

Supporting Trainees: A Guide for Supervisors

Practical Advice for Educational and Clinical Supervisors

May 2018

Foreword and Acknowledgements

This updated version of the original document (published in January 2008) continues to outline key principles and concepts in the challenging field of managing doctors who require extra support. The main changes in this version result from the recent issues highlighted by trainees around wellbeing in the workplace and suicides of trainees. One of the key findings of this recent work was that many trainees don't feel they have a personal relationship with either their team or senior doctors. Building positive working relationships is of benefit to all members of the multi-professional team. All career grade staff have an important role to play, even if not designated Clinical or Educational Supervisors.
Alison Cooper, Chair NACT
UK

Acknowledgements

There were numerous documents and important contributions made by many innovative groups and individuals to write the first edition. In particular, we thank:-

- Dr Ian Curran who contributed significantly to the original document.
- London, Northern, Wessex and West Midlands Deaneries and their Clinical Tutors
- Medical Education Team from Taunton & Somerset NHS Trust for the idea and template of the meeting record and action plan which we have amended and developed
- National co-ordination and leadership of both the National Clinical Assessment Service and the General Medical Council in supporting and promoting the development of effective frameworks for the management of doctors in difficulty
- Dr Liz Spencer, past Chair, and NACT UK Council member who formed the working group responsible for the original document
- Dr Adam Malin for advice regarding best practice.

By developing robust assessment and training frameworks, collectively the Deaneries, NCAS and the GMC have laid the practical, conceptual foundations for the effective diagnosis, support and management of doctors who may require enhanced support. We explore and highlight these themes in this document and offer a pragmatic diagnostic and management framework. We have tried to accurately capture the essence of their vital work whilst retaining the educational value of this document as a learning resource for clinicians.

Introduction

The diagnostic framework and suggested management options provide guidance on the identification, support and management of trainees requiring additional support. Also, we hope to provide clinicians with a systematic approach to dealing with these challenging and often complex issues. The pre-eminence of maintaining patient safety should be paramount when managing trainees requiring enhanced support. Formal management guidelines and protocols from your local LETB/Deanery or NHS employing organisation supersede this guidance in all circumstances. Recent work looking at trainee wellbeing in the workplace has highlighted the considerable impact of the organisation, culture, systems and staffing on trainees. Trainees are increasingly reporting difficulties of working in the challenging environment with in the modern NHS. Workload continues to rise and the many hospitals report gaps in staffing across all professional groups. As a result, trainees may require additional support even when no concerns have been raised about performance or behaviour in the workplace. This may present in a variety of ways to the Educational or Clinical Supervisor

- The spectrum of problems is wide and ranges from workplace coping difficulties including burnout, stressful work environments, performance issues, minor, aberrations of behaviour through to persistent unprofessional behaviours or even acts of gross criminality.

- Periods of transition (changing jobs, moving regions, countries/cultures, personal life events etc) can be associated with a deterioration of clinical performance, which may require additional vigilance and support.
- Return to work after a prolonged absence from any cause (maternity leave, sick leave etc.) requires a planned supported programme with appropriate input from Occupational Health.
- Supervisors should be aware of rota gaps, exception reports and missed educational opportunities for their trainees and involvement in Serious Incidents.
- Serious performance issues amongst trainees are rare. This infrequency, together with the trainer's perceived lack of expertise and the increasing requirement for robust evidence, heightens anxiety and concerns amongst those who may have to deal with such matters when they do occur.

In dealing with any serious trainee support issues remember that there are often many dimensions to the problem.

1. A significant number of colleagues come from other countries, cultures and religions where healthcare systems and social/cultural norms are sometimes quite different. This complexity may introduce conflicting tensions and make effective management all the more challenging.
2. Trainees are still reluctant to seek support as a result of mental or physical ill-health.
3. Confounding elements include legal aspects such as health and safety, employment, race, sexual and gender discrimination legislation. There may also be moral, ethical or confidentiality considerations.
4. HR factors such as bullying and harassment, litigation, industrial tribunals, conflict management, the need for mediation and reconciliation.
5. Challenge of effective difficult conversations. Communication can be challenging in both verbal & written form, and formal & informal contexts.
6. Issues around professional accountability and professional registration including your own.

Take advice and seek support Do not try to deal with complex scenarios on your own!

Escalate and engage local and regional resources at your disposal in a proportionate manner. Effective and fair management of trainees requiring additional support requires an objective assessment of the circumstances. It is important to involve an experienced colleague (usually Director of Medical Education and Training Programme Director) early to assist in identifying and exploring underlying factors and to help set clear goals for improvement. These may include the training environment and/or trainee behaviour. Remember: early and proportionate intervention may prevent problems becoming intractable. Early intervention is essential if adverse consequences are to be avoided for patients, the doctor concerned and their colleagues.

Early recognition and appropriate intervention, coupled with effective feedback and appropriate support for trainee and trainer are essential for trainee support to be effective and successful.

Roles & Responsibilities:

A trainee as an employee, 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 recognised disciplinary procedures. Trainees have a responsibility to fully engage with the educational process. Both postgraduate doctors and undergraduate students should consider what information is required to inform effective support.

The Local Education Provider must ensure that employment laws are upheld and employer responsibilities implemented. They are directly responsible for the management of performance and disciplinary matters, and that issues identified are addressed in a proportionate, timely and objective way. They should have robust processes for the identification, support and management of doctors whose conduct, health or performance has given rise for concern.

Clinical and Educational Supervisors should receive training in how to provide support and development for trainees, in partnership with Training Programme Directors, Clinical and General Managers, Human Resources Departments and the Director of Medical Education (DME) as appropriate. DMEs need to be made aware by Trust management, of any changes in local/regional disciplinary regulations. and structures that would have impact on trainees.

The Guardian of Safe Working (GoSW) is required to monitor hours of work and report to Trust Board quarterly.

Employing organisations have a contractual responsibility to provide counselling and pastoral care for doctors in training. Employing organisations have a contractual requirement to provide time for Educational and Clinical Supervisors to meet with trainees regularly as per national guidelines.

The Postgraduate Dean has responsibility for all doctors in training and for overseeing effective systems for managing problems that arise which prevent normal progression through the training process, for whatever reason.

The Deanery is responsible for ensuring the quality management of postgraduate medical education and should have systems in place to respond quickly to any concerns raised. They should have a process for educational governance and operational educational frameworks led by the Training Programme Directors, under the supervision and guidance of the Associate & Postgraduate Deans.

Professional Support is usually available at a regional level, utilising a variety of different systems and, depending on the area, may include provision for coaching, counselling, careers support, specific learning difficulty assessment and communication skills. In all cases, these are intended to work in partnership with the employing trust and GP where applicable.

There should be robust communication between Foundation & Specialty Schools' ARCP panels and the local DME & Foundation / Specialty Tutor regarding any incumbent or arriving Trainee that has been identified as needing additional support (see Appendix).

Supervisors & Local Education Providers must keep the School / Deanery informed of all significant concerns about a trainee and inform the Postgraduate Dean in writing of any disciplinary action being taken against a trainee.

There is a responsibility to ensure transfer of relevant information to appropriate authorities should a trainee move from one region to another or even across national boundaries. Ideally this would be led by the School but may need to be actioned by the local DME.

The Dean of the Medical School There is a national system to enable transfer of information from Undergraduate to Postgraduate training and it is the responsibility of the Undergraduate Dean to ensure effective and timely transfer of information takes place. Transition from undergraduate to Foundation is a recognised risk factor.

The National Clinical Assessment Service (NCAS) can offer specialist expertise in assessing complex issues of clinician performance. They can also offer management and specialist remediation advice.

The General Medical Council (GMC) should be involved in all cases when the doctor's medical registration is called into question. All doctors are bound by the terms of the GMC's 'Good Medical Practice' and this includes the responsibility to raise concerns about the fitness to practice of another doctor.

This broad, hierarchical infrastructure and accountability framework should allow for a proportionate and effective response to be implemented.

General Principles

1) *Early identification of problems and intervention is essential.*

It is the responsibility of the Clinical Supervisor and their team to highlight any concerns, to the trainee's Educational Supervisor.

Useful 'Early Warning Signs', adapted from the book 'Understanding doctors' performance', may include:

The "disappearing act": not answering beeps; disappearing; lateness; frequent sick leave.

Work rate: slowness in doing procedures, clerking patients, dictating letters, making decisions; arriving early, leaving late.

Ward rage: bursts of temper; shouting matches; real or imagined slights.

Rigidity: poor tolerance of ambiguity; inability to compromise; difficulty prioritising; inappropriate 'whistle blowing'.

Bypass syndrome: junior colleagues or nurses find ways to avoid seeking the doctor's opinion or help.

Career concerns: difficulty with exams; uncertainty about career choice; disillusionment with medicine.

Insight failure: rejection of constructive criticism; defensiveness; counter-challenge.

Lack of engagement in educational processes: fails to arrange appraisals, late with learning events/workbased assessments, reluctant to complete portfolio, little reflection

Lack of initiative/appropriate professional engagement: the trainee may come from a culture where there is a rigid hierarchical structure to medical training and trainees are not encouraged to question patient management decisions by senior colleagues, or demonstrate any other healthy assertive behaviours

Inappropriate attitudes: The cultural background may be very strongly male oriented and the trainees may not be used to working with females on an equal status basis.

2) *Establish and clarify the circumstances and facts as quickly as possible. Access many different sources of information.*

Most concerns can be addressed by early, effective discussions between the Supervisor and the trainee culminating in a realistic learning plan, which is regularly reviewed to monitor satisfactory progress. 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.

Only form a judgement once all information is collated.

Issues of patient and person safety take precedence over all other considerations.

3) *Remember concern about performance is a 'symptom and not a diagnosis' and it is essential to explore the underlying cause or causes. Key areas to explore are;*

- i) Clinical performance of the individual: (*knowledge, skills, communication*)
- ii) Personal, personality and behavioural issues: (*professionalism, motivation, cultural & religious issues*)
- iii) Sickness / ill health: (*personal/family stress, career frustrations, financial*)
- iv) Environmental issues: (*organisational, workload, "difficult" patients, bullying and harassment, staffing gaps*)

4) *A robust and detailed 'diagnosis' can lead to effective remediation: different problems require different solutions.*

A doctor with an evolving medical problem, eg. new diabetes or mental health issue, requires a different approach than an individual with poor interpersonal skills or lack of insight. The former needs engagement with occupational health and a GP, the latter perhaps supportive mentoring, close clinical supervision and feedback to change the beliefs behind the undesired behaviour.

5) *Clear documentation.*

All relevant discussions and interventions with the trainee should be documented contemporaneously, communicated to the trainee and key individuals in the accountability framework (Trust and/or School/Deanery, possibly GMC) and followed up by named accountable individuals such as the Educational Supervisor, Training Programme Director or Associate Dean to ensure the process is concluded satisfactorily and managed appropriately.

See local Trust and Deanery guidelines for accountability frameworks.

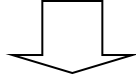
6) *Misgivings must be communicated: Records must be kept: Remedies must be sought: Progression must be delayed until issues resolved.*

Remember: accurate & contemporaneous documentation must be kept

A Diagnostic Framework

'Events and Diagnostic Process'

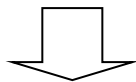
Trigger event or incident



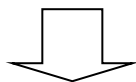
Investigate.

If serious, define the problem.

Collate evidence from as many sources as possible including from the individual concerned. Be objective and document in detail



Decide
is this an **individual performance issue**,
an **organisational issue**
or both?



Consider the following three questions

'Does 'it' matter?'

- if no, relax!
- If yes, do something! Next ask...

'Can they normally do 'it'?'

- If **no** then it is a training or personal capability issue – resolution may be possible with training or retraining.
- They may also be 'un-trainable' and hence never be able to do 'it'. This is a 'diagnosis of exclusion' and can only be reached when a period of intensive training has proven ineffective.
- If **yes** the next question is...

'Why are they not doing 'it' now?'

- Consider all possibilities. Is there:-
 - a clinical performance issue
 - a personality or behavioural issue
 - a cultural background or religious issue
 - a health and wellbeing issue
 - an environmental issue

'Thoughts'

Is it important? Does it really matter? Who do I need to talk to or discuss this with? Consider Clinical or Educational Supervisor, other Colleagues, Clinical Director, TPD, DME, HR, Deanery.

Think patient and person safety at all times! Do not jump to conclusions initially. Formulate your opinion as the investigation proceeds.

This analysis is crucial as systems failure is often overlooked and it is easy to blame the individual in isolation - try and resist this temptation! Be fair and objective.

Key areas to explore when considering performance ie. 'Potential Diagnoses'

- i) clinical performance*
- ii) personal, personality and behavioural issues including impact of cultural and religious background*
- iii) physical and mental health issues*
- iv) environmental issues including systems or process factors, organisational issues including lack of resources*

**Interventions should be tailored to underlying 'diagnosis'.
A successful outcome is often achievable but only with appropriate intervention.**

A Management Framework for 'Trainee Support'

The interventions depend upon the underlying 'diagnosis' or 'diagnoses' revealed by the diagnostic framework above. Use workplace based assessments to help document, monitor and address identified areas of deficiency or learning needs.

• Clinical Performance

Some trainees may be under-performing in specific aspects of their role and this should be addressed directly with focussed training or retraining to include knowledge, technical skills and non-technical, professional skills. This may require an extended period of clinical supervision or targeted task orientated training to a specific deficit.

For some trainees they are performing adequately at one level but not demonstrating their capability to advance to a higher level with more complex decision making, leadership skills and multi-tasking. This will require a period of focussed training and support which should include clear documentation of competencies achieved, as well as those not achieved, to assist with career planning.

• Personality and behavioural issues

Close 'clinical supervision' and dedicated 'developmental mentoring' can provide a supportive environment to tackle issues of insight into behaviour. Seeking advice or involvement from senior Colleagues of similar ethnicity, cultural or religious backgrounds to the trainee, where such factors are relevant, can be crucial in resolution of problems relating to these factors. Feedback, possibly using video or simulation based techniques can be used to challenge unhelpful or undesired behaviour. This work is difficult, but with appropriate communication skills, progress can often be made. In some cases occupational psychologists employing cognitive behavioural approaches or other performance specialists such as Deanery Performance Units may need to be engaged. Sometimes problems persist and, particularly with personality disorders or other behavioural issues, remediation may prove impossible.

Career guidance and limits to practice may be necessary but these 'high-stakes' decisions should not be taken lightly and are decisions for the local accountability framework, Trusts, Schools/Deanery or even the GMC.

• Health Issues – physical and mental

Doctors become ill like all other individuals. Consider physical and mental health as well as substance misuse such as drugs or alcohol.

All doctors in difficulty should be assessed by Occupational Health. "Good Medical Practice" requires doctors to seek and follow advice from a Consultant Occupational Physician if their judgement or performance might be affected by illness.

The Disability Discrimination Act (1995) covers both physical and mental impairments that affect a person's ability to carry out day-to-day tasks and requires employers to make reasonable adjustments to work pattern, content, and environment.

Ensure adequate support is available e.g. mentor, Staff Counselling services etc.

Consider national services such as 'Doctor Support Network' or 'Doctors for Doctors' run by the British Medical Association.

• Environmental issues

The National Clinical Assessment Service (NCAS) has identified that organisational issues, including systems or process failures are often poorly acknowledged.

"Failures include lack of resources, such as poorly maintained equipment, inadequate secretarial support, computer equipment etc, unrealistic work demands, poor clinical management, poor support and substandard working environments."

Rota gaps, locums and gaps in the multi-professional team all contribute to the isolation of trainees. All can prove to be confounding variables when other problems arise and can often precipitate a dramatic deterioration in performance and wellbeing. Supervisors need to be proactive in escalating these issues within their organisations. In addition, supervisors should also be sensitive to the trainee's home circumstances. Delicate enquiry may lead to further discussion and better understanding. Alternatively, the situation may require signposting for specific support (see Appendix)

Additional References / Resources

1. Local Employing Trust / Employer Guidelines and Policies
2. LETB / Deanery Guidelines for Dealing with Doctors in Difficulty
3. Understanding Doctors' Performance. Ed J Cox, J King, A Hutchinson, P McAvoy. Radcliffe Publishing, Oxford 2006. An excellent overview with many expert opinions and strategies.
4. Paice E, Orton V. Managing the Trainee Doctor in Difficulty. In Postgraduate Medical Education and Training, eds Hastie A, Hastie I, Jackson N. Radcliffe 2005
5. Paice E, Orton V. Early signs of the trainee in difficulty. Hosp Med. 2004;65:238-40.
6. National Clinical Assessment Service <http://www.ncas.nhs.uk/>
Useful Reports:
 - How to conduct a local performance investigation 2010
 - Handling concerns about a practitioner's behaviour and conduct June 2012
 - Handling concerns about a practitioner's health 2011
7. Handling concerns about a practitioner's Support4Doctors is a Royal Medical Benevolent Fund project to help doctors deal with commonly met challenges faced by doctors such as:-getting the work/life balance right, handling pressure, dealing with career, health and financial issues.
<http://www.support4doctors.org/>
8. BMA website has a section on "Supporting doctors in difficulty" and a remedial training question and answer web resource for doctors who are experiencing difficulties with their performance at work who wish to know what happens when the need for extra (remedial) training or support is identified.
9. The Doctors' Support Network (DSN) is a warm, friendly self-help group for doctors with mental health concerns. <http://www.dsn.org.uk>
10. DoctorsSupportLine is staffed by volunteer doctors to provide peer support for doctors and medical students in the UK. <http://www.doctorsupportline.org>
11. Sick Doctors Trust is an independent and confidential organisation to provide early intervention and treatment for doctors suffering from addiction to alcohol or other drugs. 24 hour helpline. Happy to deal with anonymous enquiries. <http://www.sick-doctors-trust.co.uk>
12. The Psychiatrists Support Service, Royal College of Psychiatrists at psychiatristssupportservice@rcpsych.ac.uk offer confidential support and advice for member psychiatrists in difficulty.
13. Junior Doctor morale: Understanding best practice working environments. HEE 2017
14. GP Health Services the NHS GP Health Service is a confidential NHS service for GPs and GP trainees in England. <http://gphealth.nhs.uk>
15. MHPS www.ncas.nhs.uk/EastSiteWeb/GatewayLink.aspx?allid=94729
16. The wellbeing of junior doctors in Training; Preventing, Acting and Supporting after the sudden death of junior doctors whilst in training; Statement of Intent from HE England. Released by HEE on 15/03/2018 and available by email from Joanne.Mallaber@hee.nhs.uk
17. Supporting Educators a practical approach to managing issues and concerns raised about individual educators (NACT UK trading as Medical Education Leaders UK)

Meeting record

*Always act fairly, equitably, supportively and confidentially
within the training accountability framework*

Name: Grade: Date:

Clinical Supervisor: Educational Supervisor:

Programme: Training Programme Director:

Persons Present:

Meeting led by: Notes taken by:

Concerns

Discussion

Consider

Are they safe to practice?

YES / NO

*If no inform Clinical /
Medical Director and
HR*

Have they got a GP?

What are the issues

Clinical Performance

YES / NO

Personality /
Behavioural

YES / NO

Physical illness

YES / NO

Mental illness

YES / NO

Environmental issue

YES / NO

- support
- workload
- other

In all circumstances where there are fitness to practice issues the postgraduate dean must be involved.

Action Plan

Define Learning Need	Create Learning Objectives	How will I address them (action & resources)	Date set to achieve goal	Date actually completed

*Document agreed
SMART goals and
objectives
ie. Specific,
Measurable,
Achievable
Relevant
Timeframed*

*Use work based
assessments as
appropriate*

*Agree clear
timeframe*

*Identify date for
review*

*Has the trainee got
adequate support?*

Date of next Review:

Refer to Occupational Health YES / NO Involve *(circle if appropriate)* Clinical Director/Director of Medical Education/School/Other

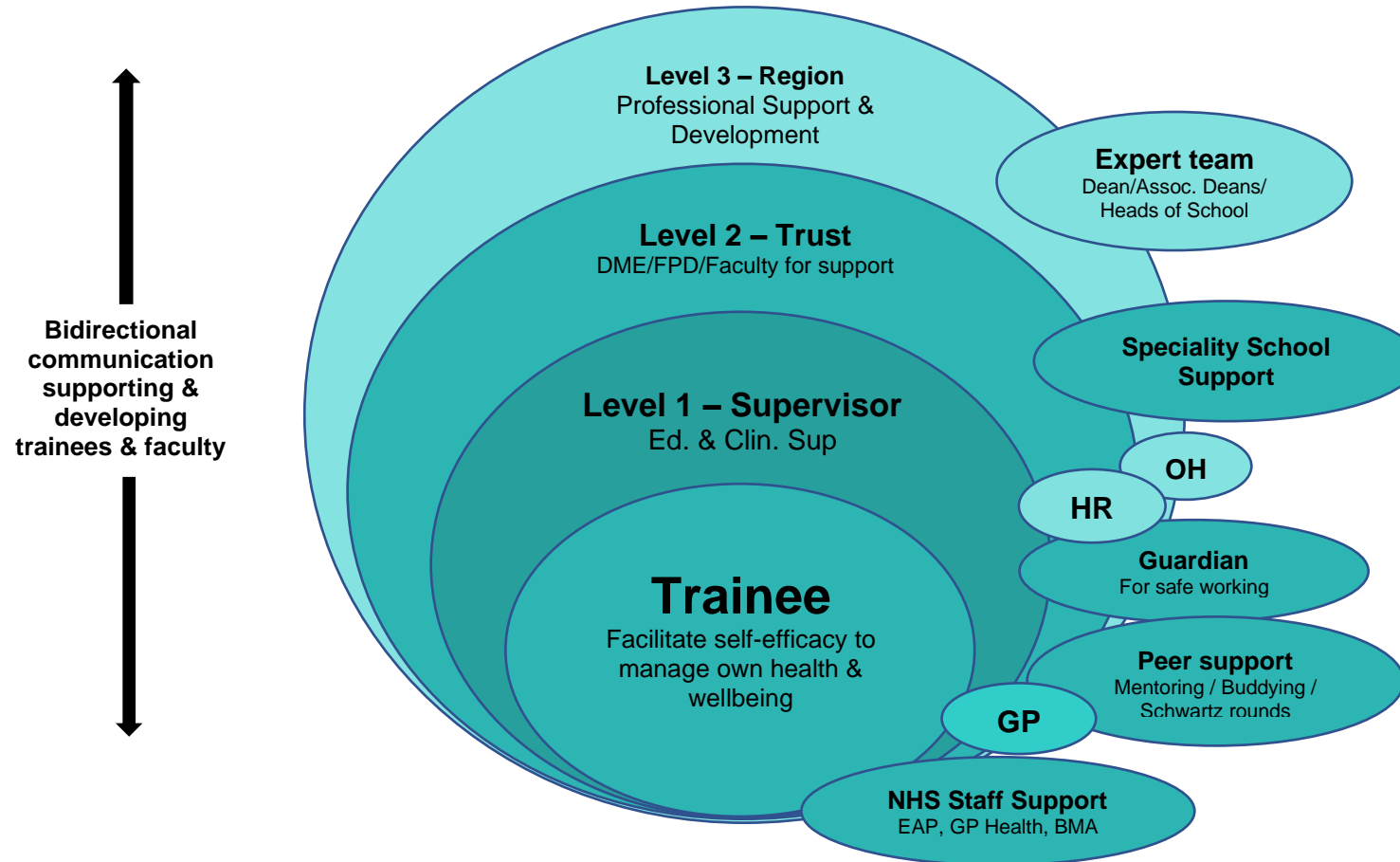
Signed.....
Educational supervisor

Signed.....
Consultant Colleague (Specialty Tutor or representative)

Signed.....
Trainee

Date.....

Appendix



Three level model for support and development of trainees and trainers emphasising a key relationship between trainee and supervisor working in concert with a wide network of support structures.

HR=human resources, OH=occupational health, EAP=Employee Assistance Programme