Supporting the Trainee in Difficulty
(HEE Spring Symposium – 7th March 2018)

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National Clinical Assessment Service (NCAS)
Aims of the session

- Understand the work and role of NCAS and how it relates to you
- Understand the factors that can affect performance
- Describe the national frameworks and know when to use them
- Supporting the trainee when a concern is raised about their performance
Expertise

Are you

- Training Programme Director
- Postgraduate Dean / Associate Dean
- Director of Medical Education
- Educational Supervisor
- Trainee
- Lead Employer representative
- Other
Performance concerns

- Which one of these is the Trainee you’re worried about:
  - Trainee in difficulty (behavioural/professional issues)
  - Trainee with difficulties (home/life/health issues)
  - Difficult trainee (behaviour/lack of insight)?
"Triathlete died after doctor failed to diagnose meningitis"
Ellie Penrose was seen by Dr G, who was in his first week at A&E at Hull Royal Infirmary. He diagnosed gastroenteritis and dehydration and sent her home with painkillers. However, an inquest heard she was “inappropriately discharged” from the hospital.

Hours later, her parents called 999 after finding Ellie seriously ill in bed at home. She was taken to hospital, but died later the same day from “overwhelming sepsis” caused by meningococcal septicaemia.

Dr G told the inquest in Hull he was “not 100% sure” of the cause of Penrose’s illness when he examined her at 3am on 12 August last year. As no consultant was on duty, he consulted with fellow trainee Dr H before discharging her.
From an educational perspective,

What are your observations?
The clinical director for emergency medicine at the Trust, wrote a serious incident report after the death. He said there had been “a failure in care” and Penrose had been inappropriately discharged.

He criticised the delay, and the errors made by junior doctors. Penrose would have had the best chance of survival had antibiotics been given at 3am, but he could not determine if she would have lived.

The coroner adjourned the hearing, saying he wanted an expert to assess whether she would have survived if she had been given antibiotics sooner.

The chief medical officer at the Trust, said it would be inappropriate to comment before a verdict was reached. “It is clear, however, that this is a very tragic case. Our thoughts are with her family at this difficult time, and we are very sorry for their loss,” he said.
Possible Lessons

- Admission of failings (Duty of Candour)
- Voicing of compassion
- Respect for Coroner and the Inquest process

- SI review complete in time for the hearing
- First week in August
- Availability of consultant opinion in ED

- Is there a conflict between the August holiday season and available supervision – who approves leave?
The role of NCAS

• We provide impartial advice to healthcare organisations to effectively manage and resolve concerns raised about the practice of individual dentists, doctors and pharmacists

• As an operating division of NHS Resolution we serve a common purpose to provide expertise to the NHS on resolving concerns fairly, share learning for improvement and preserve resources for patient care
Where we fit

HEE, Deaneries, Local Education Training Boards (LETBs), Universities

Employers
Fitness for purpose

Regulators
Fitness to practise

NCAS
Care Quality Commission (CQC) / Health Inspectorate Wales (HIW) / Regulation and Quality Improvement Authority (RQIA)

Royal Colleges

Professional associations and defence organisations
Two sets of considerations:

1. Procedure – “how to do it”.
   Lead employer procedure using “Maintaining High Professional Standards” [MHPS] (conduct/capability/health issues distinguished; informal/ formal handling; restriction of practice);
   Performers List Regulations in primary care;
   Health Education England procedure “Gold Guide”

2. Substantive concerns – dealing with them fairly and proportionately

NB not following procedures is ‘unfair’ and likely to complicate / frustrate dealing with concerns.
Fairness

Fair process:

- Having concerns raised promptly and knowing what is said against you
- Having an opportunity to comment **before any decision is taken**
- Impartial adjudication
Working with HEE

• The trainee’s employer manages **conduct** concerns and liaises with the Deanery for **capability** (as a training issue)
• Where there is a Lead employer, communication with the Host trust is essential
• The employer will discuss with NCAS as necessary
• The trainee is welcome to contact NCAS for a confidential discussion
• The employer will decide what action to take, in discussion with the Deanery [NB role of RO]
NCAS services

• **Advice** service (free and no threshold to contacting us)
  – Around 1000 requests a year
  – Adviser team are senior staff with backgrounds in clinical, managerial and legal professions
  – Advisers are aligned regionally to specific healthcare organisations and NHS regions across England, Northern Ireland and Wales (biographies and alignments are online [www.ncas.nhs.uk/about-ncas/ncas-within-nhsresolution/our-advisers](http://www.ncas.nhs.uk/about-ncas/ncas-within-nhsresolution/our-advisers))
  – Contact us on 020 7811 2600 or casework@resolution.nhs.uk
NCAS services

- If there is no resolution at the advice stage, the adviser will help to identify the best intervention or diagnostic tool based on the needs of the case [*unlikely with a trainee*].
  - Assisted mediation service
  - Assessment of Behavioural Concerns
  - Full performance assessment, assessment of behavioural concerns, assessment of occupation health, multi-source feedback (around 30 assessments a year in total)
  - Professional Support and Remediation services: remediation actions plans, return to work action plans, professional development action plans
NCAS services

- Healthcare Professional Alert Notices (HPANs)
  - A system where notices are issued by NCAS to inform NHS bodies and other health professionals who may pose a significant risk of harm to patients, staff or the public (about 25 active at any one time) – enables a pre-employment check to be made
  - Information on how to request that NCAS issues a HPAN or to check if an individual is the subject of an HPAN go to www.ncas.nhs.uk/about-ncas/alert-notices/
NCAS services

- **Education**
  - Most popular standard workshops on offer are **case investigator** and **case manager** training: public dates and in-house options available
  - We can work with you to create bespoke workshops on our areas of expertise that match your requirements
  - We can speak at your event (for free)
  - Information on what's on offer and how to sign up or invite us along to your event [www.ncas.nhs.uk/events/](http://www.ncas.nhs.uk/events/) or contact on 0207 811 2801 events@resolution.nhs.uk
  - Check out [www.youtube.com/watch?v=yEi3jgf-1D8&t=7s](http://www.youtube.com/watch?v=yEi3jgf-1D8&t=7s) for more on education workshops
## Upcoming dates for training

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<th>Case investigator training workshop</th>
<th>Primary care</th>
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<th>Case manager training workshop</th>
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<td></td>
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<td>19 Jun 2018 - Birmingham</td>
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[www.eventbrite.co.uk/o/nhs-resolution-13565115740](http://www.eventbrite.co.uk/o/nhs-resolution-13565115740)
How many?

- How many concerns raised with NCAS each year?
- How many registered doctors?
- [How many trainees?]
- How many complaints to the GMC?
- How many erased or suspended?
How many?

• How many concerns raised with NCAS each year? 1,000

• How many licensed registered doctors? 235,000

• [How many trainees?] 60,000

• How many complaints to the GMC? 8,000 (1 in 30)

• How many erased or suspended? 175 (fewer than 1 in 1000)
Dr Canons - lateness

• Dr Canons is a CT2 working in orthopaedics. He is fairly frequently late for work, including fracture clinics. Colleagues have complained from time to time, but no patient complaints to date. His consultant (and educational supervisor) has spoken to him a few times, usually with temporary improvement, which slips back. The consultant has now raised the problem with you as the relevant Medical Manager.

• What would you do?
Dr Canons - lateness

- Option 1 – Coach the consultant
- Option 2 – Deal with this yourself
Dr Canons – lateness: Caution re action (“What would you do?”)

- Apply the rules
- Be on time
- Or
- Be in trouble
Dr Canons - lateness

- First step: meet the doctor

- Approach/attitude:
  - Neutral
  - Respect
  - “He’s doing the best he can.”
  - Check the ‘facts’.
Dr Canons - lateness

- Support for you – as Medical Manager
- HR Business Partner
- Familiar with local policies [Have you read …?]  
- MHPS?

- What did you come up with in your discussions?
- [Why is he late?]
Dr Canons – lateness:
Possible findings – differential diagnosis

- Travel problems
- Child care – school run/partner works nights
- No good reason
- Poorly organised – may need further exploration
- Flexible working – he thinks he can choose his own hours
- Another job – working elsewhere evenings/overnight
- Alcohol/drug misuse
- Physical health problem – eg affecting sleep
- Depression or similar
- Unhappy at work – not coping/traumatic incident
- Unhappy at work – bullied
Dr Canons:
**Intervention and follow up**

- **Intervention** – appropriate to findings *can discuss with NCAS Adviser*
- This may well be a combination of formal (disciplinary) action along with something supportive *not either/or*
- **Follow up**

- **Recorded**
  - [Appraisal folder etc]

- [and this was an ‘easy’ case…]
Role as Manager – knowledge and skills

Medical managers make judgments about doctors who would otherwise be their peers – and NCAS can advise on this

This requires additional knowledge and skills such as

- Local disciplinary policy
- **What are the possible sanctions?**
- Familiarity with MHPS / UPSW [upholding professional standards in Wales] / PLR
- **What is the difference between a Case Manager and a Case Investigator?**
- As MD/RO do you act as CM or delegate?
- Do you have a Decision Making Group? Performers List Decision making Panel
- **Formal or Informal?**
- **Exclusion or Restriction?**
• Potential risks to patients (and staff) need to be managed
• Exclusion is a neutral act …
• … except it is not NB GMC data
• If your only concern is about clinical (capability) issues, you should not normally need to exclude
• Why not?
Performers List Regulations

- “Framework for managing performer concerns”
- Applies across England
- Latest version Feb 2016
- Sets out (part 9) criteria and procedures for addressing concerns
- Defines roles of Performance Advisory Group (PAG) and Performers List Decision making Panel (PLDP)
Case study – Dr A

• The Departmental Manager informs you as Lead Consultant that one of the nurses has complained that Dr A won’t stop unwanted attention. He is an ST4 in general medicine with no obvious concerns about his clinical practice or behaviour otherwise. He keeps sending sexually inappropriate texts, waits for her in the car park, and won’t leave her alone.

• How would you approach/deal with this?
Case study – Dr A

- **Priority:** safety of the nurse
- **Discuss with Dr A**
  - Short term measures – undertaking by Dr A/instruction by you
  - Explore – personal circumstances; cultural; other
  - Professional responsibilities
  - Liaise with Lead Employer re conduct, clinical tutor/Deanery re capability & training

**Managerial action**
- Has there been a formal complaint?
- What is actually alleged?
- Informal resolution
- Formal investigation [Dignity at work etc/MHPS]
- Liaise with Health Education England (HEE)
- What does the RO/MD need to know?
• An ST2 in radiology, Dr B, participates in an interventional radiology session. A patient has an episode of supraventricular tachycardia associated with the procedure and is distressed at the time. There is an urgent review by a cardiologist, but no apparent harm. Nonetheless this is reported as a Datix incident and is reviewed.

• Dr B writes a reflection note where she is critical of the time taken by the consultant radiologist to identify the problem and the distress of the patient. Both the patient and the consultant could be identified, although they are not named.

• Dr B brings this to you as her Educational Supervisor for discussion.

• **What would you do?**
Case study – Dr B

• **Reflection notes**
  – GMC position
  – HEE

• Likely training issue – how to write…

• **What if a patient complaint and/or potential litigation?**
Case study – Dr C

• You are told that Dr C, an ST1, is making regular references on Facebook to his life at the hospital. This includes remarks about colleagues and consultants by name including comments about how useless they are as trainers.

• There are one or two images of places around the hospital including the anaesthetic department. He may be sending other images by Instagram.

• What would you do?
Case study – Dr C

- General **social media policy** issues
- College guidance?
- Potentially serious problems include
  - Rude or insulting material [professional conduct issue]
  - Confidentiality breaches
- Media interest would attract additional attention and associated risks

- Guidance material via Royal College of General Practitioners (RCGP), General Medical Council (GMC), British Medical Association (BMA)
Being a savvy practitioner
When a concern is raised about your performance
When a concern arises

- Concerns mainly follow
  - Patient complaint
  - Clinical incident (serious incident/serious adverse event)
  - Issue raised by colleague – behaviour/clinical/both

- Most practitioners likely to have a concern raised at some stage
  - If there are no complaints: are you seeing any patients

- **Resolving that concern is ideally shared problem solving**, not adversarial
  - Common interest between manager, consultant and practitioner in good clinical governance & good practice
  - Most concerns resolved informally & co-operatively

- Practitioner’s response to concern often shapes future events/process

- Be savvy – “Shrewd and knowledgeable; having common sense and good judgement” (Oxford dictionary)
Likely feelings when a concern arises

NCAS’ reflections on behavioural responses of the managers and practitioners it provides advice to:

• Upset – doctor & medical manager
• Stress – doctor & medical manager
• Anger – doctor & (sometimes) medical manager
• Fear – doctor (personal/patient consequences) & medical manager (organisational/patient consequences)
• Isolation – doctor & (sometimes) medical manager
• Embarrassed – doctor & (sometimes) medical manager
• Picked on – doctor

Know yourself: self-manage, don’t make it worse
What not to do when a concern arises – the “Savvy Practitioner”

- Don’t blame others – you need to work with the same people when this is over
- Don’t resort to fight or flight – duty to assist investigation
- Don’t adopt victim role/mind-set – makes it difficult for you to engage in/influence process
- Don’t let yourself feel picked on – healthcare professionals under duty to raise concerns
- Don’t let yourself feel slighted/shamed – being professional isn’t about never making mistakes, it is about how you handle mistakes you make
What to do when a concern arises

- Realise it’s not all about you!
- **Recognise medical manager’s responsibilities** & that s/he has to have a process to resolve concern
- Become familiar with the regulations and local policy being invoked
- Offer to restrict practice from area of concern pending resolution
- Ask medical manager (and HR) **to help you in resolving concern** & support you in any action you then need to take
- Ask about mentor &/or find someone sensible you can talk to confidentially – NB you want support, not sympathy
- Discuss with your defence organisation / professional body
- Share privately with your immediate family for support – but don’t involve them too much
Case study – not-yet-savvy Mr Smith

- Consultant in ICU raises concern
  - poor outcomes of 3 of Mr S’s upper GI malignancy patients

- CD/MD arranges to meet Mr Smith intending to agree restrictions while cases reviewed

- Mr Smith refuses to contemplate any problem with his surgery, *blames poor care in ICU* and claims audit data shows good outcomes. Formal complaint against ICU and refuses to agree restrictions

- CD/MD to consider Mr Smith’s comments, but meanwhile restricts from upper GI surgery

- Mr Smith next day carries out upper GI procedure at private hospital with high risk patient who dies day after surgery

- Mr Smith excluded pending formal investigation of conduct and capability, *reported to GMC*
Case study – Savvy Mr Smith

Same scenario as above, but when Mr Smith meets the CD/MD:

- Offers to refrain from upper GI surgery pending review of 3 cases
- Says that if any shortcomings in his surgery found, he would like CD/MD’s help in arranging appropriate training and support to resolve those
- Tells the CD/MD that he has upper GI case listed next day at private hospital, but will let the hospital know he is not currently undertaking such procedures and discuss transfer to a colleague
- Review finds issues with organisation of post-operative care, makes 3 minor suggestions in relation to Mr Smith’s practice, which he recognises as improvements and readily adopts, returning to full practice within two months of the concerns being raised.
How to be a ‘savvy trainee’

• How could you support a trainee who has concerns raised about their performance to:
  – Not adopt a victim role or mind set?
  – Not resort to a fight or flight mentality?
  – Not feel slighted or shamed?

• These common reactions we see can make it difficult for the practitioner to engage in and influence the process.
Insight – a working definition

• “A readiness to explore intellectually and emotionally how and why I and those I interact with behave, think, and feel as we do and for me to adapt my behaviour accordingly (insight)” (Brown, Joffe and McAvoy, 2013)

• Insight is more than self-awareness it incorporates the motivation to change
## Contact details

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<tr>
<th>England and Wales</th>
<th>Northern Ireland</th>
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<tr>
<td>0207 811 2600</td>
<td>079 7085 2895</td>
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<tr>
<td><a href="mailto:casework@resolution.nhs.uk">casework@resolution.nhs.uk</a></td>
<td><a href="mailto:northernireland.team@resolution.nhs.uk">northernireland.team@resolution.nhs.uk</a></td>
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