns raised. They should have a process for educational governance and operational educational frameworks led by the Training Programme Directors, under the supervision and guidance of the Associate & Postgraduate Deans.

There should be robust communication between Foundation & Specialty Schools' ARCP panels and the local DME & Foundation / Specialty Tutor regarding any incumbent or arriving Trainee that has been identified as needing additional support.

Supervisors & Local Education Providers must keep the School / Deanery informed of all significant concerns about a trainee and inform the Postgraduate Dean in writing of any disciplinary action being taken against a trainee.

There is a responsibility to ensure transfer of relevant information to appropriate authorities should a trainee in difficulty move from one region to another or even across national boundaries. Ideally this would be led by the School but may need to be actioned by the local DME.

**The National Clinical Assessment Service (NCAS)** can offer specialist expertise in assessing complex issues of clinician performance. They can also offer management and specialist remediation advice.

**The General Medical Council (GMC)** should be involved 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' and this includes the responsibility to raise concerns about the fitness to practice of another doctor.

***This broad, hierarchical infrastructure and accountability framework should allow for a proportionate and effective response to be implemented.***

## General Principles

### 1) **Early identification of problems and intervention is essential.**

It is the responsibility of the Clinical Supervisor and their team to highlight any concerns, that could constitute a threat to patient safety, to the trainee's Educational Supervisor.

Useful 'Early Warning Signs', adapted from the book 'Understanding doctors' performance', may include:

**The "disappearing act"**: not answering bleeps; disappearing; lateness; frequent sick leave.

**Low work rate**: slowness in doing procedures, clerking patients, dictating letters, making decisions; arriving early, leaving late and still not achieving a reasonable workload.

**Ward rage**: bursts of temper; shouting matches; real or imagined slights.

**Rigidity**: poor tolerance of ambiguity; inability to compromise; difficulty prioritising; inappropriate 'whistle blowing'.

**Bypass syndrome**: junior colleagues or nurses find ways to avoid seeking the doctor's opinion or help.

**Career problems**: difficulty with exams; uncertainty about career choice; disillusionment with medicine.

**Insight failure**: rejection of constructive criticism; defensiveness; counter-challenge.

**Lack of engagement in educational processes**: fails to arrange appraisals, late with learning events/workbased assessments, reluctant to complete portfolio, little reflection

**Lack of initiative/appropriate professional engagement**: the trainee may come from a culture where there is a rigid hierarchical structure to medical training and trainees are not encouraged to question patient management decisions by senior colleagues, or demonstrate any other healthy assertive behaviours

**Inappropriate attitudes**: The cultural background may be very strongly male oriented and the trainees may not be used to working with females on an equal status basis.

### 2) **Establish and clarify the circumstances and facts as quickly as possible.**

#### **Access many different sources of information.**

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.

Only form a judgement once all information is collated.

Issues of patient and person safety take precedence over all other considerations.

### 3) **Remember poor performance is a 'symptom and not a diagnosis' and it is essential to explore the underlying cause or causes. Key areas to explore are;**

- i) Clinical performance of the individual: (*knowledge, skills, communication*)
- ii) Personal, personality and behavioural issues: (*professionalism, motivation, cultural & religious issues*)
- iii) Sickness / ill health: (*personal/family stress, career frustrations, financial*)
- iv) Environmental issues: (*organisational, workload, bullying and harassment*)

### 4) **A robust and detailed 'diagnosis' can lead to effective remediation: different problems require different solutions.**

A doctor with an evolving medical problem, eg. new diabetes or mental health issue, requires a different approach than an individual with poor interpersonal skills or lack of insight. The former needs engagement with occupational health and a GP, the latter perhaps supportive mentoring, close clinical supervision and feedback to change the beliefs behind the undesired behaviour.

### 5) **Clear documentation.**

All relevant discussions and interventions with the trainee should be documented contemporaneously, communicated to the trainee and key individuals in the accountability framework (Trust and/or School/Deanery, possibly GMC) and followed up by named accountable individuals such as the Educational Supervisor, Training Programme Director or Associate Dean to ensure the process is concluded satisfactorily and managed appropriately.

See local Trust and LETB/Deanery guidelines for accountability frameworks.

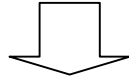
### 6) **Misgivings must be communicated: Records must be kept: Remedies must be sought: Progression must be delayed until issues resolved.**

**Remember: accurate & contemporaneous documentation must be kept**

## A Diagnostic Framework for Poor Performance

### 'Events and Diagnostic Process'

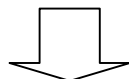
Trigger event or incident



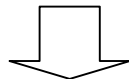
#### Investigate.

##### If serious, define the problem.

Collate evidence from as many sources as possible including from the individual concerned. Be objective and document in detail



Decide  
is this an **individual performance issue**,  
an **organisational issue**  
or both?



#### Consider the following three questions

##### 'Does 'it' matter?'

- if no, relax!
- 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.
- If **yes** the next question is...

##### 'Why are they not doing 'it' now?'

- Consider all possibilities. Is there:-
  - a clinical performance issue
  - a personality or behavioural issue
  - a cultural background or religious issue
  - a health issue
  - an environmental issue

### 'Thoughts'

*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.*

*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.*

*Key areas to explore when considering poor performance ie. 'Potential Diagnoses'*

- i) clinical performance*
- ii) personal, personality and behavioural issues including impact of cultural and religious background*
- iii) physical and mental health issues*
- iv) environmental issues including systems or process factors, organisational issues including lack of resources*

**Interventions should be tailored to underlying 'diagnosis'.  
A successful outcome is often achievable but only with appropriate intervention.**

## **A Management Framework for 'Doctors in Difficulty'**

The interventions depend upon the underlying 'diagnosis' or 'diagnoses' revealed by the diagnostic framework above. Use workplace based assessments to help document, monitor and address identified areas of deficiency or learning needs.

- **Clinical Performance**

Some trainees may be under-performing in specific aspects of their role and this should be addressed directly with focussed training or retraining to include knowledge, technical skills and non-technical, professional skills. This may require an extended period of clinical supervision or targeted task orientated training to a specific deficit.

For some trainees they are performing adequately at one level but not demonstrating their capability to advance to a higher level with more complex decision making, leadership skills and multi-tasking. This will require a period of focussed training and support which should include clear documentation of competencies achieved, as well as those not achieved, to assist with future Specialty Doctor employment if the trainee is deemed unsuitable to progress with training.

- **Personality and behavioural issues**

Close 'clinical supervision' and dedicated 'developmental mentoring' can provide a supportive environment to tackle issues of insight into behaviour. Seeking advice or involvement from senior Colleagues of similar ethnicity, cultural or religious backgrounds to a Trainee in difficulty, where such factors are relevant, can be crucial in resolution of problems relating to these factors. Feedback, possibly using video or simulation based techniques can be used to challenge unhelpful or undesired behaviour. This work is difficult, but with appropriate communication skills, progress can often be made. In more extreme cases occupational psychologists employing cognitive behavioural approaches or other performance specialists such as Deanery Performance Units may need to be engaged. Sometimes problems persist and, particularly with personality disorders or other behavioural issues, remediation may prove impossible.

Career guidance and limits to practice may be necessary but these 'high-stakes' decisions should not be taken lightly and are decisions for the local accountability framework, Trusts, Schools/Deanery or even the GMC.

- **Health Issues – physical and mental**

Doctors become ill like all other individuals. Consider physical and mental health as well as substance misuse such as drugs or alcohol.

All doctors in difficulty should be assessed by Occupational Health. "Good Medical Practice" requires doctors to seek and follow advice from a Consultant Occupational Physician if their judgement or performance might be affected by illness.

The Disability Discrimination Act (1995) covers both physical and mental impairments that affect a person's ability to carry out day-to-day tasks and requires employers to make reasonable adjustments to work pattern, content, and environment.

Ensure adequate support is available eg. mentor, Staff Counselling services etc.

Consider national services such as 'Doctor Support Network' or 'Doctors for Doctors' run by the British Medical Association.

- **Environmental issues**

The National Clinical Assessment Service (NCAS) has identified that organisational issues, including systems or process failures are often under acknowledged in the investigation of poorly performing individuals.

***"Failures include lack of resources, such as poorly maintained equipment, inadequate secretarial support, computer equipment etc, unrealistic work demands, poor clinical management, poor support and substandard working environments."***

All can prove to be confounding variables when other problems arise and can often precipitate a dramatic deterioration in performance.

## Additional References / Resources

1. Local Employing Trust / Employer Guidelines and Policies
2. LETB / Deanery Guidelines for Dealing with Doctors in Difficulty
3. Understanding Doctors' Performance. Ed J Cox, J King, A Hutchinson, P McAvoy. Radcliffe Publishing, Oxford 2006. An excellent overview with many expert opinions and strategies.
4. Paice E, Orton V. Managing the Trainee Doctor in Difficulty. In Postgraduate Medical Education and Training, eds Hastie A, Hastie I, Jackson N. Radcliffe 2005
5. Paice E, Orton V. Early signs of the trainee in difficulty. Hosp Med. 2004;65:238-40.
6. National Clinical Assessment Service <http://www.ncas.nhs.uk/>  
Useful Reports:
  - How to conduct a local performance investigation 2010
  - Handling concerns about a practitioner's behaviour and conduct June 2012
  - Handling concerns about a practitioner's health 2011
7. Handling concerns about a practitioner's Support4Doctors is a Royal Medical Benevolent Fund project to help doctors deal with commonly met challenges faced by doctors such as:- getting the work/life balance right, handling pressure, dealing with career, health and financial issues.  
<http://www.support4doctors.org/>
8. BMA website has a section on "Supporting doctors in difficulty" and a remedial training question and answer web resource for doctors who are experiencing difficulties with their performance at work who wish to know what happens when the need for extra (remedial) training or support is identified.
9. The Doctors' Support Network (DSN) is a warm, friendly self-help group for doctors with mental health concerns. <http://www.dsn.org.uk>
10. DoctorsSupportLine is staffed by volunteer doctors to provide peer support for doctors and medical students in the UK. <http://www.doctorssupportline.org>
11. Sick Doctors Trust is an independent and confidential organisation to provide early intervention and treatment for doctors suffering from addiction to alcohol or other drugs. 24 hour helpline. Happy to deal with anonymous enquiries. <http://www.sick-doctors-trust.co.uk>
12. The Psychiatrists Support Service, Royal College of Psychiatrists at [psychiatristssupportservice@rcpsych.ac.uk](mailto:psychiatristssupportservice@rcpsych.ac.uk) offer confidential support and advice for member psychiatrists in difficulty.

## Meeting record

*Always act fairly, equitably, supportively and confidentially  
within the training accountability framework*

Name: Grade: Date:

Clinical Supervisor: Educational Supervisor:

Programme: Training Programme Director:

Persons Present:

Meeting led by: Notes taken by:

### Concerns

### Discussion

#### **Consider**

*Are they safe to practice?*

YES / NO

*If no inform Clinical /  
Medical Director and HR*

*Have they got a GP?*

#### **What are the issues**

##### **Clinical Performance**

YES / NO

*Personality /  
Behavioural*

YES / NO

*Physical illness*

YES / NO

*Mental illness*

YES / NO

*Environmental issue*

YES / NO

- support

- workload

*In all circumstances where there are fitness to practice issues the postgraduate dean must be involved.*

## Action Plan

| Define Learning Need | Create Learning Objectives | How will I address them<br>(action & resources) | Date set to<br>achieve<br>goal | Date<br>actually<br>completed |
|----------------------|----------------------------|-------------------------------------------------|--------------------------------|-------------------------------|
|                      |                            |                                                 |                                |                               |
|                      |                            |                                                 |                                |                               |
|                      |                            |                                                 |                                |                               |
|                      |                            |                                                 |                                |                               |
|                      |                            |                                                 |                                |                               |

*Document agreed  
SMART goals and  
objectives  
ie. Specific,  
Measurable,  
Achievable  
Relevant  
Timeframed*

*Use work based  
assessments as  
appropriate*

*Agree clear timeframe*

*Identify date for  
review*

*Has the trainee got  
adequate support?*

Date of next Review:

Refer to Occupational Health      YES / NO      Involve *(circle if appropriate)*      Clinical Director / Director of Medical Education / School / other

Signed.....  
Educational supervisor

Signed.....  
Consultant Colleague (Specialty Tutor or representative)

Signed.....  
Trainee

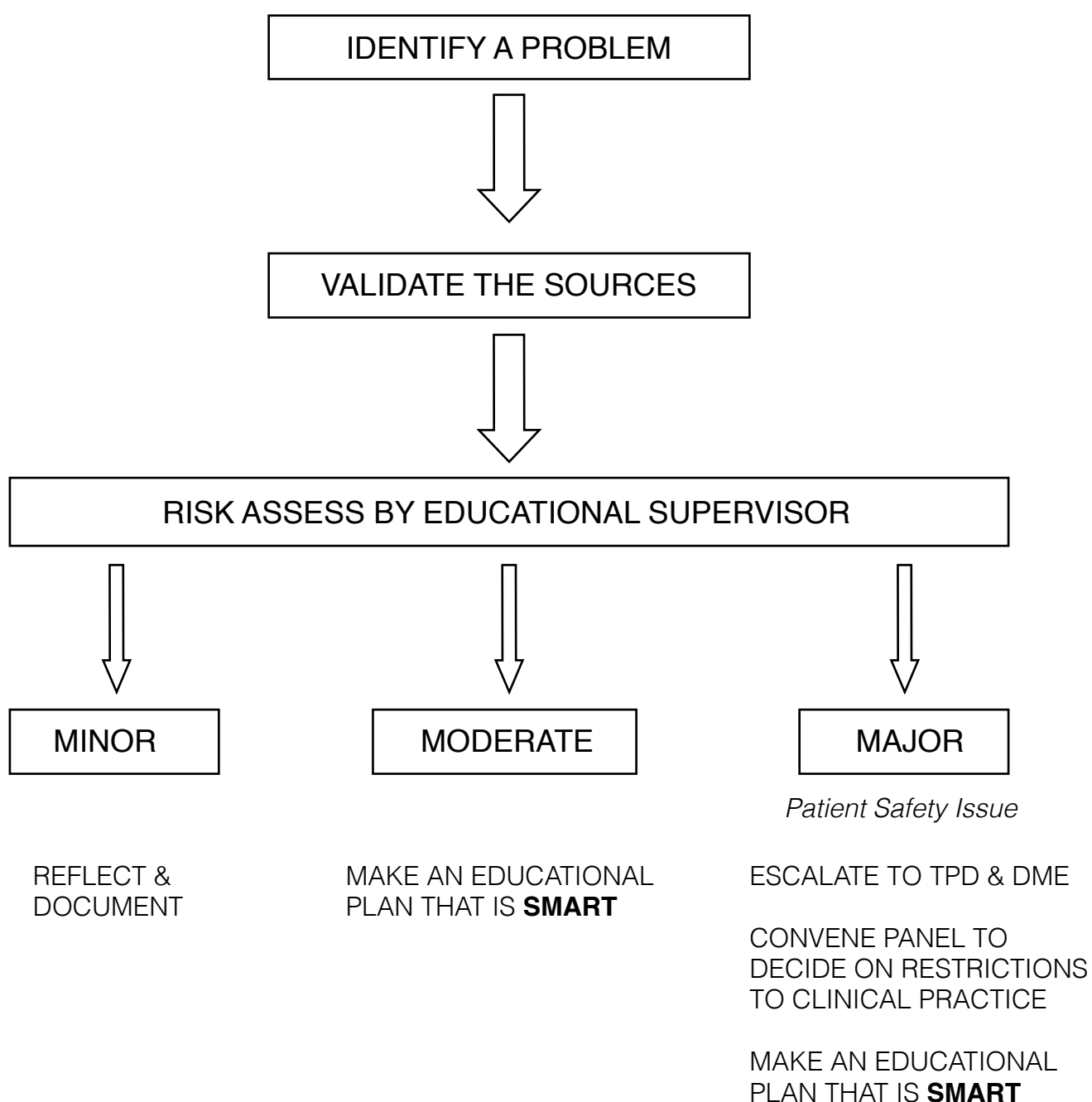
Date.....

# REMEDICATION PATHWAYS FOR TRAINEES

*NACT UK Document  
Designed by NACT UK membership*

DEFINITION: Remediation is a process by which a trainee doctor is supported in achieving the GMC standards of Good Medical Practice that had not previously been achieved.

It is NOT revalidation.

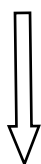


## PROCESS

USE NACT DOCUMENT FOR SUPPORTING TRAINEES

### DIAGNOSE THE PROBLEM

Relate to 4 NCAS Areas



CLINICAL PERFORMANCE

Capability & Learning

HEALTH

Physical & Mental

PERSONALITY  
&  
BEHAVIOUR

ENVIRONMENT

Home & Work

### REFERRAL PATHWAYS

HR

ES

CS

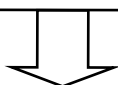
LETB/  
Deanery  
Support Unit

TPD  
DME

MD

Occ H

GP



EXIT REPORT TO EDUCATIONAL SUPERVISOR

*Essential if Trainee moves to another placement*

## RESOURCES FOR REMEDIATION

### TRAINEE SUPPORT UNIT AT PGME UNIT

#### HUMAN RESOURCE DEPARTMENT

Involve EARLY so correct legal employment processes are followed. Document all sick leave.

#### CASE MANAGER

Appoint a clinician with expertise in managing performance issues.

#### LETB or DEANERY

Resources for the remediation process need to be available.

## ACCOUNTABILITY

*ALL INVOLVED IN THE PROCESS BUT ULTIMATELY THE EMPLOYER AND MEDICAL DIRECTOR*

### **BEST PRACTICE IDEAS:**

1. Hold monthly Educational Governance Meetings consisting of panel of DME, HR, ES, MD to discuss all cases in the trust.
2. Appoint Specialty Tutors who mentor as a pastoral role separate from formal ES role.
3. Appoint Clinician with expertise in Performance Management to manage a number of cases.

# TRAINEE EDUCATIONAL PLAN & EXIT REPORT

TRAINEE: \_\_\_\_\_

EDUCATIONAL SUPERVISOR: \_\_\_\_\_

DATE: \_\_\_\_\_

WHO HAS BEEN CONTACTED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DIAGNOSIS:** \_\_\_\_\_  
\_\_\_\_\_

**PLAN:**  
SPECIFIC: \_\_\_\_\_  
\_\_\_\_\_

MEASURE: \_\_\_\_\_  
\_\_\_\_\_

ACHIEVE: \_\_\_\_\_  
\_\_\_\_\_

RELEVANCE: \_\_\_\_\_  
\_\_\_\_\_

TIME LIMIT: \_\_\_\_\_

SIGNED BY TRAINEE: \_\_\_\_\_

SIGNED BY TRAINER: \_\_\_\_\_