

## Managing Trainees in Difficulty

Guidance for trainees, trainers, and employers within Health Education England, East of England

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## Document Status

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## Executive Summary

The updated version of the original document (published January 2011) continues to outline the key principles and concepts that encompass the challenges of managing trainees in difficulty. The main changes are to include all trainee doctors that are within Health Education England, East of England's (HEE EoE) remit, therefore includes Foundation, GP, speciality and dental trainees. There has been a separation of Trainee in Difficulty Policy and the [policy around the Professional Support and Well-being Service](#).

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### 1 Acknowledgments

1.1 The following resources have been used in preparing this policy:

- [A Reference Guide for Postgraduate Speciality Training in the UK](#) (Gold Guide, Seventh Edition, 2018) – Section 7
- [Supporting Trainees: A guide for Supervisors](#) (The National Association of Clinical Tutors (NACT) UK, 2018)
- [The UK Foundation Programme Reference Guide](#), May 2017
- [General Medical Council \(GMC\) guidance](#) for potential and actual Fitness to Practices (FtP) cases and where revalidation might be affected
- [National Clinical Assessment Service \(NCAS\)](#) for more serious case consideration
- Local Education Provider (LEP) policies
- Policy and Protocol documents from several other HEE's in the UK, including Kent Surrey and Sussex, South West, Thames Valley, Yorkshire and Humber, East of England and Northern Ireland.

### 2 Guidance Statement

2.1 HEE EoE is committed to providing excellent education and training for doctors and dentists in its postgraduate training programmes. Despite training being rewarding, it is widely understood that some medical and dental trainees may need some extra support to help them through a difficult situation. This policy is intended to provide a practical overview of managing trainees in difficulty (TID).

2.2 This policy is intended to clarify the roles and responsibilities, provide suggestions on how to identify and support TIDs, provide a formal management plan for TIDs and provide a systematic approach to dealing with these often complex issues. It is applicable to all doctors and dental trainees appointed to programmes within HEE EoE.

2.3 This guidance seeks to provide a robust method of dealing with TIDs ensuring that there are effective and fair procedures for identifying, managing and supporting trainees and highlights the importance of clear, contemporaneous documentation. The guidance also provides details on where additional support and help can be sought throughout the process. Patient safety is at the centre of the policy but also recognises the principles of acting confidentially, fairly and in a supportive manner to trainees.

- 2.4 Under the Employment Rights Act 1996, we are required by law to ensure that as the employer, (and thus also the School and trainers), to highlight poor performance, and to give the employee the opportunity to improve that performance. The General Medical Council (GMC) expects 'prompt action at an early stage'.
- 2.5 The aims of the guidance are to:
- Set clear and consistent principles for all HEE EoE doctors and dental trainees and Local Education Providers (LEPs)
  - To help individuals identify and seek guidance appropriately
  - To give clarity of individual roles and responsibilities of the team around the TID, and specifically the role of HEE EoE.

### 3 Scope

- 3.1 This guidance applies to all doctors and dentists in training with HEE EoE. However, the appropriate policy of the relevant employer (for example, occupational health, disciplinary or grievance policy) would need to be followed as applicable to the individual trainee or trainer.
- 3.2 The policy recognises that trainees within HEE EoE may be employed by a number of different organisations and placements within a number of different host training organisations (LEPs). Due to the employment complexities of trainees and acknowledging the variance of individual policies between employers, the guidance highlights a common approach for trainees and trainers.
- 3.3 Trust employed doctors not on a training programme should follow their own Trust policies and procedures.

## 4 Key Principles

4.1 The following key principles underpin this guidance<sup>1</sup>. There should be:

a culture of support and development for both trainees and educators	a consistent and systematic application of fair and transparent processes, including principles of equality, diversity and inclusion	trained educators with clarity and confidence in delivering their roles and responsibilities
access for trainees and educators to a range of additional educational resources, including coaching and specialist educational help	clear and appropriate communication between educators and with the trainee	Early identification of issues with focussed clinical supervision and training to prevent escalation
documented evidence of concerns (in e-portfolio and/or trainee file depending on level of concern), discussions, decisions and follow-up plans	clear criteria for assessments and action plans, with decisions supported by written evidence that has been shared with the trainee	collaboration between HEE EoE, employing organisations and local education providers, present and future, to ensure optimal trainee support, patient safety, provision of education and best HR practice

## 5 Overview of Responsibilities

Role	Responsibility
5.1 Trainee	<ul style="list-style-type: none"> <li>As an employee of an NHS body (a Trust or General Practice), the trainee has a contractual relationship with their employer and is subject to local and national terms and conditions of employment. This will include clinical accountability and governance frameworks in addition to the employer's HR policies and procedures.</li> <li>Trainees have a responsibility to fully engage with the educational process at all stages of their training, which includes taking the initiative to seek help and guidance from their local education provider (LEP) and/or HEE EoE, if they are experiencing difficulty.</li> <li>Trainees should inform their Training Programme Director (TPD) and where relevant, their employer, if they are subject of a formal complaint, involved in a serious incident or if they have been referred to the GMC. General Practice (GP) trainees should also inform the Responsible Officer (RO) for Medical Performers List they are on. Similarly, if HEE EoE or the employing body receives information from the GMC concerning the trainee, they should inform the trainee and their employer.</li> </ul>

<sup>1</sup> Taken from HEE Yorkshire and Humber TID policy (2018)

Role	Responsibility
5.2 Employing LEP	<ul style="list-style-type: none"> <li>• Responsible for management of performance and disciplinary matters yet, should keep HEE EoE advised of any issues arising. Colleagues in human resources and occupational health may also be involved.</li> <li>• Within the employer, Clinical or Educational Supervisors, TPDs, the Foundation TPD (FTPD), and/or Clinical Tutor/Director of Medical Education may be involved in the identification, support and management of a trainee in difficulty. For this reason, it is imperative that employers in partnership with HEE EoE ensure that these individuals receive adequate training in the management of TIDs.</li> </ul>
5.3 HEE EoE	<ul style="list-style-type: none"> <li>• Holds overall responsibility for the quality management of postgraduate medical education. It does not hold any employment role with either trainees or trainers. Trainees are employed by their local Trust or for GPs, the Lead Employer.</li> <li>• Trainers are either employed by their local Trust, practice or self-employed. Therefore, whilst educational and training matters are under HEE EoE and the Schools, disciplinary matters are the responsibility of the employing Trust or Practice and they are responsible for conducting any investigation deemed necessary into matters of conduct and capability in trainees.</li> <li>• Where a disciplinary action in the Trust has resulted in the dismissal of a trainee, HEE EoE are required to meet with the trainee and may result in the removal of their training number.</li> </ul>
5.4 General Medical Council (GMC) / General Dental Council (GDC)	<p>May need to be informed if there is evidence that suggests that the doctor in training may not be fit to practice on account of behaviour, for whatever reason, and patients or anyone else may be at risk or serious harm. Examples include:</p> <ul style="list-style-type: none"> <li>❖ Made serious or repeated mistakes in diagnosing or treating a patient's condition</li> <li>❖ Not examined a patient properly or not responded to reasonable requests for treatment</li> <li>❖ Misused information about patients</li> <li>❖ Treated patients without consent</li> <li>❖ Behaved dishonestly in financial matters, in dealing with patients or colleagues, or in research</li> <li>❖ Inappropriate behaviour towards a patient</li> <li>❖ Misused alcohol or drugs</li> </ul>

## 6 Identifying the issues: early diagnosis and prevention

- 6.1 A **trainee in difficulty** is described as an individual who needs extra support to overcome problems threatening completion of their training programme<sup>2</sup>. It is important to acknowledge that TID is not a label for a trainee, but it is to help facilitate a process to help support them. Early identification and intervention is crucial.
- 6.2 It is the responsibility of the Clinical Supervisor (CS) and other colleagues with whom the trainee is working with to identify early warning signs of a TID and report these to the Educational Supervisor (ES)/TPD immediately to reduce risk to patient safety.
- 6.3 Concern about performance is a ‘symptom and not a diagnosis’ and it is essential that the underlying cause(s) are explored. The causes for key performance vary widely but the main areas include the following:

Clinical Performance, Knowledge and Skills	Health and Social Issues	Professional Behaviour and Attitude	Communication, Team Working and Time Management	Significant Life Event
Environmental Issues	Engagement with Education and Training	Training Environment / Support Issues	Repeated Exam Failure	Conduct, Capability and Probity

- 6.4 There are a number of signs and symptoms that may indicate that a trainee requires additional support or is in difficulty. The seven key warnings signs of a TID include:

<b>The ‘Disappearing Act’</b>	Not answering bleeps, disappearing between clinic and ward, lateness, frequent sick leave
<b>Low work rate</b>	Slowness in doing procedures, clerking patients, dictating letters, making decisions, arriving early, leaving late and still not achieving a reasonable workload
<b>‘Ward Rage’</b>	Bursts of temper, shouting matches, real or imagine slights
<b>Rigidity</b>	Poor tolerance of ambiguity, inability to compromise, difficulty prioritising, inappropriate ‘whistle blowing’
<b>‘Bypass Syndrome’</b>	Junior colleagues or nurses find ways to avoid seeking the doctor’s opinion or help
<b>Career Problems</b>	Difficulty with exams, uncertainty about career choices, disillusionment with medicine
<b>Insight failure</b>	Rejection of constructive criticism, defensiveness, counter-challenge

(Paice 2006)

<sup>2</sup> The Trainee in Difficulty – a KSS Guide



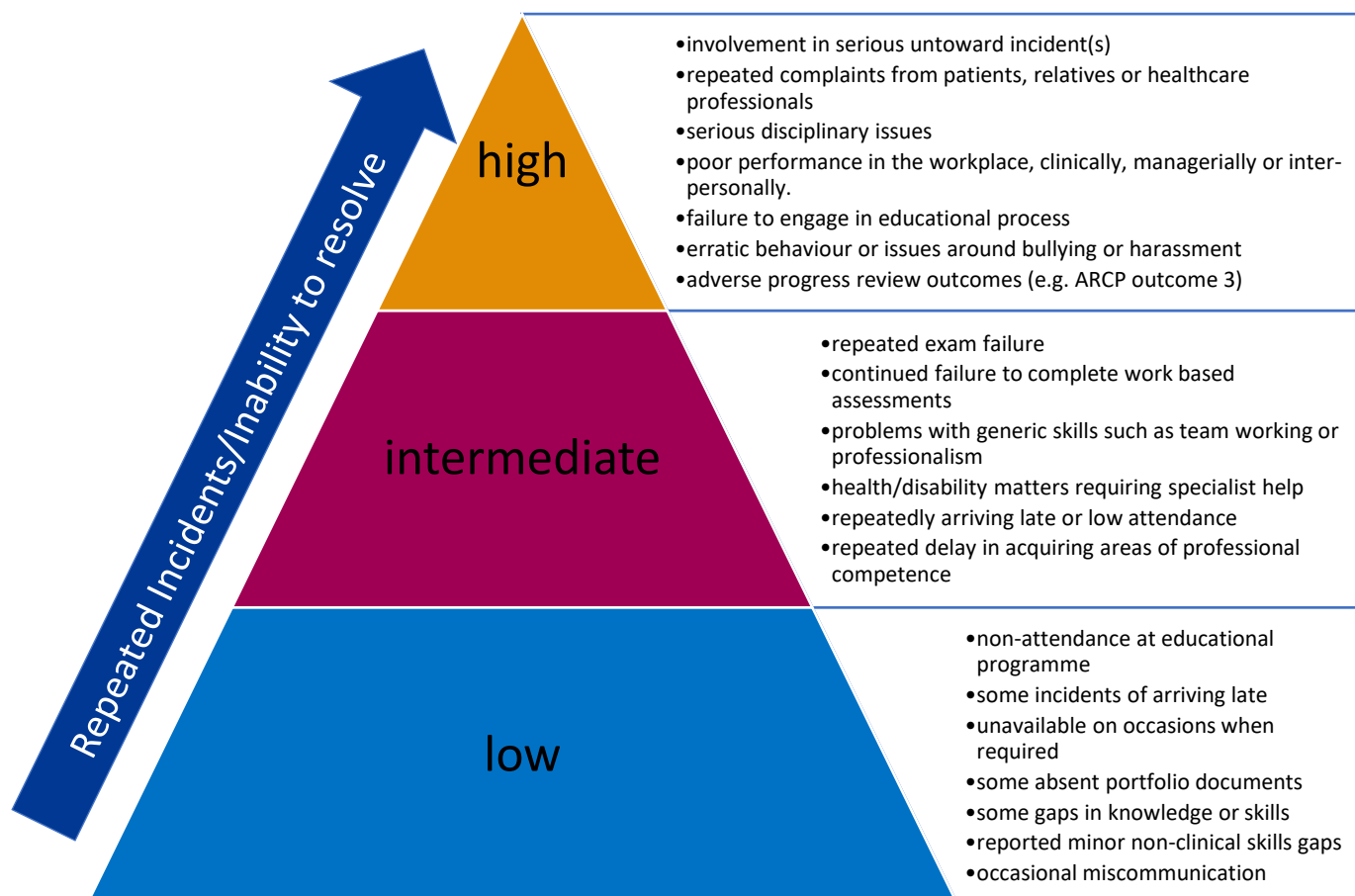
### 7 Next steps

- 7.1 An initial meeting with the ES/TPD/College Tutor will meet with the trainee to classify the concern; the meeting will look to establish and clarify the circumstances and facts as quickly as possible. The severity of the issue will determine the threshold of referral to the Professional Support & Well-being Service and whether fitness to practice is put into question.
- 7.2 The meeting will need to explore whether it is a particular incident a one-off, or part of a series of events. Where the event is a one-off, unless it is an exceptional event such as serious misconduct, it does not typically show that a trainee is in a difficulty, but a level of support can be put in place. However, where there is a pattern of behaviour, then the approach needs to be addressed more appropriately. Where a trainee has been identified as requiring additional support, they often present with more than one symptom. Further exploration of underlying issue/s and understanding in what context they are occurring will be required.
- 7.3 Colleagues who identify a concern in the workplace, have a professional and employment responsibility to highlight to the appropriate person, especially where there is potential to impact on patient safety and care.
- 7.4 Most events can be addressed by early, effective discussions between the Educational Supervisor, or appropriate clinical lead, and the trainee, culminating in a realistic plan that is regularly reviewed to monitor success. An open and supportive culture should be encouraged within the whole clinical team, providing a sense of “belonging”, fostering the development of the trainee’s skills and providing constructive feedback on performance improvements or ongoing difficulties. A judgement should be formed once all information has been collated. Issues of patient and person safety must take precedence over all other considerations.

### 8 Framework

- 8.1 The policy sets out a framework for managing doctors and dentists in difficulty, which considers; the level of concern, the variety of roles involved in supporting the trainee and advice available to those providing support.
- 8.2 The scale of concern regarding a TID will vary so it is vital that in the initial meeting with ES/CS/TPD/College Tutor that enough information is provided. The severity of the issue will determine if the concern is of a low, intermediate or high level.

8.3 A low level concern can be managed in the ward, department or practice and is considered to not be serious. The main difference between low and intermediate level concerns is that the issue has become more persistent and a continued concern requiring it to be escalated. High level concerns are significant and persistent in nature and can result in the involvement of the regulatory body (e.g. GMC). The diagram below shows some examples of what would be considered a high, intermediate level concern.



## 9 Management of trainees in difficulty (TIDs) <sup>3</sup>

Role	Low level concerns	Intermediate level concerns	High level concerns
<b>Clinical Supervisor (CS)</b>	<ul style="list-style-type: none"> <li>• Ensure patient safety</li> <li>• Identify and manage problems at an early stage</li> <li>• Obtain feedback from colleagues and the multi-professional team</li> <li>• Meet the trainee and document the meeting</li> <li>• Provide level of support where appropriate</li> <li>• Regular communication with trainee's ES</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure patient safety</li> <li>• Provide information as requested regarding ongoing investigation</li> <li>• Continue communicating with ES</li> <li>• Inform TPD (and DME where relevant)</li> </ul>	<ul style="list-style-type: none"> <li>• Regular communication with ES and/or TPD</li> <li>• May be appropriate at this stage to include communication with education lead within LEP</li> </ul>
<b>Educational Supervisor (ES)</b>	<ul style="list-style-type: none"> <li>• Meet the trainee</li> <li>• Liaise with the CS</li> <li>• Modify trainee's personal development plan (PDP) in order to achieve realistic measurable objectives</li> <li>• Monitor progress</li> <li>• Discuss with TPD if necessary</li> <li>• Discuss the possibility of a referral with the Professional Support &amp; Well-being Service (PSW)</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure appropriate levels of supervision are available</li> <li>• Review objectives and assess whether there is a need for further training and assessment</li> <li>• Closely monitor progress and document all meetings held with the trainee</li> <li>• Involve the TPD/FTPD if performance is not improving</li> <li>• Refer to the PSW</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure appropriate supervision is always available – especially out of hours</li> <li>• Provide additional training as required</li> <li>• Gather further assessments of performance</li> <li>• Regular communication with the TPD/FTPD</li> <li>• Refer to the PSW</li> </ul>
<b>Foundation/Training Programme Director (FTPD/TPD)</b>	<ul style="list-style-type: none"> <li>• Unlikely to have direct involvement at this stage</li> <li>• Be available to give advice and guidance to the ES/CS and the trainee if appropriate</li> <li>• Provide continuity between departments, School, HEE EoE for</li> </ul>	<ul style="list-style-type: none"> <li>• Closely monitor progress</li> <li>• Consider additional support/training needs for trainee</li> <li>• Consider whether the trainee is safe/fit to practice based on feedback from various sources including the CS and ES</li> <li>• Consider informing Medical Staffing</li> </ul>	<ul style="list-style-type: none"> <li>• In collaboration with the ES, HEE EoE and the trainee, agree a process of remediation with additional support/training and further assessment</li> <li>• Consider informing Medical Staffing</li> <li>• Monitor progress and keep relevant members informed</li> </ul>

<sup>3</sup> Adapted from HEE working across North East and North Cumbria (HEE NE) Doctors and Dentists (in training) in Difficulty Guidance

Role	Low level concerns	Intermediate level concerns	High level concerns
	trainees moving to different locations	<ul style="list-style-type: none"> <li>Notify HEE EoE of concerns and attend a case conference if required</li> <li>Ensure a referral has been made to the PSW</li> </ul>	<ul style="list-style-type: none"> <li>Attend a case conference as required</li> <li>Provide pastoral support for the trainee</li> </ul>
<b>Medical Director (MD)</b>	<ul style="list-style-type: none"> <li>Unlikely to have direct involvement at this stage</li> </ul>	<ul style="list-style-type: none"> <li>Unlikely to have direct involvement at this stage</li> </ul>	<ul style="list-style-type: none"> <li>MD is informed</li> </ul>
<b>Director of Medical Education (DME)</b>	<ul style="list-style-type: none"> <li>Unlikely to have direct involvement at this stage</li> </ul>	<ul style="list-style-type: none"> <li>Unlikely to have direct involvement at this stage. However, there should be some awareness of those TID and be available for advice.</li> <li>DME may wish to be involved in the dialogue surrounding the trainee where there are adjustments being put in place to accommodate the trainee's training needs.</li> </ul>	<ul style="list-style-type: none"> <li>Informed of ongoing concerns with TID's performance</li> <li>In consultation with the Postgraduate Dean to consider GMC referral.</li> <li>If allegations are of criminal nature, the police must be informed.</li> <li>To consider suspension from practice or initiate disciplinary procedure.</li> </ul>
<b>HEE EoE</b>	<ul style="list-style-type: none"> <li>Unlikely to have direct involvement at this stage</li> <li>Available for advice and guidance</li> </ul>	<ul style="list-style-type: none"> <li>Ensure appropriate records and updates are kept in trainee's file</li> <li>If the TID needs additional support, signpost to the PSW for a referral</li> </ul>	<ul style="list-style-type: none"> <li>Ensure training records are updated and accurate</li> <li>Review evidence of performance</li> <li>Identify an appropriate person to oversee progress</li> </ul>
<b>HEE EoE The Professional Support &amp; Well-being Service (PSW)</b>	<ul style="list-style-type: none"> <li>Available for advice and guidance</li> <li>Low level concerns may still receive a referral</li> </ul>	<ul style="list-style-type: none"> <li>Provide support and guidance on the resources available for remediation</li> <li>Take action if a supernumerary placement is required and backfill of post</li> </ul>	<ul style="list-style-type: none"> <li>Inform HR if a supernumerary placement is required and backfill of post</li> <li>Provide support and guidance on the resources available for remediation</li> </ul>

Role	Low level concerns	Intermediate level concerns	High level concerns
		<ul style="list-style-type: none"> <li>• Help plan remediation through PSW Case Manager meetings</li> <li>• Ensure key actions and outcomes of PSW meetings are communicated with the referrer (and if not the TPD, with the TPD as well).</li> <li>• GPs only - if appropriate, refer GP to Lead Employer's Health and Well Being department</li> </ul>	<ul style="list-style-type: none"> <li>• Assign a Clinical Case Manager to meet with the trainee and have appropriate follow up meetings</li> <li>• Outcome and action points to be shared with the referrer (and if not the TPD, with the TPD as well)</li> <li>• Prepare evidence of trainee's performance for the Postgraduate Dean</li> </ul>
<b>Head of School</b>	<ul style="list-style-type: none"> <li>• Unlikely to have direct involvement at this stage</li> <li>• Available for advice and support</li> </ul>	<ul style="list-style-type: none"> <li>• Must be informed of the investigation</li> <li>• Available for advice and support</li> </ul>	<ul style="list-style-type: none"> <li>• Must be informed of the investigation and may be involved in Case Conference meetings</li> </ul>
<b>Directors or equivalent in Dentistry</b>	<ul style="list-style-type: none"> <li>• Unlikely to have direct involvement at this stage</li> <li>• Available for guidance and support</li> </ul>	<ul style="list-style-type: none"> <li>• Must be informed of the investigation</li> </ul>	<p>On the evidence presented consider:</p> <ul style="list-style-type: none"> <li>• A further period of targeted training</li> <li>• The dentist in training fitness to practice</li> <li>• If required, identify independent source of pastoral support for dentist in training</li> </ul>
<b>Postgraduate Dean</b>	<ul style="list-style-type: none"> <li>• Unlikely to be involved in this stage</li> </ul>	<ul style="list-style-type: none"> <li>• The Postgraduate Dean must be informed</li> <li>• Unlikely to have direct involvement at this stage</li> </ul>	<p>Trainees with significant concerns will be raised at the Serious Concerns Review Group (SCRG) meeting which is a standing item on the Senior Leadership Team's weekly agenda.</p> <p>On the evidence presented consider:</p> <ul style="list-style-type: none"> <li>• The trainee's fitness to practice</li> </ul>

Role	Low level concerns	Intermediate level concerns	High level concerns
			<ul style="list-style-type: none"> <li>• A further period of targeted training</li> <li>• Termination of training (as per the Gold Guide or equivalent)</li> <li>• GMC/GDC referral (in discussion with the Medical Director)</li> <li>• If required, identify independent source of pastoral support for TID</li> </ul>
<p><b>Lead Employer Trust / HR / Employer</b></p>	<ul style="list-style-type: none"> <li>• Unlikely to have direct involvement at this stage</li> <li>• Available for advice and guidance as required</li> </ul>	<ul style="list-style-type: none"> <li>• Should be made aware of the remediation process and ensure it follows employer's policies</li> <li>• If appropriate, refer trainee to Occupational Health (OH)</li> <li>• Where workplace adjustments are identified through OH, following investigation or ARCP, ensure that this is communicated to Medical Staffing and the relevant LEPs (present and future) to ensure the adjustments can be met.</li> </ul>	<ul style="list-style-type: none"> <li>• Should be aware / involved in ongoing remediation and outcome</li> </ul>
<p><b>Occupational Health</b></p>	<ul style="list-style-type: none"> <li>• Unlikely to be involved at this stage</li> </ul>	<ul style="list-style-type: none"> <li>• Provide appropriate support for the TID</li> <li>• Provide recommendations to those referring and/or Postgraduate Dean</li> <li>• Carry out independent assessment on trainee's health and wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to provide support for the doctor or dentist in training</li> <li>• Provide recommendations regarding remediation</li> </ul>

## 10 Outcomes

10.1 The Gold Guide/Dental Gold Guide states a number of possible outcomes for identification and management of TIDs. These include:

- Learning plan implemented and problem resolved
- Targeted training instituted, and outcomes achieved
- Remedial training programme instituted and successfully completed with the achievement of the necessary standard. All evidence clearly documented and successful outcome is achieved
- Remedial training programme instituted and completed but necessary standard still not achieved. Training programme discontinued after formal process. Any employment contract terminated once the appeal process has been exhausted
- Concerns referred to GMC/GDC/other statutory agencies

## 11 Legal Responsibilities

11.1 This guidance and related procedures are produced in accordance with the quality standard for deaneries as stipulated by the GMC, GDC, the Conference of Postgraduate Medical Deans (COPMED) and the UK Committee of Postgraduate Dental Deans and Directors (COPDEED) and within the context of the Gold Guide and Dental Gold Guide which stipulates the arrangements agreed by the four UK Health Departments for training programmes.

11.2 Under the Equality Act, the need for public bodies in England to undertake or publish an equality impact assessment of their policies, practices and decisions was removed in April 2011 when the 'single equality duty' was introduced. Public bodies must still give "due regard" to the need to avoid discrimination and promote equality of opportunity for all protected groups when making policy decisions and are required to publish information showing how they are complying with this duty.

## 12 Monitoring Compliance and effectiveness

12.1 The effectiveness of the policy will be reviewed on a regular basis and as such should be considered a live document.

## 13 Associated Documentation

[The HEE EoE Professional Support & Well-being Service Policy](#)

[Serious Concerns Review Group Process and Terms of Reference](#)

## 14 References

- HEE KSS Support Guide, The trainee in difficulty (n.d)
- HEE North East and North Cumbria (HEE NE) Doctors and Dentists (in training) in Difficulty Guidance (2018)
- HEE Wessex Framework for Professional Support (2016)
- HEE Yorkshire and Humber (2018) Principles for recognition and support of doctors and dentists in training experiencing difficulties