

GUIDANCE IN RELATION TO THE MANAGEMENT OF TRAINEES REQUIRING SUPPORT

1. Introduction

The policy has been written with a view to defining the procedures for dealing with trainees who may require additional support. The aims of the policy are to promote early identification of such trainees and provide a clear structure for identifying and addressing concerns. It is based upon the principle of acting fairly, supportively and confidentially when dealing with problem situations that arise and draws and should be read in conjunction with the publication from the Department of Health, Social Services and Public Safety on '*Maintaining High Professional Standards: A framework for the handling of concerns about doctors and dentists in the HSC*'. This guidance provides the disciplinary framework for doctors and dentists in Health and Social Care and requires all HSC bodies to have procedures in place for handling serious concerns about an individual's conduct. The guidance covers restriction of practice and exclusion from work; conduct hearings and disciplinary matters and procedures for dealing with issues of capability.

It is the duty of all doctors/dentists to protect patients where it is believed that a doctor's/dentist's conduct, performance or ill health is a cause of concern. It is therefore the responsibility of the team with whom a trainee is working to highlight concerns before they become too severe and to enable the trainee to access the right help.

2. Roles and Responsibilities

A trainee has a contractual relationship with his or her employer and is subject to the policies established by the employing body. The employer has responsibility to ensure that employment issues, including performance, health and sickness issues and disciplinary matters are dealt with appropriately to facilitate the trainee's satisfactory performance.

The Northern Ireland Medical and Dental Training Agency (NIMDTA) has responsibility for commissioning education and training whilst the Trusts and other local education providers (LEPs) have responsibility for delivering education. LEPs have a

responsibility to ensure that mechanisms are in place to support trainees and enable problems to be addressed at an early stage.

The educational supervisor is the most likely person to be involved initially when a trainee is in difficulty although the Director of Medical Education (DME), Clinical Director, Medical Director, General Practice trainer, Dental trainer and NIMDTA may also need to be informed depending on the nature and seriousness of individual circumstances.

It is the responsibility of the LEP to investigate and manage concerns and NIMDTA must be informed of any significant problems. It is the responsibility of the Trust's DME to ensure that the Postgraduate Dean is made aware of any disciplinary action being taken against a trainee employed by the Trust. GP Trainers must inform the GP Director and Dental Trainers the Postgraduate Dental Dean about any significant concerns they have about a trainee. The flow charts attached at Appendix 1 provides guidance on the action an LEP should take when problems arise.

If through investigation it appears that the problem relates to the trainer or the training post then appropriate action will be taken by NIMDTA and where necessary a Deanery visit instigated.

If a trainee is excluded from the workplace or restrictions placed on a trainee's practice he/she will not normally be allocated to another LEP until a full investigation has taken place and the outcome known. This includes investigation by the police and by the General Medical Council (GMC)/General Dental Council (GDC) under its fitness to practice procedures.

3. Identifying trainees requiring support

All possible steps should be taken to identify and act on early signs and symptoms of problems. The majority of these are behavioural but also include signs of clinical incompetence, for example poor record-keeping; poor clinical decision making and judgement, inappropriate referrals etc.

Successful remediation or support for trainees requires an understanding of the underlying problems. A checklist (Appendix 2) has been developed to help educational supervisors and others to diagnose and manage the early signs of a trainee who may be in difficulty.

Concerns about a trainee's conduct or capability may come to light through:

- an untoward incident
- a complaint or litigation
- appraisal
- assessment
- performance data or clinical outcomes
- clinical audit
- Concerns raised by colleagues

Clear evidence should be sought and concerns raised with the trainee at an early stage in order to obtain his or her perspective. The trainer should consult with colleagues to explore the nature and seriousness of the problem. As soon as it is clear that there is a problem with the trainee's conduct or performance action should be taken.

Managing potential risk to patients is the first priority and should be managed by the trainee and trainer/educational supervisor agreeing what the trainee can do safely and ensuring support and supervision from the whole clinical team to allow the trainee to practise safely in areas where he or she is underperforming. The clinical/service manager should be kept informed of the situation.

Once the underlying cause of the trainee's difficulties is identified a realistic learning plan should be provided that will motivate and engage the trainee. If it is not possible to deliver this in the trainee's current placement the trainee will need to be moved to a placement which will deliver the learning plan. The learning plan should be regularly reviewed throughout the course of its delivery to ensure that it continues to meet the trainee's needs. If the trainee continues to have difficulty, in spite of remedial action, advice should be sought from NIMDTA. Guidance in relation to remediation planning is available in Appendix 3.

As a general principle good communication should be maintained at every stage with NIMDTA being informed as appropriate and as early as possible. The educational processes need to work closely with the LEP's internal procedures and close communication between the appropriate individuals within NIMDTA and those responsible at LEP level is crucial.

4. The Problems

These can be divided into four main areas as follows:

- Personal conduct
- Professional conduct
- Competence and performance issues
- Health and sickness issues

Personal Conduct Issues

Examples include intoxication, drug abuse, falsification of records, theft, fraud, serious acts of insubordination, sexual, racial or sectarian harassment, unlawful discrimination or victimisation on the grounds of age or sexual orientation. The employing authority will take the lead under its disciplinary procedures and the DME or appropriate individual will inform the NIMDTA in writing at an early stage.

NIMDTA will not be involved in such a disciplinary panel but will need assurance of the following:

- The LEP will follow its agreed disciplinary procedure
- The trainee has been advised that they may be represented at any stage of the disciplinary procedure by the BMA/BDA, or work colleague

- Guidelines applicable to Northern Ireland are followed if a trainee is to be suspended
- Pastoral support is provided if required

On occasions it may be necessary for the LEP/Postgraduate Dean to advise the GMC/GDC of any action taken against a trainee.

Professional Conduct Issues

Examples include research misconduct, failure to obtain consent properly, prescribing issues, improper relationships with patients, improper certification issues (eg the signing of cremation forms, sickness certification) and breach of confidentiality. The LEP will take the lead under its disciplinary procedures and the DME or appropriate individual will inform NIMDTA in writing at an early stage. An agent of NIMDTA eg Head of School, GP Director, Programme Director or Dental Adviser will provide input into such a disciplinary process. Any decision to involve the GMC/GDC will be taken jointly by the LEP and NIMDTA. NIMDTA will need to be assured that:

- The LEP will follow an agreed disciplinary procedure
- The trainee has been advised that he/she may be represented in the process by a companion who may be:
 - another employee of the HSC body;
 - an official of the BMA, BDA or defence organisation;
 - work or professional colleague
- Guidelines applicable to Northern Ireland are followed if a trainee is to be suspended
- Pastoral support is provided if required

Competence and Performance Issues

Examples include a single serious mistake, poor results clinically (possibly found as a result of audit), poor communication skills, poor consultation skills and repeated failure to attend educational events.

Trainees with such problems will need to be referred by the DME or appropriate individual to NIMDTA. The LEP may need to take a lead in some of these problems if there has been a complaint from patients or relatives and the possibility of legal action.

In the event of an isolated serious mistake NIMDTA must be informed in writing and at each stage in any process that results from such a mistake. Pastoral support must be offered and the trainee advised to seek legal representation.

If the trainee's performance is consistently poor, despite educational measures such as remedial or targeted training, then it may be necessary to inform the GMC/GDC. Any decision taken will be agreed jointly by the LEP and NIMDTA.

It is accepted that LEPs have an over-riding duty to protect patients and staff, and exceptionally may need to invoke its policies and procedures to expedite a critical situation. NIMDTA should be kept informed of any such action.

Health and Sickness Issues

Every trainee must be encouraged to register with a local general medical practitioner and consult with their doctor in the first instance when ill.

'If you know that you have a serious condition that you could pass on to patients, or that your judgement or performance could be significantly affected by a condition or illness or its treatment, you must take and follow advice from a consultant in occupational medicine or other suitably qualified colleague on whether and in what ways, you should modify your practice. Do not rely on your own assessment of the risk to patients'.

Ill health and sickness absence should be managed through the LEP's sickness absence policies. Where sickness absence gives cause for concern the trainee should be referred to the Occupational Health service and information shared with appropriate individuals on a need to know basis. NIMDTA should also be informed in writing of such cases and where the trainee's fitness to practise is called into question the referral should be made to the GMC or GDC as appropriate. Advice from either body may be sought in advance of referral.

Periods of grace due to sickness absence before training may be affected are as follows:

- Foundation 1 doctor – 4 weeks in the year
- Foundation 2 doctor – 4 weeks in the year
- GP Trainee – 2 weeks in each year of training
- Core Trainee – 4 weeks in each year of training
- Specialty Trainee – 3 months in the training programme before CCT date affected

5. Keeping Records

Documentation should commence as soon as a performance concern comes to light and copies given to the trainee. Whilst only a small minority of performance difficulties escalate into a disciplinary situation, records should nevertheless be kept from the earliest stage to help ensure continuity (e.g. a trainee who changes educational supervisor) and to avoid duplication of effort. Good documentation is an essential part of educational governance.

Should a problem with a trainee become more serious or repetitious, it may be advisable to seek guidance from the Human Resources Department who can advise on any further specific documentation.

Trainees need to have confidence that this documentation is intended to support and help them to address their difficulties rather than as a punitive or legalistic activity.

Transparency is paramount to retain the trainee's trust and cooperation. The following will help to ensure openness as well as rigour:

- Educators should avoid recording and keeping information about discussions with doctors without their knowledge or consent.
- Records of conversations should be held confidentially, with the doctor's knowledge and consent, by the person who has conducted the assessment of the problem with the doctor in difficulty.
- The trainee should be given a copy of any documentation concerning his or her performance and encouraged to keep such copies in his or her portfolio for discussion at appraisals.
- Should the trainee move to a different job, or in the event that the problem escalates or others become involved, it may become necessary to pass the record to other parties.
- The transfer of information about a trainee's progress from post to post should become standard procedure including areas of concern.
- All documentation must comply with the requirements of the Data Protection Act and the Freedom of Information Act (FOIA).

6. Transfer of information to Future Education Providers

Where a trainee becomes ill during the training it is important that consistent support is provided which can be transferred across training placements. There should be one source of referral to Occupational Health for trainees appointed to training programmes/posts. Unless there are ethical barriers to doing so, information should be shared by NIMDTA to LEPs on a need to know basis.

In the interests of patient safety it may be necessary for NIMDTA to transfer personal information to other health and social care organisations or statutory bodies, in accordance with the principles and conditions set out in schedules 1, 2 and 3 of the Data Protection Act 1998.

The educational supervisor/trainer in the next placement must be informed of problems arising in the previous placement to ensure that any remedial action that has been taken continues and assessment of successful progress is made.

In instances where disciplinary issues or serious conduct or competence issues are involved a written statement must be given to NIMDTA to pass on to the new LEP, on a need to know basis, and with the knowledge of the trainee concerned. The trainee will have the right to see such a statement and challenge its accuracy, but not to prevent it being transferred to the new employing authority. Information should be accurately recorded with a clear account of the issue, the action taken and the date when any disciplinary action is considered to be spent.

Information will be transferred by the Postgraduate Dean to the Medical Director of the new LEP where a trainee is:

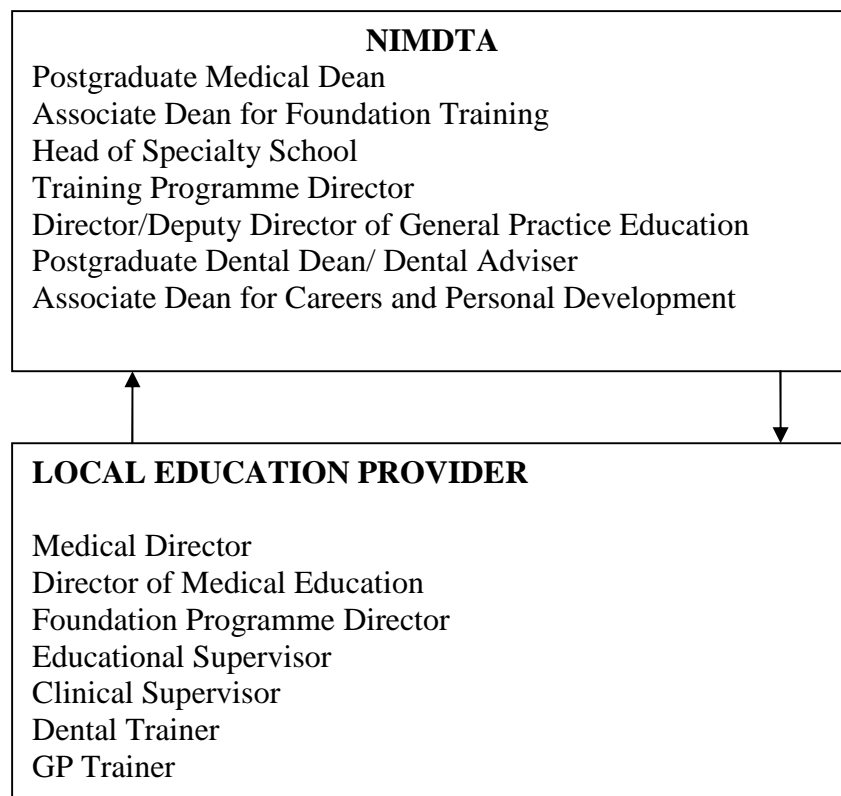
- the subject of a disciplinary process
- has been referred to the GMC or is subject to GMC restrictions

- is the subject of a police investigation
- is the subject of a review of clinical performance on the basis of patient safety concerns
- is subject to any remediation process addressing deficits in clinical performance
- has been absent from employment on health grounds for more than 4 weeks in any rolling year.

7. Assessment and Appraisal

Regular appraisal and assessments are essential to provide feedback on performance and continuing progress and identify educational and development needs. It is important that the assessment and appraisal systems meet GMC requirements and comply with procedures set out in the Gold Guide. Appraisals and assessments must be documented and copies retained. If there are concerns about a trainee's performance the trainee must be made aware of these and given the opportunity to address any shortcomings.

8. Roles and Responsibilities



1) Clinical Supervisor

Trainer with whom the trainee works clinically, and who assesses whether that trainee is safe to carry out the clinical work he/she is expected to do and that he/she progresses within the particular training post/module. This will include direct input to workplace-based assessments.

Responsibility for Trainees Requiring Support

This direct contact with the trainee puts the clinical supervisor in an ideal position

- Detects problems with regard to clinical knowledge and skills, team working, communication, attitude, time keeping, etc.
- Documents any problems observed and discusses with the trainee and brings to the attention of their educational supervisor.
- Trust policies and procedures should be followed as appropriate.

2) Educational Supervisor

Responsible for ensuring overall progress of the trainee through training. Includes responsibility for regular appraisals, collation of workplace-based assessment outcomes and the provision of career advice and support as required.

Responsibility for Trainees Requiring Support

- Should be made aware of and gather evidence about concerns from other team members.
- Discusses these concerns with the trainee during regular appraisals and consider ways of addressing them, with the help of the multi-disciplinary team.
- If problems cannot be resolved within educational supervision context, or in current post, the Educational Supervisor needs to access help from either within the LEP (Foundation Programme Director or DME) or within the Specialty (Training Programme Director, Head of School), depending on the grade of the trainee and the nature of the problem (i.e. health, capability or conduct).
- Fully documents the concerns.

3) Foundation Programme Director

Appointed jointly by NIMDTA and the Health and Social Care Trust; has particular responsibility for Foundation trainees and works closely with the Director of Medical Education and Associate Dean for Foundation Training on all issues regarding Foundation trainees.

Responsibility for Trainees Requiring Support

- Supports trainees within the foundation programme and deals with individual issues
- Supports Educational Supervisors and provides advice on issues concerning individual doctors
- Brings any significant concerns to the attention of the DME and the Associate Dean for Foundation Training

4) Director of Medical Education

Appointed jointly by NIMDTA and the Health and Social Care Trust; manages the Learning and Development Agreement between NIMDTA and the Trust and provides the main link between the Postgraduate Dean and the Trust with regard to the delivery of postgraduate medical and dental training.

Responsibility for Trainees Requiring Support

- Should be made aware of all issues with individual trainees in the Trust
- Provides advice and guidance to trainees, clinical and educational supervisors on matters relating to health, capability and conduct
- Monitors and informs NIMDTA on the progress of trainees in difficulty
- Works closely with Human Resources Department on issues regarding trainees in difficulty, especially where patient safety may be compromised, and invokes Trust procedures as required
- Refers to NIMDTA those problems that cannot be resolved within the Trust

4) Training Programme Director

Appointed by NIMDTA to manage a specialty training programme within the NI Deanery.

Responsible for allocation of specialty trainees to posts, supervision of individual training programmes, regular formal assessment including RITA/ARCP process, problem solving and feedback on progress.

Responsibility for Trainees in Difficulty

- Supports trainees within their programme and deals with individual issues
- Supports Educational Supervisors within their programme and provides advice on issues with individual trainees
- Identifies issues at annual RITA/ARCP review
- Resolves issues within programme (e.g. by moving individual trainee to a different post/supervisor) wherever possible
- Brings more serious problems to the attention of the LEP and NIMDTA

5) Head of Specialty School

Oversees, on behalf of NIMDTA, the activity and proper functioning of the Specialty School; liaises with the relevant College, Faculty or SAC; and supports the Training Programme Directors.

Responsibility for Trainees Requiring Support

- Maintains an overview of trainees requiring additional support within the School and provides general advice and guidance to trainees
- Works closely with the Training Programme Director and Postgraduate Dean on all issues of concern relating to trainees

- Refers trainees to Associate Dean for Careers and Personal Development for specific advice and counselling

6) Associate Dean for Foundation Training

Oversees, on behalf of NIMDTA, the activity and proper functioning of the Foundation School. Responsible for all trainees appointed to the Foundation Programme within Northern Ireland and provides guidance and support to the Foundation Programme Directors and Educational Supervisors

Responsibility for Trainees Requiring Support

- Maintains an overview of foundation trainees in difficulty and provides general support and advice to trainees
- Works closely with the Foundation Training Programme Directors and Postgraduate Dean on all issues of concern relating to trainees
- Refers trainees to Associate Dean for Careers and Personal Development for specific advice and counselling
- Engages with the Medical School on concerns regarding Foundation Year 1 trainees
- Provides direct input to those cases where training may need to be terminated or where appeals procedures need to be invoked

7) Director of GP Education

- Oversees on behalf of NIMDTA the activity and proper functioning of the General Practice Training Department. Responsible for all trainees within the General Practice Specialty Training Programme.

Responsibility for Trainees Requiring Support

- Maintains an overview of GP trainees in difficulty and provides general support and advice to trainees
- Provides support and advice to the Deputy/Associate Directors of General Practice, GP Programme Directors and GP Trainers
- Refers trainees to Associate Dean for Careers and Personal Development for specific advice and counselling
- Provides direct input to those cases where training may need to be terminated or where appeals procedures need to be invoked

8) Postgraduate Dental Dean

- Oversees on behalf of NIMDTA the activity and proper functioning of the Dental Training Department. Responsible for all trainees in general dental practice, hospital and community dentistry

Responsibility for Trainees Requiring Support

- Maintains an overview of Dental trainees in difficulty and provides general support and advice to trainees
- Provides support and advice to the Advisers in Vocational Training and General Professional Training and to the Dental Trainers
- Provides direct input to those cases where training may need to be terminated or where appeals procedures need to be invoked
- Refers trainees to Associate Dean for Careers and Personal Development for specific advice and counselling
- Liaises with the GDC when significant concerns about a trainee have been raised.

9) Associate Postgraduate Dean (Career and Personal Development)

Associate Dean with specific responsibility for trainees requiring careers advice, support and guidance

Responsibility for Trainees Requiring Support

- provides strategic lead and provides guidance and support to the Postgraduate/Associate Deans and Heads of School on individual trainees requiring support.
- Develops and manages framework for dealing with trainees in difficulty
- Assesses and support trainees who require referral to Occupational Health and or remedial training
- Chairs NIMDTA's Trainee Support Group
- Maintains confidential database of all trainees in difficulty

10) Postgraduate Medical Dean

Overall responsibility for postgraduate training and education within the Northern Ireland Deanery.

Responsibility for Trainees Requiring Support

- Appointed as Responsible Officer (RO) for NIMDTA with responsibility for making recommendations to the GMC in relation to the revalidation of trainees
- Responsible for ensuring that processes are in place within LEPs for dealing with concerns in relation to a trainee's fitness to practice
- Provides support and advice to the Associate Deans, GP Director and Heads of School
- Provides direct input to those cases where training may need to be terminated, or where appeals procedures need to be invoked

- Liaises with Trust Directors of Medical Education and Medical Director and GMC, where appropriate, when significant concerns about a trainee have been raised.

11) Trainee Support Group

Its purpose is to support the Quality Management Group in the delivery of the business of the Agency, by providing a cross agency working platform in relation to the area of Trainees in Difficulty. The Group will have a particular focus on ensuring a consistent approach to policies and procedures in relation to trainees in difficulty across the NI Deanery, providing a forum for the sharing of good practice, and to ensure that such confidential information is stored, retrieved and shared in an appropriate manner.

Roles and Responsibilities as follows:

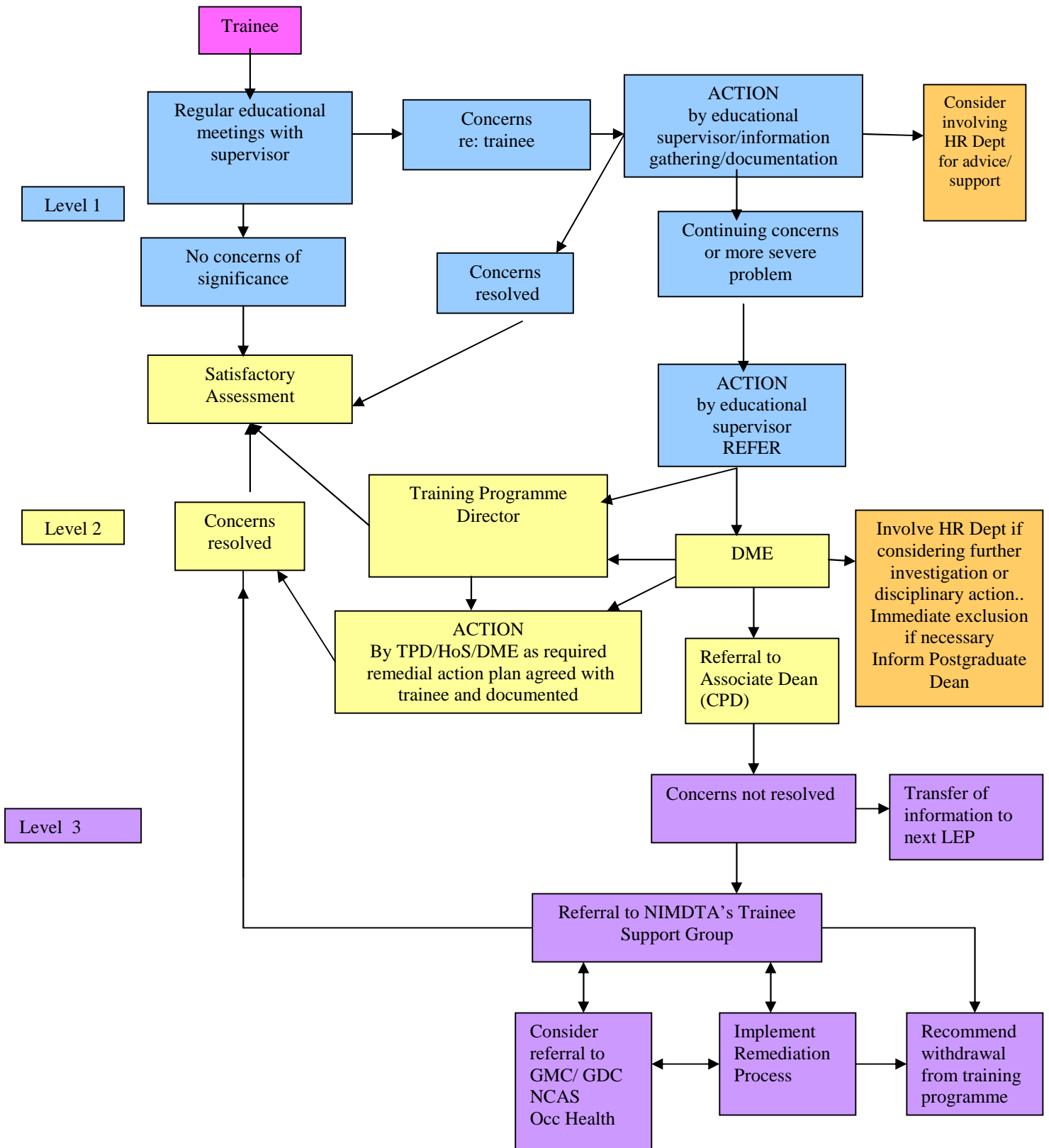
- a) to oversee the use of the Trainees Requiring Support Policy, and ensure that this policy remains fit for purpose;
- b) to ensure that the Agency meets the standards of GMC and COPDEND in relation to this area of work;
- c) to oversee the promotion of good practice with regard to this area of work within the Agency;
- d) to support the Postgraduate Dean in his role as responsible officer with regard to revalidation and trainees about whom there are significant concerns;
- e) to establish, and then oversee the use of, a centralised database recording the Agency's work in this area;
- f) to share experiences of good and bad practice, through the use of anonymous case studies;
- g) to avoid isolated decision making through the provision of peer support;
- h) to identify training needs and the procurement of such training for appropriate persons;
- i) to identify partner organisations with experience in this area, to establish working relationships with;
- j) to discuss further issues that may be delegated from time to time.

2. COMPOSITION AND MEMBERSHIP

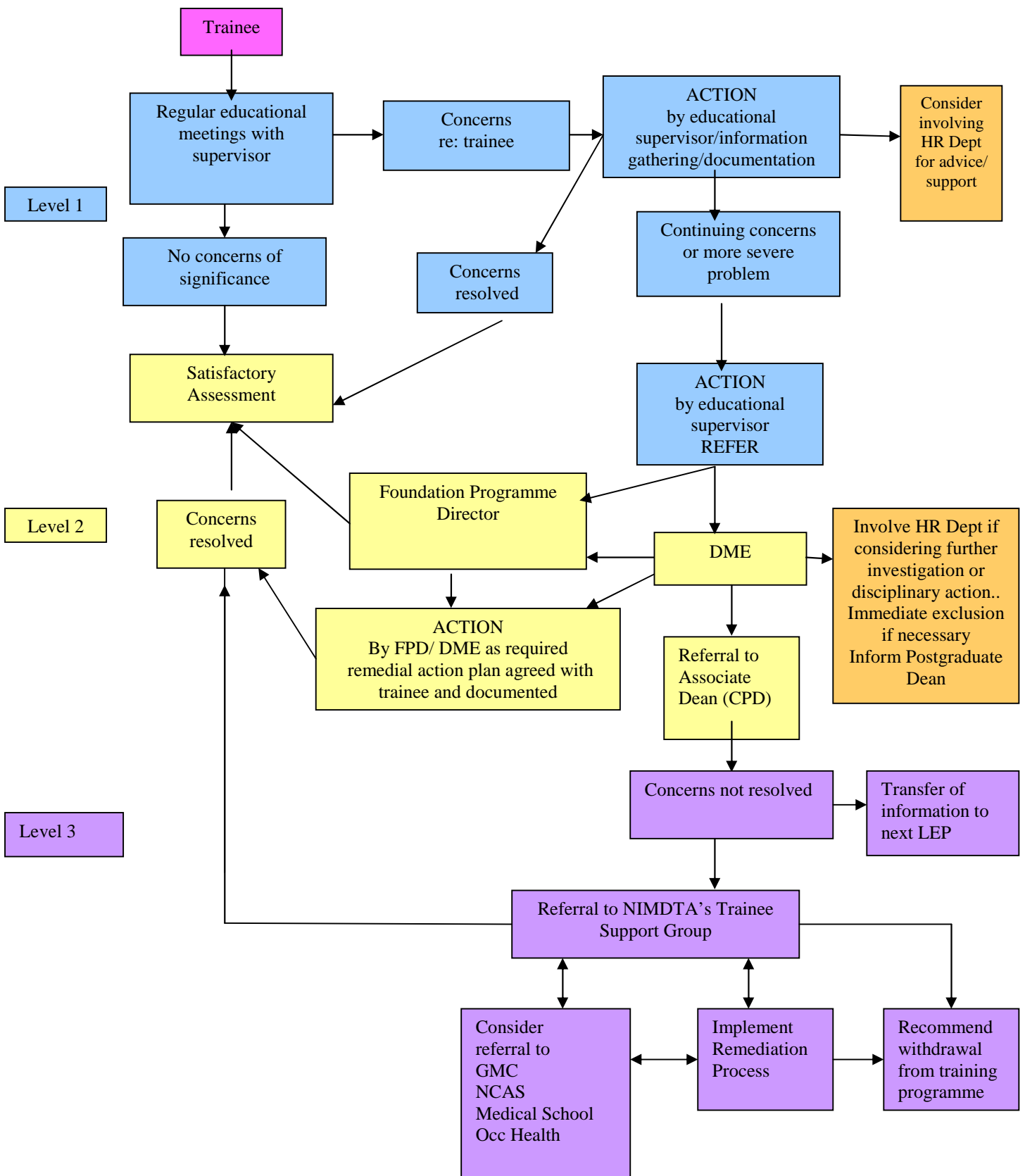
- 2.1 The Group consists of the Associate Dean for Careers and Personal Development (Chair), the Postgraduate Dean, the Associate Dean for the Foundation Programme, the Associate Dean for Quality and Secondary Care, the Postgraduate Dental Dean, the General Practice Director, the Administrative Director, and the Corporate Governance Manager.

APPENDIX 1

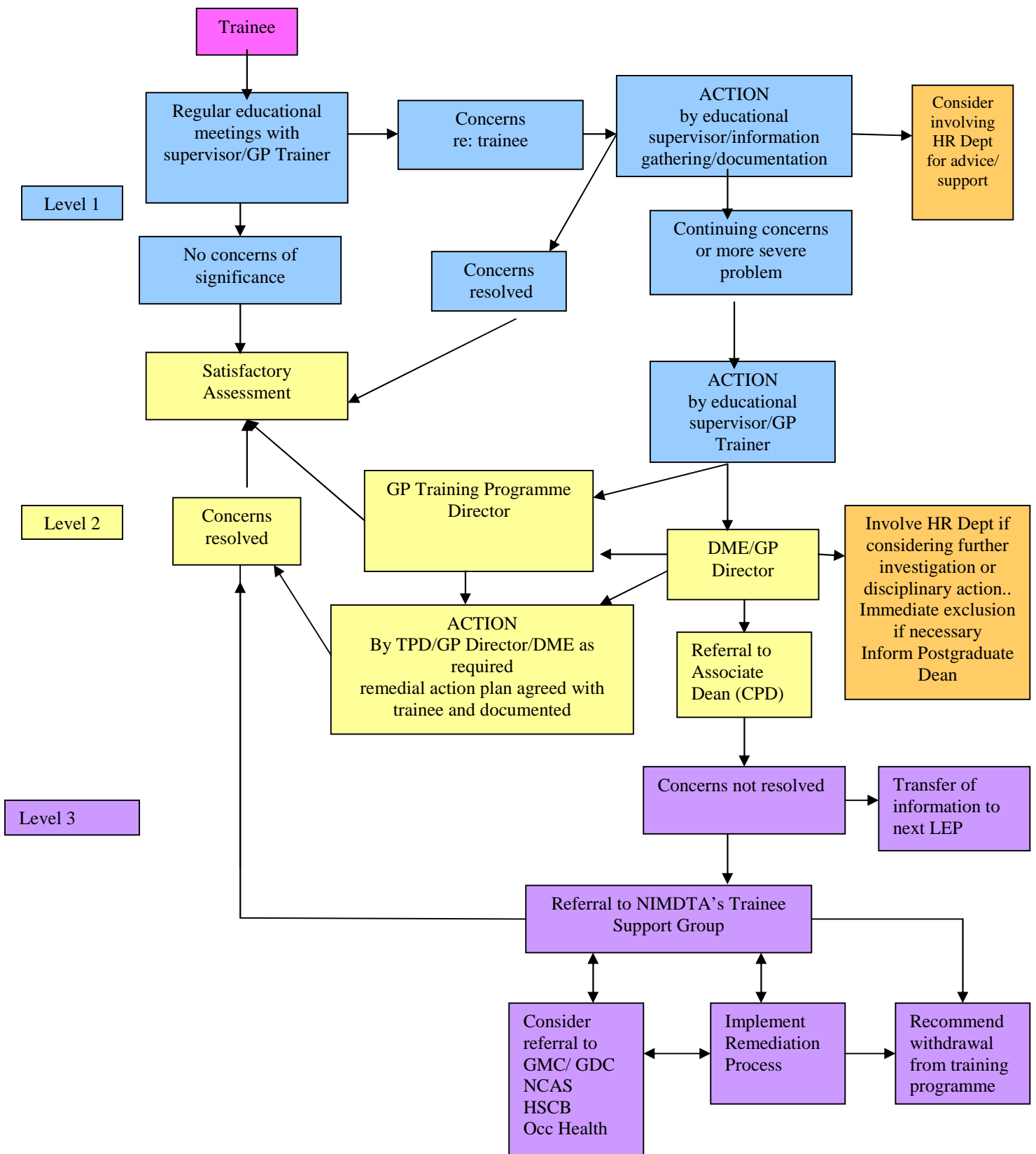
Trainees in difficulty – Process Flowchart for Specialty Training



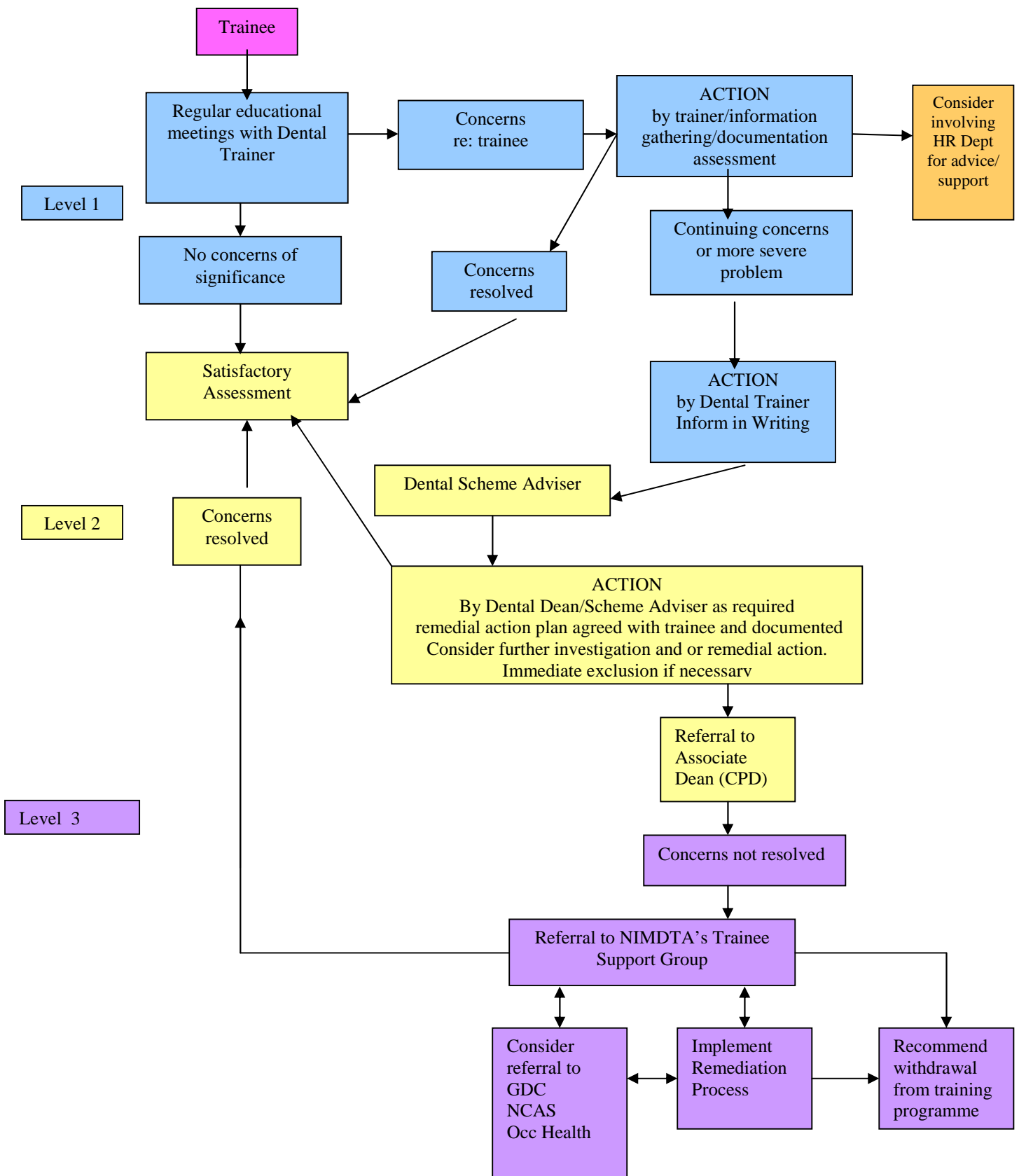
Trainees in difficulty – Process Flowchart for Foundation Training



Trainees in difficulty – Process Flowchart for GP Training



Trainees in difficulty – Process Flowchart for Dental Vocational Training



Level 1

The aim of Level 1 is to identify trainees needing specific help and support as early as possible in order to avoid difficult situations where problems have developed to such an extent that their solution requires major intervention. Regular appraisal and assessment of a trainee's performance by educational supervisors/trainers is an important opportunity to identify and deal with the majority of problems within the trainee's current educational setting.

Where concerns are identified by a supervisor/trainer these should be discussed openly with the trainee and further information gathered from other members of the team. These should be formally documented. Where subsequent assessments reveal no improvement the educational supervisor/trainer should seek further help and support.

Concerns relating to trainees in the dental vocational training/general professional training schemes should be referred to the Scheme Adviser. The Adviser should be notified in writing in order that progress can be monitored.

Level 2

In certain situations e.g. major clinical incident the most appropriate course of action will be to follow the disciplinary procedures of the LEP (in accordance with the 'Maintaining High Professional Standards' framework). However the Director of Medical Education (DME) and NIMDTA should always be informed that such an action has been undertaken.

More commonly the next step would be to involve the DME (see Appendix 1). If the problems have implications for progress in training the advice of the training programme director/Head of School or Associate Dean for Foundation Training should be sought. For General Practice trainees the appropriate contact will be the Director/Deputy Director of GP Education and for Dental trainees the Postgraduate Dental Dean/Dental Adviser. The Dental Adviser will be responsible for ensuring that the action plan, detailing review dates, is agreed with both trainee and trainer. The trainer will be invited to meet with the Dental Dean/Adviser to confirm that he/she is prepared to supervise the implementation of the plan.

Many problems will be resolved by local intervention. This will include assessment of need, further documentation and where appropriate remedial action with the support of the local consultant(s)/educational supervisor(s) and their team(s).

Level 3

This level of intervention will be required for a minority of trainees in difficulty who have been identified by LEPs as having difficulties which either have not been resolved by local intervention, or which require further input which is not available locally.

All trainees fulfilling these criteria must be referred to NIMDTA who will undertake further assessment of the needs of the particular trainee and involve HR and Occupational Health

as appropriate. Such cases will be discussed by NIMDTA's Trainee Support Group (terms of reference in Appendix 3).

Where appropriate the trainee will be referred to the Associate Dean for Careers and Personal Development for support and counselling.

Trainees who have been identified with significant problems will be referred to the NIMDTA's Trainee Support Group to agree an appropriate plan of action.

All attempts at targeted training will need to be recorded and monitored with clear indications of how progress has been assessed. Such systems as are agreed and planned for implementation may need to be discussed with Chief Executives, Medical Directors and DMEs. This is not just a matter of courtesy but to ensure that the systems link into Trust based systems for clinical risk management and clinical governance. Trainers responsible for supervising trainees in general medical or dental practice will receive written notification if it has been agreed that the trainee should not return to practice

FITNESS TO PRACTICE

Where a concern about a trainee's performance arises, the GMC (or GDC) and the National Clinical Assessment Service (NCAS) may be approached. NCAS is part of the National Patient Safety Agency and can facilitate case conferences and advise on how to investigate performance concerns. It also offers specialist expertise in assessing complex cases.

If the concern, whether of performance, health or conduct, is so serious as to call into question the trainee's fitness to practice, then the regulator's (**GMC/GDC**) advice should be taken. This approach will therefore only be used in the most serious circumstances.

In all other circumstances, such as immediate concerns that might require exclusion or suspension, general concern about a practitioner's performance, conduct or competence, and in any situation where the local organisation is unsure how to proceed, **NCAS** should be contacted.

APPENDIX 2

Checklist for educational supervisors/trainers: how to diagnose and manage a trainee in difficulty

Symptoms and Signs

Is your trainee demonstrating any of the following?

Anger; rigidity/obsessive behaviour; emotionality; absenteeism; failure to answer bleeps; poor time keeping or personal organisation; poor record-keeping; change of physical appearance; lack of insight; lack of judgement; clinical mistakes; failing exams; discussing a career change; communication problems with patients, relatives, colleagues or staff?

Have there been complaints from patients or staff about any of the following?

Bullying; arrogance; rudeness; lack of team working (e.g. isolation; unwilling to cover for colleagues; undermining other colleagues; criticising or arguing in public/in front of patients); defensive reactions to feedback; verbal or physical aggression; erratic or volatile behaviour

Underlying reasons/explanations

Can you identify any reasons for the above signs and symptoms – for example?

Poor approach to studying; lack of knowledge; lack of skills; lack of confidence; deficient interpersonal skills; language barrier; attitudinal /personality problem; stress due to life events; stress due to work (e.g. dysfunction in the team; problems with trainer/supervisor or the training process; a specific critical incident affecting confidence); poor motivation; health problems; drug or alcohol abuse; physical illness; psychiatric illness; workload; sleep deprivation.

Is the problem due to any of the following factors within the individual?

Capacity – a fundamental limitation that will prevent them from being able to do their job (e.g. mental or physical impairment) even with all reasonable adjustments in place.

Learning – a skills deficit through lack of training or education. In these cases, skills-based education is likely to be appropriate, provided it is tailored as closely as possible to the individual learning style of the trainee and is realistic within existing resources.

Motivation – a drop in motivation through being stressed, bored, bullied or overloaded – or conversely being over-motivated, unable to say no, anxious to please, etc. In these cases some form of mentoring, counselling or other form of support may be appropriate and /or addressing organisational issues like workload, team dysfunction or other environmental difficulties that may be affecting motivation.

Distraction – something happening outside work to distract the doctor; or a distraction within the work environment (noise or disruption; team dysfunction). The trainee may need to be encouraged to seek outside professional help if the problem is outside work.

Health – an acute or chronic health problem which may in turn affect capacity, learning or motivation. Occupational health may have a role here; or the trainee may need to be encouraged to visit his or her GP.

Alienation – a complete loss of any motivation, interest or commitment to medicine or the organisation, leading to passive or active hostility, “sabotage” etc. This cannot generally be rectified and damage can be caused to others (patients and colleagues) and to the organisation if allowed to continue for too long. The trainee should be moved out of the organisation, with whatever support or disciplinary measures may be deemed appropriate.

Investigation

Have you talked to the trainee to gain their perspective?

Have you talked to staff/colleagues confidentially to verify your findings?

Is there any documentary evidence?

Can you talk to other professionals concerned with the trainee’s welfare e.g. GP (with their permission)?

Management

Have you clearly established (within the grounds of medical confidentiality) that any existing health issues are being managed by the trainee’s GP or specialist?

Is an Occupational Health Consultant advising NIMDTA regarding fitness to work in both the short and long term?

Has a Fitness to Practice referral been made to the GMC/GDC?

Have you clearly documented any information or evidence you have discovered?

Have you discussed the purpose of this documentation with the trainee?

Does the trainee understand that the appraisal process is confidential but that some documentation of problems is necessary for regulatory purposes and can you agree on this?

Can and should the trainee remain at work?

Is this a case for a trust disciplinary procedure or referral to the GMC/GDC?

Management Plan

Have you developed and agreed a suitable learning plan with the trainee?

Can you organise and commit to increased and regular supervision?

When will re-appraisal and reassessment take place?

If problems are not or cannot be resolved should this be referred on to the Director of Medical Education /training programme director/NIMDTA?

Further guidance about how and when to act on these concerns is provided below in the Process Flowchart (Appendix 1).

If there appears to be an issue of a possible career mismatch or incorrect career choice, has the trainee received appropriate guidance from the Programme Director, Head of School or Associate Dean for Careers and Personal Development?