



South East Coast

*Postgraduate Deanery for
Kent, Surrey and Sussex*

Postgraduate Deanery for Kent, Surrey and Sussex
Postgraduate Medical and Dental Education

University of London



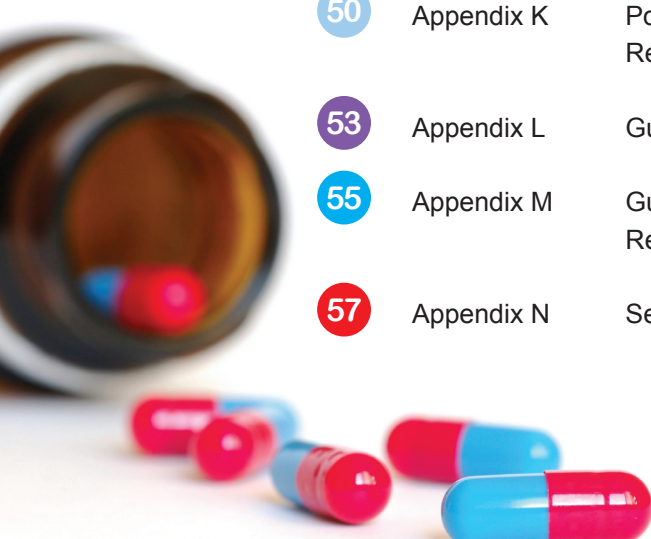
The Trainee Support Group

Including The Trainee In Difficulty

A KSS Guide

Contents

- 3 Introduction
- 4 Guide for Managing the Trainee in Difficulty
- 11 Flow chart An example the Foundation doctor in difficulty
- 12 Flow chart An example the Speciality doctor in difficulty
- 13 Appendix A South Thames Foundation School: Composition and role of Local Faculty Group
- 15 Appendix B Faculty Groups – Good Practice Guide
- 19 Appendix C A Guide to Postgraduate Specialty Training in the UK (Gold Guide)
- 20 Appendix D MMC - Operational Framework for Foundation Training (Sections Q, R, S)
- 25 Appendix E General Practice guidance and forms
- 37 Appendix F Maintaining High Professional Standards in the Modern NHS. Disciplinary Framework
Please refer to:
www.dh.gov.uk/assetRoot/04/10/33/44/04103344.pdf
www.nhsemployers.org/practice/doctors-dentists.cfm
- 38 Appendix G Bullying and Intimidation in the Postgraduate Medical and Dental Education KSS Bullying Approach – London Bullying Guidelines
- 45 Appendix H NPSA Approach – Incident Decision Tree
- 46 Appendix I MedNet Leaflet
- 48 Appendix J Trainees with additional needs – other resources available
- 50 Appendix K Postgraduate Deanery for Kent, Surrey and Sussex Referral Process for addition Careers Support
- 53 Appendix L Guidance for the Trainee in Difficulty or those with additional needs
- 55 Appendix M Guidance for documantation - Local Faculty Groups (Post Foundation) Record Keeping of Trainees in Difficulty
- 57 Appendix N Secondary Care forms



Introduction



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

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

Guide for managing the trainee in difficulty

4

1. General Principles

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

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

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

1.3 Roles and Responsibilities

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

- Trainees have a contractual relationship with their employer which is subject to the policies established by the employing body. The employer has responsibility to ensure that employment issues, including performance and potential disciplinary matters are dealt with appropriately. Doctors should be managed in the same way as any other NHS employee.
- Deaneries are responsible for commissioning high quality education and training. NHS Trusts and other training providers have a responsibility for delivering education through educational supervisors. Training providers must ensure that mechanisms are in place to support trainees and enable problems to be addressed at an early stage in an open and supportive way.

1.4 Signs and symptoms

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

1.5 Good documentation

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

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

2. General procedures for minor concerns

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

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

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

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

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

3. Communication and record-keeping

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

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

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

- 3.3 All documentation must comply with the requirements of the Data Protection and Freedom of Information Acts.

4. Foundation Doctors (see flow chart on page 11)

- 4.1 The progress of Foundation doctors must be discussed three times a year at Local Faculty Groups (LFGs) (See Appendix A), and minutes of these meetings must be sent to the relevant Foundation School Director and to the Deanery. (See Appendix B - Good Practice Guide)
- 4.2 For any trainees with possible problems, assessments should only be done thereafter by senior medical staff. (See Appendix C)
- 4.3 Where progress is not being maintained, the relevant Foundation Training Programme Director (FTPD) must contact the Director of the Foundation School, including completing the confidential Note of Concern form, at any time that a concern is raised (Appendix C).
- 4.4 If appropriate, a meeting should be held with other stakeholders (for example, the Educational Supervisor, DME, Foundation Training Programme Director, a KSS Educationalist or a Careers Guidance Advisor) to discuss the evidence and make an assessment. This may be attended by the Director of the Foundation School.

5. Doctors in Specialty Training Programmes

- 5.1 The progress of doctors in Specialty Training Programmes should be discussed yearly, according to the Annual Review of Competence Progression (ARCP) process.
- 5.2 If appropriate, a meeting should be held with other stakeholders to discuss the evidence and make an assessment.
- 5.2 At any stage, if there is any evidence that progress is not being maintained, the lead educational supervisor should contact the Programme Director and/or the appropriate Associate Dean/Head of School to advise.
- 5.4 Records must be kept of all meetings as described above in Section 3.

6. Assessment and Further Interventions

- 6.1 The end point of this diagnostic and assessment process is likely to suggest that there is a problem in one or more of five areas listed in the boxes on the following page.
- 6.2 Appropriate interventions will depend on the type of problem diagnosed. Deaneries expect to be the lead agency for educational interventions for all trainees in difficulty (for example arranging additional training). The Deanery may contact National Clinical Assessment Service (NCAS) if they believe their methods would be helpful.
- 6.3 The DME must be fully involved as should the Deanery where the problems seem serious or complex.
- 6.4 Careful documentation is always vital as described above in Section 3.

Assessment Outcome

a) **Training environment**

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

b) **Personal issues**

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

c) **Craft development**

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

d) **Generic professional development**

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

e) **Professional behaviours**

Integrity and probity, reliability, substance abuse.

Further Educational Interventions

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

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

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

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

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

7. Problems unresolved

- 7.1 If the appraisal has been repeated with the trainee and the problem is still not resolved based on the assessment above, the following steps apply, depending upon the issue and stage of training.
- **for Foundation trainees** the process of action set out in sections of the Operational Framework should be followed. (see Appendix D)
 - **for StRs** if the problem is not easily resolved, the case must be discussed further. All such cases should be referred to the KSS Trainee in Difficulty Committee for information. For Core trainees or trainees managed by KSS, the referral must also go to the Head of School. For Higher Speciality trainees managed by London, the referral must also go to the STC Chair. The Head of School will discuss and plan further management based discussion at the Trainee in Difficulty Committee meeting. For London managed trainees the STC Chair will take advice from the London Deanery, and inform the KSS Trainee in Difficulty Committee.
- 7.2 **Bullying** The identification and effective management of repeated bullying can be complex and challenging. Both KSS and London Deaneries have current guidelines. All KSS Trusts have current bullying or harassment policies, as does NHS Employers.
- 7.3 **Ill health** may be unrecognised by trainer and trainee alike. Trainees may be reluctant to acknowledge illness as they may have to take time of work and their training may be interrupted as a consequence. Trainees who are ill should be managed by their employer's sickness absence policies and if necessary referred to OH as per the General Medical Council (GMC) requirements.

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

Good medical practice para 79.

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

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

8. Risks to Patients and Staff

- 8.1 **More serious problems and concerns** are those where possible risks to patients, other staff or the doctor are present. These may come to light as a pattern of problems or, more usually, as a single incident, either of which can involve personal conduct, professional conduct or competence (see page 7). Other audit data or 360° appraisal from staff or patients may well inform the process.
- 8.2 The National Patient Safety Agency (www.npsa.nhs.uk) has published an **incident decision tree** (summary diagram in Appendix G). This is an interactive web based tool which can be used by doctors and managers to decide how to analyse and manage a single clinical incident.
- 8.3 **Other serious concerns** about trainees (for example, issues of probity) will always need to be investigated by the employing organisation. In doing this they must follow the national guidance set out in HSC2003/012 available at (web addresses in Appendix E), the key aspects of which are:
- the appointment of a Case Manager who could be the trainee's consultant supervisor, the Clinical Tutor, the College Tutor, the GP Programme Director (in the case of GPStR), the Medical Director, or another doctor appointed by the Medical Director
 - the appointment of a case investigator who, for an issue of personal misconduct, could well be a suitably trained senior HR manager. For clinical issues the case investigator must either be a doctor or be supported by expert professional advice
 - appropriate use of the NCAS
 - rare use of exclusions
- 8.4 Any doctor undergoing investigation should automatically be offered the name of a stress counselling service, or given information about MedNet. Some NHS Trusts will also routinely refer doctors to the OH service. If it becomes clear that there is a health issue, consultant OH advice should be immediately sought, and be regarded as a 'reasonable management request'.

9. Exclusion from the work place

9.1 Exclusion from the work place should only occur:

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

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

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

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

10. GMC Involvement

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

An example the foundation doctor in difficulty

Possible problem areas

1. Training environment.

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

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

2. Personal issues.

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

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

3. Craft development.

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

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

4. Generic professional development.

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

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

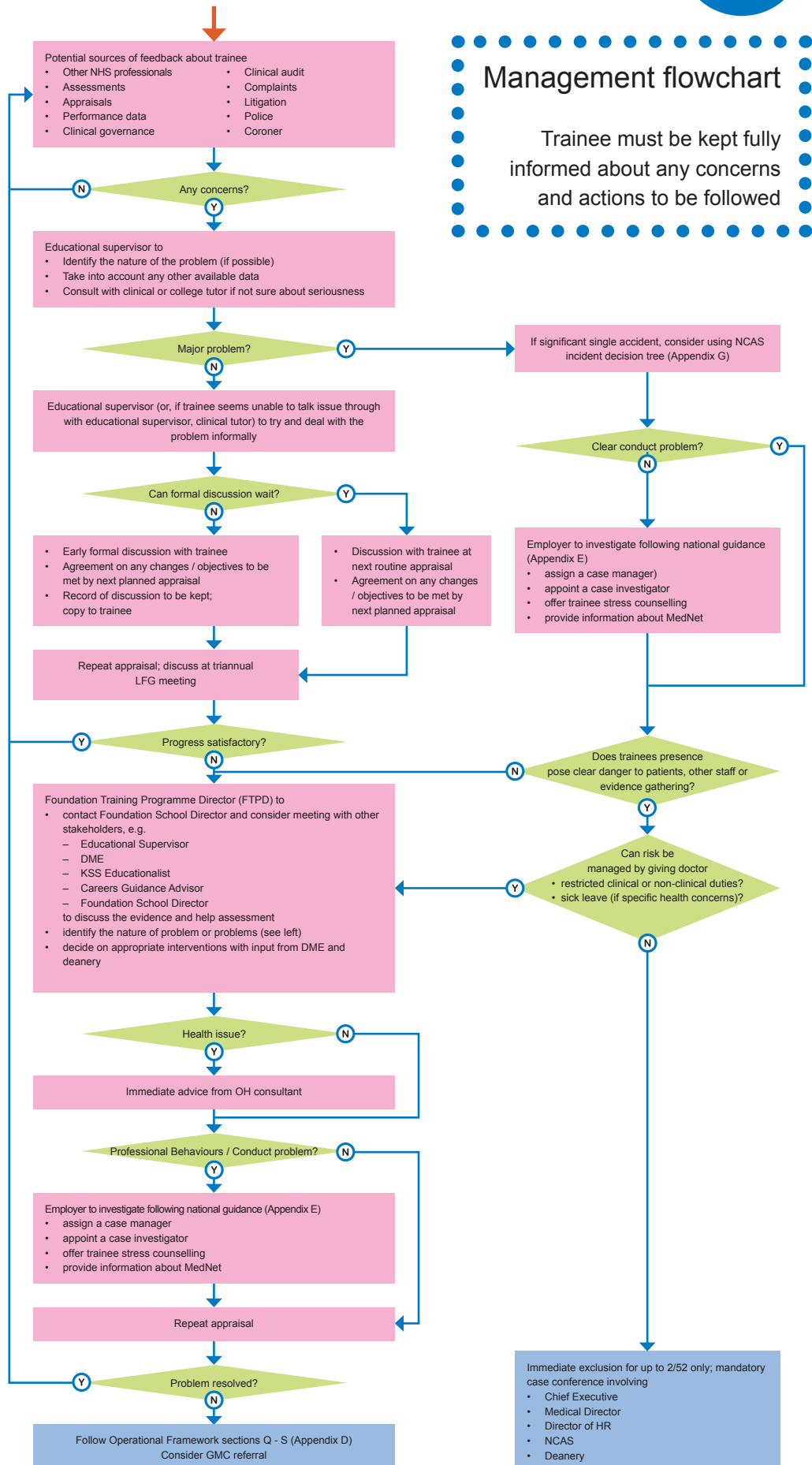
5. Professional Behaviours / Conduct.

Integrity and probity, reliability, substance abuse.

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

Management flowchart

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



An example the speciality doctor in difficulty

Possible problem areas

1. Training environment.

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

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

2. Personal issues.

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

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

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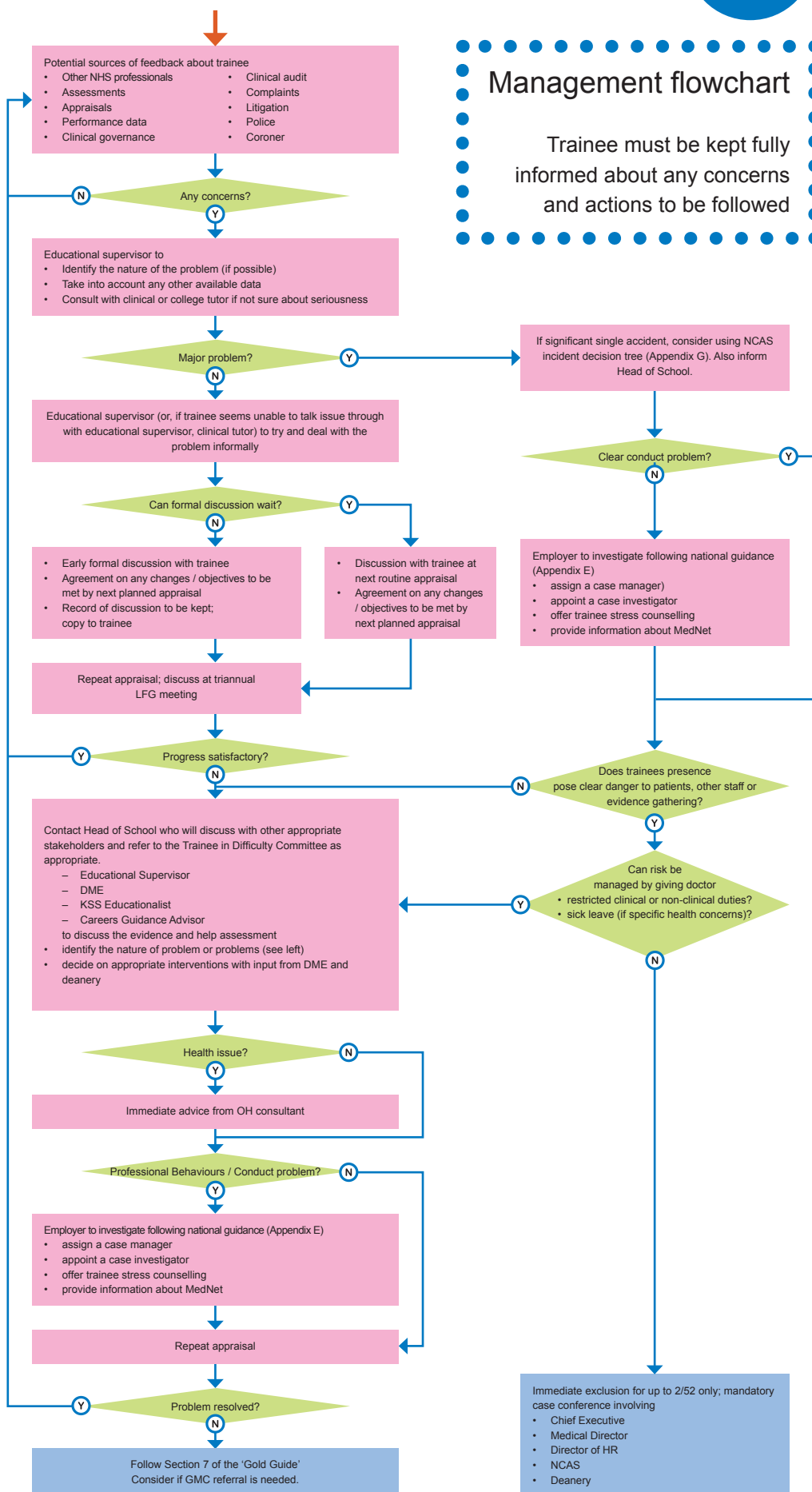
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Management flowchart

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



SOUTH THAMES FOUNDATION SCHOOL: COMPOSITION & ROLE OF LFG

1. The offices of the South Thames Foundation School should have the same basic processes.
2. Each NHS Trust should set up a LFG. The remit of the group would be to:
 - Put in place mechanisms to allow completion of the attainment of F1 competencies (to satisfy GMC requirements for registration for issuing of certificates of experience) and the Foundation Achievements of Competency Documents (FACD)
 - To ensure that any doctors who are failing to make progress during Foundation training will be managed in line with the national Operational Framework for Foundation training
 - To be responsible for the local implementation of the Foundation Programme; its quality control and further Foundation Programme development
3. Frequency of Meetings

Meet a minimum of 3 times a year in November, March and June.
4. Composition of the Group
 - DME (Chair)
 - All relevant Foundation Training Programme Directors (including those based in Primary Care and Psychiatry)
 - All local MEMs
 - Any Educational Supervisor who wishes to attend (ideally Educational Supervisors would always attend for any trainee where there are concerns)
 - A lay representative whose role is to represent patients. This should be locally arranged by the local Education Centre after consultation on good practise with the London or KSS Deanery. It should not be anyone formally involved in NHS business
 - A local Deanery representative or Education Adviser at the discretion of the Deanery
5. Proceeds should be minuted, confidential and a copy should be sent routinely to the Director of the Foundation School and Deanery.

SOUTH THAMES FOUNDATION SCHOOL: COMPLETION OF F1 AND F2 COMPETENCY DOCUMENTS



1. It is a local decision for the Foundation School to have mechanisms in place to allow completion of the attained F1 competencies (to satisfy GMC requirements for registration for issuing of certificates of experience) and the Foundation Achievement of Competency Documents (FACD).
2. This would be achieved in South Thames Foundation School by the Local Foundation Faculty Group.
3. The role of the group is to ensure that at both the November meeting and the March meeting that all F1 and F2 trainees are discussed and any problems are identified at the earliest possible opportunity. It should be very rare for unexpected problems to be dealt with in the June meeting. Any failure to make progress during Foundation training must be notified to the Director of the Foundation School and managed as set out in sections Q-S of the National Operational Framework.
4. The F2 competency forms will be formally signed off by the DME as chair of the local Foundation Faculty Group and by their appropriate Foundation Training Programme Director. For F1 the DME will make recommendations on behalf of the Faculty Group to the Director of the Foundation School for them to advise the Medical School on completion of the GMC's 'Certificate of Experience' form.

Faculty Good Practice Guide for the Foundation Programme in the South Thames Foundation School

1 Purpose

The purpose of this brief guide is to identify and develop good practice for Faculties within the South Thames Foundation School (STFS). LFGs have a key role to play in the Foundation Programme. They are vital in:

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

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

2 What is the remit of Faculty Groups?

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

3 Faculty Good Practice in STFS comprises:

3a The curriculum as a living document

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

3b Local Trust Based Performance Indicators

Each Faculty Group should establish light touch, but robust, performance indicators to monitor and review the local Foundation programme. These need to map across to the national Foundation Curriculum and emerging national frameworks e.g. Standards and Outcomes for Quality Assurance of the Foundation Programme (see: GMC Consultation Standards and Outcomes 2006).

We recommend that such performance indicators include:

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

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

3c **Annual Audit and Review of the Local Foundation Programme**

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

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

3d **Local Faculty Handbooks**

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

3e **Foundation Trainee Year Groups for F1 and F2**

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

3f **Year Group Representatives on the Faculty Group**

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

It is good practice:

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

3g **Portfolio Sampling**

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

4 **Faculty Development**

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

Pam Shaw

Aug 24th 2006

Minimum Expectations

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

1. **Local Trust Based Performance Indicators**

We recommend that you establish performance indicators (see 3b Faculty Good Practice Guide) as a base line and use them for 2 below.

2. **Annual audit and review of the local Foundation Programme** (see 3c Faculty Good Practice Guide). We recommend that the Foundation Programme Lead compiles this document which is then circulated to the LFG for comment before being signed off at the June Faculty Group meeting. We recommend that this document is brief and that:

- **it is based on the range of performance indicators (1 above)**
- **it is primarily an annual means of local quality assurance and local faculty review and is a means to evidence the robustness of local processes**
- **it is an opportunity to give a brief overview of the working of the Local Foundation Programme, to highlight any particular issues of concern, note actions taken and to highlight areas of good practice**
- **it is used to provide evidence of local quality assurance of the Foundation Programme for a range of external quality assurance audits and audiences as appropriate e.g., Centre Review in KSS**
- **it should be signed off by the local Faculty and sent to the Foundation School Director by July 31st, prior to the next intake of trainees**

3. **Local Faculty Handbooks for the Local Foundation Programme**

(see 3d Faculty Good Practice Guide)

These need to be updated and produced annually.

4. **Year Groups for F1 and F2** (see 3e Faculty Good Practice Guide).

We recommend that these are established from now onwards as trainee feedback is a core aspect of any quality assurance process.

5. **Year Group Representatives on the Faculty Group** (see 3f Faculty Good Practice Guide)

We recommend that these are established from now onwards.

6. **Faculty Development** (see 4. Faculty Good Practice Guide)

We recommend that, arising out of the Annual Audit and Review, the local Faculty agrees targets for the forthcoming year for local Faculty Development and commits appropriate time to this: this could be at the level of Foundation curriculum, the sharing of good practice or Faculty Development per se.

Appendix C

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

PLEASE REFER TO

<http://www.mmc.nhs.uk/pdf/Gold%20Guide%202008%20-%20FINAL.pdf>



MODERNISING MEDICAL CAREERS:

OPERATIONAL FRAMEWORK FOR FOUNDATION TRAINING



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

- 197 Foundation doctors in this situation may be identified by, for example:
- their reluctance or failure to take part in all the necessary training modules
 - their reluctance or failure to get fully involved in the assessment process
 - concerns raised by educational supervisors, or
 - serious incidents, events or complaints involving something they have done or not done
- 198 Educational supervisors should look out for these and other early signs of problems, and be ready to offer support to foundation doctors who are having difficulty adjusting to the role. It is essential that the educational supervisor raises such concerns early and formally with the foundation doctor concerned. The educational supervisor should also get advice early on from the foundation training programme director (FTPD) and follow the guidance set out in The New Doctor.
- 199 The educational supervisor may need to arrange an in-depth assessment, looking at the foundation doctor's health, attitudes, skills and their training environment, so that they can take appropriate supportive action. All meetings, discussions, assessments and so on should be recorded in writing.
- 200 The postgraduate dean or foundation school director, or their deputy, and the university from which the foundation doctor graduated (for F1s) may need to be directly involved so that appropriate remedial (supportive) or extra assessment measures can be taken (see paragraphs 106 to 111). Such action may be separate to or part of the employing authority's performance or disciplinary procedure.

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

- 201 The New Doctor sets out guidance on monitoring the progress of F1s in the standards for training for the Foundation Programme.

Section S - Failure to complete foundation year two (F2)

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

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

a Failure to provide evidence of gaining F2 competences

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

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

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

b Failure to achieve F2 competences at the end of the F2 year

This may be, for example, a situation where assessments reveal the foundation doctor has not achieved the standard needed for F2 within the expected timescale.

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

and their level of performance as assessed at the time of the F2 year. This report should be filed in their portfolio, which the foundation doctor should keep. Depending on the nature and seriousness of the doctor's under performance, it may be appropriate to refer them to the GMC.

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

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

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

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

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

d Resigning from an F2 placement or post

This may be for personal reasons (for example, taking a career break or a change of career).

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

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

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

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

Return to training: A foundation doctor returning to training will have to apply for entry to the F2 programme in the normal way. They will normally have to mention on their application form for F2 programmes if:

- they have previously been dismissed for misconduct;
- they have ever been disqualified from practice or had specific limitations put on their practice; or
- their fitness to practise is currently under investigation, in the UK or elsewhere.

Once the foundation doctor has been appointed, their portfolio will provide a basis for their learning plan. Their previous dismissal, and the behaviour that led to it, will be taken into account in setting their objectives and arranging their supervision. The foundation doctor will normally be expected to complete the full set of competency assessments after they return to training, before they will get a Foundation Achievement of Competency Document (FACD), but they may be given credit for time they have already completed or competences they have achieved, although this decision will be made by the postgraduate dean or foundation school director.

204 Foundation doctors will benefit from getting fully involved in the educational and assessment processes of their foundation training. The foundation doctor's responsibilities as far as the in-work assessment programme is concerned are that they:

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

Appendix E

KSS Deanery

Guidance for GP Specialty Training Registrars with Outcome 3 at their ARCP

25

Definition

Outcome 3 is a recommendation to the Deanery, given by the panel at the Annual review of Competency Progression, about those GP trainees who are due to finish their General Practice training and who are considered by the panel on the basis of recorded evidence (largely in the GP trainee's ePortfolio) not to have reached the competency level required in order to become independent General Practitioners in the United Kingdom and will need further training. Outcome 3 is defined by the Guide to Postgraduate Specialty Training in the UK (Gold Guide) as 'Inadequate progress by the trainee – additional training time required'.

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

What an Outcome 3 means

Following the advice from the panel, the 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 dependant on

- an action plan being created for the GP trainee, which is agreed by the GP trainee and which then needs to be approved by the GP Dean and the Head of the GP School.
- an agreement by the GP trainee to attend any courses or specific programmes of support that the GP Deanery feels are necessary to help the trainee and
- in the case of CSA/ AKT failures, attendance by the trainee at the next examination session

Action Plans

These must include the following:-

1. All GP trainees in extensions to their training must have a named Educational Supervisor, which will be the name appearing on the GP trainees eportfolio and an additional 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)
2. At what GP training Practice the GP trainee is going to be placed for this extension. This will normally be in another placement (with the approval of GP Deanery).

3. A description of key issues of development for the GP trainee, as identified from appropriate sources of evidence. These should include :-
 - Those competencies which are felt to need further development as a result of feedback from WBPA
 - Those competencies which are felt to need further development as a result of recorded observation and feedback by the existing Educational Supervisor and that from other appropriate individuals involved in the training.
 - Knowledge and skills areas based on feedback from the RCGP as a result of the CSA/ AKT failures
4. A weekly timetable demonstrating where the GP trainee is going to be which must include patient consulting sessions, tutorials, Deanery courses, and 1 session with the supporting Educational Supervisor. This will include any Deanery led courses such as the communication skills and CSA learning sets, and the retaking of any necessary assessments of the nMRCGP
7. 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 trainees extension and will include a date when these objectives will be reviewed and/or achieved.
8. The action plan has to be agreed and signed by the GP trainee, and their named Educational Supervisor and sent to the Deanery for approval within 10 days of the ARCP panel's decision.
9. The plan will include that the GP trainee has responsibilities to inform the Deanery that this action plan is being carried out and to highlight and feedback any difficulties that may arise with the extension, the delivery of the educational support and the agreed learning goals.
10. All GP trainees in extended periods of training will need to continue the appropriate level of Workplace Based Assessments of the nMRCGP, and to continue to undertake their OOH placements (unless there is any significant concern by the ES of the GP trainees capability to continue to work and learn safely and effectively in the OOH placements)..

Only after the action plan has been received and approved by the Deanery will the planned extension be formally approved and actioned.

* The requirement for the supporting Educational Supervisor taking on the additional educational supervisory role is to meet every week with the GP trainee and to give further advice and supervision to 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.

A set fee is payable to all supporting Educational Supervisors in order to recognise, and compensate for, the time that they are giving over and above their normal duties, and will be available for them to pay for a locum to replace them. This fee will be paid on submission of the appropriate claim form to the GP Deanery. This form can be obtained from David Buckle (dbuckle@gpkss.ac.uk)

The Training Plan for Outcome 3 ARCP trainee must include:

1. Name of Trainee
2. Name of the Educational Supervisor
3. Name of the Supporting Educational Supervisor
4. Placement
 - a. Surgery address, specialty, current or new venue, fill in new FPGPR1 form.
 - b. Surgery address of the supporting ES
 - c. In addition to the Training Plan, the trainee/practice must complete an FPGPR1 form must be completed and sent to the Deanery (attached at appendix a)
5. Dates of extension start and finish/review dates
6. Summary of concerns
 - a. Number of AKT failures (score and required pass mark)
 - b. Number of CSA failures (score and required pass mark)
 - c. WPBA Competencies still needing further development
7. Identified learning needs (for example from the ES review when WPBA failure or RCGP feedback when CSA/ AKT failure)
8. Special circumstances (e.g. if training less than full time, need for change of placement)
9. Weekly time table – Example

	AM	AM/PM	PM
Monday	Surgery	surgery	surgery
Tuesday	Surgery	Surgery	surgery
Wednesday	Tutorial	Local learning set/ private study	Local learning set/ private study
Thursday	Deanery course / Surgery	Deanery course / Surgery	Deanery course / Surgery
Friday	Supporting ES surgery	surgery	Tutorial / joint surgery

Learning Objectives

DATE	Learning Objective	Action Plan	Achieved by (set date)
Week One,			
Week Two			
Week three			
Week Four etc			

Responsibilities of the GP trainee during the extension.

1. The GP trainee is required to inform the GP Deanery via David Buckle and Susan Bodgener on a fortnightly basis that the action plan is being carried out, as described above. There is template form at the end of this document, that should be used to record the information. This should then be sent via email to David (dbuckle@gpkss.ac.uk)
2. The information required includes the GP trainee to provide:-
 - Details of meetings with their named ES
 - Details of meetings with their supporting Educational Supervisor
 - The name of the CSA assessor
 - Details of the workplace based assessments completed (including the name of the assessor)
 - Details of attendance at GP Deanery courses
 - A description of how their learning objectives are being addressed
 - Information on whether or not they are achieving their learning objectives
 - Information about any other problems they have identified with their training extension

Responsibilities of the Educational Supervisor during the extension

1. To ensure that the weekly learning objectives for the GP trainee are clearly defined, negotiated and the time agreed with the GP trainee in which these will be met..
2. To record the outcome of the learning objectives, particularly if they are met or not within the agreed time.
3. To complete the additional workplace based assessments of the nMRCGP that are required
4. To complete an additional ST3 educational review before the next ARCP panel review

Responsibilities of the Supporting Educational Supervisor

1. To be aware of the learning objectives set for the GP trainee
2. To support the GP trainee and their named Educational Supervisor in achieving these objectives
3. To complete a Educational Supervisor Competency ratings and comments review In addition to the competency rating assessment done by the ES

Responsibilities of the GP Specialty Training Programme Director during the extension

1. To identify the named Educational Supervisor and Supporting Educational Supervisor for the duration of the GP trainee's extension
2. To liaise with the GP trainee, the named ES, the supporting ES and the Patch Associate GP Dean to organise the training plan within 2 weeks of notification of the trainees extension. To send this plan to the Deanery for approval.
3. To meet with the GP trainee to inform them about the plan and to ensure that it is being followed through during the extension. To inform the Deanery of this meeting.

Responsibilities of the GP faculties during the extension period

- Local GP Faculty administrative staff will be informed of any GP trainees requiring extensions by David Buckle.
- The Local GP Faculty Group will ensure these GP trainees are added onto their GP trainee spreadsheets and reviewed, as with all other GP trainees at the GP Faculty meetings.
- The progress of these GP trainees, and any issues pertinent to GP training and education must be discussed at the Local GP Faculty meetings.

Responsibilities of the Patch Associate GP Dean during the extension period

- The Patch Associate GP Dean must be aware of all trainees in their patch who are on extensions at their faculty meetings, and monitor their progress regularly.
- 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.
- Any difficulties identified with GP trainees on extensions at the faculty meetings are to be brought to the attention of the Head of the GP School and the GP Dean
- Any difficulties identified with GP trainees on extensions by the GP Deanery from the fortnightly extended GP trainees updates will be fed back to the Patch Associate GP Deans
- The Patch Associate GP Dean will gain further information by either contacting the GP trainee directly or requesting this to be done via the GP Programme Director.
- 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 the Deanery via the channels described above.
- The Patch Associate GP Dean will contact the GP trainee and named ES directly at the mid way 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.

Fortnightly review form for Trainees with Outcome 3

To be submitted to the Deanery, C/O David Buckle on last Friday of every 2 weeks for the duration of the GP trainees extension

Trainee Name	Date
Name of Educational Supervisor	Name of Supporting Educational Supervisor
Timetable for the last 2 weeks, to include surgeries, tutorials, contact with Educational Supervisor and supporting Educational Supervisor, courses attended and private study	
Monday am	Monday pm
Tuesday am	Tuesday pm
Wednesday am	Wednesday pm
Thursday am	Thursday pm
Friday am	Friday pm
Monday am	Monday pm
Tuesday am	Tuesday pm
Wednesday am	Wednesday pm
Thursday am	Thursday pm
Friday am	Friday pm
Learning objectives set for last 2 weeks	How objectives achieved and reasons for objectives not being achieved
In addition to learning objectives to include WBPA assessments, CSA practice and content of tutorials	
1	
2	
3	
4	
5	
Reflections on last 2 weeks of training	
Please comment on what has gone well, what has not gone as well and any further support you think you may need from the GP School and Deanery	

GP Training background questionnaire



Please could you answer the following background questions on your GP Training year and bring them with you to the ARCP interview.

1. How many surgeries do you do per week?
2. How long, on average, do you have per patient?
3. How often is there a GP available to supervise you if you need help during your surgery?
How easy is it to access this help?
4. How many patients do you see in a normal surgery?
5. How often are you the Duty, or on-call doctor, for the Practice?
6. Do you think you have sufficient clinical exposure throughout your GP training?
If no, state reason why not?
7. Have you had any difficulties in getting your assessments completed?
If yes please give a detailed explanation?
8. How often have you had assessments performed by other GP Trainers
(or other GP Educational Supervisors)?
9. How often do you have a formal tutorial or one-to-one teaching session with your GP Trainer?
10. Are there any factors which have restricted your abilities to work and learn to your full potential in this placement? If yes what were they?

Outcome 3 Checklist- WPBA



Name: Dr

In order to provide you with the opportunity to continue to develop and demonstrate achievement of the learning outcomes of the GP curriculum for the next panel, the GP Deanery will provide an extension to training with targeted support. This support will include the following, please read these carefully and tick each one to indicate that you have understood and agree with the proposals.

- I will provide a minimum of two reflective Learning log entries each week.
- I will also undertake 1 CBD and 1 COT each month of my extended period of training
- I will continue to undertake the OOH training placements (one session normally of 6 hours each month of training)
- I will send my fortnightly learning review report and plan to David Buckle
- I will have a review by my Educational Supervisor (GP Trainers ready for next panel as per the Outcome letter
- I will comply with the Outcome 3 guidance of which I have had a copy.
- Your next ES review and all your WBPA assessments must be received by the Deanery on the 7th December 2009, in time for the next ARCP panel on the 14th December 2009.
- The recommendation is for 2 extra months of training, with your training finishing on Friday 15th January

I have read and understood the terms and conditions my extended period of training

Print Name

Signature

Date

Outcome 3 Checklist- CSA & AKT



Name: Dr

In order to provide you with the opportunity to continue to develop and demonstrate achievement of the learning outcomes of the GP curriculum for the next panel, the GP Deanery will provide an extension to training with targeted support. This support will include the following, please read these carefully and tick each one to indicate that you have understood and agree with the proposals.

- I will provide a minimum of two reflective Learning log entries each week.
- I will also undertake 1 CBD and 1 COT each month of my extended period of training
- I will continue to undertake the OOH training placements (one session normally of 6 hours each month of training)
- I will organise to sit the next AKT or CSA (or both if needed)
- I will attend the communication skills courses provided by the GP Deanery
- I will send my fortnightly learning review report and plan to David Buckle
- I will have review by my Educational Supervisor (GP Trainers ready for next panel as Outcome letter)
- I will comply with the Outcome 3 guidance of which I have had a copy.
- Your next ES review and all your WBPA assessments must be received by the Deanery on the 7th December 2009, in time for the next ARCP panel on the 14th December 2009

Application dates for the next CSA are from the 12-26th October 2009 www.rcgp.org.uk

I have read and understood the terms and conditions my extended period of training

Print Name

Signature

Date

Outcome 4 Checklist

Name: Dr

University of London



During the feedback today from the ARCP panel I was told:

- I had been given an Outcome 4 and will be released from GP Training from the 31st of October 2009.
- I understand that I can appeal against the panels decision, information on this has been given to me in the Outcome 4 letter.
- I was given information on where I can get further careers advice.

Print Name

Signature

Date

15th October 2009

Dear Dr

ARCP Panel Feedback to GPStRs – Outcome 3

Following your recent feedback session at the Deanery on 15th October, I would like to reiterate the points made at that meeting.

The panel have made a recommendation to the GP Dean, for you to have an extension of training in order for you have further time to demonstrate the competency level required in order to become an independent GP. The panel will have informed you that this decision was reached as consequence of your CSA/AKT or WBPA result. The extension to training has been approved until 15th January 2009 a further ARCP panel will then review your progress. This Panel Review date has been set for the **14th December 2009**.

As part of the extension you are expected to undertake workplace based assessments, namely **1 Case Based Discussion** and **1 Consultation Observation tool** per month during the period of the extension. These will be In addition to any assessments that are currently missing from your record.

It is also essential that you continue with the Out of Hours placements during the extension. The requirement is one session per month (normally of six hours) during the extension period. The Workplace Based Assessments and Out of Hour sessions must be logged into your eportfolio.

It is also crucial that you continue to document learning into your learning log. At a minimum this should be **2 entries per week** and include clinical encounters, professional conversations and tutorials with evidence of reflection on what you have learned and what you need to learn.

You must send to the Deanery via the GP Training Administrator a fortnightly update report on your progress during the extension period. Guidelines for what is expected are within the Outcome 3 guidance, copies of which are enclosed. Whilst the Deanery is committed to the continuing support of trainee progression, you will need to be aware that failure to comply with the above requirements could result in your training extension being revoked

If applicable you must sit the next CSA Application dates for the **CSA exam are 12th – 26th October 2009**.

Finally, your eportfolios will be reviewed on the **7th December 2009**, this is before the result of the next CSA, but getting your assessments and reviews completed by your Educational Supervisor is independent of the next CSA result. This date has been set so an ARCP can be completed before the Christmas period. Please ensure that you have completed your self assessment and your GP Educational Supervisor has completed their rating and comments of the 12 competency areas for you by this date. It is important that you take all steps to ensure these requirements are met.

Yours Sincerely

Dr Susan Bodgener
Associate GP Dean for Assessment
CC: Educational Supervisor, GP Programme Director & Patch Associate GP



15th October 2009

Dear Dr

ARCP Panel Feedback to GPStRs – Outcome 4

University of London



Thank you for coming to the ARCP panel.

You have received an Outcome 4 from the Panel. This is when a trainee is released from their training programme with or without specified competencies. This outcome is made when there is an insufficient and sustained lack of progress, despite having had additional training to address the concerns over your lack of progress.

Your training within the KSS Deanery will stop on the 31st October 2009

The lack of progress can be from failing any of the mandatory parts of the MRCGP examinations; the Clinical Skills Assessment (CSA) and/or the Applied Knowledge Test (AKT) and/or the Workplace Based Assessments (WPBA). The WPBA include the reports from your Educational Supervisors on the current state and progression of your competence in the 12 competency areas, evidence in your eportfolio including additional learning outcomes required by the GP curriculum, such as an appropriate and complete learning log and appropriate Personal Development Plan

This outcome is the final decision of the Panel. The Reference Guide for Postgraduate Specialty Training in the UK does guidance for making an appeal, and this can be found on our website at <http://www.kssdeanery.org/siteuploads/ARCP%20-%20guidance%20if%20you%20wish%20to%20appeal%20your%20annual%20review.pdf>

An appeal needs to be made in writing to Professor A. Tavabie within 10 working days of this panel. This should also be emailed to atavabie@gpkss.ac.uk with a copy to ntafa@gpkss.ac.uk

We understand the impact of this decision and recognise that you may wish to get further advice regarding your future medical career. The KSS Deanery runs a support service for trainees, and this can be accessed at <http://www.kssdeanery.org/trainees/support>. In addition a useful website can be found at www.medicalcareers.nhs.uk

Dr Susan Bodgener
Associate GP Dean for Assessment
CC: Educational Supervisor, GP Programme Director & Patch Associate GP

Appendix F

MAINTAINING HIGH PROFESSIONAL STANDARDS IN THE MODERN NHS

PLEASE REFER TO

www.dh.gov.uk/assetRoot/04/10/33/44/04103344.pdf

www.nhsemployers.org/practice/doctors-dentists.cfm



BULLYING AND INTIMIDATION IN POSTGRADUATE MEDICAL AND DENTAL EDUCATION

The KSS Approach

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

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

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

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

Distinguishing constructive supervision from bullying behaviour

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

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

Identifying the problem on the ward and in the clinic

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

Examples of Bullying Behaviour in the Context of PGMDE

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

Three illustrative case histories appear below:

Case History 1

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

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

Case History 2

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

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

Case History 3

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

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

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

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

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

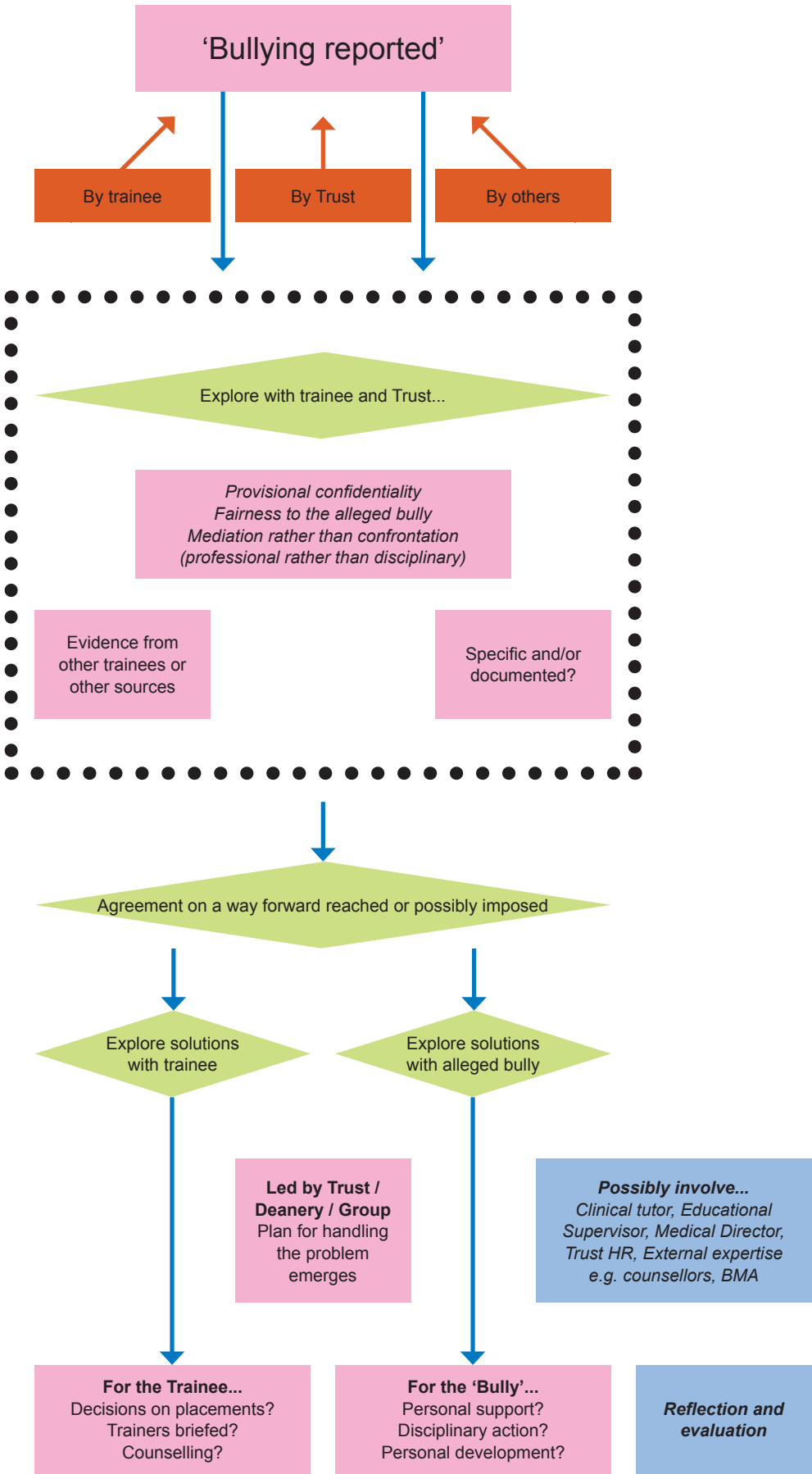
Providing support

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

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

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

Outline of an Implementation Process for Deanery and Trust



LONDON DEANERY GUIDELINES FOR HANDLING COMPLAINTS ABOUT BULLYING AND HARASSMENT OF TRAINEES

42

Roles and Responsibilities

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

What is Bullying and Harassment in a Training Context?

Bullying and harassment in a training context may include:

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

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

How to Handle a Complaint

When a complaint of bullying or harassment about a trainer is made by a trainee, and is brought to the attention of the Deanery, this should be taken very seriously. The trainee should be invited to the Deanery to explain the situation in confidence to the appropriate Dean, Deputy or Associate Dean. Sometimes they will wish to bring a friend or representative and this should be encouraged, as talking about the situation may be emotionally distressing for the trainee. It is also best for another member of the Deanery staff to be present for support and in order to

make a confidential record of any action agreed. The purpose of the meeting should be clarified at the start. For the Deanery the purpose is to hear the complaint in detail in order to judge whether there is a prima facie case of bullying or harassment. It is not usually a good idea to attempt to document the events complained about at this meeting. If this will be needed, it is better to ask the trainee to prepare a written statement of the events with names and dates, and to ask for written permission to hold this data or to share it with others. It is also important to clarify the confidential status of the meeting. The Dean should make it clear that while confidentiality will be respected, there are extreme circumstances in which we would not be able to maintain confidentiality eg. where illegal actions or patient safety were concerned.

If there is a Prima Facie Case

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

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

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

If the Trainee is Reluctant

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

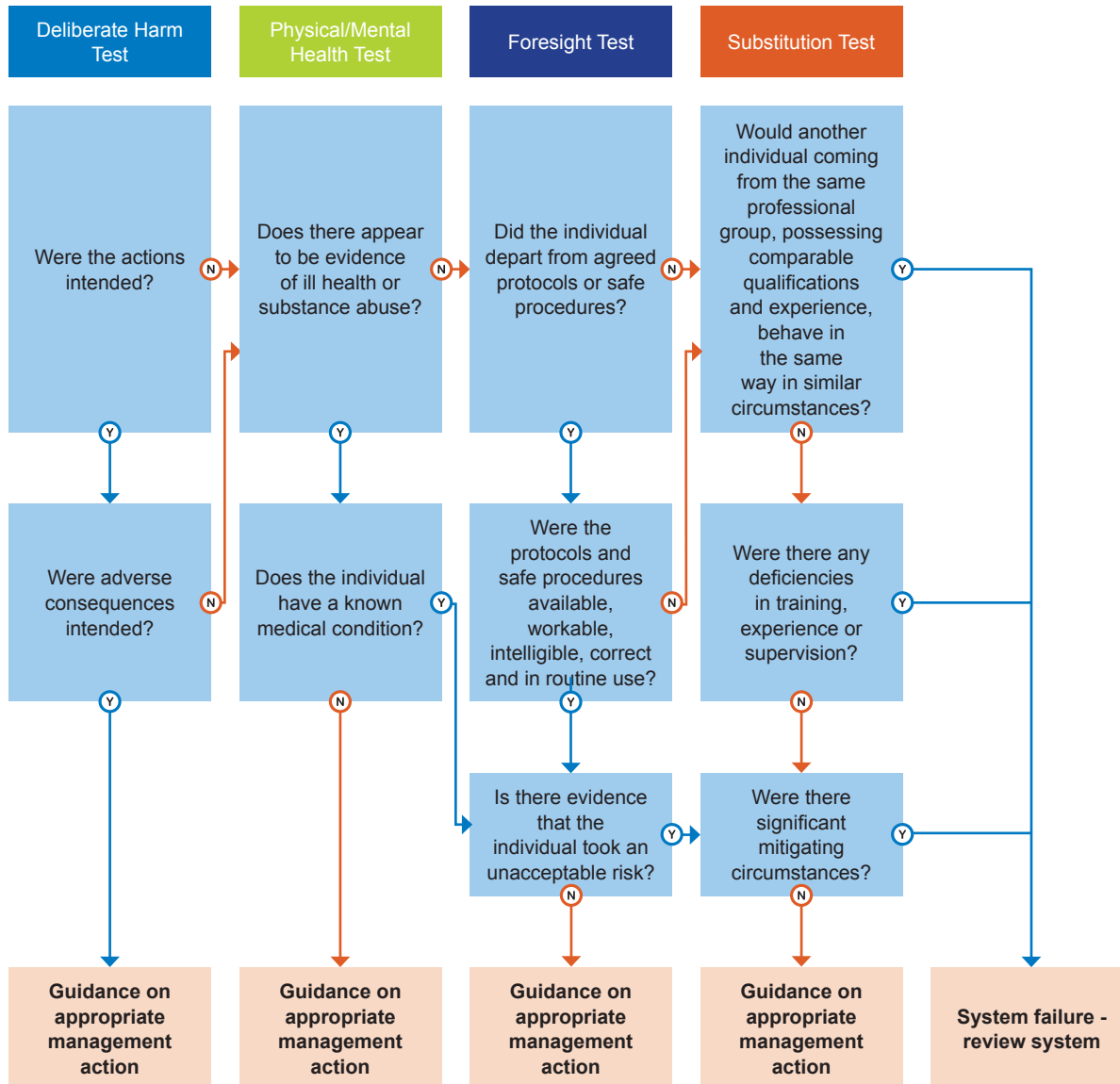
Support and Education for Trainers

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

Elisabeth Paice

London Deanery, 15 September 2002

NHS National Patient Safety Agency Incident Decision Tree



Appendix I

MedNet

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

What is MedNet?

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

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

Who has access to MedNet?

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

What does MedNet offer?

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

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

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

Who Works at MedNet?

At the Tavistock Centre:

Clinical Staff: Dr Antony Garelick, Consultant Psychiatrist in Psychotherapy, Associate Dean for the Counselling of Doctors; Dr Matthias von der Tann, Consultant Psychiatrist in Psychotherapy

Research Assistant: Dr Irene Richardson

Research Supervisor: Prof Phil Richardson

Administrator and secretary: Mrs Chris Loizou

At the Maudsley Hospital:

Clinical Staff: Dr Julia Bland, Consultant Psychiatrist in Psychotherapy

Administrator and secretary: Mrs Chris Loizou

What does MedNet request from the user?

The service of MedNet is free of charge to the user. As MedNet is extensively but anonymously audited, every user is requested to participate in this process by filling out some questionnaires at different times in the process.

How does one make contact with MedNet?

This is possible either in writing or by telephone. Following this, an appointment will be offered usually within 2 weeks.

For further information call:

Mrs Chris Loizou (Administrator)

MedNet

Tavistock Centre

120 Belsize Lane

London NW3 5BA

Tel : 020 8938 2411

Fax: 020 7447 3745

Appendix J

TRAINEES WITH ADDITIONAL NEEDS

OTHER RESOURCES AVAILABLE



Education department

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

Contact points

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

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

In-depth assessment for trainees with additional needs

Communication problems
Target group: trainees
UCL communications skills unit

Contact point

Mr Symon Quay, Education Adviser, KSS Deanery
Email: squy@kssdeanery.ac.uk
Tel: 020 7415 3635

Careers guidance

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

Contact point

See full details page 39

Less Than Full-time Training (LTFT)

Target group: Trainees

LTFT

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

Contact point

LTFT Adviser

Email: lessthanfulltimetraining@kssdeanery.ac.uk

Tel: 020 7415 3464

Karen Allman, LTFT Manager

Email: lessthanfulltimetraining@kssdeanery.ac.uk

Tel: 020 7415 3464

Dr Subir Mukherjee, Associate Dean (Surrey)

Email: smukherjee@kssdeanery.ac.uk

Tel: 020 7415 3464

BMA Counselling Service

Trainers and trainees

Provides 24/7 telephone counselling by qualified counsellors.

Tel: 0645 200169

British International Doctors Association

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

Contact details:

Tel: 0161 456 7828

Email: oda@doctors.org.uk

POSTGRADUATE DEANERY FOR KENT, SURREY AND SUSSEX

South Thames Foundation School Referral Process for additional Careers Support

50

1. Introduction

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

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

2. Managed referral

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

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

2.1 Reason for referral

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

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

2.2 Communication and support

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

2.3 Career support

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

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

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

3. Career counselling process – a guide for hospital trusts

- Foundation trainees will be referred for career counselling through the managed referral process. Referrals can be made by either the Faculty Career Lead, DME, Foundation Programme Training Director, Clinical Tutor or MEM. The referral should take the form of a simple brief email requesting additional career support from the Deanery careers team and copied to the trainee doctor. The email should be copied to the Foundation School Director if the careers referral is linked to a concern about poor performance or ill-health.
- The Deanery careers support team will decide who will take on the trainee and the senior careers adviser will inform the trainee of the name and contact details of the career counsellor so they can arrange an initial session. The normal provision will be two sessions and the careers counsellor assigned to the trainee will review what provision is required at the initial meeting.
- The initial meeting will take place face to face, usually at the KSS Deanery, London Bridge, Sherman Centre (Guy's Hospital Campus) or St George's Hospital Campus, Tooting. If further meetings are required these will normally take place over the telephone. (The career counsellor will need an appropriate environment to take the calls where they will not be disturbed, use a headset and have access to any resources they might need.) The trainee will need to be in an environment where they can talk freely and not be disturbed.
- Confidentiality of the sessions with the career counsellor will be assured. It will only be breached where the career counsellor has concerns for the trainee's and/or patient's safety. The career counsellor will explain their concerns to the trainee before discussing the issue with the Foundation School Director.

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

Queries

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

Joan Reid, Head of Careers, KSS Deanery

Email: jreid@kssdeanery.ac.uk

Jason Yarrow, Senior Careers Adviser, KSS Deanery

Email: jyarrow@kssdeanery.ac.uk

Lisa Stone, Careers Adviser, KSS Deanery

Email: lstone@kssdeanery.ac.uk

GUIDANCE FOR THE TRAINEE IN DIFFICULTY OR THOSE WITH ADDITIONAL NEEDS

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

Professional Difficulties

These include:

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

Personal Difficulties

Stress resulting from problems such as:

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

Help and Support

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

- Your Trust or practice:
 - Your colleagues
 - Your trainer or educational supervisor
 - The clinical director of your unit
 - The college or clinical tutor
 - Medical staffing/HR
 - The postgraduate centre staff especially the MEM
- The Deanery:
 - The Postgraduate Dean
 - The GP Dean
 - The KSS Deanery Career Development Unit (details from the postgraduate centre or KSS website)
- For health issues, including stress:
 - Your general practitioner
 - OH
 - MedNet: A completely confidential service for doctors by doctors (details are available from your postgraduate centre or on the KSS website)
- For contractual or financial issues:
 - BMA
 - The Royal Medical Benevolent Fund

Some general principles about being in difficulty

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

- You should talk about it to a responsible person such as your consultant, your Trust Clinical Tutor or GP Course Organiser. This conversation will be confidential, but will enable both of you to see whether it should be taken further
- Try to solve your difficulties locally and within the structure of your normal workplace
- Your problem may cause you considerable emotional upset, which is normal. Be aware that your emotions may obscure the real issues
- If you ask for help, the main aim of the helper will be to try to get you back on track
- Do ask when you are in difficulty, a short conversation early may save a lot of trouble later
- If you are coping with a stressful event, either at home or at work, you may not be aware how it is affecting your general performance at work. Many doctors feel that they have to persist at work when they know they are not functioning adequately. It is important to share this with an appropriate person at an early stage – it may be appropriate for you to take compassionate leave or adjust your workload

GUIDANCE FOR DOCUMENTATION: LFGS (POST FOUNDATION) (Re. HANDLING OF TRAINEES IN DIFFICULTY) RECORD KEEPING

Introduction

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

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

Principles

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

- 13 Minutes of notes will need to be retained for 7 years. At the end of a case file being closed agree final notes with trainee/trainees representative if available.
- 14 The sharing of information recorded must be with permission of the LFG Chair and is in keeping with other guidance regarding this. E-mailing notes to a third party by members for any other purpose should be avoided.

Practical Approach in record keeping

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

Appendix N

Secondary Care Forms



KSS Specialty Schools - SPECIALTY TRAINING – TRAINEE ACTION PLAN

First Name of Trainee			Grade	
Last Name of Trainee				
Specialty			ARCP due date	
Knowledge to Gain/Skills to Build/ Attitudes to Develop	Proof	Development Activities	Potential Mentors	Target Completion Date
1.				
2.				
3.				
4.				
Continue overleaf if additional areas identified. Please cross through all unfilled boxes				
Agreed further review date		To be reviewed by		
Progression date to next level of training				
TPD/Educational Supervisor Agreement:-				
Name of TPD/Educational Supervisor				
Signature of TPD/Educational Supervisor			Date	
Signature of Trainee <small><i>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.</i></small>			Date	
<p>Please return this form to the Specialty Workforce Team at:- Suite 4.2, Providian House, 16-18 Monument Street, London EC3R 8AJ</p>				
Additional requirements (if needed)				
Knowledge to Gain/Skills to Build/ Attitudes to Develop	Proof	Development Activities	Potential Mentors	Target Completion Date
5.				
6.				
7.				
8.				
Please cross through all unfilled boxes				
Office use only:-				
Copy in Trainee file & TinD				
Copy to Educational Supervisor & DME				

REFERRAL TO UCL COMMUNICATION SKILLS UNIT - CONFIDENTIAL

First Name of Trainee	
Last Name of Trainee	
Specialty	
Grade	
Name of Trust	
Notes (continue overleaf if necessary)	
Referred by (BLOCK CAPITALS)	
Signature1	Date
Signature of Trainee	
Approved by Deputy Dean Secondary Care	Yes / No
Signature	Date:
Authorised by KSS Dean Director	Yes / No
Signature	Date:

For Office Use Only	Tick below
Original to KSS Head of Finance	
Copy to trainee file	
Purchase Order raised – initial assessment	
Purchase Order raised Intervention (1)	
Purchase Order raised Intervention (2)	
Purchase Order raised Intervention (3)	

In signing this form, the trainee agrees to attend an initial assessment and up to 3 intervention sessions. The trainee also agrees that copies of reports following these sessions will be sent to their Training Programme Director and the Head of the relevant KSS School/Deputy Dean of Secondary Care.

REMEDATION FUNDING APPROVAL FORM - CONFIDENTIAL

First Name of Trainee	
Last Name of Trainee	
Specialty	
Grade	
Name of Trust	
Funding agreed to a maximum of	£
Recommended by Head of School/Deputy Dean Secondary Care	Yes/No
Signature	Date
Authorised by KSS Dean Director	Yes / No
Approved by Deputy Dean Secondary Care	Yes / No
Signature	Date:

For Office Use Only	Tick below
Original to KSS Head of Finance	
Copy to trainee file	
Purchase Order raised	

CONFIDENTIAL
CONFIRMATION OF WITHDRAWAL FROM SPECIALTY TRAINING

First Name of Trainee				
Last Name of Trainee				
Grade (circle)	CT1	ST2/CT2	ST3/CT3	Other
Name of Trust (incl site if multi site Trust)				
Training Year e.g. 2008/2009				
Reason for withdrawal (tick as applicable)	Health		Educational	
	Personal		Other	
	Please include any additional information below and overleaf if necessary. It is a requirement that, as a minimum, the reason for withdrawal is given.			
Signature of Trainee Doctor				

This form only relates to withdrawal from a specialty training post with KSS Deanery. It will still be necessary for the trainee to formally resign from their employment Trust.

DME/TPD Approval

Name of DME/TPD			
Signature of DME/TPD		Date	
Please return this form to the Specialty Workforce Team at:- Suite 4.2, Providian House, 16-18 Monument Street, London EC3R 8AJ			
KSS Specialty Schools Approval			
Signature of Head of Specialty School/Deputy Dean Secondary Care		Date	

For Office Use Only	Tick below
Withdrawal noted on Intrepid	
Copy to Trust Medical Staffing	
Copy to trainee file	
Copy to LTFT Training office (if LTFT trainee)	
Copy to HoS (if authorised by Deputy Dean)	



South East Coast

Postgraduate Deanery for
Kent, Surrey and Sussex

University of London



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