

The Severn Deanery Strategy for Dealing with Trainees in Difficulty

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Preface

We would like to particularly acknowledge:

The National Association of Clinical Tutors Guidance 'Managing Trainees in Difficulty - Practical Advice for Educational and Clinical Supervisors' which forms part of this strategy

and

The Wessex Institute Strategy for Dealing with Trainees in Difficulty which has provided the basis for much of the remainder of this strategy

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Severn Deanery

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Section 1

Introduction and acknowledgments

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1. Introduction and acknowledgements

This strategy is designed to provide a framework for dealing with Trainees in Difficulty in Severn. Many similar guides have been developed over the last few years including policies developed in Severn by Drs Mike Ruscoe and Geoff Wright. This strategy builds on those. We have taken in its entirety the National Association of Clinical Tutors Guidance 'Managing Trainees in Difficulty - Practical Advice for educational and clinical supervisors' written by Dr Ian Curran as the first part of this strategy. The foreword to that document acknowledges the many other guides that Ian Curran consulted and used.

http://www.nact.org.uk/pdf_documents/nactdocs/Trainees%20in%20Difficulty%20Jan%202008.pdf

The other strategy we have extensively borrowed from is the strategy from our former sister institute, now the Wessex Deanery, which was written by Dr Rosie Luszkat, Dr Jenny King and Professor Clair du Boulay. That document provides an excellent overview of the evidence base for dealing with trainees in difficulty.

http://www.nesc.nhs.uk/pdf/WES_DiD_Strategy_20071202.pdf

This document is designed to provide strategic guidance to all those within Severn who are involved in managing and supporting trainees in difficulty:

- Those responsible for the education and training of trainees, from Foundation Year 1 through to Consultant grade and GP Principal or equivalent.
- Occupational Health doctors.
- Those involved in the management and clinical governance of trainees, including Human Resources (HR), Medical Directors, Clinical Directors and Directors of Clinical Governance
- Doctors themselves (including trainees, staff grades, Consultants, GPs and any doctor in difficulty within Severn).

Using this Guidance

For initial management of trainees in difficulty, the National Association of Clinical Tutors Guidance 'Managing Trainees in Difficulty - Practical Advice for educational and clinical supervisors' provides an excellent and simple framework.

http://www.nact.org.uk/pdf_documents/nactdocs/Trainees%20in%20Difficulty%20Jan%202008.pdf

Most of the remainder of this document lays out the further management of trainees in difficulty and provides more detail on the resources available in Severn

1.1 Background

Most doctors, at some stage in their career will encounter either personal or professional problems which will affect their performance. Early identification and management improves the chance of trainees successfully completing their training.

There are a small number of trainees who have serious and chronic performance problems that not only pose potential risks to patients but can involve considerable investment of resources in trying to remedy these problems, with varying degrees of success. This Strategy encompasses the whole spectrum of performance difficulties.

Level 1

At one end are the more minor concerns or dilemmas, presenting a potentially low risk to patients or others, for which a formative developmental approach will be appropriate. These trainees will be primarily managed by their **Educational or Clinical Supervisors** with support from the appropriate School and / or the local Director of Medical Education.

All problems should initially be assessed and recorded using the NACT documentation:

http://www.nact.org.uk/pdf_documents/nactdocs/Trainees%20in%20Difficulty%20Jan%202008.pdf

The local Director of Medical Education should always be kept informed of any local problems.

Level 2

Next come the problems that, if left undetected or untreated could pose a moderate risk to the individual trainee, the patients or the organisation, but are not yet sufficiently serious to warrant disciplinary action. At this stage the **School and / or local Director of Medical Education** will be actively involved, possibly with advice from the Deanery. The NACT documentation may still be useful, some Schools will have specific procedures and documentation (Appendices)

Level 3

At the other end of the spectrum are the serious and/or repetitious performance problems that present a high level of risk to patients and others and which require a skilled and possibly disciplinary approach. The **Deanery** will be closely involved with these problems.

1.2 Values, Purpose and Principles

The values of the Severn Deanery include:

- Striving for excellence
- Working together
- Acting with integrity
- Empowering with support”.

The aim of this guidance is to help ensure that trainees who may be getting into difficulty are identified and supported as early as possible, in order to avoid escalation into a more serious problem requiring major intervention. This guidance provides a formalised approach to managing poorly performing trainees and trainees in difficulty, based on the following underlying principles:

- Transparent, easily accessible and understood by all
- Evidence based
- Clear criteria for assessment and decisions

- Responsible use of funding and resources
- A culture of support and development
- No compromise on patient care
- Consistent application of guidelines

1.3 The evidence base

This is covered in the Wessex Strategy:

http://www.nesc.nhs.uk/pdf/WES_DiD_Strategy_20071202.pdf

and in:

Cox, J., King, J., Hutchinson, A., and . McAvoy, P (2006). *Understanding Doctors Performance*. Oxford: Radcliffe Publishing (published in association with the National Clinical Assessment Service of the National Patient Safety Agency)

Conclusions from the evidence

- A trainee's performance is affected by a complex array of issues
- Behavioural factors play a significant part in the majority of performance problems
- The influence of work context and environment should not be underestimated and needs to be fully explored alongside factors in the individual (e.g. bullying/harassment)
- Educational factors, both before and after qualification, have an impact on trainees' performance
- Early signs of performance problems are possible to detect and, in most cases, potentially amenable to early intervention
- Physical and psychological health problems are a significant factor in underperformance, but are often under-diagnosed and poorly managed
- The evidence on prevention is weak but suggests that properly constituted teams may be one important factor, together with effective transfer of information from universities to educational supervisors
- Stress and depression are important factors in performance problems and require the cooperation of HR managers, general managers and educationalists to identify and understand the pressures on trainees and manage them accordingly
- Evidence on effective remediation of problems is limited. Improved cooperation is required between different professional disciplines e.g. occupational medicine specialists, neuropsychologists, employers.
- Evidence of the ability to change behaviour is poor. Behaviour and cognitions are thought to be easier to change than personality.
- In education and training, remediability is more clear-cut. Evidence centres on helping poor performers to develop deeper learning styles, better coping strategies for stress and improving insight through training
- Poor insight is difficult to remedy

All of this evidence is crucially important in emphasising that problems in a trainee's performance can be detected as early as medical school and suggest that early detection could help to prevent more serious difficulties occurring later on in the doctor's career.

Section 2

The Parameters

This section sets out

- 2.1 Roles and Responsibilities
- 2.2 Supporting infrastructure
 - 2.2.1 Associate Dean for Trainees in Difficulty
 - 2.2.2 Operational Panel
 - 2.2.3 Reference Group
 - 2.2.4 Information
 - 2.2.5 Training and Development .

2. THE PARAMETERS

2.1 Roles and Responsibilities

In an ideal educational environment, all trainees would have both the skills and the confidence to reflect on their own performance and to identify when it was consistently or regularly falling short of anticipated professional standards. This is often prevented by factors including the blame culture within clinical medicine and the current high public expectations. These factors can cause errors and lead to problems being driven underground where they have the potential to cause more lasting and frequent damage. It is therefore essential to actively encourage an open and supportive process for dealing with identified educational problems.

Clinical supervisors, educational supervisors and clinical tutors have a vital role to play in identifying potential poor performance early (see Section 3.1) and putting in place an agreed plan to manage the identified weaknesses. This not only involves direct contact with the trainees themselves, but also requires the supervisor to seek views from other members of the clinical care team including other doctors in training, nurses and, where relevant, patients and their relatives.

2.2 Supporting infrastructure

2.2.1 Associate Dean for Performance (MOC)

Associate Dean with specific responsibility for trainees in difficulty provides strategic lead and direct support to educators on matters concerning trainees in difficulty, on behalf of the Postgraduate Dean.

2.2.2 Operational Panel

Severn Deanery members who deal directly with Trainees in Difficulty and includes:

- Associate Dean for Performance (Chair)
- Postgraduate Dean or Deputy Postgraduate Dean
- Business Manager
- Foundation School Director
- Head of School of Primary Care
- Chair of Directors of Medical Education

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(or their Deputies / Representatives)

Responsibilities

- Ongoing monitoring of those trainees in difficulty referred to the Deanery, with regard to progress and costs.
- Monitoring RITA and ARCP outcomes.
- Ensuring that all aspects are covered and all resources mobilised in individual cases.
- Ensuring that risks are identified and managed appropriately including risks to individual trainee, their colleagues, their employers and patients under their care.
- Deciding when to refer on to NCAS or GMC.

- Deciding when to terminate training if required.

This panel meets approximately every three months.

2.2.3 Reference Group

This group will have wider membership including trainee, HR and lay representation and meet annually.

Responsibilities

- Shape the Deanery framework for trainees in difficulty.
- Ensure that the interests of all parties are met by the framework.
- Validate and quality-assure the work of the Deanery with trainees in difficulty

2.2.4 Information

The revised framework will be published on the Deanery website and updated as required. Information regarding the framework will also be distributed via existing educator networks and during specific workshops with trainees and groups of educators.

2.2.5 Training and Development

A rolling programme to inform and develop knowledge and skills of all those involved in dealing with trainees in difficulty has been commenced and will continue indefinitely. It includes:

- Trainees
- Clinical and Educational Supervisors
- Lead Educators
- PGC Managers
- Medical Personnel Specialists
- HR Directors
- Medical Directors

This will include written information as well as workshops and conferences. Dates will be accessible via the Deanery website but will be brought to the direct attention of the relevant groups as appropriate.

Section 3

Assessment

This section sets out...

3 Assessment

3.1 Level 1

3.1.2 Level 2

3.1.3 Level 3

3.2.1 Support for Trainees

3.2.2 Targeted training

3.3 The role of external agencies

3.4 Documentation

3.5 Success criteria

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3. Assessment

The goals of a rigorous assessment process must include:

- Comprehensive and accurate assessment that:
- Recognises the influence of context on an individual's performance
- Sets clear objectives
- Agrees a defined and finite time-scale with outcome measures
- Monitors and reviews
- Systematic documentation

3.1.1 Level 1

All possible steps should be taken to identify and act on early signs and symptoms of difficulty. This helps to prevent problems escalating to a more serious situation that may pose greater risks to the trainee, to colleagues, to patients and/or to the organisation in which the trainee works. It is key that any concerns are addressed and documented initially using the level 1 framework and the NACT guidelines.

http://www.nact.org.uk/pdf_documents/nactdocs/Trainees%20in%20Difficulty%20Jan%202008.pdf

3.1.2 Level 2

In certain situations such as a major clinical incident the most appropriate course of action will be to follow the disciplinary procedures of the Trust (in accordance with the 'Maintaining High Professional Standards' framework). However the Director of Medical Education must be informed that such an action has been undertaken.

More commonly the next step would be to involve the Director of Medical Education. Depending on local circumstances and whether the problems may have implications for progress in training for that trainee, it may also be appropriate to seek the advice of the College Tutor, Training Programme Director and /or Regional Advisor. For General Practice trainees the most appropriate contact may be the Associate Director of GP Education.

Schools and DMEs may wish to use the NACT guidelines, or the detailed framework in **Appendix 1** which is taken from the Wessex strategy and based on NCAS domains. Alternatively there may be School or Trust specific documentation. The key is that the documentation follows the goals above.

3.1.3 Level 3

This level of intervention will be required for a minority of trainees in difficulty who have been identified by Directors of Medical Education and or Training Programme Directors / Heads of School as having difficulties which either have not been resolved by local intervention, or which require further input which is not available locally.

Further assessment is usually undertaken by the Associate Dean for Performance. The aim is to identify areas for further Occupational Psychology / behavioural assessment and / or specific remediation.

As **general principles**

- Good communication should be maintained at every stage
- For Specialty Trainees the Severn Deanery Specialty Manager should be informed as appropriate and as early as possible
- The educational processes need to link closely with Trust internal procedures, and close communication between the responsible individuals at Deanery and Trust level is crucial.

3.2.1. Support for trainees

Services and individuals will be identified and available for use by trainees where appropriate. (personal and professional problems)

Within Severn, there are agencies and individuals who have been identified to undertake work in agreed areas. These are listed in **Appendix 2**.

3.2.2 Targeted training

Where the best solution to a trainee's problem is removal from their current post to a post for targeted training the following principles should apply:

- Selection of an appropriate educational supervisor is a key requirement. Inevitably there will be implications for the individual supervisor in terms of time and ability to deal with their usual clinical commitments and these need to be considered.
- Consideration should be given as to whether a trainee should be supernumerary or in a substantive post and this will be decided after discussion between the Associate Dean for Performance and School / DME. There may be resource implications with regard to trainee and trainer which must be resolved prior to any approval of targeted training.
- Finally, stigmatising of the trainee as a "problem" should be avoided and the process should ideally remain confidential. However there is a balance to be struck here with patient safety. Decisions and their rationale should be documented.

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 Directors of Medical Education. 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.

3.3 The role of external agencies

Where a concern about a doctor's or dentist's performance arises and the employer or contractor feels they need help, the question is often asked: Who should we contact? Three different organisations are often then considered: the GMC (or GDC), NCAS or the medical royal college covering the relevant clinical specialty. What then guides the approach taken is broadly as follows.

- If the concern, whether of performance, health or conduct, is so serious as to call into question the doctor or dentist's license to practice, then the regulator's (**GMC/GDC**) advice should be taken. This approach will therefore only be used in the most serious circumstances.
- On the other hand, if the concern is more broadly based about a whole clinical service rather than about one or more individuals within a team, or where the organisation is unsure whether the treatment of a specific group of patients has met accepted standards, the **colleges** are often contacted for advice.
- 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

In any event, all of those organisations work closely together and have published memoranda of understanding outlining how they work together. Contact with any of them will enable a discussion of how a concern is best handled and which agencies should be involved.

In addition to the local specialist support available within Severn, NCAS has produced a national Directory of Resources for doctors who may require specific forms of support – including behavioural coaching, cognitive behavioural therapy, communication skills training, career counselling, coping with change, etc.

3.4 Documentation

3.4.1 Keeping records

All educational contacts relating to potential poor performance, should be contemporaneously recorded and copies given to the trainee. **Documentation should commence as soon as a performance concern comes to light.** 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 (see also section 4 below).

Should a problem with a trainee become more serious or repetitious, it may be advisable to seek guidance from the local HR Manager or Director 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 trainees without their knowledge or consent.
- Records of conversations should be held confidentially, with the trainee's knowledge and consent, by the person who has conducted the assessment of the problem with the trainee 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, again with the consent of the trainee where possible. Transfer of information about trainee trainees' 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.

3.5 Success Criteria

Effective management of trainees in difficulty requires being clear about the criteria for success. This also facilitates audit and evaluation of the whole process.

We have drawn a distinction between success criteria for the organisation (i.e. the Severn Deanery), for the individual trainee and for the team in which the trainee works. The overarching success criterion is a 'return to safe practice'

Success for the Severn Deanery would mean that:

- Everyone feels competent and capable of dealing with trainees in difficulty
- Educational supervisors have a proper programme for their own development
- Proof of probity, efficiency and effectiveness i.e. robust and defensible practices (including documentation)
- There is evidence of early intervention
- Every Severn Deanery trainee clearly understands the boundaries and knows they will be treated fairly but firmly
- There is an increase in early reporting and a decrease in serious cases through a reporting system
- Problems are being dealt with earlier (Level 1)
- There is local resolution wherever possible

Success for the individual trainee would mean:

- The individual trainee shows improved behaviour and/or performance
- The trainee can make a successful change of career
- The problem is resolved within a reasonable time-scale

- The Trainee feels fairly treated, relieved, supported and that the outcome was acceptable

Success for the team would mean:

- The patient would be safe
- The pressure on the team would be reduced or eliminated
- The team functioning would improve

Section 4

Educational Governance

This section sets out Educational Governance

4. Educational Governance

Clinical Governance is the means by which organisations ensure the provision of quality clinical care by making individuals accountable for setting, maintaining and monitoring performance standards.

Clinical Supervision is a formal process of professional support and learning which enables trainees to develop knowledge and competence, assume responsibility for their own practice and enhance patient safety in complex clinical situations.

By focusing on clinical work and skills development, clinical supervision supports some of the central requirements of clinical governance and is the central plank of educational governance.

The main role of the clinical supervisor in relation to trainees is:

- To provide appropriate clinical learning opportunities for students in their clinical setting
- To give students appropriate feedback in order for them to learn and develop clinical skills
- To participate in the assessment of trainees' clinical skills.

The management of trainees in difficulty needs to be underpinned by clear governance arrangements. These include a quality improvement, control and assurance process, as well as risk management and risk assessment. There must also be robust and systematic documentation, supported by audit and risk assessment at each stage of the decision making processes.

The work of the Severn Deanery with trainees in difficulty will be audited regularly. Both the Operational Panel and the Reference Group will ensure that the risks are managed appropriately and that the framework continues to meet the needs of all parties involved in the processes

Appendices

Appendix 1	Level 2 framework for assessing a Trainee in Difficulty
Appendix 2 Appendix 3	Support for trainees. Level 2 flowcharts for the Foundation School
Appendix 4	Level 2 flowchart for the School of Primary Care

Appendix 1

Level 2 Framework for assessing a Trainee in Difficulty

A possible framework for assessing a Trainee in Difficulty.
NACT guidelines or School specific guidelines may be followed if preferred.
Assessment must follow the principles laid out in Section 3

A framework for assessing a Trainee in Difficulty

1.1 Signs and Symptoms

The evidence referred to in section 1.3. highlights the factors that can signal the early signs and symptoms of difficulty. The majority of these are behavioural but also include signs of clinical incompetence – e.g. poor record-keeping; poor clinical decision-making and judgement; inappropriate referrals; etc.

3.1.2 Underlying reasons and explanations

Successful remediation or support for trainees in difficulty requires an accurate understanding of the underlying reasons for the difficulty. This increases the likelihood of being able to tailor subsequent intervention to the individual's circumstances, personality, abilities or learning style (e.g. McManus et al, 2004).

The following checklist has been developed to help educational supervisors and others diagnose and manage the early signs of a trainee in difficulty.

3.1.3 Checklist for educational supervisors - how to diagnose and manage a trainee in difficulty

Symptoms and Signs

- Is your trainee demonstrating any of the following?
- Anger, Rigidity/Obsessionalism, 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; (e.g. 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). If so, then a change of role or job may need to be considered.
- *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 trainee; 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 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?

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?

Appendix 3

Support for trainees

This appendix sets out the specific support for Trainees in Difficulty available in the Severn Deanery

Support for Trainees

- Career management (this post is currently being advertised)
- Individual Counselling Services (provided by One-to-One)
- Detailed Behavioural Assessment
 - Available after an initial assessment by the Associate Dean for Performance

Appendix 3

Level 2 flowchart for the Foundation School

This appendix sets out the Level 2 flowcharts for the Foundation School

Level 2 flowchart for the Foundation School

For F1 doctors

http://www.severninstitute.nhs.uk/Docs/f1_training_support.pdf

For F2 doctors

http://www.severninstitute.nhs.uk/Docs/f2_training_support.pdf

Appendix 4

Level 2 process for the School of Primary Care

This appendix sets out the Level 2 process for the
School of Primary Care

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Level 2 process for the School of Primary Care

What to do if you have concerns about a trainee's performance

March 2009

This guidance supports the “Severn Trainees in Difficulty Strategy” (STDS) and is particularly focussed to address issues facing supervisors based in general practice.

- 1) **How are performance concerns categorised?** The STDS identifies three levels:
 - Level 1: Minor concerns or dilemmas, presenting a potentially low risk to patients.
 - Level 2: Problems that, if left undetected or untreated, could pose a moderate risk to the individual trainee, the patients or the organisation, but are not yet sufficiently serious to warrant disciplinary action.
 - Level 3: Serious and/or repetitious performance problems that present a high level of risk to patients and others and which require a skilled and possibly disciplinary approach.

- 2) **What might constitute level 1 concerns?** These might involve issues regarding skills and knowledge, such as repeated poor retention of learning from tutorials, relatively poor acquisition of communication skills following appropriate feedback, minor language issues etc. There might also be minor attitudinal issues, such as poor interaction with other team members, or minor health issues, such as repeated single days off sick.

- 3) **How should a supervisor manage Level 1 concerns?** There are four important principles. (Supervisors are also advised to consult the STDS for further information)
 - **Gather further information.** Your observations may be isolated or the “tip of the iceberg”. You should gain as much feedback as possible from other team members and supervisors to elicit if these concerns have arisen in other settings and/or over a period of time.
 - **Record Observations.** Specific examples of behaviour with dates and settings should be recorded, including those noted by others, when appropriate. Initially, it is appropriate for this information to be kept personally by the supervisor.
 - **Seek Support.** At an early stage, seek support from others to “test” your concerns, and to validate that your early management is appropriate. For minor concerns, this might involve a discussion with the local Programme Director (GPE), or confidentially (and anonymously) with an experienced trainer or during a trainers’ workshop session.
 - **Feedback to Trainee.** At this stage, concerns will be primarily addressed through a formative, educational approach. The trainee needs to be made aware at the earliest opportunity about the nature of the concerns, and a personal development plan [sheet 7] should be formulated to address the issues, with clear agreement about a timescale for improvement. The discussion and plan should be documented: the STDS suggests using the [NACT proformas](#) (which would need to be scanned on to the e portfolio). An interim CSR [Sheet 2] may also be helpful, to document the issues and set a benchmark against which future progress can be assessed. The trainee would also be expected to reflect on the issues raised by the supervisor within their shared log as a “professional conversation”.

- 4) **What might constitute Level 2 concerns and how are they managed?** Examples might include significant attitudinal issues, such as repeated poor attendance or punctuality at work or learning sessions or deficiencies in clinical performance that fall well short of expected. A level 1 concern might also evolve into Level 2 if the trainee fails to make progress in the agreed development areas, or shows lack of

insight into the issues raised. In this situation, the 4 principles in 3) still apply, but in addition, the patch GP Associate Director should be contacted to give support and advice regarding management. Clearly, the more serious level 3 concerns should be notified to the patch AD without delay.

- 5) **What is the role of the ARCP panel and ES Report?** In the case of level 1 concerns, it would be appropriate to highlight these in the ESR and request a panel review at the next routine ARCP panel. Level 2 and Level 3 concerns should always be highlighted to the deanery and addressed promptly - it is not expected that these will only come to light at a panel review. The panel will, however, come to a judgement as to whether training progress is satisfactory, and whether concerns raised are being addressed. It is therefore important that all concerns are documented adequately on the e portfolio (in ESR or CSR).