East Midlands Healthcare Workforce Deanery

MANAGING PERFORMANCE

PROBLEMS

GP SPECIALTY REGISTRARS

JANUARY 2012
Dr Kevin Hill

CONTENTS

INTRODUCTION

All doctors have learning needs, and doctors in the training grades are specifically placed within the service environment to develop their knowledge and skills through experiential learning. It should not be expected therefore that doctors in training are prepared to deal with all the problems that they might face, hence the need for appropriate supervision and monitoring.

However there are occasions, when through supervision and monitoring, a doctor's performance gives cause for concern, perhaps raising potential clinical governance issues. Whilst supporting a doctor in difficulty, **patient safety should always remain the paramount consideration**.

Performance problems can occur for a variety of reasons, but primary fall into one or more of the following groups:

- Clinical knowledge and skills
- Communication skills
- Professional behaviour and attitudes
- Health issues including stress related problems, alcohol or drugs
- Social factors – isolation, integration, family issues

Conduct issues should be dealt with separately through appropriate disciplinary processes - Employer / Trust / General Medical Council

Further detailed advice for managing conduct issues and performance issues can be found in this document, however the underpinning guidance is found in

A guide to Postgraduate Specialty Training in the UK - Department of Health. 2010 (The Gold Guide)
http://www.mmc.nhs.uk/pdf/Gold%20Guide%202010%20Fourth%20Edition%20v08.pdf

Maintaining High Professional Standards in the NHS - Department of Health. 2005
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4103586

Good Medical Practice - General Medical Council. 2006
http://www.gmc-uk.org/guidance/good_medical_practice/index.asp

SERIOUS UNTOWARD INCIDENT - NOTIFICATION TO THE DEANERY

Should a major clinical event occur in which a GP Specialty Registrar is involved, such that media publicity is likely the Deanery must be involved at an early stage.
(The Gold Guide, paragraph 8.32)

Similarly should a conduct issue become the subject of police investigation or is likely to attract media attention the Deanery must be informed promptly.

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IN-PROGRAMME INTERVENTION

Many performance problems can be dealt with effectively within a doctor's current post. **The key is often early intervention**, identifying specific learning needs and setting clear objectives with the doctor concerned. Progress against the objectives should then be monitored.

The Clinical Supervisor report at the end of the first four months of training may give an indication of any concerns. Paice (2006) identified seven key early warning signs of a trainee in difficulty. She described these in terms of observed behavioural patterns.

The seven key early warning signs:

1. The disappearing act – lateness, unexplained absence from work, just not being reliable.
2. Slow work rate – apart from the obvious this relates particularly to trainees who fail to engage with the e-Portfolio, make few log entries, do not complete the minimum number of WPBA etc.
3. Ward rage – i.e. outbursts of temper.
4. Rigidity – poor tolerance of ambiguity, inability to compromise.
5. Bypass syndrome – nurses and others avoid seeking opinions from trainees.
6. Career problems – difficulty with exams, uncertainty about career choice.
7. Lack of self-awareness – rejection of constructive criticism, defensiveness, counter-challenge

Documentary evidence should be kept and signed by the doctor and the Educational Supervisor

For significant concerns GP trainers / educational supervisors or clinical supervisors should seek informal advice from the Programme Director

Usually the training placement can be completed satisfactorily and an appropriate report as to the doctor's progress included in their e-portfolio.

If a health issue is suspected, advice regarding an Occupational Health assessment should be sought. This can be arranged through local Trust Occupational Health Services or via the Deanery, which has good working relationships with Consultants in Nottingham and Leicester, who have a good understanding of the specific issues regarding doctors in training. Such an assessment would normally review the impact an individual's health problem on their employment and ability to undertake training. An occupational health physician may give advice to the employer or suggest modifications to training e.g. less than full-time training

A doctor's progress through training is assessed by the Annual Review of Competence Progression process as described in the Gold Guide, however addressing significant concerns should not be deferred to await a panel review, but should be raised at an early stage.

It should never come as a surprise to registrars that formal action is under consideration since any shortcomings should be identified and discussed with them as soon as it is apparent that they may have an effect on progress. All decisions should be recorded in writing and the doctor-in-training should always be allowed to put their views in full before any decisions are made.

INDIVIDUAL ROLES IN MANAGING PERFORMANCE

All Medical Practitioners

All doctors have a duty as outlined in 'Good Medical Practice' and 'Good Medical Practice for General Practitioners' that 'if you have concerns that a colleague may not be fit to practise, you must take appropriate steps without delay, so that the concerns are investigated and patients protected where necessary. This means you must give an honest explanation of your concerns to an appropriate person from your employing or contracting body, and follow their procedures.'
(Good Medical Practice, paragraph 43)

GP Specialty Registrar

A GP Specialty registrar has a duty to maintain a folder of information and evidence drawn from their practice and reflect regularly on their standards of medical practice. A GP specialty registrar also has an obligation to respond constructively to the outcomes of any appraisal or performance review.
(Good Medical Practice, paragraph 14)

Clinical Supervisor

The clinical supervisor for each placement is usually a senior doctor, who is responsible for ensuring that appropriate clinical supervision of the GP specialty registrar's day-to-day clinical performance occurs at all times, with regular feedback.

The clinical supervisor should offer a level of supervision necessary to the competences and experience of the GP specialty registrar and tailored for the individual ensuring that the registrar is not required to assume responsibility for or perform clinical, operative or other techniques in which they have insufficient experience and expertise. The clinical supervisor must also ensure that registrars only perform tasks without direct supervision, when the supervisor is satisfied that they are competent so to do; both registrar and supervisor should at all times be aware of their direct responsibilities for the safety of patients in their care.
(The Gold Guide, paragraph 4.23)

The clinical supervisor is responsible for completion of the Clinical Supervisor's Report for the registrar's e-portfolio at the end of the placement.

Significant performance concerns identified by the clinical supervisor should be shared with the registrar's Educational Supervisor and Programme Director.

If appropriate, the clinical supervisor may also need to inform clinical governance officers and the employing / contracting Trust of significant clinical events.

Educational Supervisor

The Educational supervisor, usually a GP trainer, is responsible for overseeing training to ensure that GP specialty registrar's are making the necessary clinical and educational progress.

The educational supervisor should develop a learning plan and educational objectives with the registrar which is mutually agreed and incorporates actions that may be required following feedback from clinical supervisors.

Educational supervisors should ensure that registrars whom they supervise maintain and develop their learning portfolio and participate in the specialty assessment process. They should provide regular feedback to the registrar on their progress.

Educational supervisors are responsible for ensuring that the structured report, which is a detailed review and synopsis of the registrar's learning portfolio is available for the annual review of competence progression (ARCP).

The educational supervisor should be able to advise the trainee about access to career management (The Gold Guide paragraph 4.22)

It is imperative that educational supervisors provide honest and objective feedback to their registrar to ensure that the registrar has a clear perspective on their progress and any concerns regarding their performance. It is not helpful if, with the best of intentions, a registrar is given a false impression of their level of performance.
(Good Medical Practice, paragraph 18)

Significant performance concerns identified by the educational supervisor should be shared with the Programme Director.

If appropriate, the educational supervisor may also need to inform clinical governance officers and the employing / contracting Trust of significant clinical events.

Programme Director
Programme Directors have responsibility for managing specialty training programmes in their locality. They provide support for clinical and educational supervisors within the programme.

Programme Directors are expected to help the Postgraduate Deanery manage GP specialty registrars who are running into difficulties by supporting educational supervisors in their assessments and in identifying targeted training placements where required. In most cases, the Programme Director will also act as the 'Key Worker' following an Outcome 2 or 3 given by an ARCP panel (see below).

When planning adjustments to individual programmes as a result of poor performance Programme Directors must take into account the collective needs of the registrars in the programme.
(The Gold Guide, paragraph 4.13)

In managing performance problems Programme Directors are expected to work closely with their 'patch' Associate Postgraduate GP Dean. Programme Directors are often best placed to liaise with hospital Trusts when a performance concern raises clinical governance issues or requires the involvement of the human resources department.

Associate Postgraduate GP Dean
The Associate Postgraduate GP Deans have geographical or functional responsibilities for general practice training programmes and form the key link between training programmes and the Deanery.

In managing performance concerns, APDs can assist in identifying targeted training placements either locally or on neighbouring programmes. They also act for the Deanery in overseeing the progress of a GP specialty registrar during targeted training.

APDs are a source of advice for educational supervisors and training programme directors.

Associate Postgraduate Dean responsible for performance (Dr Kevin Hill)
Dr Kevin Hilll takes the day-to-day operational role at Deanery level in managing performance concerns. He is available for advice on assessment and action planning.

The Performance Lead works closely with the Heads of Academy and Associate Postgraduate Dean colleagues, who support doctors in difficulty in other specialties. He is involved in the work of the Training Support Service and can advise on referral to this Service for more detailed assessment and interventions.

GP Dean (Dr Sheona MacLeod)
The GP dean has overall responsibility for the Deanery management of performance problems. Should a GP specialty registrar appeal against decisions made as a result of the Annual Review of Competence Progression or other adjudication then the GP Dean would chair an appeal panel unless there is a conflict of interest.

Employer
The employer has responsibility to manage issues of conduct and capability in line with the Department of Health guidance 'Maintaining High Professional Standards in the NHS'. However in dealing with capability issues for doctors in training there is an expectation that they will liaise with the Deanery.
(Maintaining High Professional Standards in the NHS, section IV paragraph 7)

In the first instance where there are issues around poor performance and professional competence, employers should advise the Postgraduate Dean of any registrar who is experiencing difficulties and the action being taken to support and remedy any deficiencies. The Postgraduate Dean and employer must work closely together to identify the most effective means of helping/supporting the registrar, whilst ensuring that patient safety is maintained at all times. Educational and informal but clearly identified and documented action should be taken wherever possible, prior to invoking formal measures.
(The Gold Guide. 8.31)

Section 8 of The Gold Guide provides guidance for the Employer and Deanery on communication regarding performance concerns.

Primary Care Trust
Primary Care Trusts are responsible for managing the Performers List of doctors working in general practice, including GP Specialty Registrars. The NHS (Performers List) Regulations 2004 allows a PCT to take action including removal from the Performers List in cases of poor performance. The Primary Care Trust have a clinical governance role in addressing capability issues for doctors but are expected to liaise with the Deanery when concerns regarding GP Registrars are raised.

A GP Specialty Registrar who is not accepted onto a Performers List or is subsequently removed from the List cannot undertake clinical activity in practice (The Gold Guide. 8.11) and would not be in a position to complete their training programme.

Under the Performers List Regulations, a GP registrar on the Performers List who is convicted of, accepts a police caution for or is charged with an offence must notify the Primary Care Trust in writing within SEVEN days.

THE CAUSES OF PERFORMANCE CONCERNS

Evidence from cases referred to the National Clinical Assessment Service (NCAS) indicates than in many cases performance concerns are multi-factorial. A brief overview was given in the introduction, but this section provides more detailed information.

A sympathetic discussion between the registrar and the clinical supervisor, educational supervisor or training programme director may elicit facets of the problem that have not been disclosed.

Clinical knowledge and skills

All doctors entering a new placement will have learning needs related to the specific knowledge and skills required of that specialty. It is important that these are discussed at an early stage with the clinical supervisor in order that the registrar is not required to assume responsibility for or perform clinical, operative or other techniques in which they have insufficient experience and expertise.

The registrar's Personal Learning Plan should reflect these needs and the requirements of the GP curriculum.

Whilst it accepted that part of a doctor in training's role is to deliver service, it should be recognised that these placements are training posts which should provide appropriate induction and education. It is not expected that on day one in a new post the doctor is fully equipped to undertake all the duties of the post. The clinical supervisor must ensure that registrar only performs tasks without direct supervision, when the supervisor is satisfied that they are competent so to do.

Usually knowledge and skills deficits can be overcome by appropriate educational interventions tailored to meet specific objectives documented in a learning plan.

Communication skills

Although poor English language skills are unusual, a number of doctors in their early years in the UK can sometimes have difficulty with local dialect and colloquial phrases. Similarly although the spoken English may be of a sufficient standard when assessed using PLAB or IELTS, under stressful circumstances rapidity of speech or unusual phraseology can be a source of communication difficulties. Non-verbal communication, the registrar's body language and picking up non-verbal cues can be a challenge for some registrars. The Deanery can access language assessment and support in certain circumstances

Another problem area may be consultation skills. Some doctors find difficulty in moving away from a doctor-centred medical model of consulting in a parent-child transactional format. Where patients have become used to a participative approach with shared decision making, the former approach has the potential to be a source of patient dissatisfaction and generate complaints. Focussed teaching can overcome deficits in consultation skills, but for some doctors this may be deeply engrained though their cultural background or prolonged experience in a different specialty.

Professional behaviour and attitudes

Good Medical Practice provides the underpinning guidance on professional behaviour and attitudes and it is against these standards that a doctor should be assessed.

Inappropriate professional behaviour may be manifested either in the workplace or take place in other locations. At its extreme it may involve serious misconduct or criminal behaviour.

In the workplace failings are often manifested in team working which is at the heart of modern medicine. Guidance on working in teams emphasises respect for colleagues and warns against harassment, bullying and discrimination
(Good Medical Practice, paragraphs 41, 46, 47)

Multi-source feedback tools can enable doctors to reflect on their behaviour and can form to basis for interventions such as occupational psychology or specific coaching.

Serious misconduct e.g. theft or prescription abuse will trigger disciplinary procedures and usually General Medical Council referral. Doctors have a responsibility to report any police convictions, cautions or charges must be communicated to the GMC. (Good Medical Practice paragraph 58)

Health
Health issues including stress related problems, alcohol or drugs are not unusual as underlying causes of performance difficulties. The NCAS suggests that in 20% of referrals health is an issue.

Good Medical Practice places an obligation on doctors to seek help from a qualified colleague and follow professional advice if they feel their judgement or performance is being adversely affected by a health problem. Although there is reluctance amongst doctors to disclose health issues particularly psychological problems or alcohol / substance misuse issues.
(General Medical Council, paragraph 79)

Stress related problems may be related to both the professional and personal aspects of a registrar's life. Examples might include difficulties in decision making though lack of confidence or a marital breakdown.

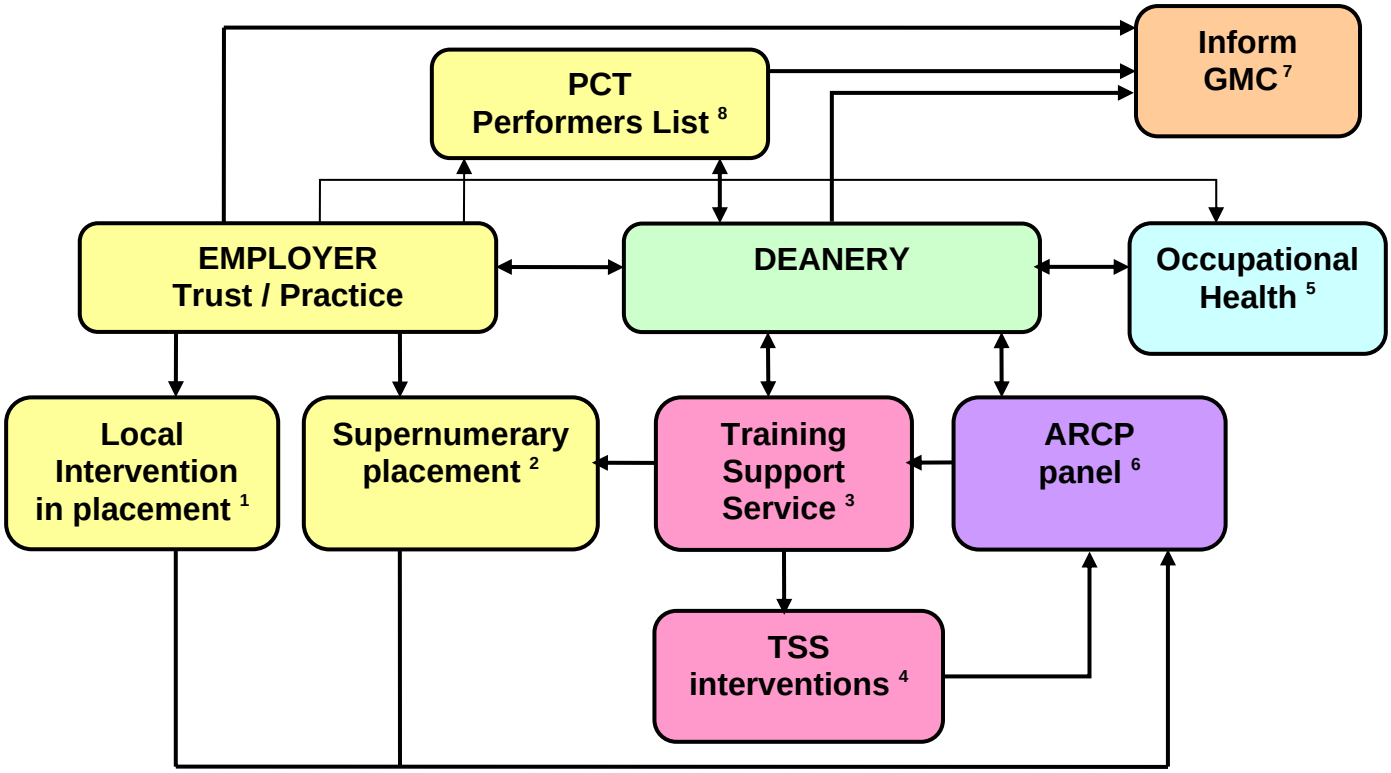
When identified, matters relating to ill-health or to substance misuse should be dealt with through occupational health processes and outside disciplinary procedures where possible. Referral to occupational health will usually be undertaken by the employer but this may also be arranged through the Deanery if the registrar has been referred to the Deanery because of performance concerns.

When the doctor's fitness to practise is impaired by a health condition, the GMC must be told and the Postgraduate GP Dean should be informed in writing. The GMC should also be involved if the doctor fails to comply with any measures that have been put in place locally to address health issues.
(The Gold Guide, paragraph 8.34)

Social factors
A number of social issues may impact adversely on performance. A doctor may have moved to take up a post leaving family in another location or may be travelling a significant distance to work. There may be difficulties in integrating into new communities or cultural divisions. Family issues such as divorce, illness or financial problems may all be contributing to a doctor's performance.

The Deanery can provide limited counselling support focussed on work issues, but other personal counselling should be accessed though the registrar's own GP.

PERFORMANCE MANAGEMENT OVERVIEW



Notes

1, For minor performance issues early identification and intervention may be all that is required. This may require advice from and monitoring by the local Programme Director.

2. Where performance concerns raise a significant patient safety risk, it may be necessary to make a doctor supernumerary in the department to receive more intensive support. Such a placement would not normally be counted by the GMC towards a CCT.

3. Funding for the doctors supernumerary placement (not on-call) and payments for additional supervision (0.5 session per week) are accessed through the TSS.

4. TSS can evaluate issues underlying poor performance and initiate appropriate intervention e.g. counselling, coaching, occupational psychology, communication skills, cognitive issues. Trainees can self-refer to TSS. Information on progress, with the permission of the trainee can be fed back to the Deanery

5. Whilst employing Trust have access to their own occupational health services, the Deanery can access OH advice from consultants who have specific understanding of the issues relating to doctors in training.

6, The ARCP is responsible for reviewing a doctor's progress though training and recommending either focussed training on specific competencies (Outcome 2), additional time in training (Outcome 3) or release from training (Outcome 4) for doctors whose progress is not satisfactory. Such a review should occur annually but can be more frequent if there are concerns – Gold Guide para 7. It may recommend TSS involvement

7. Exceptionally, there may be occasions when performance is of such concern that the employer, PCT or Deanery may consider referral to the General Medical Council if continued registration is in question.

8. PCTs have responsibility for managing GP Registrars under NHS Performers List Regulations 2004

FEEDBACK GUIDANCE FOR EDUCATIONAL & CLINICAL SUPERVISORS

INTRODUCTION

Feedback to registrars on their progress is a key element in encouraging a reflective approach and promoting continuing development. Feedback may take place informally, for example on a ward round or at the end of a consultation debrief, and will occur more formally throughout the training programme.

Feedback from workplace based assessments including cased-based discussion, the consultation observation tool, multisource feedback tool and patient satisfaction questionnaire all provide information on progress.

Clinical supervisors provide reports at the end of each placement and the educational supervisor is responsible for providing a summary report for the registrar's e-portfolio twice yearly.

Feedback should consider a registrar's strengths and identify issues which require attention.

WORKPLACE BASED ASSESSMENTS / CLINICAL SUPERVISOR REPORTS

Doctors completing assessments and reports have a professional responsibility to provide accurate and honest assessments as outlined in the General Medical Council's guidance 'Good Medical Practice'.

Paragraph 18 You must be honest and objective when appraising or assessing the performance of colleagues, including locums and students. Patients will be put at risk if you describe as competent someone who has not reached or maintained a satisfactory standard of practice.

Paragraph 19 You must provide only honest, justifiable and accurate comments when giving references for, or writing reports about, colleagues. When providing references you must do so promptly and include all information that is relevant to your colleague's competence, performance or conduct

MULTI-SOURCE FEEDBACK

Do encourage registrars to choose a mix of senior doctors, peers, nursing and administrative staff to provide a balanced view of their strengths and areas for development rather than choosing individuals who they feel might provide a positive opinion.

When feeding back to registrars you may need to 'moderate' negative comments in the MSF. Responses should be anonymous but occasionally registrars might be able to identify a respondent by their comments.

Registrars should **not** approach a MSF respondent regarding their rating / comments.

TIPS ON PROVIDING FEEDBACK

Timeliness

If a specific incident has occurred, talk to the registrar at an appropriate moment soon after the incident. At times this may require appropriate you want to talk about.

Offer feedback often - as an everyday habit. You'll develop your skills and your registrar will get used to dealing with feedback positively

Prepare

For more formal feedback sessions e.g. mid-point and end-point reviews with clinical supervisors during hospital placements, and the bi-annual educational supervision reviews, it is important to identify the key areas you wish to emphasise both in terms of strengths and areas for development.

Be clear about what you want to say - and why. Think of examples - what the registrar is getting right as well as what's wrong. Make sure your examples are detailed, recent, accurate and relevant

Balance your feedback

Initially ask an open question – 'How do you feel things have been going in this post / over the past year'.

Remember Pendleton's rules. Start with the positive…

What does the registrar think has gone well?

What do you feel are the registrar's strengths?

…before the concerns

What has the registrar found difficult?

What are the areas for development as you see them?

But don't duck the difficult messages!

Breaking 'bad news'

Signpost 'bad news' with a 'warning shot' – there are some concerns regarding your work / performance / portfolio we need to explore further'.

Be specific

Use detailed examples of behaviour, clinical care or from the portfolio

Consider the effect

On the patient, the team or the risk to their progress through training

Discuss the change required

In their performance, their behaviour or their documentation

The timescale and review

Be ready for resistance

The registrar may not agree. Don't argue or give up - give more examples of what you mean.

Documentation

Do keep notes which will help you complete the final clinical supervisors report or educational supervisors review. Educators can enter notes directly into the registrar's e-portfolio.

Do encourage the registrar to document the discussion, with reflections and learning points as a professional conversation in the learning log of their e-portfolio

Other tips

Make feedback a two-way conversation, not a speech. Use pauses. Give the person time and space to think

Express how you feel about this situation (NOT about the individual) - frustrated, disappointed, pleased – 'I feel…' not, 'you made me feel …'

Find a way to end on a positive. Sum up any agreements you've made.

Don't expect instant change. Let the other person decide how to implement change. Feedback is information - not an instruction list.

Follow up on the discussion. Check what happens - try to catch them doing it right and feedback positively.

EXAMINATION FAILURE

Examination failure is not necessarily in itself an indication of underperformance, however, if the registrar has chosen to sit the examination too early in their programme, this may indicate a lack of insight into the level of their ability.

If during the training programme, a doctor fails an attempt at either the Applied Knowledge Test or Clinical Skills Assessment of the Membership examination this must trigger a review by the Educational Supervisor. This should be reflected in the Personal Learning Plan and may require adjustments to the Registrar's programme.

A registrar may also not satisfy the requirements of the College membership examination workplace based assessment component. In this situation an extension to training may be required to ensure that the competencies required to complete this assessment are achieved.

In these circumstances, additional information should be sought from clinical supervisors, the educational supervisor, and the programme director as to whether any specific educational or performance issues had been identified during the training programme.

Referral to the Training Support Service should be considered for registrar's who have repeatedly failed the Applied Knowledge Test or Clinical Skills Assessment or who may have failed the AKT on one occasion but by a substantial margin. A number of registrars have been identified with previously undiagnosed specific learning disorders on the dyslexic spectrum affecting their ability to perform adequately in these assessments. The Training Support Service can arrange appropriate assessments and registrars can then be directed to appropriate support services.

ANNUAL REVIEW OF COMPETENCE PROGRESSION

Whilst performance concerns should be addressed at an early stage, the Annual Review of Competence Progression (ARCP) is the formal process through which a GP Specialty registrar's progress through the training programme is assessed. It is a formal review of the registrar's portfolio supported by the educational supervisor's structured report.

The ARCP panel will suggest one of the following Outcomes:

1. Achieving progress and the development of competencies at the expected rate
2. Development of specific competencies required – additional training time not required
3. Inadequate progress by the trainee – additional training time required
4. Released from programme with or without specific competencies
5. Incomplete evidence presented – trainee to provide a written account to the panel within *five working days* as to why documentation has not been made available
6. Gained all competencies – recommendation for award of CCT

(The Gold Guide, paragraph 7.70)

GP specialty registrars should be aware that an unsatisfactory outcome is anticipated and will be asked to meet in person with the panel.

In the case of outcome 3 or 4 the GP specialty registrar has a right of appeal. The appeal process has two stages

- A review by the original panel in the light of further evidence provided by the registrar
- An appeal to an appeal panel made up of members not involved in the original ARCP panel.

(The Gold Guide, paragraphs 7.122-7.147)

It should be noted that the maximum extension to a general practice training programme is normally *6 months*.
(The Gold Guide, paragraph 7.73)

If outcome 4 is upheld on appeal then the GP specialty registrar's training number will be withdrawn. There is a need for close working with employers and Human Resources departments to ensure that this takes place in parallel with contract provisions and employment legislation.

EXTENSIONS TO TRAINING

The ARCP may grant a period of extension to training (Outcome 3) not normally exceeding six months. This is often because of failure to pass the Applied Knowledge Test (AKT) and/or Clinical Skills Assessment (CSA) by the end of their training programme.

The Education Supervisor (ES) and Programme Director (PD) have and important and central roles when considering any additional training for the GP StR. It is expected that the PD will normally assume the role of 'Key Worker' unless there is an identified conflict of interest.

Additional training time can only be recommended by the ARCP panel. Therefore, the ES should submit an Educational Supervisor Report (ESR) to the ARCP panel that outlines the reasons for the failure to prograss and the educational plan that is proposed to be put in place to support the GPR.

To do this the ES will need to meet with the GP StR and consult with the PD if necessary. If an ESR has already been completed because the expectation was that GPR would pass then this should be modified taking into account the GP StR's view as to the reason for the fail as well the marks and feedback in the e-portfolio.

The ESR should provide enough evidence for the ARCP panel to recommend additional training time. If necessary the PD should support the ES completing the ESR but **must** also have checked every ES report where additional training time may be required. The PD should provide either a supporting statement saying they agree with the ES opinion or a report providing further information, which must be shared with the GP StR prior to the ARCP (ideally this should be in the Educator Notes section of the e-portfolio).

The following guidance is to allow the ES and PD to ensure there is sufficient evidence in the ESR.

EVIDENCE

What are the concerns, and in which competency areas?
The GP StR should self-rate and reflect on their competency progression and reason for failing the exam.
The ES should use evidence from the e-portfolio, including the exam results and feedback, to support their competency rating.

- *This should be documented to the competency rating part of the e-portfolio.*

Educational plan for additional training.
This is essential. This should outline the aims and objectives. This does not have to be too detailed as time might be short and it can be difficult to put into place the operational side of the educational plan.

- *This should be documented in the GP StR's Personal Development Plan (PDP) and the Agreed Learning Plan of the ESR.*

What are the specific expectations of the proposed extension?
Although the ARCP panel will determine to length of additional training a recommendation should be made as this is helpful for the ARCP panel

- *This can be documented in the ESR comments box*

Has there been referral to Occupational Health, and / or the Training Support Service been considered? Has any action been taken?
This must be considered for anyone requiring additional training time.

- *This should be documented in the ESR comments box.*

What is the mechanism for ongoing review of the progress in the additional training?

- *This should be documented in the Agreed Learning Plan of the ESR*

It is important to check that the GP StR has had access to all documentation submitted to the ARCP panel prior to submission and that the GP StR has signed off the ESR.

THE ARCP DECISION

After the ARCP panel has considered the ESR it will make its recommendations. All GP StRs who might have an Outcome 2, 3, or 4 will be seen by the ARCP panel and told of the ARCP panel's decision.

The ARCP panel will document its decision by completing the ARCP outcome form on the e-portfolio as well sending a letter to the GP StR summarising the meeting with the ARCP panel. Copies of this letter will go to the ES, PD, patch Associate Postgraduate Dean, Head of Academy and Programme Manager. ES and PD should check the e-portfolio for the ARCP outcome form soon after the ARCP panel has taken place. The information the ARCP panel will provide will include:-

- The documented evidence and reason for decision of the panel
- The length of any additional training recommended
- The competency areas that required consideration
- The recommended action.

The ARCP panel will normally recommend that the extension in undertaken in a different training practice to their current placement.

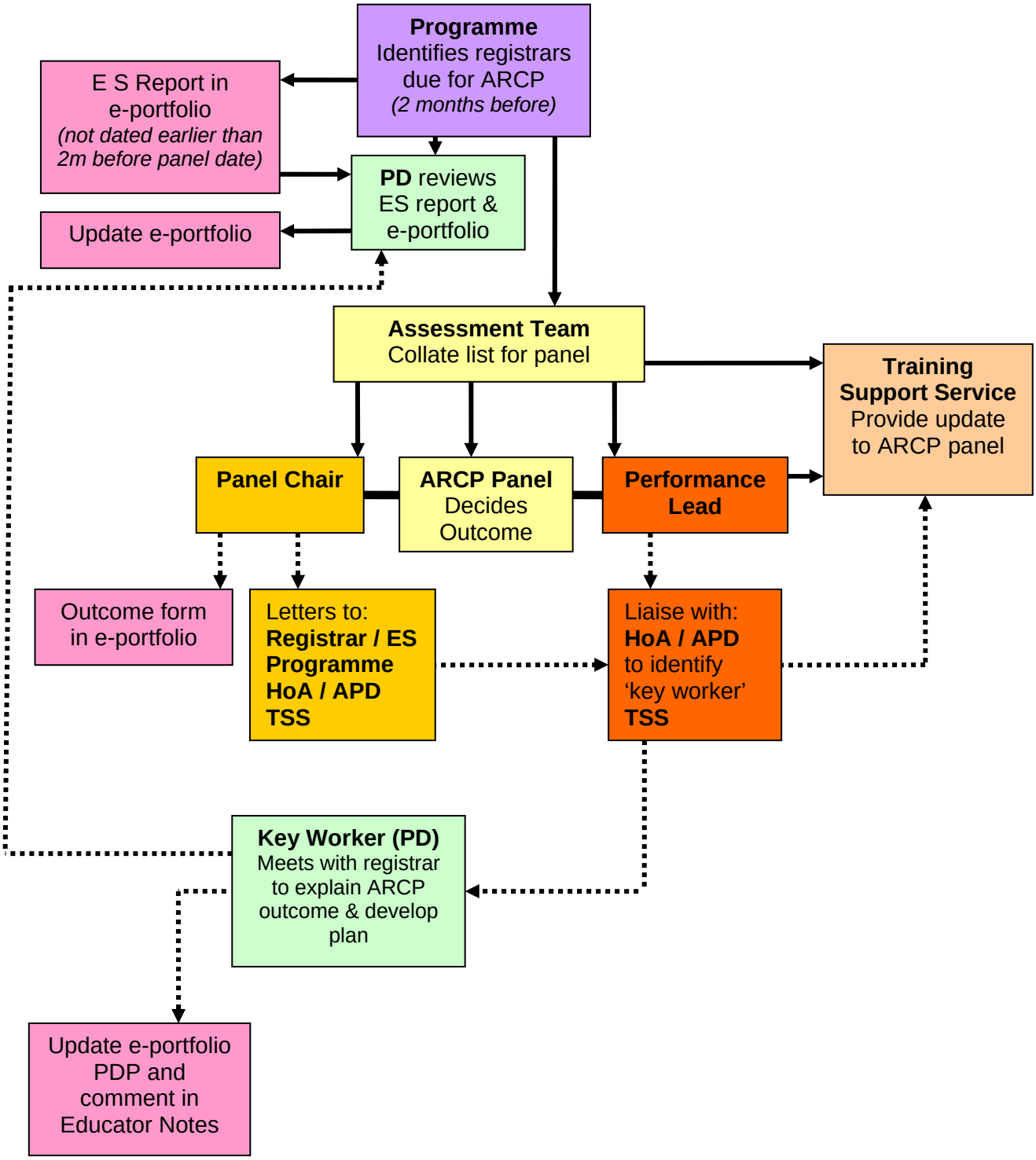
PUTTING INTO ACTION THE ARCP PANEL'S DECISION AND THE EDUCATIONAL PLAN

It is hoped the ARCP panel will approve the outline educational plan outlined in the ESR. However, the ARCP panel might add further recommendations and actions.

The Gold Guide give clear guidance on the actions necessary following an unsatisfactory Outcome.

> **7.86** If the outcome is **not satisfactory** then the PD and educational supervisor should arrange to meet with the trainee. A meeting time should have already been agreed prior to the annual panel since the trainee, PD and educational supervisor will have been aware of the possibility/likelihood of an adverse outcome from the panel.
>
> **7.87** The purpose of this meeting is to discuss the further action which is required as a result of the panel's recommendations. It is important to note that this meeting is not about the decision taken by the panel, but is about planning the required action which the panel has identified must be taken in order to address the areas of competence/experience that require attention.

FLOWCHART SUMMARY OF FUNCTIONS BEFORE AND AFTER ARCP PANEL



SUMMARY OF RESPONSIBILITIES

ARCP panel chair

- Reviews additional information prior to panel from either Programme Director (GG 7.44) or trainee (GG 7.45)
- Inform registrar verbally of Outcome of panel
- Complete ARCP Outcome form and release to e-portfolio
- Write formally to Head of Academy / 'patch' APD advising of Outcome - copies of letters to:

  GP Registrar
  Educational Supervisor
  Locality training programme
  Training Support Service (when appropriate)

Performance Lead

- Liaison with TSS prior to ARCP panel to ensure updated information on referral, interventions and engagement is available for the panel
- Update monitoring lists with ARCP Outcome
- Following the panel discuss the case with HoA or 'patch' APD
- Update monitoring list with key worker information
- Liaise with TSS, updating information on current cases or alerting to potential new referrals
- If an Outcome 4 is determined, immediately meet with the registrar post-panel

Head of Academy / 'patch' Associate Postgraduate Dean

- Identify key worker
- Make key worker aware of responsibilities
- Update key worker on any specific issues of the case
- Notify key worker to performance lead

Key worker (usually a Programme Director but may be an APD)

- Explain the Outcome to the registrar and check understanding
- Document the discussion in Educator Notes
- Liaise with the locality programme on placement
- Ensure there is appropriate communication between the present and new trainers
- Meet with the registrar and trainer to develop a detailed action plan based on the ARCP Outcome form recommendations (see appendix 1)
- Document this meeting, including details of the plan, in Educator Notes and remind the registrar to put the action plan in the PDP section of the e-portfolio
- Liaison with Performance Lead
- Review the ES report prior to the next panel.

ADDITIONAL EXTERNAL EDUCATIONAL SUPERVISOR REVIEW OF E-PORTFOLIO

During extensions to training, it can be very helpful for a second educational supervisor to give an overview the registrar's e-portfolio and make suggestions regarding the quality of evidence and further development. This additional 'external'

perspective can be of benefit to the registrar and their current trainer. It may also help the ARCP panel determine the appropriate outcome in difficult cases.

Following the granting of an extension to training, the PD should organise a second Educational Supervisor to review the GP StR's portfolio. The external ES should provide a summary report, which should be recorded in the Educator Notes section of the e-portfolio. The registrar can reflect on this in the learning log. These would both be considered at a subsequent ARCP panel.

An additional payment will be made to the external ES for providing this service.

CONTRACTUAL ISSUES

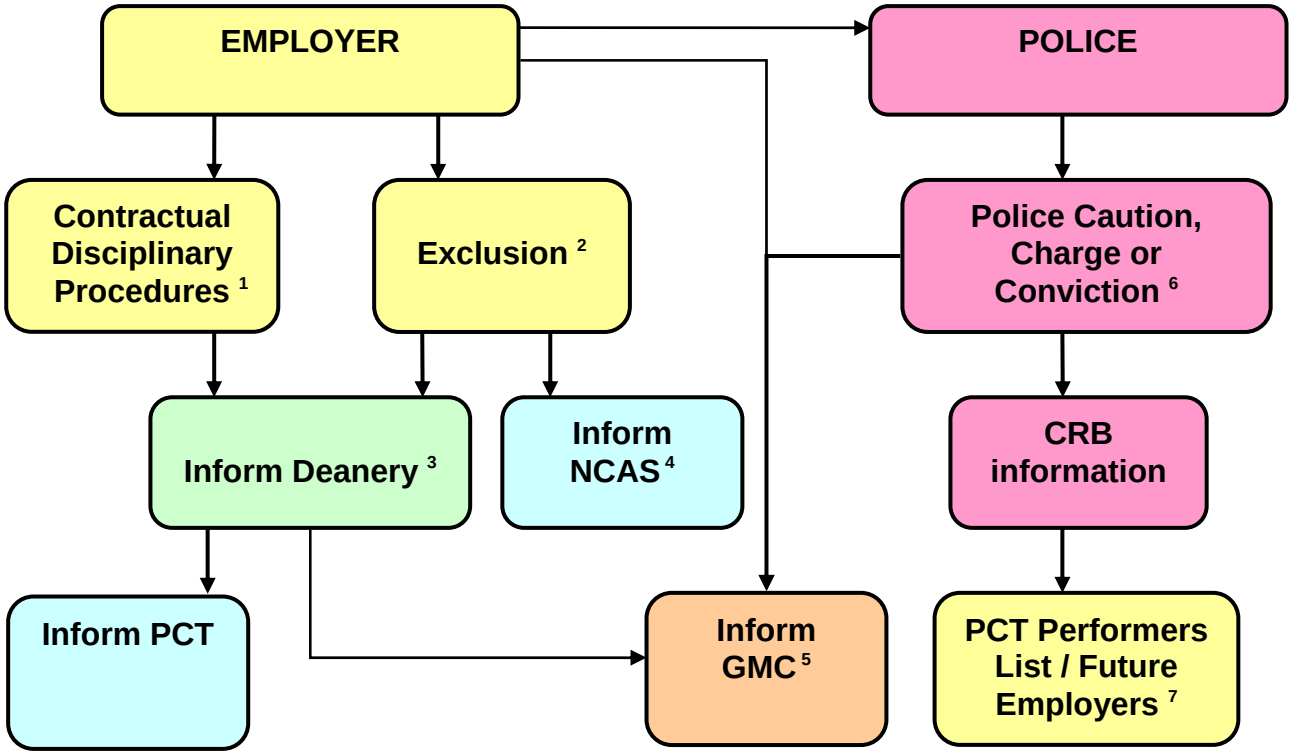
If additional training has been recommended by the ARCP panel following the AKT or CSA fail, and confirmed by the GP Dean, the extension will normally only be until the last day of the month in which next sitting of the examination is held. It is often necessary for the GP StR to be out-of programme until the results are available and a subsequent ARCP panel held to review progress and determine a new Outcome

The employing training practice will need to issue a new contract of employment for the extension period, which specifies the duration of the extension with defined start and end dates as recommended by the ARCP panel.

CONDUCT ISSUES

Conduct issues should initially be dealt with by the employer under disciplinary procedures. The Deanery should be kept informed of the issues and any disciplinary action taken. It may be necessary for the employer or the Deanery to advise the PCT of the issues and / or refer the case to the General Medical Council.

CONDUCT FLOW CHART



Notes

1. Investigation by employer may result in verbal or written warnings as to future conduct or in cases of gross misconduct dismissal from post. Termination of contract will normally mean that specialty training is discontinued and the NTN relinquished – Gold Guide para 8.31

2. Where patient safety is an issue or to allow for investigation. Guidance in 'Maintaining High Professional Standards in the Modern NHS (MHPS)'.

3. Both MHPS Part II para 4 and the 'Gold Guide' para 8.22 state that the Deanery must be kept informed of disciplinary procedures relating to conduct involving doctors in training from the outset. If the doctor is on a PCT Performers List then the PCT should be notified

4. Employers should inform NCAS of decisions to exclude doctors MHPS Part II para 15

5. Whilst the employer would normally consider referral to the GMC following investigation, there are circumstances when the Deanery or individual doctors within the Deanery, as part of their own professional responsibilities under Good Medical Practice paragraph 44 would undertake referral e.g. a doctor has transferred to another employer.

6, The doctor has a professional responsibility to inform the GMC without delay of any police caution, charge or conviction under Good Medical Practice para 58. The Deanery may need to remind the individual doctor of this responsibility.

7. If a doctor is not accepted onto a Performers List then they cannot undertake clinical activity in general practice – Gold Guide para 8.11. They would therefore not be able to meet the requirements for a CCT.

EMPLOYER DISCIPLINARY PROCEDURES

In disciplining GP specialty registrars, employers including the GP Training practice should follow procedures laid down in the individual's contract of employment and Maintaining High Professional Standards in the NHS.

Exclusion from work should only be used as an interim measure whilst action to resolve a problem is being considered; exclusion is a precautionary measure and not a disciplinary sanction.

The purpose of exclusion is:

- to protect the interests of patients or other staff; and/or
- to assist the investigative process when there is a clear risk that the GP specialty registrar's presence would impede the gathering of evidence.

It is imperative that exclusion from work is not misused or seen as the only course of action that could be taken. The degree of action must depend on the nature and seriousness on the concerns and on the need to protect patients, the registrar concerned and/or their colleagues.
(Maintaining High Professional Standards in the NHS, Section 2)

A GP Trainer should discuss exclusion from work of a GP specialty registrar with the clinical governance lead of the Primary Care Trust and inform the Deanery. There is an obligation on the PCT to discuss the exclusion with the National Clinical Assessment Service.

Alternative ways to manage risks, avoiding exclusion, include:

- Enhanced supervision of normal contractual clinical duties;
- Restricting the registrar to certain forms of clinical duties;
- Restricting activities to administrative, research/audit, teaching and other educational duties. By mutual agreement the latter might include some formal retraining or re-skilling.
- Sick leave for the investigation of specific health problems.

Guidance on the management of any investigative process is also available in Maintaining High Professional Standards in the NHS but GP Trainers should also seek advice from the Deanery and the Primary Care Trust

The Deanery should be copied in to any correspondence in order that the information can be placed in the GP specialty registrar's personal file

GENERAL MEDICAL COUNCIL

The General Medical Council has ultimate responsibility for the registration of all medical practitioners. The GMC consider referral an appropriate action if there is evidence of:

- misconduct
- deficient performance
- criminal conviction or caution
- physical or mental ill-health problems
- a determination (decision) by a regulatory body either in the British Isles or overseas

On occasion, the performance of a doctor may be poor enough to warrant referral to the GMC. Significant fitness to practice concerns might include serious misconduct, health concerns or sustained poor performance, all of which may threaten patient safety
(The Gold Guide, paragraph 8.34)

A proposed referral to the GMC should be discussed with either the Deanery Performance Lead, GP Dean or the Medical Postgraduate Dean /Director

Depending on the circumstances of the case the General Medical Council may instigate health assessments or detailed assessments of performance.

Interim Orders Panels or Fitness to Practice panels may apply sanctions if a doctor's fitness to practice is deemed to be impaired. Such sanctions can include:

- issuing a warning regarding future conduct
- agreed undertakings as to future performance
- conditions applied to registration
- suspension from the medical register for a set period
- erasure from the medical register

NATIONAL CLINICAL ADVICE SERVICE (NCAS)

The National Clinical Assessment Service provides can range of services from advice over the telephone, through more detailed and ongoing support, to a full assessment of a practitioner's performance. NCAS does not take on the role of an employer, nor does it function as a regulator. It is established as an advisory body, and the referrer retains responsibility for handling the case throughout the process.

NCAS provides advice to employing and contracting Trusts in the management of performance concerns, particularly where suspension is contemplated. Although NCAS do undertake assessment procedures, this is more usual for doctors who have already achieved their Certificate of Completion of Training (CCT).

TRAINING SUPPORT SERVICE

The Training Support Service is a service for trainees who are experiencing difficulties which may be adversely impacting on their performance and progression in training. These difficulties range widely, from minor concerns due to personal issues, to major or persistent concerns because of clinical incidents or unprofessional behaviour.

In order for a trainee to access the Training Support Service, they need to be referred by their trainer, supervisor or other persons responsible for their training. The Training Support Service will then initiate and manage the referral process.

The Training Support Service prefer referrals to be made by the Training Programme to ensure that a three way information sharing system involving the trainee, their training programme and the Training Support Service can be established. However if a trainee wishes to self-refer to the TSS, they are welcome to contact a member of staff to discuss whether a referral would be beneficial.

Requests for assistance from the Training Support Service should be made to:

Caroline McCarthy
East Midlands Healthcare Workforce Deanery (North Centre)
Headquarters Office
Kings Meadow Campus
Lenton Lane
University of Nottingham
Nottingham
NG7 2NA

Telephone: 0115 847 4863
Email: caroline.mccarthy@nhs.net

Caroline will take some basic details but will ask you to provide more details using the Referral Assessment Form (appendix 1) and provide copies of any supporting documentation.

Process
There are four key stages in determining what additional training or support might be required and monitoring the response to interventions.

1. **Consideration of the issues**
   Review the concerns / problems with the individual doctor to understand their perspective and level of insight
   Meeting with the doctor's supervisor
   Consider their additional training and support needs
   Agree success criteria

2. **Devise and agree return to programme training**
   Identify appropriate learning environment [practice / hospital department] and educational supervisor
   Design and agree educational plan / objectives / monitoring arrangements

3. **Implement plan and monitor progress**
   Agree start date
   Doctor and Educational Supervisor meet regularly to review progress against objectives
   Reports to Guidance and Support team at agreed intervals
   Sign of objectives met

4. **Return to programme**
   Identify continuing learning needs
   Agree monitoring in subsequent placements

Training Support Service activities

The Training Support Service has two key roles

- Undertaking more detailed profiling of performance concerns
- Providing / signposting to appropriate support services

Profiling of performance

The TSS utilises a variety of methodologies for profiling performance issues. These include:

- Multi-source feedback tools
- Myers Briggs personality profiling
- Language and communication skills assessments

If not already initiated the TSS may refer the registrar for an occupational health opinion to assess any health concerns prior to commencing its investigations.

Support services

The TSS can arrange access to a range of services to help address performance concerns

- Language and communication skills development
- Counselling
- Coaching
- Mentor support
- Educational / Occupational psychology
- Career management support

With the agreement of the GP specialty registrar, the TSS will provide a report to the programme, outlining the key issues and further assessment / support organised. Ongoing monitoring of progress remains with the supervisors and Programme Directors with formal review under ARCP processes.

Registrars are expected to engage positively with the TSS and support services offered.

Should a doctor be required to give up their training number then career management advice, mentoring and counselling may be available to help in the transition phase to a different specialty or career.

APPENDIX 1

Action Plan to address the needs of a GP registrar with an ARCP Outcome 2 or 3

1) What are the concerns, and in which competency areas?
   Does the registrar clearly understand and accept the concerns?

2) What are the specific expectations of the proposed extension?

   a. Length of placement?
   b. Place of extension?
   c. Educational plan for extension?
   d. WPBA MUST take place alongside any focussed training; are the registrar and ES aware of this?
   e. Are there any specific roles for ES and PD to support the Educational plan?
   f. Who is the patch APD, and is access to this person clearly understood by the registrar, ES and PD?

3) There may be considerations with regard to funding for the egistrar and the ES. Has funding been addressed?

4) Has there been consideration of referral to or self-referral to Occupational Health, TSS and the GMC?

5) What is the mechanism for ongoing review of the progress in the extension or focussed training?

6) What is the planned date for ARCP panel review?

7) Has the registrar signed off the e-Portfolio after the ARCP?

Signed and dated:

Registrar:

Educational Supervisor:

Programme Director:

HoA / APD:

APPENDIX 2

East Midlands Healthcare Workforce Deanery

Referral Assessment Form

Training Support Service

Training Programme referrals:
To ensure effective communication when making a referral to the Training Support Service, please copy the individuals listed below (including the trainee) into all relevant correspondence. It is usual practice to discuss the referral details with the Training Programme Director or Head of School / GP Academy at an early stage prior to initiating a referral.

Self-referrals:
Please provide as much information as appropriate below.

Trainee Name:
Trainee email:
Mobile number

Year & Grade of Training:
(i.e. F1 / ST4 / SpR2 / etc)

Specialty:

Trust / GP Locality Training Programme / Foundation Programme:

Current Educational Supervisor name:
Email:
Phone number:
Base/place of work:

Training / Foundation Programme Director name:
Email:
Phone number:
Base/place of work:

Head of School / GP Academy / Foundation School Director name:
Email:
Phone number:
Base/place of work:

Associate Postgraduate Dean name:
(if known)

Any others involved to date:

Name:
Position:
Email:
Phone number:

Name:
Position:
Email:
Phone number:

<u>Document List</u> – to be included with referral

Please provide us with *as much information as possible* when making a referral or self-referral. The documents listed below should be included with the referral where appropriate and relevant. Please indicate on this checklist which documents you are including.

- ☐ Multi-Source Feedback / 360° Assessment(s)
- ☐ Workplace Based Assessments (i.e. COTS, CBDs, etc)
- ☐ RITA/ARCP outcome forms
- ☐ Relevant letters and/or emails to and from the trainee and the Training Programme
- ☐ Letters and/or emails about complaints or incidents involving the trainee
- ☐ Occupational Health reports and recommendations
- ☐ Educational and/or Clinical Supervisor reports
- ☐ Relevant Royal College documentation
- ☐ Minutes from meetings with trainee

Please give your personal and professional opinion on ALL the areas (even if progress is satisfactory) listed below about the above doctor's/your own overall ability. Mark out of 4 using the following guide, and include further comments in the Areas of Concern section at the end of the form.

1 *= area of significant concern; considerable gap in knowledge, skills and/or attitude* ***2*** *= area for further development* ***3*** *= acceptable for level of training* ***4*** *= exceeds expectation*

Good clinical care
(Please note that we are unable to provide support if the only concern is connected to clinical skills and knowledge; however, there may be underlying problems which need to be identified.)

- ☐ Appropriate clinical skills and knowledge for stage of training
- ☐ Shows decision making which engenders confidence within the clinical team
- ☐ Develops appropriate care plans
- ☐ Prioritises work recognising urgent, non-urgent and important, and adjusts pace of action accordingly
- ☐ Demonstrates effective record-keeping
- ☐ Manages clinical uncertainty
- ☐ Demonstrates higher order clinical thinking and manages complexity with confidence
- ☐ Takes leadership when appropriate

Relationships with Patients

- ☐ Good timekeeping
- ☐ Approachable and caring towards patients
- ☐ Displays a professional attitude
- ☐ Involves patients / carers appropriately
- ☐ Respects confidentiality and privacy

Communication Skills

- ☐ Uses the English language appropriately, both verbal and non-verbal
- ☐ Speaks in medical jargon only when appropriate
- ☐ Behaviour and body language are helpful to the communication process
- ☐ Shows insight into how their communication affects others
- ☐ Listens actively at all times
- ☐ Appears to understand what others communicate
- ☐ Able to deal with conflict situations
- ☐ Able to give and receive feedback and constructive criticism
- ☐ Communication is clear and reasonably structured
- ☐ Demonstrates empathy and develops rapport with others

Working with Colleagues

- ☐ Good timekeeping
- ☐ Helpful and approachable
- ☐ Good administrative ability
- ☐ Diligent, easily contacted when on call
- ☐ Adaptable and willing to do extra work when the need arises
- ☐ Overall interest in the work of the Department/Unit
- ☐ Displays a professional attitude
- ☐ Team player and fits in well with other members of the team
- ☐ Seeks opinions of others when appropriate

Attitude, behaviour and personality

- ☐ Demonstrates positive beliefs/behaviours
- ☐ Flexible; copes with change
- ☐ Takes responsibility for own behaviour and actions
- ☐ Demonstrates healthy self-esteem
- ☐ Appropriately assertive/confident
- ☐ Able to cope with normal levels of stress

Learning and examinations

- ☐ Successfully passes relevant examinations at the appropriate time in training
- ☐ Understands and manages particular personal learning style
- ☐ Utilises effective study skills and learning techniques
- ☐ Any difficulties in learning are recognized, understood, and appropriately managed

Teaching and Training

- ☐ Makes an effective contribution to Directorate/Specialty teaching programmes, both formal and informal

Personal

- ☐ Personal circumstances do not affect ability to train and work

Health – physical and/or psychological

- ☐ Registered conditions do not impede fitness to practice

Probity

- ☐ Applies the ethical and legal codes of practice of professional bodies to all aspects of work

Maintaining Good Medical Practice

- ☐ Demonstrates insight into own progress and performance
- ☐ Keeps up to date with current medical literature
- ☐ Recognises own professional capabilities and limits of competence and responds appropriately
- ☐ Seeks opportunities for personal and professional development

Areas of Concern

Where you have given a mark of **<u>one or two</u>** (area of concern) please give further information and examples.

Action taken to address the concerns to date:

Details of person completing form:

Signed……..

Name …… Specialty ……

Trust / GP Locality Training Programme…… Date ……..

☐ Please tick here if you DO NOT give us permission to share this assessment at the initial meeting with the trainee.