

Oxford Deanery Protocol for Supporting and Developing Doctors and Dentists in Training

2013

"Success without challenge is empty. Indeed; it is the challenge that enhances the success. It is of little accomplishment to travel the easy path."

Adapted from an old proverb

PLEASE NOTE:

This Protocol supersedes the Oxford Deanery Policy for Helping a Trainee in Difficulty, which was first published in March 2008.

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1. Executive Summary

- 1.1.** This protocol is intended to outline the process for any doctor or dentist in training, who, for whatever reason, needs extra help and support – beyond that which is normally required – to make satisfactory progress towards completion of a postgraduate training programme. Its purpose is to ensure that the relevant issues are identified, understood and addressed so that the trainee may complete training successfully and continue to contribute to the work of the NHS.
- 1.2.** This document also sets out the pathway for responding to concerns about doctors in training in the Oxford Deanery, as required for revalidation and under *Maintaining High Professional Standards in the Modern NHS* (MHPS) guidance. The designated body for all doctors in training with an Oxford Deanery National Training Number is the Oxford Deanery and the Postgraduate Dean will be the Responsible Officer for all these trainees, whoever is employing them during their training.
- 1.3.** Two broad levels of help and support for trainees are described, depending on the complexity of the issues involved. Each level has defined roles for the responsible educators, including the responsibilities of the Lead Educator who is accountable for each level of support.

Level 1

These are managed within the educational programme, without referral for external support. The issues managed are local and minor, which can be resolved within the department or the programme, by the Clinical Supervisor in conjunction with Educational Supervisor. The lead educator for level one support will usually be the Educational Supervisor.

- **Level 1a** comprises cases that can be resolved during the current post or placement under the same educational supervisor;
- **Level 1b** refers to those cases where another educational supervisor becomes involved due to the trainee's rotation to another post or placement.

Level 2

These are more significant or longer-lasting issues that require the involvement of educators or other relevant stakeholders outside the department or programme. The issues include all concerns about patient safety, disciplinary matters, complaints that indicate serious performance, conduct or behaviour concerns, professionalism, or the trainee's health, which all automatically require Level 2 support. This category also includes those complex issues which might pose significant risks for the trainee, patients, the employing organisation, or the Deanery. These generally require external specialist input from the Career

Development Unit, Medic Support, Occupational Health, Trust Human Resources etc.

The lead educator for level two support is usually the Specialty Training Programme Director (TPD) or their equivalent (e.g. Foundation Training Programme Director (FTPD) or GP Training Programme Director). In some situations this role may be taken by a more senior Deanery educator, such as the Head of School or their deputy, or the Director of Medical Education for the employing Trust (DME). They will work in partnership with the relevant senior Deanery educator (e.g.: Foundation School Director (FSD), Head of Specialty School (HoS), Associate GP Dean, Associate Dental Dean) until matters are resolved.

1.4. The lead educator should ensure (either themselves or by delegation) that:

- There is adequate help and support for the trainee to get back on track, by identifying and accessing additional educational resources if necessary;
- The appropriate process is followed, including proper feedback to the trainee and documentation. **The Five-Point Plan** for lead educators sets out the essential steps (see paragraph 11.8 below):
 - **Investigate** – establish facts; get different views, including trainee’s;
 - **Interview(s) – educational appraisal; educational needs assessment;**
 - **Report(s)** – written documentation, shared with trainee;
 - **Performance Improvement Plan (PIP)** – ‘SMART’ objectives;
 - **Monitoring and review** – feed into ARCP process; seek resolution.
- An educational appraisal (at all levels of support) and an educational needs review (for Level 2 support) is conducted and documented;
- Pastoral support is made available;
- The appropriate referrals are made for Level 2 support (including discussion with CDU);
- Relevant information is transferred to the next Educational Supervisor (and lead educator as necessary) so that continuing support and development needs are addressed. This **must** be shared with the trainee;
- There is appropriate liaison with:
 - HoS/FSD/TPDs;
 - RITA/ARCP panels;
 - Trust DME;
 - DME for next placement.

1.5. The following table summarises the process of support and management at the two levels.

Level	Lead Educator	Description	Process and documentation	Examples
1	<p>1a Educational supervisor (ES). (Clinical supervisor (CS) provides necessary workplace and observational details).</p> <p>1b Educational and programme leads in current and future placement.</p>	<p>Issues which are relatively minor.</p> <p>Issues which are minor but unlikely to be resolved in current placement.</p>	<p>Educational appraisal meeting(s) with trainee; identify any contributory factors; summarise in written report, shared with trainee. Develop focussed training plan (PIP) with trainee. Regular review of progress.</p> <p>Written explanation to the TPD and DME (for Level 1b – shared with trainee).</p>	<p>Repeated exam failure. Continued failure to complete WBAs. Poor eportfolio documentation. Areas of poor knowledge or skills. Delay in acquiring some areas of professional practice.</p>
2	<p>Specialty Training Programme Director (TPD), or Foundation Training Programme Director (FTPD), or GP Training Programme Director (GTPD).</p> <p>Supported by Educational Supervisor, Head of School or deputy, Specialty College Tutor as necessary, and the Career Development Unit as appropriate.</p>	<p>Issues not resolved at Level 1. Issues requiring additional training time (Outcome 3 at ARCP). Issues involving patient safety, discipline, ongoing complaints directly related to the trainee’s practice, concerns about professionalism, or the trainee’s health. Issues which are complex and/or longstanding. Significant risk for the trainee, patients or the organisation.</p>	<p>Educational Needs Review and report. 1. Clarify the issues. 2. Summarise the evidence in current and previous placements. 3. Assess contributory factors. Feedback to trainee, develop PIP and planned remedial training jointly with all relevant educators. Regular review of progress.</p> <p>Director of Medical Education (DME) for employing Trust must be informed in all cases.</p> <p>CDU review and reports.</p>	<p>Poor overall clinical knowledge and skills. Problems with generic skills such as team working or professionalism. Repeated patient or staff complaints directly relating to the trainee, that suggest performance, conduct or behaviour problems. Failure to engage with the educational process for the specialty. All ARCP outcome 3 and RITA E. Some ARCP outcome 2 and RITA D. Serious disciplinary issues. Health/disability factors requiring specialist help.</p>

2. Summary of changes in this version

- 2.1.** This version is a significant revision of the previous Oxford Deanery Policy for Helping a Trainee in Difficulty, which was first published in March 2008. In view of this, the main changes are summarised here for convenience. More detail can be found in the body of the document.
- 2.2. Language** – previous versions of this protocol have used the term Trainee in Difficulty, which is in common use by Deaneries nationally. Feedback from trainees and educators tells us that this term is disliked because of its negative connotations and the fact that it tends to label the individual trainee, rather than focussing on the developmental support that is needed to help a trainee progress through their training when difficulties are experienced. Consequently we have decided to abandon it. We have also positively reframed the majority of phrases containing the words “concern” and “problems”. This is intentional: we appoint very able trainees to our programmes, and we want to produce highly performing professional practitioners at the end, their advancement enhanced by their experience.
- 2.3. Two levels of support** – the previous 3 levels have been condensed to two by combining levels 2 and 3 from the previous policy. This is intended to streamline the processes and more closely represent what happens in practice.
- 2.4. Lead Educator** – the role of the “lead educator” has been clarified. It is to take responsibility for the support provided to a particular doctor in training according to this protocol, including the necessary documentation, communications and actions, including any necessary handover to a new Lead Educator consequent on change of post or employer. For this protocol the Lead Educator is normally:
- At Level 1 support – the Educational Supervisor;
 - At Level 2 support – the Training Programme Director.
- Further description of the Lead Educator’s role and responsibilities is contained in this document.
- 2.5. Link to ARCP Outcomes** – significant revisions to the Gold Guide in recent years have clarified expectations for supporting doctors in postgraduate specialty training, the conduct of educational appraisals, managing concerns over performance during training, and situations where training may need to be extended. This protocol explicitly links to the ARCP process and its outcomes (for example, trainees with an Outcome 3 should be regarded as needing Level 2 support), and complements the guidance contained in the Gold Guide itself.

- 2.6. Documentation** – the reports that are expected under this protocol have been simplified, to be aligned more closely with common practice through postgraduate education processes.
- 2.7. Educational Governance** – in recognition of the fact that educational governance processes are well established under the auspices of Directors of Medical Education (DMEs) in many Trusts, but less so where there is no DME with the associated systems and processes, emphasis is placed on ensuring that the necessary functions of educational governance are carried out properly and appropriately, whether or not this is by means of formal Educational Governance Group meetings processes and reports. The central function of educational governance is to ensure that support for the individual trainee is properly coordinated whilst patient safety and services are maintained. Meetings should involve all the relevant parties, including the trainee as far as possible, especially in the more complex situations where there may be a combination of employment, educational and/or health issues that need to be managed effectively (see section 12).
- 2.8. Health** – guidance is included about the handling of concerns about a trainee’s health (see Appendix 1).
- 2.9. Revalidation** – this version has been revised so that it sets out the pathway for responding to concerns about doctors to be addressed during the processes of revalidation.

3. Introduction

- 3.1.** The Oxford PGMDE Deanery is committed to providing excellent education and training for doctors and dentists on its postgraduate training programmes. Sometimes during training there are occasions when a trainee may need specific extra help and support, for which this protocol gives guidance.
- 3.2.** In recent years the number of trainees who need extra support whilst training has been increasing. It is not clear why this is, but contributory factors might include changes in the nature of local support mechanisms, increased shift working and the demise of the teaching ‘firm’ in hospitals, greater travelling times between home and training sites, more clearly defined training programme requirements, changes in society at large, and perhaps a greater freedom to express difficulty.
- 3.3.** Two broad levels of help and support for trainees are identified in this protocol, according to the severity and complexity of the issues involved and the overall responsibility for managing the situation. In practice there may be some overlap between levels, varying between different training programmes, specialty schools and training providers. The overall intention is to help the trainee overcome any difficulties and get back on track to a satisfying and fulfilling career in medicine, informed and matured by their experience. Occasionally this will not be possible and those trainees who for whatever reason cannot fulfil the requirements of their programme will be supported to make wise decisions about their future career pathway.
- 3.4.** In the previous version of this document a number of factors were identified which were thought to contribute to trainees not receiving the help and support they may need to progress through their training. These included:
- 3.5. The educational environment**
- Trainees have a large number of educators to relate to during the course of their training, with frequent changes as placements rotate within and between Trusts. There is continuing lack of clarity about the roles and responsibilities of different educators, especially from the trainees’ perspective. There is still a tendency to accept second-hand verbal or anecdotal comments as evidence of a trainee’s performance. Even with e portfolios, now widely used, there is reluctance to write down concerns however strongly held.
- 3.6. Employers**
- Educational and Trust governance systems can work in isolation from each other. There is often confusion about who has responsibility for pastoral support for trainees going through a disciplinary process. Occasionally there is lack of

collaboration between educators and employers who are trying to support a trainee with significant health or disability problems.

3.7. Current issues

Since this guidance was last updated the postgraduate medical and dental training landscape in the NHS has continued to evolve. Now all trainees must undertake regular work place based assessments, and are subject to annual reviews of their progression measured by attainment of specified competences. All are assigned a named and properly trained educational supervisor. As a result of the Working Time Directive Regulations many trainees work on shifts and their contact with others in their team or service is frequently disrupted.

3.8. Revalidation – responding to concerns

The implementation of revalidation for all licensed doctors has introduced the role of Responsible Officer, and the need to identify a designated body for each licensed doctor, including doctors in training after the first Foundation Year.

The designated body for all doctors in training with an Oxford Deanery National Training Number is the Oxford Deanery and the Postgraduate Dean will be the Responsible Officer for all these trainees, whoever is employing them during their training.

Each designated body must have a locally agreed pathway for responding to concerns, and this protocol sets out the pathway for doctors in training in the Oxford Deanery.

4. Purpose

4.1. The purpose of this protocol is to:

- Advise on the management of doctors and dentists currently in Deanery approved training placements who may be needing help and support (it should be noted that the general principles set out here may apply to other groups of doctors in the NHS);
- Apply to all trainees needing help and support for whatever reason;
- Offer trainees support and guidance;
- Amalgamate details of relevant national and local resources;
- Provide an operational protocol for clinical and educational supervisors, training programme directors, heads of school, directors of medical education, medical directors, medical staffing managers, and all those involved in postgraduate medical and dental education within the area served by the Oxford Deanery.

4.2. It should be read alongside existing local education provider policies and protocols (including their disciplinary procedures), which it is intended to support not replace. Throughout this document the word trainee means either a Doctor or Dentist in training. This protocol has been refined over the years and is based on our experience in Oxford and what we have learnt from other deaneries.

4.3. *A Reference Guide for Postgraduate Specialty Training in the UK* (The Gold Guide, 2010) refers to “managing concerns over performance during training” (see paragraphs 8.19-8.35), and this protocol has been revised to set out how trainees should be supported where there are such concerns.

4.4. *The UK Foundation Programme Reference Guide*, July 2012, also includes specific guidance on “Doctors in Difficulty” (chapter 9, pages 37-39). This protocol is fully compatible with that guidance and should be read in conjunction with it.

5. Definitions

5.1. This protocol is intended to be comprehensive and inclusive. It is aimed at all doctors and dentists in training who are currently in Oxford Deanery approved placements at whatever phase of their career, including those who are:

- In foundation training;
- In primary and secondary care, core and specialty training (including short term and locum posts for training);
- In academic training with clinical responsibilities;
- Temporarily out of their training programme for whatever reason.

5.2. In each of these areas of practice different names may be used for different educational roles which may have differing responsibilities. For consistency, this document uses the definitions provided by the General Medical Council (GMC) of clinical and educational supervisors, and defines the role and responsibilities of the Lead Educator, who is responsible for ensuring that this protocol is properly adhered to, including the necessary documentation, communications, reporting and handover.

5.3. Clinical Supervisor

A trainer who is responsible for overseeing a specified trainee's clinical work for a placement in a clinical environment and is appropriately trained to do so. He or she will provide constructive feedback during that placement, and inform the decision about whether the trainee should progress to the next stage of their training at the end of that placement and/or series of placements.

5.4. Educational Supervisor

A trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a trainee's trajectory of learning and educational progress during a placement and/or series of placements. Every trainee must have a named educational supervisor. The educational supervisor's role is to help the trainee to plan their training and achieve agreed learning outcomes. He or she is responsible for the educational agreement and for bringing together all relevant evidence to form a summative judgment at the end of the placement and/or series of placements.

5.5. Lead Educator

This protocol defines a single person with lead responsibility for ensuring that the appropriate level of support set out here is given and that the necessary action is undertaken. This individual is the Lead Educator.

At level one of support the lead educator for a specialty trainee is usually the educational supervisor. At level two the lead educator role is normally carried out by the relevant specialty or foundation Training Programme Director (TPD). Where there is no TPD, or by local agreement within a training school and or Trust, the Lead Educator role may be fulfilled by a GP Associate Dean, Specialty or College Tutor, or the Head of School, depending on the particular specialty or foundation training programme and training placement. For example, in smaller specialty schools the Head of School or their deputy may take the role of TPD.

Involving other educators

The Lead Educator should in all cases work in partnership with the other educators directly involved in the training of the individual doctor or dentist. At level one the lead educator (educational supervisor) should work with the clinical supervisor to provide the necessary support, and may well seek advice and support from the relevant senior Deanery educator (e.g.: Foundation School Director, Head of Specialty School, Training Programme Director, Associate GP Dean, Associate Dental Dean) until matters are resolved. Similarly, at level two the lead educator (the TPD or equivalent), whilst retaining overall responsibility for the support provided, will work in partnership with the trainee's educational and clinical supervisors and ensure that the relevant senior Deanery educators are involved as necessary, according to established custom and practice in the particular training school.

Keeping DME informed

In all cases requiring level two support the lead educator must routinely notify the Director of Medical Education (DME) of the Trust that is employing the trainee and work in partnership with the DME to ensure that both educational and employer's responsibilities are properly discharged.

Trainee perspective

Trainees that need support at level two under this protocol must be made aware that provision of effective support usually requires the involvement of a number of senior educators including the DME and Head of School or their deputy. The need for support should not be seen as a sign of weakness or unsuitability. Conversely, refusal to recognise or accept the support offered in training is likely to be viewed negatively when it comes to assessment of progress and competence.

6. Acknowledgements

6.1. The following resources have been used in preparing this protocol:

- *A Reference Guide for Postgraduate Specialty Training in the UK* (Gold Guide, Fourth Edition, 2010);
- *The UK Foundation Programme Reference Guide*, July 2012;
- *Managing Trainees in Difficulty: Practical Advice for Educational and Clinical Supervisors*. National Association of Clinical Tutors UK, July 2012;
- *Maintaining High Professional Standards in the Modern NHS*. Department of Health, 2003;
- *Supporting Doctors to Provide Safer Healthcare: Responding to concerns about a doctor's practice*. NHS Revalidation Support Team, March 2012;
- Guidance from the National Clinical Assessment Service (NCAS), including the *Back On Track Framework For Further Training, Handling Concerns About Practitioners' Health*, and *Handling Concerns About A Practitioner's Behaviour And Conduct*. See the NCAS website at <http://www.ncas.nhs.uk/resources/> for further information and documentation (Nov 2012);
- Policy and Protocol documents from several other Deaneries in the UK, including Kent Surrey and Sussex, London, Mersey, Wessex, and Severn.

6.2. The Oxford Deanery owes an immense debt to the previous Directors of the Career Development Unit, Drs Philippa Moreton and Sheena Dykes, both of whom worked strenuously and imaginatively to professionalise the management of the trainee needing help and support.

6.3. As is usual with such documents we are reliant on proof reading by our colleagues, many of whom have made helpful and constructive comments, encouraging us to make certain the protocol is coherent, practical and comprehensive. ("the perspicuity is theirs, the mistakes ours" Eds.)

6.4. We are also indebted to the vast majority of our trainees, who cope with the various inconsistencies in their programmes with good humour and sense, nevertheless completing them well trained and capable of playing a leading role in whatever field of medicine they work.

7. Principles

The following principles underpin this protocol and apply to all training posts, programmes and schemes in the Oxford Deanery. There should be:

- A culture of support and development;
- Early identification of issues with focused clinical supervision and training to prevent escalation;
- Fair and transparent processes, understood by all;
- Clear roles and responsibilities for trained educators with accountable leadership roles;
- Consistent, systematic application of this protocol;
- Clear criteria for assessment, with decisions supported by written evidence that has been shared with the trainee;
- Collaboration with employing Trusts, present and future, to ensure optimum trainee support, patient safety and best HR practice;
- Access for trainees and supervisors as necessary to a range of additional educational resources including coaching and specialist educational help.

8. Roles and Responsibilities

- 8.1.** The roles and responsibilities for different educators are set out in detail in this Protocol. Some educators may have dual roles, e.g. some Clinical Supervisors are also Educational Supervisors. Educators at all levels should receive training to fulfil their specific roles and responsibilities relating to trainees needing help and support.
- 8.2.** Specific leadership responsibilities have been identified for the different levels of support and are encompassed within the lead educator role, as defined earlier in this document, but there are likely to be other educators who have important roles with trainees needing support and development. There is potential for confusion as different specialties have different arrangements.
- 8.3.** It has therefore been decided that overall responsibility for level one support for trainees should rest with the trainee's educational supervisor, whilst at level two support it will be with the relevant Training Programme Director or their equivalent in the different Deanery postgraduate training schools. Whenever a trainee is needing support at level two the lead educator should routinely keep the Director of Medical Education (DME) for the Trust employing the trainee informed about the trainee's situation and progress.
- 8.4.** Individual lead educators may have more than one educational or organisational role, for example being both a Training Programme Director and an Educational Supervisor. This varies between phases of training, from programme to programme, and in different workplaces.
- 8.5.** The lead educator for both levels of support is responsible for ensuring that all relevant parts of this protocol are followed, including the following:
- The Five-Point Plan is followed (see paragraph 11.8);
 - Proper documentation is kept, securely, and according to agreed training school and/or employing Trust policies;
 - Communication is maintained with the trainee and the other educators directly involved;
 - Notification and involvement as appropriate of other senior educators including the DME and Head of School;
 - Transfer of relevant information to those having responsibilities for the trainee's education and training in the next post or placement;
 - Discussion with / referral to the Career Development Unit (CDU);

- Referral to occupational health if necessary (see Appendix 1), in partnership with the DME of the employing Trust, and usually the Head of School or their deputy;

9. Preventative Strategies

“It is better and more useful to meet a problem in time than to seek a remedy after the damage is done” Bracton, 1240

The following approaches and factors are known to contribute to success during training:

- An effective selection process;
- Good induction programmes, with special induction for trainees that have had a career break or have not worked in the NHS before;
- Clearly defined expectations of both the trainee and the training programme;
- Trainees that are encouraged to learn from experience, welcome feedback, work within the limits of their competence and are not reluctant to ask questions and do background reading;
- Trainee/supervisor relationships that are based on mutual interest and respect;
- High quality clinical supervision with clinically based teaching, observation and feedback integral to the placement;
- High quality educational supervision with regular appraisals that encourage reflective practice and career development skills;
- A team environment that supports teaching and learning and provides some educational and developmental continuity;
- Educational programmes and specialty training schools that provide a comprehensive training in both clinical and generic skills;
- Early identification of trainees (see section 10 for more details) with specific training needs and a flexible, forward looking and positive approach by supervisors to help trainees learn and get “back on track”;
- A range of National, Deanery and local courses and educational resources that can be accessed when needed by trainees.

10. Identifying the issues: early diagnosis and prevention

Behaviours that might indicate a trainee needs help and support are numerous and varied. The following list illustrates the range of these.

- Unexplained absences: not answering bleeps or pagers, disappearing between different sites, poor time keeping, lateness, and frequent sick leave;
- Low work rate: slowness in clerking patients, dictating letters, making decisions; working long hours, but still not achieving a reasonable workload;
- Outbursts: outbursts of temper; shouting matches with colleagues or patients; outbursts triggered by actual or subjectively perceived criticisms or slights, verbal or physical aggression erratic or volatile behaviour;
- Change in performance: this can be in physical appearance, conscientiousness, temper, time keeping, work done, clinical mistakes;
- Rigidity: poor tolerance of ambiguity; inability to compromise; difficulty prioritising; numerous letters of complaint by the trainee which are out of proportion to the significance of the incidents;
- Failure to gain the trust of others: junior colleagues or nursing staff try to avoid seeking the trainee's opinion or help; patient requests to see a different doctor;
- Career problems: difficulty with exams; uncertainty about career choice; disillusionment with medicine;
- Impaired insight: rejection of constructive criticism; defensiveness; counter-challenge with allegations of discrimination, bullying or substandard training;
- Poor performance: indicated by the nature of complaints from patients, complaints from other members of the multi-disciplinary team, poor team work, undermining colleagues, inappropriate tests commissioned and inappropriate treatment courses recommended;
- Personal conduct issues: theft, fraud, assault on another member of staff, vandalism, rudeness, arrogance, bullying, racial and sexual harassment, downloading pornography, or attitude problems in relation to colleagues, other staff and patients. These issues should also always be managed in parallel through local education provider disciplinary processes;
- Professional conduct issues: research misconduct, failure to take consent properly, prescribing issues e.g. self-prescribing, improper relationships with patients, improper certification issues, and breach of confidentiality.

(Adapted from the London Deanery Framework)

11. The procedure and documentation

- 11.1.** Despite the responsible educators' best efforts at prevention and early recognition, some doctors and dentists in training still need extra help and support – beyond that which is normally required – to make progress towards completion of their postgraduate training programme.
- 11.2.** It is important that the relevant issues are identified, understood and addressed so that the trainee may complete training successfully and continue to contribute to the work of the NHS.
- 11.3.** It is vital that at every stage of the educational process there should be proper documentation of facts, assessments, comments, complaints, reports and feedback from colleagues, which are shared with the trainee at appropriate feedback sessions.
- 11.4.** Complaints from patients or their representatives may provide valuable learning opportunities for trainees, not least because trainees will need to understand the range of different complaints that may be made. All those involved in supporting a trainee's learning should assist the trainee with this. In addition, some patient complaints may indicate more serious learning needs for the trainee, which require specific improvements to practice, or patient safety issues that must be addressed.
- 11.5.** The trainee's response to this information and feedback should also be recorded. The educational supervisor should discuss and agree with the trainee what information and documentation should be included in their educational portfolio, so that the trainee can demonstrate reflection and learning from these various forms of feedback on their performance.
- 11.6.** The lead educator should follow the arrangements for the secure storage and maintenance of documentation connected with this protocol that have been agreed within each postgraduate training school. These will depend on the local circumstances for each training school, employing Trust or organisation, and the educational systems involved. The DME of the employing Trust will also have overall responsibility for documentation.
- 11.7.** Decisions involving assessment of the trainee's competence or progression in training, or about employment or disciplinary matters, should only be based on written, substantiated information. The following information is required as a minimum to inform the process.

11.8. The Five-Point Plan for lead educators

This summarises the important steps to be followed by the lead educator at all levels of support:

- 1) **Investigate** – use multiple sources to establish facts and clarify circumstances; gather written factual evidence about actual behaviour and incidents. Meet trainee at an early stage in the investigation process; involve clinical supervisor; share reports, feedback, complaints and comments. Keep an open mind; be supportive to the trainee. Keep full contemporaneous records and share these with the trainee.
- 2) **Interview** – start with open questions that cannot be answered with simple ‘yes’ or ‘no’; seek clarification of trainee’s experience and perspective; reflect, clarify and summarise. At level one support the interview should be part of the normal **Educational Appraisal** process (see the Gold Guide and the Foundation Programme Reference Guide, more details in section 14.3 below). For level two support, in addition to the educational appraisal, an **Educational Needs Review** should be carried out by the lead educator (see section 15).
- 3) **Report** – summarise the findings of your investigation and the outcome of the educational appraisal meeting(s) at level one of support. At level two support an additional Educational Needs Review Report should be produced, which builds on the educational appraisal process and reports, and includes more comprehensive review of the more complex, refractory and multiple factors involved. List issues of concern, supported by documentation and set in the trainee’s context, with trainee’s perspective. Identify and record any contributory factors. Record plans to address the issues of concern, one-by-one; identify any additional educational support resources needed; identify plans to reduce any contributory factors. Provide framework for monitoring and review of progress (linked to ARCP process). Agree with trainee what information and content from the report should be included in their educational portfolio (see Appendices 2 and 4).
- 4) **Performance Improvement Plan (PIP)** – an action plan to address the identified concerns, developed with trainee and clinical supervisor so that it is **Specific, Measurable, Achievable, Relevant, and Time-bound**. Each identified concern should be addressed one-by-one. What exactly do you want to see change, by when, and how will you know that it has changed? The PIP may be included in the trainee’s educational portfolio (see Appendix 3).
- 5) **Monitoring and review** – essential to check that the desired changes are actually happening, the trainee is getting ‘back on track’. Meet with the trainee at planned intervals; identify any new issues of concern; be prepared to revise original conclusions and plans in the light of new information and

understanding. Report to ARCP panels, educational governance meetings, etc. Arrangements for monitoring and review must be built into the PIP. Brief progress reports in writing to the trainee, for inclusion in their educational portfolio.

11.9. Summary of documentation required at different levels of support:

Level	Lead Educator	Reports needed
1	Educational Supervisor, supported by Clinical Supervisor(s)	<p>Written accounts including: any complaints or serious untoward incidents (SUIs) that indicate specific learning needs for the trainee, Work Place Based Assessments, multi source feedback, etc.</p> <p>Written summary of educational appraisal meeting(s) at which these are discussed with the trainee.</p> <p>A written Performance Improvement Plan (PIP) is often helpful especially where there are several identified learning needs to be addressed. This should clearly set out the specific learning needs, objectives, actions and monitoring of progress. It should be developed in conjunction with the trainee.</p> <p>This documentation should be used to facilitate transfer of information and ensure continuity of support between educational and clinical supervisors when the trainee is moving to a new post or placement and there are continuing learning needs in addition to those of the standard training programme.</p>
2	Training Programme Director (TPD) supported by other relevant Trust, Specialty and Deanery Educators, and reporting to DME and Head of School	<p>As for Level 1, plus –</p> <p>Educational needs review summary, including an evaluation of contributory factors, written by the TPD and shared with the trainee before it is finalised.</p> <p>Performance Improvement Plan (PIP) in all cases.</p> <p>Career Development Needs Review report from Career Development Unit (if available).</p>

11.10. Templates for the main types of report recommended in this protocol are included in the appendices. These are intended to illustrate the information that should be included in these reports, and provide a framework of recommended headings and layout to promote consistency across the Deanery.

12. Educational governance and coordination

- 12.1.** At level one of support for a trainee, the main need for coordination and educational governance is to ensure that (a) the trainee demonstrates the necessary learning and improvements in their practice through their educational portfolio; and (b) when the trainee leaves their training post or placement before the necessary learning and improvement has been demonstrated, subsequent educators are able to continue providing the necessary support and monitoring to ensure a successful outcome. This will be achieved by appropriate documentation in the educational portfolio, proper 'ownership' of the issues by the trainee, and effective transfer of information to the lead educator in the subsequent post or placement.
- 12.2.** At level two of support the issues are by definition more serious, complex or longer lasting. Inevitably more educators need to be involved in supporting the trainee, making any necessary adjustments to their training, and ensuring that there is adequate monitoring of progress. Patient safety must be assured at all times. It may be necessary to coordinate educational processes with disciplinary, regulatory or employment-related action. Trust human resources management staff may need to be involved, as well as those responsible for professional revalidation and medical/dental management, such as the Trust Responsible Officer and Medical Director, as well as the DME. An occupational health specialist may be involved where there are any concerns that a trainee's health may be affecting their performance. Further guidance is provided about the role of occupational health advice in Appendix 1.
- 12.3.** In hospital trusts the necessary coordination and educational governance function is usually the responsibility of the DME. For specialty trainees in primary care and in public health this function is normally undertaken by the relevant senior Deanery educators – e.g. the Head of School, GP Associate Deans with the GP Dean, or the Dental Dean and Associate Deans. The purpose is to ensure that communication and decision-making are effective and consistent. It should be noted that foundation programme trainees remain under the responsibility of the FTPD at all times, e.g. for psychiatry and general practice placements.
- 12.4.** The DME (or other senior Deanery educator as appropriate) may convene a meeting of all the relevant parties to ensure that there is agreement about any action that might be undertaken. Where there are established Educational Governance Group meetings and processes, these should ensure that all necessary parties are involved. Due consideration should be given to when and how the trainee should be involved in the discussions and decision-making process.

12.5. The DME (or other responsible senior Deanery educator) will aim:

- To ensure co-ordination and collaboration between the Deanery educational process and Trust clinical governance and employment issues for all trainees working in that Trust;
- To ensure that trainee:
 - Disciplinary issues are dealt with separately in accordance with the Trust governance system as set out in Maintaining High Professional Standards in the Modern NHS (MHPS) guidance;
 - Health issues are dealt with confidentially by human resources in accordance with employment law (see guidance in Appendix 1);
- To be aware of all trainees needing additional support as described in this Protocol through regular reports from the relevant lead educators covering all those trainees having support at level two. In particular these reports should identify those trainees:
 - Who are being considered for or are going through a disciplinary process;
 - Where there may be concerns about patient safety;
 - Who are involved in complaints or significant untoward incidents (SUIs) where there are indications of significant learning needs, behaviour or conduct issues for the individual trainee to address;
 - With health problems that are specifically affecting performance;
 - Where there are identified contributory factors relating to the Trust, including concerns relating to the Educational or Clinical Supervisors or the department in which they are working. This includes trainees who have made allegations of bullying or harassment;
 - Who are requiring additional educational supervision requirements that impact on the workload of individual educational and Clinical Supervisors and their departments;
 - Needing additional support as outlined in this Protocol that are due to have a RITA/ ARCP panel;
- To provide an educational governance report as necessary for the next ARCP panel with collated evidence from other relevant stakeholders (see Appendix 5 for an example template setting out the typical headings and content of such a report);
- To review all RITA/ARCP panel outcomes for Trust trainees and in particular any arrangements for focused or remedial training to identify any clinical governance or employment issues;

- To ensure that the Postgraduate Dean is made aware of any trainees where there are concerns that are relevant to medical revalidation, such as issues of conduct, behaviour, professionalism, etc.

13. Two levels of support needs

In this section the two levels of support for trainees are described in more detail.

At every level –

**IT IS ESSENTIAL TO DOCUMENT FULLY EVERY PART
OF THE SUPPORT AND DEVELOPMENT PROCESS**

Level 1 – Support needs that are relatively minor:

Level 1a

- 13.1. These require a developmental approach and can be resolved within the educational system by the clinical supervisor (CS) working with the designated “Lead Educator” (usually the Educational Supervisor but sometimes the Programme Director or FTPD) towards a successful outcome in terms of development of competencies and ARCP progression. Support needs typically arise from exam failure, failure to demonstrate sufficient WBAs, limited areas of poor knowledge or skills, or delay in acquiring specific areas of professional practice.
- 13.2. It is the overall responsibility of the designated Lead Educator to ensure that an appropriate Level 1 Support process takes place, including an appropriate investigation to establish the facts, an educational appraisal meeting, and implementation of the necessary performance improvement measures, working in partnership with the CS (see the Five-Point Plan, paragraph 11.8)
- 13.3. The actual investigation, and implementation of a **Performance Improvement Plan (PIP)** with the trainee, may often be delegated to the CS, who frequently has a much better on-the-ground knowledge of the issues that need to be addressed (e.g. poor performance, communication problems, inadequate documentation, team issues, etc.) as well as involvement with the day-to-day measures needed for the trainee to address them. The Lead Educator will, together with the CS, assess the findings of any investigation, conduct an educational appraisal, devise the PIP and monitor progress against it, discussing each stage with the trainee.

Level 1b

- 13.4. The trainee has support needs which are minor but are unlikely to be resolved during the current placement. The trainee will therefore require continued support and monitoring from a new CS and in some cases ES.
- 13.5. If the Educational Supervisor believes that the trainee’s support needs must be monitored during the course of their training by means of a formal process, the relevant Training Programme Director and the DME should be informed in writing.

This is particularly so if the trainee is rotating to another placement or another Trust, to ensure that the situation continues to be monitored until it is resolved and the necessary support continues beyond the current 4 or 6 month placement. All such “**transfer of information**” documentation must be shared with the trainee at the same time as it is sent to other educators. The trainee must have the opportunity to include their own comments with the information that is transferred, although they may not refuse the transfer of information that is intended to maintain patient safety.

- 13.6.** Support needs reflecting serious concerns about a doctor’s practice because of conduct, capability, or health, and those that do not respond to processes at Level 1 should be escalated to Level 2 by the current Lead Educator.

Level 2 – Support needs which if left unaddressed might lead to potential risk to patients, or affect the trainee’s progression through training or health and well-being.

- 13.7.** This includes complex or longstanding issues that may threaten continuation in the training programme. At this level additional processes and external specialist input are required to ensure proper oversight and monitoring of progress through training, and effective integration with Trust governance, employment and organizational systems.

- 13.8.** This level includes:

- Support needs that have not resolved with Level 1 processes;
- Support needs requiring additional training time or other resources (e.g. generally all trainees receiving an Outcome 3 training extension at ARCP);
- Concerns about patient safety, disciplinary matters, formal complaints indicating concerns about the trainee’s performance, serious concerns about professional conduct or behaviour, or trainee health issues. These are automatically classified as needing Level 2 support processes;
- Trainees that are subject to professional regulatory investigations or measures (i.e. by GMC or GDC) and those subject to NCAS assessment.

- 13.9.** It is the overall responsibility of the lead educator etc to ensure that an appropriate Level 2 process takes place (see the Five-Point Plan, paragraph 11.8). The lead educator will involve the relevant local programme supervisors as necessary in the investigation of the circumstances, and planning and monitoring of the necessary PIP measures. As with Level 1, the actual investigation and Educational Needs Review, followed by the agreement of a PIP, may be delegated to the CS and ES.

- 13.10.** The lead educator must consider what external sources of support for the trainee may be helpful to resolve the concerns and difficulties.
- 13.11.** An occupational health assessment is strongly recommended whenever there is a possibility that a trainee's health may be affecting their performance at work or in their education and training, and there is insufficient information available from the trainee about the outcomes of any consultations they have had with their own GP or other medical experts. Further advice on occupational health referral is in Appendix 1 to this document.
- 13.12.** The lead educator should consider referring the trainee to the Deanery Career Development Unit (CDU) for personal coaching support. To discuss a possible referral or the support needs of a particular trainee, please contact the CDU team via their email address – cdu@oxforddeanery.nhs.uk. Further information about the CDU is given later in this document.
- 13.13.** Sometimes there will be circumstances which require a significant response from the employer, possibly involving HR and reviewing the trainee's contract. In other situations the concerns will require special expertise, an external perspective, or career planning. In these situations the lead educator must liaise with the employing Trust through the relevant DME, and if necessary may call a meeting of all those with relevant roles.
- 13.14.** This will include the trainee who:
- Is likely to receive a RITA E , ARCP outcome 3 or 4;
 - Has serious health or disability problems;
 - Needs significant one to one support;
 - Is involved in significant patient safety issues which suggest a possible requirement for closely supervised training or an exceptional placement;
 - Might be needing NCAS or GMC assessment;
 - Is subject to disciplinary processes, which may influence their further training.

14. The Management of a Trainee needing help and support at Level 1

14.1. Responsible Lead Educator

The Educational Supervisor (supported by the Clinical Supervisor). In Level 1b the responsibility transfers to the next ES in subsequent training placement(s).

14.2. Identification

As soon as a Trainee is identified as appearing to need additional help and support with their training progress, or learning needs over and above those usually expected for their stage of training (see section 10. *Identifying the issues: early diagnosis and prevention*), the following should happen (these are summarised in the Five-Point Plan, paragraph 11.8):

- Clinical Supervisor highlights issues to Educational Supervisor;
- Educational Supervisor asks for a Clinical Supervisor report, evidence and/or relevant feedback in writing (“if it isn’t written down, it didn’t happen”);
- Initial investigation – the Educational Supervisor should:
 - Use multiple sources to establish facts and clarify circumstances (within the constraints of confidentiality and data protection);
 - If appropriate make enquiries from previous Educational Supervisors;
 - Meet trainee at an early stage and conduct an Educational Appraisal (involving the Clinical Supervisor as necessary), sharing reports and relevant feedback;
 - Keep an open mind, be supportive and listen to the trainee perspective (provide an opportunity to speak with the trainee alone);
 - Allow the trainee the option to make a written response to any of the information considered in the educational appraisal process;
- Full contemporaneous records of meetings and relevant discussions should be kept and shared with the trainee;
- Consider immediate referral to the DME if the issue is complex, longstanding or if patient safety might be at risk, and needs level 2 support.

14.3. Educational Appraisal

The issues raised by the Clinical Supervisor should be explored with the trainee at a supportive educational appraisal meeting. As explained in *The Gold Guide* (Fourth Edition 2010, see paragraphs 7.16 to 7.23), and the *Foundation Programme Reference Guide* (2012, see paragraphs 8.16 to 8.19) the purpose of

educational appraisal is to help identify educational needs at an early stage by agreeing educational objectives which are SMART (**S**pecific, **M**easurable, **A**chievable, **R**ealistic, **T**ime bound). The issues should be discussed with an open mind and placed in the context of the overall assessment of performance and competence progression. The educational portfolio (e-portfolio) should be reviewed and work place based assessments (WPBAs) should help identify areas of strength and need. The trainee should be absolutely clear about any development needs identified, how these relate to the curriculum and competencies required of them, and what will happen if they are not addressed. Contributory factors such as working conditions, personal circumstances, health, etc., should be identified. The relevant text from the Gold Guide is copied in Appendix 2.

14.4. Underlying reasons and explanations for support needs

It is essential to understand the reasons behind additional support needs and under-performance in a trainee. A number of important conclusions can be drawn from the literature on doctors' performance:

- A doctor's performance is affected by a complex array of issues;
- Behavioural factors play a significant part in the majority of performance problems;
- The influence of work context and environment should not be underestimated and needs to be fully explored alongside factors in the individual (e.g. bullying/harassment);
- Educational factors, both before and after qualification, have an impact on doctors' performance;
- Early signs of performance problems are possible to detect and, in most cases, potentially amenable to early intervention;
- Physical and psychological health problems are a significant factor in underperformance, but are often under-diagnosed and poorly managed (see Appendix 1 for more guidance on the role of occupational health);
- Stress and depression are important factors in performance problems and require the cooperation of occupational health services, HR managers, general managers and educationalists to identify and understand the pressures on doctors and manage them accordingly;

14.5. It can be useful to categorise the factors influencing the performance of a trainee and leading to additional needs for support, as they require different approaches. Six categories are especially important to consider:

- **Learning:** a skills deficit through lack of training or education. In these cases, skills-based education is likely to be appropriate, provided it is tailored as closely as possible to the individual learning style of the doctor and is realistic within existing resources;
- **Motivation:** a drop in motivation through being stressed, bored, bullied or overloaded – or conversely being over-motivated, unable to say no, anxious to please, etc. In these cases some form of mentoring, counselling or other form of support may be appropriate and /or addressing organisational issues like workload, team dysfunction or other environmental difficulties that may be affecting motivation;
- **Distraction:** something happening outside work to distract the doctor; or a distraction within the work environment (noise or disruption; team dysfunction). The doctor may need to be encouraged to seek outside professional help if the problem is outside work;
- **Capacity:** a fundamental limitation that will prevent them from being able to do their job (e.g. mental or physical impairment). If so, then a change of role or job may need to be considered;
- **Alienation:** withdrawn and disaffected with the programme, the post or the organisation. This can lead to anger and inappropriate behaviour;
- **Health:** an acute or chronic health problem which may in turn affect capacity, learning or motivation. Occupational health may have a role here; or the doctor may need to be encouraged to visit his or her GP (see Appendix 1).

14.6. Action plan – Performance Improvement Plan (PIP)

If there are several areas where improvements in performance are needed, or if improvement efforts are likely to continue after the current placement, a Performance Improvement Plan to address the issues identified should be agreed with the trainee and the Clinical Supervisor. The PIP should include:

- Objectives that specifically relate to the issues raised;
- Identification of additional educational resources such as courses, workshops, etc. ;
- Arrangements for supervision that allow for additional observation and feedback while ensuring patient safety is not compromised;
- Monitoring using consultant-led WPBA and Multi Source Feedback;
- Plans to reduce any contributory factors;
- Arrangements for review;

14.7. Communication and documentation

The trainee should be informed that the PIP and relevant associated documentation will be shared with:

- Their Clinical Supervisor;
- Their TPD/FTPD/Head of School or Foundation School Director as appropriate;

The trainee should also be informed if the report is to be shared with others, for example if the trainee is due to rotate to another training post or placement before the issues have been resolved, or escalation to Level 2 support is being considered:

- The DME/GP Associate Dean (informed by written explanation);
- The next Clinical Supervisor/Educational Supervisor/DME of the next Trust if trainee is on a rotation and the issues cannot be resolved in the current placement ;
- Specialist Training Committee (ARCP or RITA panels).

The trainee should always have the opportunity to have their own comments included with reports and other documentation, to ensure that the trainee's perspective is known. Factual errors should obviously be corrected, but differences of opinion about events, etc., must be fairly recorded. It is essential that information relevant to maintaining patient safety is transferred, even if the trainee does not consent.

15. The Management of a Trainee needing help and support at Level 2

15.1. Responsible Lead Educator

The Specialty Training Programme Director or equivalent (e.g. Foundation Training Programme Director, GP Training Programme Director, etc.)

15.2. The lead educator must also follow the Five-Point Plan outlined above (see paragraph 11.8):

- Ensure there is a full written Educational Appraisal summary report from the Educational Supervisor, including copies of any relevant feedback and documentation, which has all been shared with the trainee;
- Ensure no verbal or anecdotal evidence has been used;
- Ensure that the trainee has had the opportunity to provide a written response to any written staff observations, feedback comments, complaints, etc.;
- Meet the trainee as soon as possible;
- Keep an open mind, be supportive and hear the trainee's perspective;
- Consider if there are there immediate issues to deal with. For example:
 - **Health** – consider with the advice of Occupational Health whether the trainee should go on sick leave and ensure the trainee is registered with a GP (see Appendix 1 for more information about referral to occupational health);
 - **Patient safety** – alert the DME or GP Associate Dean and ensure immediate and complete supervision while review is taking place;
 - **Disciplinary issues** – alert DME or GP Associate Dean if any issue might require disciplinary action (e.g. patient complaints indicating serious concerns about the trainee's conduct or behaviour);
- Meet the trainee for an **Educational Needs Review**.
- At the interview attempt to listen and understand – do not prejudge;
- Consider reviewing initial investigation of a adverse feedback;
- Use multiple sources to establish facts and clarify circumstances;
- Meet with appropriate supervisor and explore reports/relevant complaints ;
- Use a systematic process.

- 15.3.** The underlying causes should be explored (see Level 1 process above). The following headings can be useful and ensure that strengths as well as issues of concern are identified.
- Clinical performance and capability;
 - Personality and behavioural issues;
 - Health – physical and mental, including stress;
 - Context – both work and home;
 - Contributory factors – include personal circumstances and health.
- The trainee should have an opportunity to share these issues in confidence if they are affecting their performance at work. It should be made clear that any discussion of personal issues is voluntary and designed only to help the trainee reduce their impact so that they can get back on track.
- 15.4.** Always consider whether the situation would be helped by changing the Educational Supervisor.
- 15.5.** A full **Educational Needs Review** report should be written and shared with the trainee, possibly at a follow up feedback meeting – see template for Educational Needs Review report in Appendix 4.
- 15.6.** The Lead Educator, in collaboration with the DME of the Trust where the trainee is employed, or other senior Deanery educator as appropriate, should consider whether an **educational governance report** should be produced (see section 12 of this document for further guidance on proper educational governance, and Appendix 5 for an example template with suggested headings for a report). Sometimes a meeting of those with relevant educational, clinical and managerial roles should be held – for example an educational governance group meeting. Situations in which educational governance processes are essential include the following, where there is a need for:
- The proper management of any patient safety issues to remove any risk to patients;
 - Changes to the trainee’s service commitment (e.g. stopping participation in out of hours care);
 - Increased clinical supervision;
 - Consideration of the repercussions of the above on workload and patient care in the department;
 - Proper assessment of health issues when performance is or may be affected (see Appendix 1);

- Disciplinary issues to be addressed, which must be dealt with according to *Maintaining High Professional Standards in the Modern NHS* (DH, 2005);
- Contributory factors to be tackled – such as dysfunctional departments, poor systems, heavy workload, personal circumstances.

15.7. Performance Improvement Plan

This should:

- Identify any access needed to additional educational resources;
- Take into account the learning style of the trainee;
- Be negotiated with the trainee, the Lead Educator and/or appropriate supervisors.

The plan should include:

- Objectives that specifically relate to the issues raised;
- Arrangements for supervision that ensure patient safety and allow for close observation and feedback;
- Monitoring, including use of consultant-led WPBA, and MSF;
- Actions to reduce any contributory factors;
- Arrangements for review.

If necessary, plans for focused interventions and training should continue in parallel with any Trust disciplinary process.

If there is a need to provide a supernumerary remedial training placement, this should be discussed within the Deanery, usually involving the Head of School and TPD, the DME, the ES, and the CDU coach/mentor.

15.8. Documentation

A written Educational Appraisal summary report and Performance Improvement Plan should be shared with the trainee who should keep them in their educational portfolio.

The lead educator's Educational Needs Review Report, including collated evidence from other relevant stakeholders as necessary, should also be shared with the trainee.

Any educational governance report produced by or on behalf of the Trust's DME should also be shared with the trainee. Such a report may also fulfil the function of the lead educator's Educational Needs Review Report.

The trainee should be given the opportunity to correct any factual errors. If there is fundamental disagreement, the trainee's perspective should be recorded and kept with, but separate from, the report.

15.9. Communication

The trainee should be informed that this documentation will be shared with:

- The Educational and Clinical Supervisor(s);
- The Lead Educator and the DME/GP Associate Dean;
- The DME in the next employing Trust;
- STC chair (for RITA or ARCP panels);
- The Head of the Specialty School.

16. Career Development Unit

16.1. The Lead Educator should consider whether to refer to the Career Development Unit, especially in all situations where level two support is needed.

16.2. The Indications for referral include:

- Circumstances are complex, longstanding or require expert diagnosis and/or personal coaching;
- Issues which are serious enough to threaten progression of training (All RITA E, or ARCP panel outcomes 3 and 4, as well as some RITA D/ARCP panel outcomes 2 or 5);
- There are doubts about educational continuity as the trainee is rotating to another geographical placement;
- The issues require specialist help e.g. with cultural differences, language, or exam failure;
- The DME and their advisers are considering involvement of an external agency such as NCAS or the GMC.

16.3. Educators who are considering CDU referral are encouraged to contact a senior member of the CDU for a confidential discussion and advice about a specific case. Initial contact should be made by the CDU email address – cdu@oxforddeanery.nhs.uk so that the enquiry may be directed to the appropriate person.

16.4. Self Referral to CDU

There may be times when a doctor in training wishes to have a confidential discussion with an informed neutral party, for example if he/she is considering a change of career but is not ready to declare this to current supervisors. The CDU is happy to accept self-referrals under these circumstances. Where a trainee wishes to improve their performance in order to progress satisfactorily in their training, they will be strongly encouraged to agree to dialogue between CDU and their educational and clinical supervisors, so that their progress may be effectively monitored.

If the referral is instigated by the supervisor, then this should come as a normal, full referral, rather than asking the doctor to self-refer.

16.5. Documentation

At best the following reports should be available for the CDU coach. It is most helpful if the reports can include clear descriptions of events, and examples.

Document	Author
CV, educational portfolio	Trainee
Written accounts/evidence/feedback	Clinical Supervisor
Educational Appraisal Summary Report	Educational Supervisor
Educational Needs Review Report	Lead Educator
Educational Governance Report with collated evidence from other relevant stakeholders.	DME/GP associate dean

16.6. Career Development Needs Review

The Career Development Needs Review (CDNR) is the first step in the CDU case management process and involves interviews with the trainee and the appropriate supervisor. Information from these interviews, together with the above reports, forms the basis of the review. This is not an assessment of clinical competence, which is not the role of the CDU – this responsibility remains with the relevant educational and clinical supervisor(s). An accurate career development needs review depends on clear reports of the issues of concern from the supervisors and TPD, or other senior Deanery educators.

The purpose of the review is to find out what help the trainee needs to help them get back on track. It sets out to provide external help and support for the trainee who may be struggling to understand the issues and the feedback they have been given. The trainee’s current circumstances are explored with them in the light of their previous experience and put in the context of their personal and professional qualities. The information that is reviewed in the CDNR includes:

- An exploration of personal and professional qualities relating to the trainee’s current and previous experience;
- Trainee’s portfolio and perspective on events;
- Education reports (see above).

The CDNR report contains an analysis of the situation and possible reasons why the trainee finds themselves needing help and support. It clarifies the issues of concern and identifies contributory factors.

The trainee has an opportunity to comment on the report as part of a feedback session. If the trainee does not agree with any aspect of the report, their comments are noted and recorded at the end of the report.

The report provides a basis for a negotiated performance improvement plan and the trainee will therefore need to agree that it is shared with his responsible educators prior to a planning meeting.

16.7. Performance Improvement Plan

The Performance Improvement Plan builds on any previous plans and is negotiated with the trainee and the appropriate supervisor. It deals specifically with the areas of concern and identifies additional educational resources such as personal coaching, courses, workshops and e-learning that could help. Personal learning styles and preferences are used to explore the best way for the trainee to learn. The PIP will include:

- Specific learning objectives, methods and completion dates;
- Recommendations to reduce any contributory factors – for trainee, the supervisors, the department or the Trust;
- Recommendations for additional supervision, observation and feedback;
- Specific arrangements for monitoring progress – WPBAs, multi source feedback etc.;
- Clarity about criteria for success/failure and clarity about the implications.

16.8. Progress review

The CDU coach/mentor, the supervisor and the trainee will formally review progress at an agreed interval using the results of the agreed monitoring protocol. The CDU coach/mentor will provide a progress report which can support the evidence provided by the supervisor for the next RITA/ARCP panel. If the trainee moves into another job or Trust within the Deanery then the CDU coach/mentor will provide continuity by meeting the next supervisor and creating a further PIP etc.

16.9. Supervised supportive training

The CDU coach/mentor is available to both the trainee and their supervisor/Lead Educator for advice and support during any period of remedial training within the Deanery. The CDU coach/mentor will make arrangements for regular reviews to ensure the PIP and monitoring arrangements are on track and arrange a time for a formal progress review.

Appendix 1 – Referral to Occupational Health

OCCUPATIONAL HEALTH REFERRALS FOR DOCTORS IN TRAINING:

Frequently asked questions

There is a large amount of very useful guidance and information available about handling concerns about practitioners' health in the NCAS resources web pages at:

<http://www.ncas.nhs.uk/resources/handling-health-concerns/>

Educators are strongly advised to refer to these pages when considering whether health problems may be affecting a doctor's performance.

What?

Occupational Health (OH) is a medical specialty that looks at the relationship between health and work and work and health.

Who?

OH consultants and teams with an interest and expertise in treating doctors with physical and psychological health problems.

When to refer?

- Concerns regarding behaviour and performance at work – consider all trainees experiencing difficulty with their postgraduate medical training and requiring support at level 2 of the Deanery policy for supporting trainees;
- Long term sickness absence (consider if absence exceeds 2 weeks; follow local Trust sickness absence policy);
- Recurrent short term sickness absence (e.g. 4 occasions in 6 months; sooner if missing on call; follow local Trust sickness absence policy).

How to refer?

- Discuss referral with the doctor or dentist in training;
- Stress independent and confidential role of OH;
- Write referral letter (see NCAS resource for a checklist of what information to include at <http://www.ncas.nhs.uk/resources/handling-health-concerns/#Resource-B---Checklist-for-referral-to-an-occupational-physician> – which is copied below);
- Give relevant, fair, background information (or OH will only hear trainee's side of story);
- The trainee should be given a copy of the referral letter.

What questions may be relevant to ask in the referral letter?

- Is Dr A currently fit for his/her current role as a doctor in postgraduate training? If Dr A is not fit, can you give an indication of likely duration of absence?
- Could Dr A's medical problems be contributing to problems with behaviour and /or performance at work and as a doctor in postgraduate training?
- Are there any workplace factors contributing to Dr A's ill health?
- Would Dr A be considered to be disabled under the Equality Act 2010? (see CDU website for explanation - <http://www.oxforddeanerycdtu.org.uk/health/equality.html>)
- Can you make any recommendations regarding a return to work plan and /or adjustments or modifications to Dr A's workplace/role (including full-time or less than full-time working)?
- Can you recommend any help or support that the Department can offer Dr A?

A comprehensive list is provided in the NCAS resource which is copied below.

What happens in an OH assessment?

- Junior doctor is ideally seen by OH consultant;
- Full history (including occupational history) and examination when appropriate;
- Liaise with doctor's GP/treating consultant to obtain medical information, recommend or expedite treatment;
- Consider referral to Medic Support/CDU;
- Advice about fitness for work and appropriate rehabilitation programmes;
- Adjustments under Equality Act 2010;
- Ongoing OH review if required for assessment and support.

Who sees the OH report?

- Contents of report discussed with junior doctor. They can choose to see report by email before it is sent out;
- Report sent to the person making the referral, usually the lead educator responsible for the doctor's training, with copy to the junior doctor;
- For referrals made through the CDU, a copy of the report is sent to the Director of the CDU and the CDU coach involved;
- If appropriate additional copies might be sent to other people responsible for the doctor's training and/or employment, for example Human Resources/ GP/ Director of Medical Education, or others, after discussion with the junior doctor.

What is an OH case conference?

- Aim is to bring appropriate parties together to share information on fitness for work, or other work related issues and formulate a joint future plan;
- Participants may include:
 - Educational supervisor, Training Programme Director, or other lead educator with responsibility for the doctor's training;
 - Director of Medical Education or representative;
 - Occupational Health Consultant;
 - Human Resource Manager;
 - The trainee;
 - Support for the trainee, e.g. CDU coach, BMA rep.

OCCUPATIONAL HEALTH TAKE HOME MESSAGE

Always consider health problems when looking at behaviour and performance issues at work, particularly when there has been a change in behaviour or performance.

Don't expect to be told details about these health problems - they are confidential.

Remember you are the junior doctor's tutor and NOT their treating physician.

Dr Evie Kemp, OH Consultant Oxford University Hospitals NHS Trust

NCAS Resource B - Checklist for referral to an occupational physician

This checklist can guide the referral letter from a responsible manager to an occupational physician. It takes account of the views of a meeting of occupational physicians hosted by ANHOPS, the Faculty of Occupational Medicine and NCAS in May 2010.

While the checklist is a good start, it may be helpful for the manager to have a preliminary phone call with the occupational physician before making a referral to ensure that all necessary background information is provided in a particular case.

For full information and guidance about handling concerns about doctors health see the NCAS resource pages at:

<http://www.ncas.nhs.uk/resources/handling-health-concerns/>

Information to be provided by the responsible manager:

- Name, grade and specialty of practitioner;
- Current working status (e.g. sick leave, full/restricted duties);
- Patterns of sickness absence/attendance;
- Description of concerns that have prompted the referral (including concerns about health, behaviour and performance) – a description of actual events/problems/interactions is more useful than a manager’s interpretation;
- Status of any complaint/investigation;
- Source of concerns (e.g. colleagues, practitioner, patients, appraisal). (The manager will need to consider whether it is appropriate to disclose information about third parties, such as the individuals who have raised concerns);
- Any relevant issues relating to the practitioner’s work context (e.g. workload, relationships within team, recent change in duties);
- Any relevant issues relating to the practitioner’s personal circumstances (if known);
- Action already taken with regard to risk assessment (e.g. sick leave advised, supervision, exclusion);
- Input from HR;
- Information provided to the practitioner and their response;
- Who holds the management responsibility for handling the case;
- The practitioner’s consent to the referral;
- Questions for the occupational physician (see below).

Questions the responsible manager may wish to ask the occupational physician:

It is helpful for the responsible manager to be clear about their expectations in the referral to the occupational physician. These may include seeking answers to some of the following questions.

- Are there underlying health conditions that would explain the concerns?
- Is the health condition work related?
- Are conditions at work affecting the practitioner?
- Is the condition self limiting, recurrent, chronic, progressive?
- What is the prognosis if the condition is treated? What is the prognosis untreated? What sort of timescales apply? What is the likelihood of relapse (if relapsing condition)?
- What is the functional importance of the health conditions?
- What restrictions need to be imposed to protect patient safety?
- What reasonable adjustments could be made?
- What specialist medical opinion needs to be sought/has been sought and how far do the answers to other points draw on that opinion?
- How is the condition being monitored and what are the plans for follow-up and monitoring (including management of the range of conditions/co-morbidities)?
- Current fitness for work – full duties or partial. If partial, what hours, and what changes to the responsibilities / job plan will be required?
- How should any potential risks to patient safety caused by the practitioner's condition be assessed, managed and minimised?
- Are there any disability requirements for reasonable adjustment under the Equality Act 2010 legislation?
- How should any return to work programme be managed?
- How might the occupational physician provide further guidance on managing the case (and would a case conference be helpful)?
- What information has the occupational physician provided to the practitioner and is there consent to disclosure of information?
- Can the occupational physician provide an indication of likely compliance/cooperation from the practitioner?
- What are the likely side effects of any treatment and/or medication?

Appendix 2 – Educational appraisal

The text below has been copied from *A Reference Guide for Postgraduate Specialty Training in the UK – The Gold Guide, Fourth Edition, June 2010*. Highlighting has been added for the purposes of this protocol.

Educational appraisal

7.16 The purpose of educational appraisal is to:

- help identify educational needs at an early stage by agreeing educational objectives which are SMART (Specific, Measurable, Achievable, Realistic, Timebound)
- provide a mechanism to receive the report of the review panel and to discuss these with the trainee
- provide a mechanism for reviewing progress at a time when remedial action can be taken quickly
- assist in the development in postgraduate trainees of the skills of self-reflection and self-appraisal that will be needed throughout a professional career
- enable learning opportunities to be identified in order to facilitate a trainee's access to these
- provide a mechanism for giving feedback on the quality of the training provided; and
- make training more efficient and effective for a trainee.

7.17 Educational appraisal is a developmental, formative process which is trainee focused. It should enable the training for individual trainees to be optimised, taking into account the available resources and the needs of other trainees in the programme. Training opportunities must meet the training standards as set by GMC.

7.18 Appraisal should be viewed as a continuous process. **As a minimum, the educational element of appraisal should take place at the beginning, middle, and end of each section of training**, normally marked by the Annual Review of Competence Progression process. However, appraisal may be needed more frequently, for example after an assessment outcome which has identified inadequate progress.

7.19 Each trainee should normally have a **learning agreement** for each training placement, which sets out their specific aims and learning outcomes for the next stage of their training, based on the requirements of the curriculum for the specialty and on their ARCP outcome. This should be the basis of all appraisal discussions

throughout all stages of training. The learning agreement will need regular review and updating.

- 7.20 The educational supervisor and trainee should discuss and be clear about the use of a **learning portfolio**. Regular help and advice should be available to the trainee to ensure that the portfolio is developed to support professional learning.
- 7.21 Regular feedback should be provided by the educational supervisor on progress. This should be a two way process in the context of an effective professional conversation. Trainees should feel able to discuss the merits or otherwise of their training experience. The detailed content of the discussion which takes place within appraisal sessions should normally be confidential and a **summary of the appraisal discussion** should be agreed and recorded and any agreed actions documented. **Appraisal summaries should be part of the trainee's portfolio.**
- 7.22 The educational appraisal process is the principal mechanism whereby there is an opportunity to identify concerns about progress as early as possible. Failure to participate in undertaking workplace based assessments across all areas where these are required or in specific instances; issues raised in multi-source feedback; information from either staff or patients; significant or unexplained absences are examples of some early warning signs which should alert the educational supervisor that intervention may be required.
- 7.23 These concerns should be brought to the attention of the trainee during appraisal meetings. Account should be taken of all relevant factors which might affect progress (for example, health or domestic circumstances) and should be recorded in writing. An **action plan** [otherwise known as a Performance Improvement Plan, or PIP] to address the concerns should be agreed and documented between the educational supervisor and trainee. If concerns persist or increase, further action should be taken, either through the annual assessment process or, if timing is inappropriate, through direct contact with the Training Programme Director and employer, alerting them of these concerns.
- 7.29 [...] The **educational supervisor's structured report** or an equivalent summary should be used to provide a summary of the outcome of these for the ARCP panel. This report must:
- reflect the learning agreement and objectives developed between the trainee and his/her educational supervisor
 - be supported by evidence from the workplace based assessments planned in the learning agreement
 - take into account any modifications to the learning agreement or remedial action taken during the training period for whatever reason.

- 7.35 **The educational supervisor will be responsible for completing a structured report** which must be discussed with the trainee prior to submission. This report is a synthesis of the evidence in the trainee's learning portfolio which summarises the trainee's workplace assessments, experience and additional activities which contribute to the training process. The report and the discussion which should ensue following its compilation must be evidence based, timely, open and honest.
- 7.36 If there are concerns about a trainee's performance, based on the available evidence, the trainee must be made aware of these. Trainees are entitled to a transparent process in which they are assessed against agreed standards, told the outcome of assessments, and given the opportunity to address any shortcomings. Trainees are responsible for listening, raising concerns or issues promptly and for taking the agreed action. The discussion and actions arising from it should be documented. The educational supervisor and trainee should each retain a copy of the documented discussion.

Appendix 3 – Performance improvement plan (PIP) template

Performance improvement plan – an action plan to address identified concerns about a trainee’s performance in training.

Name: Date:.....

Learning Objective	Learning methods	Showing of competence	Criteria for success	Review date	Date completed
To ... Be specific, so that methods and assessment criteria are clear.	By ... What methods will support the necessary learning for this objective?	How will competence in the area of the learning objective be measured?	How will competence be assessed, and what is a successful outcome for this objective? What is a “pass”?	When is progress towards this objective to be reviewed? How often, and by whom?	By when should this objective have been reached?
1.					
2.					
3.					

Signed: (trainee).....

Signed: (lead educator – ES or TPD).....

Signed: (clinical supervisor).....

Appendix 4 – Educational needs review report template

Suggested Headings for Educational Needs Review report by TPD/Lead educator:

Reason[s] for Needs Review

- List of specific issues
- Sources of evidence and documentation to be considered in conjunction with this report. *[list – e.g., Multiple evidences from investigation of initial incident; Educational supervisor’s shared appraisal summary report; and trainee’s response]*

Employment details

- Level of training, names of relevant educators and placements
- Latest ARCP outcome and provisional date for next review.

Background summary

- Clinical
 - Training/educational background
 - Clinical performance: current progress, eportfolio/WPBA status.
[Here and at other points in review/report the TPD can include strengths, achievements to ‘balance’ the report, foster support and that can potentially be drawn on to help insight and performance development]
 - Career aspirations
- Work context *[e.g. organisational factors where relevant]*
- Health *[where relevant, and including stress]*
- Contributory factors: personal circumstances or issues that could affect performance at work – *[NB trainee to agree inclusion of confidential information, and only if strictly necessary]*

Issues to be addressed

- Paragraph on each concern reviewing evidence and discussions to identify themes and patterns to provide an interpretation.
- Other concerns that surface during discussions
- Contributory factors
- Educational Governance Group and/or ARCP recommendations where relevant.

Summary and conclusions

- An overview statement of what discussed and agreed/disagreed.
- Where relevant: work context/contributing factors : discussed and agreed/disagreed and how these might be addressed.
- Immediate implications for trainee and how the issues could affect progression of training if not resolved.
- Recommendations for:
 - Trainee
 - Clinical and Educational Supervisors
 - Relevant others e.g. DME
 - Consideration of involvement of or advice from other agencies [*e.g. CDU, Occupational Health*]

Agreed next steps

- Clear Action plans for each person.
- Date for next review.

The report should in the first instance be shared with the trainee for correction of any factual inaccuracies. If the trainee disagrees with aspects of the report this should be noted and the trainee invited to make a written response; to be attached at the end of the final report.

Performance Improvement Plan

This should be negotiated with the trainee and appropriate supervisor[s], usually at a subsequent meeting, using the agreed *Educational Needs Review* report as a basis for the objectives: focussing on these to derive methods to demonstrate and document improvement; and with relation to the relevant training level and curriculum.

Appendix 5 – Educational governance report template

Suggested Headings for Educational Governance meeting report:

Trainee name: Date of meeting:

Current Post: Training School / Specialty:

Meeting attendees (name and role):

1 2

3 4

5 6

- Educational Needs Review report received? Yes/No
- List topics discussed
 - Examples of typical topic headings are –
 1. Patient safety issues
 2. Trainee disciplinary or contractual issues (link to actions under “Maintaining High Professional Standards” policy)
 3. Trainee health or disability concerns
 4. Educational Needs Review recommendations – Trust response to help the trainee
 5. Additional supervision requirements or proposals for supernumerary training – implications for the Trust.
- Identify further information/evidence or processes required before key decisions made.
- List agreed decisions and the evidence on which those decisions are based.
- Arrangements for Educational Governance Review of case.
- Arrangements to inform trainee of any outcome of the meeting and share the report.
- Agreed actions for:
 - The Director of Medical Education
 - The Lead Educator (TPD for this trainee, or equivalent, including liaison with Head of School, Educational and Clinical Supervisors as necessary)
 - The Medical Director
 - Human Resources
 - Others as necessary

Report written by: Date:

Copied to: