The Trainee in Difficulty  
- a KSS Support Guide

Introduction

This guide on trainees in difficulty (TiD) applies to doctors, (including primary and secondary care), pharmacists and pharmacy technicians and dentists in training and managed by KSS Deanery. It should be read in conjunction with your own local education provider (LEP) policies. (London Deanery’s TiD procedures apply to trainees in KSS Deanery trusts if they are on London managed programmes.)

The guidance is for those working with doctors in training, such as educational supervisors, education managers, directors of medical education (DMEs) and clinical tutors, clinical managers, clinical supervisors, directors of human resources (HR), medical education managers (MEMs) and medical staffing managers, as well as trainees themselves.

This guide advises on the management of doctors, dentists, pharmacists and pharmacy technicians in KSS Deanery training posts, provides links to relevant resources and details of relevant national and local policy and information; covers both trainees in difficulty and those with additional needs and/or in need of support; offers trainees support and guidance.

KSS Deanery is committed to the principle that medical, pharmacy trainees and dental trainees are treated with fairness, equality and consistency in their training regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation
The Trainee in Difficulty

Recognising that a trainee is in difficulty

The term trainee in difficulty describes an individual who needs extra support to help them overcome problems threatening completion of their training programme.

Identifying trainees as ‘in difficulty’ is not to label them, but to initiate certain processes. The aim is to help them complete training successfully and continue to contribute to the work of the NHS.

Early identification and intervention at local level is crucial. Documented evidence may need to be shared in a timely and appropriate fashion with KSS Deanery and other relevant organisations. Decision-making should be transparent and in the best interests of the trainee, while still supporting patient safety.

The role of the employer

Trainees have contractual relationships with their employers (e.g. trust, or practice) and are subject to their policies and procedures. The employer has responsibility to ensure that employment issues, including performance, grievance, discrimination, whistleblowing and potential disciplinary matters are dealt with appropriately. Trainees should be managed in the same way as any other NHS employee.

The role of deaneries and training providers

Deaneries are responsible for ensuring high quality education and training. NHS Trusts and other training providers are responsible for delivering education via educational and clinical supervisors. Training providers must ensure that mechanisms are in place to support trainees and enable problems to be addressed at an early stage in an open and supportive way (for more see KSS Deanery Graduate Education and Assessment Regulations (GEAR) Resources section).

Identifying concerns

Concerns about trainees’ conduct or capability come to light in many ways:
- professional examinations
- through other NHS professionals
- assessments (including failure to complete minimum number satisfactorily)
- appraisals
- data on performance
- clinical governance
- clinical incidents or serious untoward incidents
- clinical audit activities
- complaints
- litigation
Signs and symptoms

- anger
- rigidity
- absenteeism
- failure to answer bleeps
- poor time-keeping or personal organisation
- change of physical appearance
- lack of insight, clinical mistakes
- failing exams
- bullying, arrogance
- rudeness
- lack of team working
- undermining other colleagues
- defensive reaction to feedback
- verbal or physical aggression
- erratic or volatile behaviour
- lack of engagement, withdrawing from learning
- communication problems
- depression or other mental illness
- new physical illness or worsening of existing physical illness

Next steps

Is a particular incident a one-off, or part of a series of events? A one-off event seldom indicates that a trainee is ‘in difficulty’, apart from exceptional events such as serious misconduct.

Once a trainee has been identified as in difficulty, often because s/he has presented with one or more of the above signs or symptoms, the next step is to consider what the underlying issue/s might be and to explore the context in which these problems are occurring. Colleagues who spot a problem have professional and employment responsibilities especially where there are concerns which might significantly affect patient safety or care.

Exploring concerns

Unless the issue is particularly serious the educational supervisor is best placed to deal with initial concerns. If a trainee in difficulty prefers to talk the issue through with the local clinical tutor/training programme director (TPD) instead of their educational supervisor, s/he must be able to do that. However, usually the educational supervisor should informally investigate any concerns about a trainee’s behaviour or clinical performance.

At this stage there should be an initial conversation with the trainee, not only to inform them of the concerns that have been raised and the action that is being taken but also to get their perspective. The trainee should be encouraged to commit their comments to paper.

At all subsequent interviews, hearings or appeals the trainee has the right to be accompanied by one other person, eg a work colleague or union representative. This person may only represent the trainee in a legal capacity in certain specific circumstances (p10).
The supervisor should:

- address the issue as soon as possible to give the trainee the best possible chance of remediation
- take more formal steps if there are any concerns about patient safety
- look beyond the trainee’s symptoms of difficulty and try to establish the underlying cause
- focus on evidence and facts and discount unsubstantiated opinions
- share information on a ‘need to know’ basis only and avoid sharing information which might be considered confidential with others
- Generally report the issue to the Local Faculty Group (LFG) without reference to sensitive personal information eg medical conditions

Concerns about clinical performance should be shared by the educational supervisor in full with the trainee.

The need to pass on information will depend upon the nature and severity of the problem (see section on page 16).

Where necessary information should be sent to the relevant TPD and Head of School (HoS) and updates to the KSS Trainee Support Group (Trainees in Difficulty) for information and advice as necessary. This multi-professional group meets monthly to consider how best to support and manage trainees in difficulty.
The role of NCAS

For more serious TiD cases consideration should also be given as to whether a referral to National Clinical Assessment Service (NCAS) [http://www.ncas.npsa.nhs.uk/] for a full clinical performance assessment may be appropriate. The NCAS performance assessment aims to determine whether a doctor, dentist or pharmacist is fit to practise.

The assessment takes primarily a developmental approach and seeks to identify what a practitioner can and cannot do, establish the factors that are contributing to the areas of unsatisfactory practice, and make recommendations on how to improve those areas that are unsatisfactory. The assessment encompasses health, behaviour, and clinical performance.

Trainees should normally be discussed at the KSS Trainee Support Group before any referral to the NCAS and the General Medical Council (GMC)/ General Dental Council (GDC) or General Pharmaceutical Council (GPhC).

Allegations of misconduct

Although an allegation of misconduct against a doctor or dentist in recognised training grades should be considered initially as a training issue, if there are disciplinary concerns the employing trust must also be involved, as it is their responsibility to investigate and manage them.

For doctors these should be dealt with via the educational supervisor and college or clinical tutor with close involvement of the postgraduate dean from the outset. For dentists (DF1) these should be managed by the practice trainer and TPD with involvement of the associate dean (DF1) and the postgraduate dental dean. Similarly allegations of misconduct against pharmacy trainees should be initially considered by the Educational Supervisor but with the active involvement of the relevant line manager and KSS Deanery Pharmacy Department.

Courses of action

Once an initial assessment has been carried out, there are a variety of possible courses of action.

These are summarized overleaf.

While the trainee’s privacy must be respected in line with the provisions of the Human Rights Act, information may need to be passed on in the interests of patient safety (see page 16).
<table>
<thead>
<tr>
<th>Trainee issue</th>
<th>Possible courses of action and support</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Training environment:</strong> mismatches between trainee and trainer, excessive workload, alleged harassment, alleged bullying, wrong level of expertise expected of trainee, supervision not congruent with level of expertise expected.</td>
<td>Review local education system</td>
</tr>
<tr>
<td></td>
<td>Involve local Training Programme Director (TPD)</td>
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<td></td>
<td>May involve discussion with local Director of Medical Education, Human Resources Department, Director of the Foundation School, Pharmacy Department, LFG Chair, Head of School or Deanery</td>
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<td></td>
<td>Subject to negotiation, the individual may wish/prefer to be relocated to a more appropriate environment</td>
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<tr>
<td><strong>Personal issues:</strong> eg partner/spouse relationship, bereavement, critical family illness, visa problems</td>
<td>Encourage trainees to access counselling and support services of the LEP through their human resources (HR) and occupational health (OH) departments and/or counselling services.</td>
</tr>
<tr>
<td></td>
<td>Discuss with the trainee whether the relevant TPD, or head of school, should be informed. S/he may be able to arrange future placements closer to the trainee’s home or support network (for GP via an inter-programme transfer request), or KSS Deaney may be able to facilitate an out of programme career break (OOP-C). Refer to LEP HR.</td>
</tr>
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<td></td>
<td>Trainee doctors can be referred to MedNet, (see Sources of Help section 5).</td>
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<tr>
<td><strong>Craft development and examination performance</strong></td>
<td>Educational intervention with more supervision and possible use of simulators</td>
</tr>
<tr>
<td></td>
<td>Targeted or repeat training with clear educational objectives and yardsticks of success. Career support may be required. Monitor at LFG.</td>
</tr>
<tr>
<td><strong>Generic professional development:</strong> rapport with patients, staff and families, respect for people holding different views, cultural acclimatisation, and acting effectively within the team.</td>
<td>Identify the issues with care. A mentor, coach or role model may be required. Complex problems may require behavioural or psychometric assessment, possibly through the KSS Education Department or NCAS.</td>
</tr>
<tr>
<td>Motivation, maturity, a lack of insight.</td>
<td>Although an underlying personality trait cannot easily be changed, the resultant behaviours may be moderated. So, when a trainee’s behaviour is in question, educational supervisors may wish to discuss with the trainee and the relevant DME, or relevant Dean/Head of School, the possibility of the trainee undergoing a behavioural assessment by an occupational psychologist.</td>
</tr>
<tr>
<td>Time management and basic organisational skills.</td>
<td>Such an assessment can help identify underlying personality traits that may be influencing the trainee’s behaviour at work, identify possible contributory factors, offer a judgement about the likelihood of successfully addressing the concerns, and make recommendations.</td>
</tr>
</tbody>
</table>
Professional behaviour:
integrity, probity, substance abuse

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

Where there are concerns that a colleague may have a substance abuse problem the local HR department and medical director (or Chief Pharmacist for pharmacy trainees) must be informed immediately.

If substance abuse leads to disciplinary action, or suspension from clinical duties being recommended, both KSS Deanery and GMC/GDC/GPhC must be informed before the disciplinary action is concluded.

For probity issues refer to GMC’s Good Medical Practice, the GDC’s Standards for Dental Professionals or GPhC’s Standards of Conduct, Ethics and Performance (see Resources section). Refer significant probity concerns to the LEP Medical Director (Chief Pharmacist) for consideration under the appropriate organisational code of conduct. This may result in formal disciplinary action being taken.

Other Trainee issues

Health concerns

Ensure trainee is registered with a GP through normal channels.

Refer to the relevant employing organization’s blood borne virus policy, and take advice from the organisation’s HR and OH depts. If the health issues pose a risk to patient (or trainee) safety Occupational Health may be able to make workplace adjustments in conjunction with clinical, managerial and HR colleagues.

For doctors, refer to Para 79 of Good Medical Practice: 'If you know that you have, or think you might have a serious condition that you could pass on to patients, or if your judgement or performance could be affected by your condition or its treatment, you must consult a suitably qualified colleague within the employing organisation. You must ask for and follow their advice for investigations, treatment and changes to your practice they consider necessary. You must not rely on your own assessment of the risk that you pose to patients'.
### Absences & similar health concerns

Does a long period of absence compromise training progression? If so contact the relevant KSS Deanery school or department. An OH assessment can provide the employer with an objective view on the health of the trainee and an opportunity for the trainee to discuss their health confidentially with someone not associated with assessing their training.

Are there any short or long term adjustments that need to be made to the trainee’s working pattern or environment? Write detailed referral letter to OH to try to specify the areas which it would be helpful if the OH report covered, eg:

- Is the trainee fit for their current role? *(it may be necessary to expand this to include particular responsibilities or tasks needing specific consideration as part of the assessment).*

- If not, can you give an indication of the likely duration of absence or inability to undertake specific aspects of the role in the case of a phased return?

- Could the trainee’s medical problems be contributing to problems with their behaviour/performance at work?

- Would the trainee be considered to be disabled under the appropriate legislation?

- Can you make any recommendations regarding a return to work plan and/or adjustments to the workplace? Following this, as long as trainee consents, contact KSS Deanery to discuss what adjustments may be needed to facilitate the successful completion of the training programme. This can be highly sensitive, eg mental health so trainee consent, in line with the Data Protection Act is essential at all times. If the trainee fails to co-operate see paragraph 9, section 5 of *Maintaining High Professional Standards in the Modern NHS*, which states

> “If a doctor or dentist’s ill health makes them a danger to patients and they do not recognise that, or are not prepared to co-operate with measures to protect patients, then exclusion from work must be considered and the professional regulatory body must be informed…”.

In some cases, it may be reasonable to suggest that Less than Full time (LTFT) Training be considered either for a short-term period or longer duration.

### Disability

Hope for Disabled Doctors may also be able to assist doctors with a disability (www.hope4medics.co.uk).

The LTFT Training scheme may also be a consideration if the trainee’s disability impacts on their ability to train full time.

### Alleged discrimination

Educational supervisors may also need to consider whether a trainee’s performance or behaviour is being influenced by direct or indirect discrimination or by a lack of a support network. See the 2004 British Medical Association report “Career barriers in medicine-doctors’ experiences” [http://www.bma.org.uk/equality_diversity/CarBarDocExp.jsp](http://www.bma.org.uk/equality_diversity/CarBarDocExp.jsp).

The LEP HR will need to be informed if discrimination is alleged, as this is an employment matter which could lead to a grievance being raised.

### Alleged bullying

The identification and effective management of bullying can be complex and challenging. LEPs and London Deanery have current guidelines (see resources and sources of help sections).
Serious untoward incidents (SUls)

The National Patient Safety Agency has implemented a National Framework for Reporting and Learning from Serious Incidents Requiring Investigation
www.nrls.npsa.nhs.uk/patientssafetydirect

The document sets out roles, responsibilities and a reporting process including notifying key stakeholders. The Deanery must also work to the requirements of the GMC which states ‘there must be clear procedures to address immediately any concern about patient safety arising from the training of doctors.’

Requirement

Local education providers (LEPs) must routinely inform KSS Deanery of any serious incidents that require reporting to the SHA.

For Grade 1 incidents these should be by email and a hard copy to the Dean Director

For Grade 2 incidents these should be by phone call to the Dean Director followed by email and hard copy

E mail address for reporting SUls: Kensur-dean.SUI@nhs.net

The Deanery keeps a log of all such incidents including actions to resolution.

Examples likely to involve doctors in training

- Blood transfusion
- Children and child protection issues
- Death or serious injury of a patient
- Medico-legal issues
- Mental health and substance abuse
- Never events such as misplaced nasal and/or oral tube not detected before use
- Professional misconduct
- Breaches of confidentiality

Dr O always wanted to follow in his father’s footsteps by becoming a surgeon.

Recent assessments, however, suggest weak technical ability and clinical judgement. His mother died recently and he feels that this is the cause of his poor performance, but his clinical supervisor has concerns about his ability to progress. He is angry with his supervisor and accused her of trying to obstruct his career.

He has now made a serious error of judgement by carrying out a procedure that was beyond his level of competence, and the patient died. The trust suspended him pending full investigation, and the incident was reported to the deanery as a SUI.

What other actions should be taken?
Fitness to practise

Where serious problems (for example of probity or capability) have occurred, the trainee’s fitness to practise may be called into question. The primary obligation is on the employing NHS Trust/practice to investigate, but it is also the responsibility of the trainee’s professional colleagues to take action if they have concerns about any trainee’s fitness to practise.

Such action is normally by referral to an appropriate person in authority such as the Medical Director/Head of School/Deanery/Chief Pharmacist. An ‘alert letter’ may also need to be issued to other employing organisations after discussion with the SHA Director of Public Health. To meet the requirements of the NPSA each trust must ensure there is an up to date list of competent staff within the organisation familiar with the organisation’s investigation policies and protocols, and skilled in root cause analysis. A trust’s chief executive will appoint a case manager from the board to oversee the case, and a case investigator.

The case investigator is responsible for leading the investigation into any allegations or concerns about a practitioner, establishing the facts and reporting the findings. The case investigator does not make the decision on what action should be taken, nor whether the employee should be suspended from work, and may not be a member of any disciplinary or appeal panel relating to the case.

Legal representation

In certain circumstances individuals have the right to legal representation at internal disciplinary hearings; the employer’s HR department can advise on current legislation.

Suspension

Suspension from the work place should only occur to assist the investigative process where there is a clear risk that the practitioner’s presence would impede the gathering of evidence, and/or to protect the interests of patients or other staff.

Options to avoid suspension while maintaining high professional standards, for example for trainee doctors, include:

- restricting the practitioner to certain forms of clinical duty
- restricting activities to administrative, research/audit or other educational duties
- sickness absence during the investigation of specific health problems
- An immediate suspension (if warranted) can only be for up to two weeks during which there must be a case conference including the Chief Executive, the Medical Director, the Director of HR, NCAS and ideally a representative of KSS Deanery (for doctors and dentists) or SEMMED (pharmacy).
Any doctor undergoing investigation should automatically be offered the name of a stress counselling service, or given information about MedNet (details p.13). Steps should be taken to ensure that both formal and informal sources of support are readily available, and that consideration is given to how information is given—for example by avoiding conveying bad news on a Friday afternoon, when support may be less easy to access.

Panels and their composition

Once more formal processes have been set in train, panels should normally involve the educational stakeholders particularly the TPD, the educational supervisor, clinical supervisors, and a representative of HR in the employing LEP. The LEP DME, the head of the relevant school, and a KSS Deanery representative may also be invited to attend.

Consideration should be given to having a lay member on the panel and it is often recommended that an external educational supervisor should join the panel.

Serious concerns about trainees (for example, issues of probity, capability) will always need to be investigated by the employing organisation. In doing this they must follow the national guidance set out in *Maintaining high professional standards in the modern NHS: a framework for the initial handling of concerns about doctors and dentists in the NHS* (see Resources section for web address) the key aspects of which are:

- the appointment of a case manager who could be the trainee’s consultant supervisor, the Clinical Tutor, the College Tutor, the GP Programme Director (in the case of GPStR),
- the Medical Director, or another doctor appointed by the Medical Director
- the appointment of a case investigator who, for an issue of personal misconduct, could well be a suitably trained senior HR manager. For clinical issues the case investigator must either be a doctor or be supported by expert professional advice
- appropriate use of NCAS

Support for the doctor

Any doctor undergoing investigation should automatically be offered the name of a stress counselling service, or given information about MedNet (details p.13).

Avoid breaking bad news at a time when support may not be available, eg Friday afternoon.
KSS Trainee in Difficulty Support Group (TiD)

The KSS Deanery Trainee in Difficulty Group should normally be informed once more formal processes as above are set in train. It has the following remit:

- to act as the decision making body for the management of TiD handled by KSS Deanery
- to discuss all TiD in KSS Trusts, as well as all trainees in the South Thames Foundation Schools, including those in non-KSS Trusts and practices
- to offer support and advice to the heads of schools in managing TiD;
- to update ‘The Trainee in Difficulty – A KSS Trainee Support Guide’ as necessary

The KSS trainee in difficulty group is chaired by the Dean Director, KSS Deanery and the membership comprises the Deputy Dean for Secondary Care, the Head of Specialty Workforce the Head of HR, the Dean of Postgraduate GP Education, managers and heads of specialty schools, Associate GP and Dental Deans, the Head of Careers (who also represents the Education Department) the Head and Manager of the South Thames Foundation School, the Associate Dean for Quality, the Heads of Pharmacy and Dentistry.

Educators from LEPs are welcome to visit by arrangement.

Dr P struggled in his first F1 post, and severe concerns were raised about his comprehension, organisation and professional development. Following discussion at the TiD group, arrangements were made for him to have an assessment by an educational psychologist (EP), who found that he was dyslexic and suggested some strategies to help him.

Remediation was arranged in a different trust, with the EP’s report being used to make reasonable adjustments to his training programme to take account of his disability.

Despite this input, he failed to progress during the first 4-month remedial period, as demonstrated by failing to meet his SMART learning objectives, such as doing the required assessments.

The TiD group made the decision not to grant further remediation. He appealed against this decision, but the documentation was robust and his appeal was not upheld.
Sources of support

For Disabled Doctors www.hope4medics.co.uk

KSS Deanery Education Department runs a range of courses including Supporting Trainee in Difficulty workshops, a qualification in educational supervision (QESP), career support workshops for trainers and postgraduate programmes in education and managing medical careers. http://kssdeanery.org/education

UCL communications skills unit provides assessment for trainees with additional needs, including communication problems http://www.ucl.ac.uk/dome/csu

Careers guidance for trainees is available through http://kssdeanery.org/education/about-careers

Trainees are eligible to apply for Less Than Full-time Training (LTFT) for reasons of ill health or childcare http://kssdeanery.org/less-than-full-time-training


MedNet is a confidential and free Counselling service for London/KSS doctors by doctors funded by the London Deanery at Tavistock & Portman NHS Trust and The Maudsley Hospital. Mednet does not provide reports back to the employer or Educational supervisor. Exceptions only made with the user’s agreement. http://www.tavi-port.org/consultationmednet

Tavistock Centre, 120 Belsize Lane, London NW3 5BA
Tel: 020 8938 2411 E-mail: mednet@tavi-port.nhs.uk

British International Doctors Association provides help where cultural and linguistic problems may be a contributing factor, Email: bida@btconnect.com http://www.bidaonline.co.uk/

NHS Practitioner Health Programme – A free service for doctors, who have mental or physical health concerns and/or addiction problems and who live and work in the London area see: http://www.php.nhs.uk/

Doctors Support Network provides ongoing confidential advice and support to doctors with mental health problems. All calls are dealt with by doctors. www.dsn.org.uk

Dr H was arrested by the police and pleaded guilty to taking indecent photographs. He accepted a caution and reported himself to the GMC, who suspended him for a year.

He was devastated by what had happened and found counselling invaluable in both coming to terms with the events and understanding his actions.
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Record keeping

Accurate and prompt documentation minimises disagreement about the facts, and results in an audit trail that can help relate future problems to past patterns of performance or behaviour.

Good records also reduce the scope for future challenge. All trainees have the right of appeal, and documentation will be required by appeals panels.

All documentation must comply with the requirements of the Data Protection and Freedom of Information Acts in relation to processing, retention and security of records.

Records relating to a TiD may subsequently form part of regulatory proceedings. Therefore recording of information must be of a standard and character where undue legal challenges can be avoided.

The Freedom of Information Act (2005) allows the right of access to information held about practitioners/trainees (subject to exemptions where appropriate) and so any documentation could be accessed through this.

General principles

- Record the place of the meeting/time/length/names of those present
- Record notes promptly after any meetings/event and agree it with those present as soon as possible (within two weeks)
- Information about a trainee presented to the LFG should ideally be recorded in a ‘standard concern form’ within the relevant school’s operational guidance and completed by the Educational Supervisor and the Chair of the LFG
- The LFG may discuss the matter in detail but the minutes should only contain a factual summary. (The individual supervisor concerned should hold detailed notes of training etc but this must not form part of the minutes).
- The trainee has the right to see the information held.
- Principles of equality and diversity must be observed.
- Exclude information about aspects of the trainee’s life not directly related to his or her work even if discussed during the course of the meeting for other reasons.
Record discussions in a balanced way. The minutes should be objective and unbiased, written in an accurate and concise style. Once written, they should be checked for accuracy and distributed to the members as soon as possible.

At the end of formal meetings confidential information sheets should be returned to the responsible officer to be shredded in line with local trust policy.

The minutes of trainee in difficulty meetings should be recorded in bullet points as follows:
- issues raised
- conclusions
- action points and time lines
- review date.

Record keeping—a checklist

- Maintain a file containing all documentation.
- Provide evidence that concerns have been discussed with the trainee, for example records of meetings signed and dated by the supervisor and the trainee.
- Provide evidence that health effects on the trainee’s performance have been considered, eg occupational health referral and attendance.
- Provide evidence that the trainee has been given specific objectives to meet in an agreed timescale.
- Provide evidence that the trainee has been given information about the potential outcomes should the objectives not be achieved, eg a letter sum-marising these, signed by the trainee and returned. Trainees should always be required to acknowledge receipt of letters or emails.
- Are assessments being carried out by those qualified to do so?

e mails

- Should not include the name of the trainee in the subject line, but eg ‘confidential’
- Should be brief and factual
- There should be a separate e mail for each trainee discussed
- A copy should be stored or filed with other records
- Where possible, the trainee should be copied in

Is there:
- a file?
- evidence of discussion with trainee?
- occupational health referral?
- SMART objectives?
- evidence of potential outcomes given to trainee?

Are all assessments being carried out by senior, qualified assessors?
Record keeping

Records of conversations should be held confidentially with the knowledge and consent of both the trainee in difficulty and the person who has conducted the assessment of the problem.

The trainee should be given a copy of any documentation concerning his or her performance and encouraged to keep such copies in his or her records or portfolio for discussion at appraisals. S/he should be made aware of where the notes will be stored and who will have access to them.

The content of any notes of meetings or of agreements reached should be agreed with the trainee wherever possible. The Chair of the LFG or DME may choose to anonymise the individual trainee in the minute and s/he will be responsible for keeping the key to the coding confidential.

Telephone conversations

Telephone calls regarding a trainee’s performance or behaviour should also be documented and stored as outlined above.

Consideration should additionally be given to sending the notes of the conversation as an email or letter to the caller as an opportunity to confirm their accuracy (see e mail guidance page 15).

There is also an NHS code of practice on record-keeping which applies to administrative as well as health records. These can be accessed through www.ncas.npsa.nhs.uk/

Storing and transferring information

Generally the relevant authority eg the specialty school should be kept informed. Information should be stored securely eg through password protection on computers or in locked filing. Minutes of notes need to be retained for seven years.

When a trainee moves to a new employer the transfer of information about any disciplinary or competence issue is important, both for patient safety and to support the trainee. Information transferred should take the form of a written, factual statement about any formal actions taken against the trainee and the nature of any triggers, but not about incidents where the trainee was exonerated. The trainee should be informed of the transfer but patient safety must override personal confidentiality. If the doctor moves again, the problem escalates or others become involved, it may become necessary to pass the record to others, again with the consent of the doctor where possible.

Transfer of information about trainees’ progress from post to post should become standard procedure including areas of concern. The sharing of information must be with permission of the LFG Chair. Very sensitive information is best transferred by a Dean, Foundation or Specialty School Director to the new trust’s DME.
## Trainee Interview Note

**Name of Trainee:** Andrew AWOL

**Current Trust:** St Elsewhere's

**Date:** 8/4/11

**Seen by:** Dr Welch / Dr Gotee / Dr Parry

**Notes:** Referred by FTPD

- Problems: time-keeping & engagement
- Not completed any assessments in last placement
- Did not keep appointment with educational supervisor

Finding work difficult since broke up with girlfriend 2 months ago. No longer sure about career in medicine.

**Discussed:**
- Health
- Engagement
- Portfolio
- Careers

**Action:**
- See Occupational Health at Trust
- Complete assessments (2 CBD, 2 Mini EEX, 1 DOPS) by 30 April or at risk of not being signed off
- Career referral
- Formal letter to Trainee cc Trust

**Signature of Director/Associate Director:**

**Signature of Trainee:**

By signing above, the trainee confirms that the notes above are an accurate record of the meeting and that they may be stored in their STFS file. They also confirm that the information contained above may be released to appropriate staff within STFS.

A copy of these notes should be given to the trainee immediately after the meeting.
Referrals to the KSS Careers Service

Trainee doctors can be referred to the KSS Deanery careers team. Referrals can be made by the LFG Career Lead, DME, TPD, Educational Supervisor, Clinical Tutor or MEM.

Where the referral is for a trainee in difficulty, the head of the relevant KSS Deanery School should be informed.

S/he will manage what information is passed onto the KSS Deanery Trainee Support Group (TiD). The Deanery careers team may need access to some information about the trainee and will liaise with the LFG Career Lead as required.

How to refer

The referral should take the form of a brief email simply requesting additional careers support from the KSS Deanery careers team with a contact email address for the trainee. It should be sent, in the first instance, to the Head of Careers and copied to the trainee.

Information about concerns

Where there are wider concerns about the trainee, the referral email should also be copied to the head of school so, where appropriate, the Trainee Support Group (TiD) can be informed that the careers team have become involved. The head of careers will let the trainee know by email who will be providing the additional career support and their contact details. The trainee will then need to make the necessary arrangements for an initial face to face meeting.

The minimum number of sessions that the trainee will receive from a member of the KSS Deanery careers team is two – one to have an initial discussion with the trainee and a second follow-up session. If there is a need for additional session(s), the team member will discuss this with the trainee. Subsequent sessions, if needed, may either be face to face or over the telephone depending on practicalities. KSS Deanery covers a wide geographic area and trainees may not always be able to take time off to meet a career counsellor. The career counsellor needs an appropriate environment to take the calls where s/he will not be disturbed, can use a headset and have access to any resources s/he might need. The trainee will also need to be in an environment where they can talk freely and not be disturbed.
Confidentiality of careers discussions

Confidentiality of the careers conversations between a member of the careers team and a trainee will be fully discussed at the first meeting. It will be explained that confidentiality will only be breached if the career counsellor becomes concerned about the trainee’s safety, or about patient safety.

In the rare event that the career counsellor feels it necessary to breach confidentiality and discuss their concerns with the Head of School, the trainee would be informed of the career counsellor’s decision before contact is made. Trainees supported by the KSS Deanery careers team will let the Head of School, the Trainee Support Group (TiD) and the person in the LEP/practice who referred the trainee know when the agreed sessions have been completed.

Meeting arrangements

The initial meeting usually takes place at KSS Deanery or an office at Brighton, Guy’s Hospital or St George’s Hospital, Tooting. If further meetings are required these will normally take place over the telephone. Once a careers session or series of sessions has been completed, then the Deanery careers team will inform the employing trust and, where appropriate, the Trainee Support Group (TiD) that the sessions have ended.

The Deanery careers team is normally available for career counselling sessions 8am-7pm (Mon - Fri).

See the Resources section 14 for contact details.

Case study

Dr Z is an F2 trainee. She found her F1 year difficult, although no-one noticed that she was struggling. She got through it but felt it was really tough – both the workload and the transition from medical school.

During her F2 year she had rotations in cardiology and general surgery, both of which she found problematic. In cardiology she felt that she was just clerking, not learning anything and got bored easily. In general surgery she felt that the SpRs were very judgemental and critical of all junior doctors. For example, if she was late for a ward round, or didn’t handle an instrument properly.

She heard that she would not be signed off for her 2nd year of foundation as she had not completed her assessments, and that she would have to repeat the year again. She had been considering psychiatry or GP as a career.

She met with a careers adviser to explore her career options. Dr Z was encouraged to identify what she was looking for from a career before identifying both short-term and longer-term goals.
Foundation doctors—specific processes

Foundation doctors at risk of not meeting the required standard for F1/F2
For full guidance on recommended processes for a Foundation Programme TID see the link to the Foundation Programme Reference Guide in the Resources section. The following is an extract from the full guidance (section 10.27ff).

Foundation Year 1 doctors at risk of not completing
‘If an F1 doctor is not able to demonstrate that they have met the outcomes expected of them, the Foundation School Director should work with the relevant medical school to develop appropriate ‘remedial’ (support) processes to support F1 doctors in achieving the necessary F1 outcomes so that they can be registered with the GMC.

A remedial training placement should be arranged for a fixed period (for example, 3, 4 or 6 months). In a small number of cases, a further fixed-term period may be agreed but the total period of this extra training should not exceed 12 months full-time equivalent.’

Foundation Year 2 doctors at risk of not completing
The management of F2 doctors who have failed to demonstrate that they have met the required standard for satisfactory completion will depend on the circumstances. See Section 10 Table 3 of the Foundation Programme Reference Guide http://www.foundationprogramme.nhs.uk/pages/home/key-documents

The FP Reference Guide States that: (section 10.27ff)
‘Concerns should be raised early and formally with the foundation doctor. If the Clinical Supervisor raises concerns, the Educational Supervisor must also be informed. The Educational Supervisor may also wish to seek advice from the FTPD/T and the Deanery/Foundation School. If concerns relate to patient safety, the FTPD/T should discuss the matter with the relevant clinical director, head of service, medical director or general practice to ensure that appropriate measures are in place.’
Performance review panel

If a foundation doctor continues to have difficulties towards the end of the training period and is at risk of not meeting the required standard for F1 or F2, the FTPD should convene a performance review panel. The panel’s responsibilities include:

- considering whether the referred foundation doctor has met the required standard;
- considering whether the training experience and support have been appropriate; and
- advising the Postgraduate Dean/Head of Foundation School about future action.

The FTPD should chair the panel. The other members of the panel should include an educational supervisor not involved in the training of the referred foundation doctor and a lay person. The panel may be attended by the Director of the Foundation School.

All members of the panel must have completed valid training in equality and diversity awareness, usually within the last three years. The Chair of the performance review panel may request further information before the meeting and should invite the foundation doctor to attend. If appropriate, a meeting should be held with other stakeholders.

The GMC must be informed when the medical school, or their designated representative in KSS Deanery or the Foundation school, has determined that an F1 doctor has not met the outcomes for full registration and the doctor has not been signed off. This would happen after the appropriate remedial supportive measures for a foundation doctor who fails to make progress during foundation training have been followed.

**Sign-off**

Details of the STFS sign-off process are available at [http://www.stfs.org.uk/doctor/sign](http://www.stfs.org.uk/doctor/sign)

Foundation doctors who are a risk to patients must **not** be signed off for full registration with the GMC. Information about these foundation doctors should be passed to the GMC for consideration about fitness to practise.
The KSS Specialty Schools have developed a uniform approach to all trainees needing support.

The progress of all specialty trainees should be recorded yearly, according to the Annual Review of Competence Progression (ARCP) process. Some will also have interim reviews prior to their formal ARCP. They are also monitored via their educational supervision using the e-portfolio.

At any stage, if there is evidence that progress is not being maintained, the educational supervisor should meet the trainee to draw up an action plan and objectives, and discuss with the local tutor / TPD.

The trainee (along with others) should be discussed at the LFG, and the LFG Chair / TPD ensure that the school is kept informed via the medical workforce officer and that the action plan is followed.

The Specialty Workforce Team should monitor the booking and attendance of these meetings to ensure that they occur within a reasonable timeframe, usually within the remaining current academic year. These trainees should also be added to the Trainee Support Group (TiD) register for discussion at the TiD Group as well as at the school’s Tutors / TPD meetings.

If the trainee has specific difficulties relating to the trainer/trainee relationship, they can seek advice and support from the TPD and/or the head of school.

**Outcome 2**

More formally, the ARCP panel may recommend an Outcome 2 (see Gold Guide) at a trainee’s Annual review of Competency Progression (ARCP).

This means that a trainee has not progressed to the required level at the time of the ARCP but provided they can demonstrate achievement of this level by the end of the educational year following additional support and monitoring, no additional training time is required. However, the trainee will continue to be monitored closely subsequently to ensure that development is continuing as would normally be expected.

**Outcome 3**

In cases where the panel recommends an Outcome 3 for a trainee, this means that, on the basis of recorded evidence (in the trainee’s portfolio), the trainee has not reached the competency level appropriate to continue their normal progress.

In this case KSS Deanery will usually confirm the recommendation from the panel that an extension to the training is required, and will determine how long this extension should be. This will be dependent on an action plan being created for the trainee.
Specialty trainees—action plans

Action plans must be agreed and signed by the trainee and the Educational Supervisor, and include the following information:
- the named Educational Supervisor.
- possibly an external supporting Educational Supervisor
- a description of key development areas for the trainee.
- a summary of learning objectives, set out for the extension period

In Specialty it is expected that all such cases will be discussed and/or monitored by the Trainee Support Group (TiD), which meets monthly.

The outcomes of monitoring are fed back to the relevant educational supervisor via the KSS Deanery Schools’ medical workforce project officers and TPDs. Updates are discussed at the closed session of each school committee meeting, chaired by the HoS. This applies to all core trainees or trainees managed by KSS Deanery.

For higher specialty trainees managed by London Deanery, the case must also go to the Specialty Training Committee (STC) Chair. For London managed trainees the STC Chair will take advice from the London Deanery, and inform the KSS Trainee Support Group (TiD).

It may be decided that it is not appropriate for the trainee to rotate at this time.

If a trainee is given an Outcome 2, 3 or 4 at their ARCP, the documentation specifying the required further development should be reviewed and progress against those objectives taken into consideration.

In effect, this means that to gain a satisfactory outcome in their current ARCP, a trainee must achieve the competence requirements for their current year of training as well as the objectives outlined in their action plan from the previous year (see Gold Guide 7.70).

On some occasions a trainee is expected to achieve a satisfactory outcome, but at review their outcome is unsatisfactory. In such circumstances the trainee must be present when the unsatisfactory outcome is confirmed. Therefore, if the trainee has not been invited to the initial ARCP Review Panel meeting, the panel should plan to reconvene at its earliest convenience and invite the trainee to attend. This should occur very rarely.
KSS Deanery Specialty Schools
Trainee in Difficulty File Note

Specialty: Medicine
Training Year: 2008
Trust: St. Excellent Trust
Responsible committee member: Dr. White
First Name: Peter
Last Name: GoodFellow-JS

Date raised as a TinD: 06 April 2008
Date of last review: 11 May 2008

Background Information:
- Referred to School
- Poor attendance Regional training days
- Behind in assessments
- Exam failure
- All discussed with training Supervisor and Training Programme Director.

Latest Update:
- No health issues
- Educational performance issues, employer satisfied with clinical performance.
- Trainee agrees to action plan negotiated with ES & TPD.
- School will monitor via action plan.
## Sample Specialty Action Plan

**KSS Specialty Schools - SPECIALTY TRAINING – TRAINEE ACTION PLAN**

### First Name of Trainee
Peter

### Last Name of Trainee
Goodfellow

### Specialty
Medicine

### Grade
CT2

### ARCP due date
06.2008

### Knowledge to Gain/Skills to Build/Attitudes to Develop | Proof | Development Activities | Potential Mentors | Target Completion Date
---|---|---|---|---
1. 70% attendance Regional training day | Register Curriculum topic coverage |  |  | 1 year
2. Check ARCP, Guide re-assessments | E-Portfolio Formulate and demonstrate assessment – WPBAs |  |  | 1 year
3. Gain MRCP | Exam Success Study with peers: Practice papers apply for exams |  |  |  
4.  

Continue overleaf if additional areas identified. Please cross through all unfilled boxes

**Agreed further review date**: 07.2008  
**To be reviewed by**: TPD / MWPD  
**Progression date to next level**: 08.2008

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**TPD/Educational Supervisor Agreement**

Name of TPD/Educational Supervisor: [Signature]

Date: 14.06.2008

Signature of Trainee: [Signature]

Date: 14.06.2008

I am signing that I understand the skills/attitudes and knowledge identified that need further development and have agreed the timeframe with the TPD/Educational Supervisor. I have had explained and understand the consequences should these not be achieved.

Please return this form to the Specialty Workforce Team at:- 5th Floor, Alpha House, 100 Borough High Street, London SE1 1LB

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**Additional requirements (if needed)**

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Office use only:-  
Copy in Trainee file & TinD  
Copy to Educational Supervisor & DME
Responsibilities of the trainee during an extension
i. The trainee must provide regular reports as to how their action plan is being carried out
ii. the trainee should follow the action plan and attend the next ARCP review.

Responsibilities of the Educational Supervisor during an extension
i. To ensure that the learning objectives for the trainee are clearly defined and negotiated, and that the time for their completion is agreed with the trainee
ii. to record the outcome of the learning objectives, particularly if they are met or not within the agreed time
iii. to complete the additional workplace based assessments that may be required
iv. to complete an educational supervisor report before the next ARCP panel review

Responsibilities of the supporting educational supervisor
i. To be aware of the learning objectives set for the trainee
ii. to support the trainee and their named educational supervisor in achieving these objectives
iii.

Responsibilities of the Specialty Training Programme Director during an extension
i. To identify the named educational supervisor and supporting educational supervisor for the extension
ii. to liaise with the trainee, the named educational supervisor and supporting educational supervisor to organise the training plan
iii. to note this plan at the KSS TiD group.
iv. to communicate with the trainee to inform them about the plan and to ensure that it is being followed through during the extension;

Responsibilities of the LFG during an extension period
i. the LFG administrative staff will learn of the extension via the MWPO
ii. the LFG will ensure these trainee’s action plans are monitored at the meetings
iii. Summary progress of all such trainees will be reported to the LAB.

ARCP appeals
Trainees have the right to appeal against an inadequate progress ARCP outcome.

GP training is relatively short (3 years at present) but addresses one of the most complex curricula. Moving from the diagnostic and treatment model necessary in hospital to the holistic and global skills needed to manage individuals and communities requires a particularly advanced level of skill.

Some trainees experience difficulties achieving the high level communication skills required for the GP curriculum. The KSS GP School recognises the value of supporting all GP trainees in order to minimise related problems.

Initiatives include:
- Specific GP trainee induction meetings during GP placement training in all years
- CSA (clinical skills assessment) training workshops
- Training sessions for GP trainers and programme directors to help them develop skills to support trainees with identified needs related to linguistic and communication skills
- The GP programme directors run half day release courses
- GP trainees have access to their GP educational supervisor during the hospital placements through study leave

Minor difficulties affect GP trainees in the same way as in other forms of training. In addition, linguistic, cultural and similar differences can impair a GP’s successful communication, and specific support is available to them through the department’s monthly trainee support meetings via the HoS.

**Trainee / trainer relationship**
If a GP trainee has specific difficulties relating to the GP trainer/trainee relationship, s/he can seek advice and support from the GP Programme Director or the Patch Associate Dean, or raise the issue directly with the Head of School who will ascertain the issues and seek to find a resolution for both parties. Such an occurrence is extremely rare.

The GP School and its team of GP trainers and GP programme directors, supported by the patch associate GP deans, work to identify all possible problems that may impede a trainee’s educational progress and find remedies for these. The progress of all GP trainees is monitored by their educational supervisors and reported at local GP faculty group meetings. Information about trainees needing additional support is shared with the Head of the GP School via the patch Associate GP Dean monthly to ensure that all appropriate support is provided.

Ultimately, lack of educational progress in GP training will be reflected in the outcome given at ARCP.
GP trainees—continuing support

Outcome 2

This means that a trainee has not progressed to the required level at the time of the ARCP but, provided they can demonstrate achievement of this level by the end of the educational year following additional support and monitoring, no additional training time is required. However, the trainee will continue to be monitored closely subsequently to ensure that development is continuing as would normally be expected.

The supporting Educational Supervisor should meet the GP trainee weekly to give further advice and supervision to both the GP trainee and their named Educational Supervisor (the GP trainer in whose practice they will normally be working and learning). This will include addressing the GP trainee’s learning objectives, verifying the evidence available and doing further workplace based assessments. These assessments must be documented in the ePortfolio, in addition to the assessments performed by the named educational supervisor.

Outcome 3

An Outcome 3 for an ST3 trainee means that, on the basis of recorded evidence (in the GP trainee’s ePortfolio), the trainee has not reached the competency level appropriate to continue their normal progress.

This outcome is most commonly given at the end of the third year of the GP training programme (ST3), and means that the GP trainee has not yet demonstrated the required progress necessary to achieve sign-off and thus become an independent GP in the UK, and may therefore need further training.

Extensions for remediation purposes are given at the discretion of the GP School according to the policy available on the website, and may be subject to constraints of the overall training capacity of the GP School.

Reasons for being given an Outcome 3

- failing the CSA (clinical skills assessment);
- failing the AKT (applied knowledge test);
- having an unsatisfactory outcome from WPBA (workplace based assessment);
- unsatisfactory report from the educational supervisor.
An Outcome 3 means that KSS Deanery will usually confirm the panel's recommendation that a training extension is required, and determine when, and for how long, this extension will be offered. This depends on:

- An action plan being created for and agreed by the trainee, and then approved by the GP Dean and Head of the GP School
- An agreement by the trainee to attend any courses (usually run by KSS GP Deanery) or specific programmes of support felt to be necessary by the GP Deanery
- In the case of CSA/AKT failures, the trainee's attendance at the next appropriate examination session

Action plans

Action Plans are agreed and signed by the trainee and the educational supervisor. They may include some or all of the following:

i. a named educational supervisor, and the trainee will normally move to a different GP training practice or other location (eg appropriate hospital post) during the extension period;

ii. an external supporting educational supervisor (acting as an additional educational supervisory resource to facilitate the targeted training, to verify the available evidence and to support the educational supervisor and trainee);

iii. a description of key development issues for the GP trainee, as identified from appropriate sources of evidence. These should include those competencies which are felt to need to improve as a result of feedback from WBPA or from the existing educational supervisor’s recorded observation and feedback, and the knowledge and skills areas based on feedback from the RCGP as a result of the CSA/AKT failures;

iv. a weekly timetable for the GP trainee, which must include patient consulting sessions, tutorials, KSS Deanery courses, and one contact with the supporting educational supervisor (if approved as part of the plan). This will include any KSS Deanery led courses such as the communication skills and CSA learning sets, or other specific learning sets, and the retaking of any necessary assessments of the MRCGP;

v. a table of regular (normally weekly) learning objectives, set out for the time of the extension. These objectives will be derived from the learning areas of the GP curriculum defined as needing attainment and which have determined the need for the trainee’s extension, and will include a date when these objectives will be reviewed and/or achieved.
Responsibilities of the GP trainee during the extension

i. The GP trainee must provide fortnightly reports as to how the action plan is being carried out (full details can be obtained from the KSS Deanery GP website);

ii. the GP trainee should follow the action plan and attend the next ARCP review.

Responsibilities of the Educational Supervisor during the extension

i. To ensure that the weekly learning objectives for the GP trainee are clearly defined, negotiated and the time in which these will be met agreed with the GP trainee

ii. to record the outcome of the learning objectives, particularly whether they are met or not within the agreed time;

iii. to complete the additional workplace based assessments of the MRCGP that are required;

iv. to complete an additional ST3 educational review before the next ARCP panel review.

Responsibilities of the Supporting Educational Supervisor

i. To be aware of the learning objectives set for the GP trainee;

ii. to support the GP trainee and their named Educational Supervisor in achieving these objectives;

iii. to complete an educational supervisor competency rating and comments review, in addition to the educational supervisor’s competency rating assessment.

Responsibilities of the GP Specialty Training Programme Director during the extension

i. To identify the named Educational Supervisor and supporting Educational Supervisor (if agreed as part of the action plan) for the duration of the GP trainee’s extension;

ii. to liaise with the GP trainee, the named Educational Supervisor, supporting Educational Supervisor and the Patch Associate GP Dean to organise the training plan within 2 weeks of notification of the trainee’s extension;

iii. to send this plan to KSS Deanery for approval;

iv. to meet the GP trainee to inform them about the plan and to ensure that it is being followed through during the extension
Responsibilities of the GP LFG during the extension period

i. KSS Deanery GP Department will inform the LFG administrative staff of any GP trainees requiring extensions;

ii. the GP LFG will ensure these GP trainees are added onto their GP trainee spreadsheets and reviewed, as with all other GP trainees, at the meetings;

iii. the progress of these GP trainees, and any issues pertinent to GP training and education must be discussed at the GP LFG meetings.

Responsibilities of the Patch Associate GP Dean during the extension period

i. The Patch Associate GP Dean must be aware of all GP trainees in their patch (geographical area of responsibility) who are on remedial extensions and monitor their progress regularly, through regular contact with the GP trainers and educational supervisors and through the regular GP LFG meetings.

ii. The Patch Associate GP Dean will report regularly to the head of the GP school on the progress of all GP trainees undertaking extensions as part of the monitoring process.

iii. Any difficulties identified with GP trainees on extensions must be brought to the attention of the head of the GP School and the GP Dean though a formal regular reporting process.

iv. Any difficulties identified with GP trainees on remedial extensions by the GP Deanery from the fortnightly extended GP trainees’ updates will be fed back to the Patch Associate GP Deans.

v. The Patch Associate GP Dean will gain further information by either contacting the GP trainee directly or via the GP Programme Director.

vi. Any communication between the GP trainee and either the Programme Director or the Associate GP Dean will be documented and reported back to the Head of the GP School and KSS Deanery via the channels described above.

vii. The Patch Associate GP Dean will contact the GP trainee and named Educational Supervisor directly at the midway point through the extension to check on progress and to identify any other problems not previously identified. The record of the progress and any other concerns needs to be documented and fed back to the Head of GP School and the GP Deanery.

A GP trainee whose clinical progress had been satisfactory failed the CSA twice

The plan for the extension included regular attendance at the CSA learning skills group where specific communication issues were identified, and addressed with the GP trainer’s help

The trainee passed the CSA at the third sitting
Pharmacy trainees—specific processes

Pharmacy trainees

These provisions apply to:
- pre-registration trainee pharmacists;
- postgraduate diploma pharmacy practitioners;
- pre-registration trainee pharmacy technicians.

Pre-registration trainees have a practice supervisor with whom they work day to day in their placements. If they have concerns about any trainee they should inform and involve the trainee’s Educational Supervisor.* The Educational Supervisor should arrange to meet with the trainee to explore the concerns as soon as possible. This meeting and the resultant action plan must be documented and a copy held by both trainee and Educational Supervisor.

First time minor problems

If the concerns are minor and a one off, an action plan is all that is required at this stage. However a review meeting should be scheduled within a month at the most. If the concerns/problems have been resolved, this should be documented and filed. No further action is required.

Significant serious issues

If the trainee is involved in a serious issue, eg:
- child protection
- death or serious injury of a patient
- mental health and substance misuse
- “never events” (www.npsa.nhs.uk)
- professional misconduct
- staff related issues such as breaches of confidentiality,

The Educational Supervisor should inform the following people immediately in writing:
- Chief Pharmacist and Chair of the LFG
- Trust Educational Programme Director
- KSS Deanery Pharmacy Trainee in Difficulty lead (see www.ksspharmacy.nhs.uk for contact details)

*The Pre-registration pharmacist Educational Supervisor is also known as pre-registration Tutor. The preregistration trainee pharmacy technician Educational Supervisor will be their lead assessor. The postgraduate diploma pharmacy practitioner Educational Supervisor will be the practice tutor. EPD for pre-registration pharmacists would be the Prereg Training Manager, for diploma pharmacists the Lead Trust Tutor
Significant serious issues—next steps

The Chief Pharmacist will manage the next steps in line with Trust HR policies. The KSS Deanery Pharmacy TID lead will report to the KSS Deanery Trainee support Group (TiD) which can assist in identifying the causes of problems and putting forward suitable courses of action e.g. mentoring or coaching where there are professional behavior issues.

Suspension or expulsion from work

If the issue is so serious as to result in suspension or expulsion from work, the Educational Supervisor should inform the GPhC. Normally the Trust Education Programme Director would have a role in supporting the Educational Supervisor to do this.

In the case of pre-registration trainees, there are no official investigative procedures in place within the GPhC although all trainees are expected to abide by the GPhC’s standards of conduct, ethics and performance. If there are concerns that a postgraduate diploma pharmacy practitioner (as a registered pharmacist) is not fit to practice, the case can be referred to the GPhC which will establish an Investigating Committee. This meets in private and does not hear oral evidence. It is required to consider all cases referred to it and decide whether the allegation ought to be considered by the Fitness to Practice Committee. Employers may also take the decision to refer registered pharmacists to NCAS (www.ncas.npsa.nhs.uk ).

The Educational Supervisor should also report what has occurred and the current position at the next Pharmacy LFG meeting. Education providers (i.e. Further Education colleges for pre-registration trainee pharmacy technicians, Higher Education Institutions for postgraduate diploma pharmacist practitioners) should be informed once a course of action has been agreed and it is considered relevant to their training programme.

In the case of pre-registration trainee pharmacists, if the issue is serious but has not led to suspension or expulsion, the GPhC would normally be made aware through the quarterly appraisal process. The documented paperwork submitted to the GPhC at this stage should identify whether a trainee’s progress is satisfactory or not and how issues are being managed.
Revised minor issues

If a trainee has had previous minor issues which have not been resolved despite an agreed action plan being in place, the educational supervisor should refer to their Trust Education Programme Director, Pharmacy LFG and the KSS Deanery Pharmacy TID lead.

KSS Deanery Pharmacy will normally arrange for additional educational supervisor support to be provided – this may be an experienced Education & Training pharmacy practitioner from the KSS Deanery Pharmacy team or it may be an experienced educational supervisor from another trust.

This additional support is intended to support the Education Programme Director, Educational Supervisor and trainee to explore the issues, identify underlying problems and put SMART (Specific, Measurable, Attainable, Realistic, Time-bound) action plans in place.

The progress of trainees will be closely monitored by the Trust Education Programme Director and the KSS Deanery Pharmacy team (who will in turn keep the KSS Deanery Trainee Support Group (TID) informed). The Pharmacy LFG will have oversight of the process within the organisation.

When a pharmacy trainee continues to be in difficulty

When the trainee has had an action plan put in place and the difficulties either continue or will impact upon the timely completion of their training programme, consideration of an extension to training needs to occur in a timely manner. Requests for an extension need to be submitted to KSS Deanery Pharmacy in writing by the Educational Supervisor and copied to the Chief Pharmacist.

Pre-registration Trainee Pharmacists

In the case of pre-registration trainee pharmacists, KSS Deanery Pharmacy will convene a review panel to consider next steps by the 42nd week of training. This panel will comprise:

- KSS Deanery Pharmacy TID lead or training programme director
- Head of KSS Deanery Pharmacy
- Trust Chief Pharmacist or trainee’s line manager
- Trust Educational Supervisor (pre-registration tutor)
- Trust Education Programme Director (Pre-registration Training Manager)
- External educational supervisor not involved in the case previously
The panel will consider the following options:
- extended training within the same base funded by KSS Deanery Pharmacy
- extended training within the same base funded by the current Trust
- extended training within a different trust funded by KSS Deanery Pharmacy
- extended training within a different trust funded by that Trust
- contract finishes at end of original period i.e. 52 weeks.

KSS Deanery Pharmacy will normally extend funding where a trainee has shown commitment to their training and is making progress, but are unlikely to achieve all of the GPhC performance standards at the end of their training year.

KSS Deanery Pharmacy will not fund extensions for trainees who are competent to practise and only seek an extension to re-take the GPhC registration examination. The trainee will be notified of the panel’s decision by their Educational Supervisor.

If a new training base is agreed, KSS Deanery Pharmacy will manage this process although it is recognised that a new base cannot always be guaranteed. The GPhC should be informed of the decision by the Educational Supervisor, particularly as a change in base will necessitate an extension in training.

**Pre-registration Trainee Pharmacy Technicians**

In the case of pre-registration trainee pharmacy technicians, the review should occur by 21 months after the start of training at the latest. The panel should comprise:

- KSS Deanery Pharmacy TID lead or TPD
- Head of KSS Deanery Pharmacy
- Chief Pharmacist or line manager
- Trust Educational Supervisor.
- Trust Pharmacy Technician Education & Training Lead
- External Educational Supervisor not involved in the case previously.

The options are:
- extended training within the same base funded by KSS Deanery Pharmacy and the Trust
- extended training within the same base funded by the current Trust only
- extended training within a different trust funded by KSS Deanery Pharmacy and that Trust
- extended training within a different trust funded by that Trust
  contract finishes at end of original period i.e. 2 years.
KSS trainee in difficulty guide - pharmacy

Postgraduate Diploma Pharmacists

Postgraduate diploma pharmacist practitioners are normally employed in substantive contracts by trusts and KSS Deanery Pharmacy is responsible for funding their training programme only.

The decision to extend the training programme should be made jointly between the employer and HEI (providing the PG programme) and reported to the SEC Foundation Board. If the extension to training results in additional costs, these must be borne by the employer and/or postgraduate pharmacist practitioner.

Responsibilities in the case of repeated minor problems or extensions to training

Responsibilities of the trainee during the extension

The trainee must inform the KSS Deanery Pharmacy Training Programme Director fortnightly that the action plan is being carried out, and what progress has been made.

The trainee is required to provide the following information:

i. details of meetings with their named educational supervisor and supporting educational supervisor;
ii. details of the workplace based assessments completed (including the name of the assessor);
iii. a description of how their learning objectives are being addressed;
iv. information on whether or not they are achieving their learning objectives;
v. information about any other problems they have identified with their training extension.

The Trust lead dispensary technician has noticed that the pre-registration pharmacy student seems to be doctoring the sheets where dispensary errors are recorded. The Educational Supervisor is aware of a personality clash between the lead dispensary technician and the student and hasn’t seen evidence of the claims.

What should she do next?
Responsibilities of the Educational Supervisor

i. To ensure that the weekly learning objectives for the trainee are clearly defined, negotiated and the time agreed with the trainee in which these will be met.

ii. To record the outcome of the learning objectives, particularly if they are met or not within the agreed time.

iii. To complete any additional workplace based assessments that are required.

iv. To inform the KSS Deanery Pharmacy TPD in writing on a monthly basis (or more frequently if required) of trainee progress.

Responsibilities of the Supporting Educational Supervisor

i. To be aware of the learning objectives set for the trainee.

ii. To support the trainee and their named Educational Supervisor in achieving these objectives.

iii. To provide an external report to KSS Deanery Pharmacy.

iv. To agree the frequency of meetings with the Educational Supervisor and trainee.

Responsibilities of the KSS Deanery Pharmacy Training Programme Director

i. To identify a supporting educational supervisor

ii. To liaise with the trainee, the named Educational Supervisor and supporting Educational Supervisor to ensure a training plan is in place.

iii. To send this plan to the Head of KSS Deanery Pharmacy for approval.

iv. To meet with the trainee to inform them about the plan and to ensure that it is being followed through.

v. To receive and review progress reports from trainees and their educational supervisors.

Responsibilities of the Pharmacy LFG

i. To monitor the progress of all trainees and report to the LAB.

ii. To offer advice and support to the educational supervisor.

iii. To be aware of and respond to all difficulties arising in training programmes.
Dental trainees—specific information

The Dental Department runs a series of 30 days study leave for DF1 trainees to support them during their training. Dental trainees are appointed by a training practice and the Trainer will monitor the trainee’s progress and assess learning needs, progress will be recorded in the EPDP.

To aid the transition from DF1 to DF2 the Deanery runs a “Clinical Skills Course”. DF2s are employed by a NHS Trust and educational supervisors oversee their training.

Trainees will usually discuss any difficulties directly with their Educational Supervisor/Trainer and if appropriate their Programme Director. Trainees may also directly contact the Associate Dental Dean or Postgraduate Dental Dean if they have concerns about their training or their relationship with their Educational Supervisor/Trainer.

For DF1, an assessment of the trainee’s competencies will be made within the first week and recorded in the EPDP. Thereafter various assessments are carried out which have been customised for dental trainees but are essential qualitative assessments undertaken by the trainer, c.f. DOPs, CBDs and quantitative recording of procedures undertaken.

Educational supervisors/trainers who have concerns that a trainee is not progressing satisfactorily should notify their Programme Director or the Associate Dean. A targeted and supportive training action plan will be put in place. The Associate Dean should receive reports on progress.

In DF1, if appropriate the TPD or Associate Dean will visit the practice to observe the trainee treating patients and to meet with the Trainer and trainee and discuss progress.

If a trainee is not progressing satisfactorily, in order to receive their Certificate of Completion of Foundation Dental training (Year 1) then an extension to the training placement can be considered and an appropriate targeted training action plan put in place.

In DF1 when serious issues of competency/performance are identified, consideration should be given to informing and consulting the PCT whose performer's list the trainee is on.


The **National Clinical Assessment Service** [http://www.ncas.npsa.nhs.uk/](http://www.ncas.npsa.nhs.uk/) provides several guides for handling TiD:

- **Handbook**
- **Understanding performance difficulties in doctors**
- **Managing trainees in difficulty; practical advice for educational and clinical supervisors**
- **How to conduct a local performance investigation**
- **Handling performance concerns in primary care**

An **incident decision tree** to facilitate the routine monitoring of trainees is published by the National Patient Safety Agency [http://www.nrls.npsa.nhs.uk/resources/?entryid45=59900&q=0%C2%ACincident+decision+tree%C2%AC](http://www.nrls.npsa.nhs.uk/resources/?entryid45=59900&q=0%C2%ACincident+decision+tree%C2%AC)

The statutory national guidance for **serious incidents** involving doctors and dentists is *Maintaining high professional standards in the modern NHS: a framework for the initial handling of concerns about doctors and dentists in the NHS*. [http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Healthservicecirculars/DH_4065697](http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Healthservicecirculars/DH_4065697)
References—organisations and publications

The General Medical Council Guide Good Medical Practice can be found at http://www.gmc-uk.org/guidance/good_medical_practice.asp together with other guidance about good practice, ethics, and education and training.

Information about the recommended processes for Foundation doctors can be found in the Foundation Programme Reference Guide para 10.27 by following http://www.foundationprogramme.nhs.uk/pages/home/keydocs.

KSS Deanery website contains links to web pages about its speciality schools. These links are listed below.
http://kssdeanery.org/anaesthetics
http://kssdeanery.org/em
http://kssdeanery.org/general-practice
http://kssdeanery.org/cmt
http://kssdeanery.org/obstetrics
http://kssdeanery.org/paediatrics
http://kssdeanery.org/psychiatry
http://kssdeanery.org/radiology
http://kssdeanery.org/CoreSurgery

The General Dental Council’s “Standards for Dental Professionals”—is on http://www.gdc-uk.org/Dentalprofessionals/Standards/ together with links to other guidance booklets.

The General Pharmaceutical Council's Standards of Conduct, Ethics and Performance can be found at http://www.pharmacyregulation.org/standards.

Information about how the General Pharmaceutical Council investigates complaints about trainees can be found at: http://www.pharmacyregulation.org/raising-concerns.
Dental training is governed by separate standards to be found at http://www.gdc-uk.org/Our+work/Education+and+quality+assurance/

The General Dental Council’s Standards for Dental Professionals can be found at http://www.gdc-uk.org/Current+registrant/Standards+for+Dental+Professionals/

KSS Deanery website contains links to web pages about its speciality schools. These links are listed below.
http://kssdeanery.org/anaesthetics
http://kssdeanery.org/em
http://kssdeanery.org/general-practice
http://kssdeanery.org/cmt
http://kssdeanery.org/obstetrics
http://kssdeanery.org/paediatrics
http://kssdeanery.org/psychiatry
http://kssdeanery.org/radiology
http://kssdeanery.org/CoreSurgery

Generic resources

For TiD cases involving bullying refer to the Local Trust’s policy. For trainees on London Deanery managed programmes see its policy at: http://www.londondeanery.ac.uk/foundation-schools/policies-guidance-application-forms

Whistleblowing - the KSS Deanery policy is available online.


Borkett-Jones H and Morris C (2009) Managing the trainee in difficulty Available at: www.londondeanery.ac.uk/facultydevelopment/e-learning


The Trainee in Difficulty

Glossary of acronyms used in the document

AKT - Applied Knowledge Test
ARCP – Annual Review of Competence Progression
CCT – Certificate of Completion of Training
CEO – Chief Executive Officer
CESR - Confirming of Eligibility to the Specialist Register
CSA - Clinical Skills Assessment
CT – College Tutor
DF1 - Dental Foundation Training - Year One
DF2 - Dental Foundation Training - Year Two
DH – Department of Health
DME – Director of Medical Education
DPA – Data Protection Act
DPGD – Deputy Postgraduate Dean
EPDP - Electronic Personal Development Portfolio
F1/F2 – Foundation Programme year 1 or year 2 doctor
FACD – Foundation Achievement of Competency Document
FTP – Foundation Training Programme Director
FTTAs - Fixed Term Training Appointments
GEAR – Graduate Education Assessment Regulations
GMC – General Medical Council
GPhC - General Pharmaceutical Council
GP – General Practice
GPD – General Practice Department
GPSiR – General Practice Registrar
HoS – Head of School
HR – Human Resources
IDT – Inter-Deanery transfer
KSS – Kent, Surrey and Sussex
LAB – Local Academic Board
LEP – Local Education Provider
LFG – Local Faculty Group
LTFTT – Less Than Full Time Training
MEM – Medical Education Manager
MMC – Modernising Medical Careers
nMRCGP – Medical Royal College of GPs
MSF - Multi Source Feedback
MTI – Medical Training Initiative
MWPO – Medical Workforce Project Officer
NHS – National Health Service
NHSLA – NHS Litigation Authority
OOH – Out of hours
OOP – Out of Programme
RITA – Record of In Training Assessment
SEC – South East Coast
SFT – Standards for Trainers
SHA – Strategic Health Authority