West Midlands Strategic Health Authority

Workforce Deanery

Professional Support and
Dealing with Doctors in Difficulty

June 2009
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Acknowledgement to Wessex Deanery
1 Introduction

The purpose of the guidelines is to ensure that there is clarity of understanding on the roles and responsibilities of those who are involved in providing professional support for dealing with doctors who are experiencing difficulties in their training. The Workforce Deanery are responsible for ensuring appropriate governance and quality of the training and for issues that arise which prevent progression to the completion of training. The employer is contractual responsible for the doctor and it is important that there is clarity in respect of-

- Who is leading the process
- Who should be consulted and involved in decision making

And that

- Patient Safety is given the highest priority in the decision making process

The SHA/Workforce Deanery West Midlands is responsible for delivering specialty and GP postgraduate medical and dental training programmes for 5500 doctors/dentists across the West Midlands. Doctors are recruited directly from medical schools into two-year foundation training programmes. After completing foundation training, doctors are able to compete for entry into 58 specialty and GP training programmes.

In order to practice as a consultant or GP, doctors are required to gain a Certificate of Completion of Training (CCT). In order to obtain a CCT, doctors must undertake competency based specialty or GP training programme following a PMETB approved curricula. The minimum period of time spent in postgraduate medical education is five years for GP and eight years for specialty training.

One of the statutory responsibilities of the SHA/Workforce Deanery is to provide expert support and guidance to doctors throughout their postgraduate training years. There is also a responsibility to support the GMC in its role in regulating the medical profession.

Within the West Midlands historically approximately 100 doctors and dentists a year have required additional support during their programme due to particular difficulties being faced. This figure is rising year on year in line with the growth in programmes. This policy has been written to help in the understanding of how to identify and manage doctors and dentists who run into difficulties and is designed to provide guidance to all those within the West Midlands who are involved in managing and supporting doctors and dentists in difficulty.

This guidance only relates to Doctors and Dentists in training.
The aim is to achieve the following **objectives** in relation to dealing with doctors who require professional support:

<table>
<thead>
<tr>
<th>Clear parameters</th>
<th>Rigorous assessment</th>
<th>Quality-assured process</th>
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| - Clear standards and a code of practice, with accountability | - Comprehensive and accurate assessment that:  
  |  |  
  |  | ° Recognises the influence of context on an individual’s performance  
  |  | ° Sets clear objectives  
  |  | ° Agrees a defined and finite timescale with outcome measures  
  |  | ° Monitors and reviews  
  |  | - Systematic documentation  
  |  | - Continuity and communication  
| - Clearly defined roles for key people within the Deanery and the Trusts |  | - Robust audit and evaluation  
| - Appropriately resourced with time and funding |  | - Quality assurance (internal and external)  
| - Formal training and development for all stakeholders |  | - Managing risk  
| - Identifiable success criteria |  |  
| - A supporting infrastructure |  |  
| - Full engagement of all stakeholders |  |  
| - Early identification and timely intervention |  |  

**1.1 Background**

Doctors and dentists may encounter some sort of problem that could affect their performance at any stage in their career.

With the introduction of personal development plans, appraisal, annual assessment, learning agreements and clinical governance, the evidence has shown that there has been an increase in the number of trainees struggling to achieve their goals within the expected timescale. With the introduction of Modernising Medical Careers (MMC) training programmes are streamlined and therefore, doctors in training are expected to progress through postgraduate medical education in less time than under previous training arrangements. This is likely to increase pressure on doctors and dentists.

This guidance document promotes the early identification of doctors and dentists in difficulty and provides educational supervisors with a clear structure in order to identify and address a wide spectrum of these difficulties.
1.2 Values, purpose and principles

The SHA/Workforce Deanery aims to help ensure that doctors and dentists 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 also aims to provide a formalised approach to managing poorly performing doctors and dentists in difficulty, based on the following underlying principles:

- The overall process for Doctors in Training is governed by the SHA/Workforce Deanery in conjunction with employing Trusts
- Employer/Trust Policies for absence, performance and conduct are to be observed as per the contractual and statutory employment position
- Patient safety and care must be the most important factor in any decisions
- The process must be transparent and understood by all
- Decision making must be evidence based
- Clear criteria for assessment and decisions must be utilised
- Responsible use of funding and resources must be taken into consideration
- A culture of support and development must be engendered and maintained
- Consistent application of guidelines must be applied consistently and fairly

The National Clinical Assessment Service (NCAS) describe 11 key principles for handling performance concerns in their publication *Handling Concerns about the Performance of Healthcare Professionals: Principles of Good Practice*. These are fully endorsed by the SHA/Workforce Deanery.

1. Patient safety must be the primary consideration.

2. Healthcare organisations are responsible for developing policies and procedures to recognise performance concerns early and act swiftly to address the concerns.

3. Policies for handling performance concerns should be circulated to all healthcare practitioners.

4. Avoid unnecessary or inappropriate exclusions of practitioners.

5. Separate investigation from decision making.

6. Staff and managers should understand the factors that may contribute to performance concerns.

7. Performance procedures should contribute to the organisational programme for clinical governance.

8. Good human resources practice will help prevent performance problems.
9. Healthcare practitioners who work in isolated settings may need additional support.

10. Individual healthcare practitioners are responsible for maintaining a good standard of practice.

11. Commitment to equality and diversity

1.3 The evidence base

There is a substantial evidence base relating to the identification, assessment and underlying causes of performance difficulties in doctors. Evidence² from a wide range of sources identifies behaviour as the tip of the performance iceberg; underpinned by a range of possible contributory factors including workload, sleep loss, physical or mental impairment, education and training difficulties, personality and psychological factors.

Hays et al (2002)³ for example explored the determinants of a doctor’s capacity to change performance, with particular focus on insight. They cite evidence that a) many doctors become isolated professionally and can become unaware of their poor performance, including substantial gaps in knowledge and skills and b) such doctors have proved difficult to remediate and usually leave medical practice.

Conclusions from the evidence:

- A doctor’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 doctors’ 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 doctors 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 doctor’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.

2 The Parameters

2.1 Roles and Responsibilities of Different Individuals and Organisations

In an ideal educational environment, all doctors 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 a doctor in difficulty and putting in place an agreed plan to manage the identified weaknesses in conjunction with Trust Management and the Post Graduate Dean. Refer to Section 3.2. 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.

There are many other educational roles, each with differing responsibilities for doctors requiring professional support – these are set out in Appendix 1.
2.1.1 The individual doctor

Will need to co-operate with any investigation and assessment. Where the doctor is absent from work they will need to cooperate with those trying to help them return to work, Clinical Tutor, Occupational Health, Designated representative from the Employer or the Deanery. Lack of insight is very possibly the biggest problem faced in dealing with doctors in difficulty. Insight 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.

The doctors need to be presented with good evidence of their performance using valid and reliable assessment tools, so that there can be no question about the rigour of the evidence. It is appropriate to have discussions with the doctor; however it would be inappropriate to continue with repeated discussions as good practice would indicate that the issues or concerns are written following any initial discussion to ensure there is no misunderstanding, mistake or misinterpretation of the issues. A copy of any written information should be given to the doctor. There should be clarity on- What the issues are, how we need to address them, and a review. This is further discussed in section 3.

2.1.2 The employing or contracting organisation

The employer will have a policy for dealing with such issues in the workplace and this will need to be followed. The employer may be the NHS Trust, the University, or the general practice trainer in the case of GP registrars. They may be employed by an NHS Trust, or be a self employed contractor with a Primary Care Organisation. The employer must take the lead. A trust acting as the regional ‘paymaster’ for a speciality is not necessarily the employer.’

It is very important that the SHA/Workforce Deanery are made aware of significant concerns relating to performance regarding for any trainee in the West Midlands. In order to deal with the issue of confidentiality, we oblige the Trust to inform the trainee that they may approach the SHA/Workforce Deanery for advice. The SHA/Workforce Deanery must be involved at the earliest stage in all cases.

There is a need to deal with performance, funding issues for remedial training, and return to work programmes. There is also the consideration about continuing on the Performers’ List of the local Primary Care Organisation (for those working in general practice, all doctors will need to be on the local Performers’ List. Without it, a doctor will not be able to practice in a primary care setting), or referral to the GMC if there are serious concerns about the safety of patients or the doctor’s fitness to be in practice.
2.1.3 The SHA/Workforce Deanery

For doctors in approved training posts with the Workforce Deanery must be informed whether their/our concerns about the ability of a doctor in training to undertake their role is due to performance, health or conduct related issues.

The Deputy Regional Postgraduate Dean has specific responsibility for Supporting Doctors and Dentists in Difficulty and provides a lead and direct support to educators on matters such as identifying remedial training, considering levels of supervision, the ability to provide continued support, requesting communication skills assessment together with psychological and health assessment support.

Also there is a recognition that in some cases termination of training will have to be considered.

It is important to be clear when dealing with individual doctors and dentists in difficulty with regard to the role of the SHA/Workforce Deanery. The SHA/Workforce Deanery does not have a duty to provide employment or training opportunities to doctors who are not in approved training posts or who are unemployed. Also Doctors and Dentists referred are often under the illusion that the SHA/Workforce Deanery have jobs that they can allocate to them and it is important to be clear that this is not the case in order to manage this expectation and avoid disappointment.

The Operational Manager for MMC at the Workforce Deanery will coordinate any Reviews/Case Conferences that are required at a formal level.

2.1.4 Clinical Tutor/Director of Medical Education

Is appointed by the Postgraduate Medical Dean together with the Trust. Their role is to facilitate the educational contract between the SHA/Workforce Deanery and Trust and provide the main link between the Deanery and the individual Trust with regard to training and education of doctors in all grades within a particular Trust.

The Clinical Tutor/Chair of the Training Committee or Head of school should make the SHA/Workforce Deanery aware be of all significant issues with regard to individual doctors in difficulty who are in training in the Trust. They are required to provide advice and guidance to trainees and clinical and educational supervisors on matters relating to health, capability and conduct.

They must monitor and inform the SHA/Workforce Deanery on progress of doctors and dentists in difficulty whilst working closely with their HR Department and the Clinical Supervisor/Manager, especially where patient safety may be compromised. They should refer problems to the SHA/Workforce Deanery that cannot be resolved within the Trust involving their Human Resources Department and invoking Trust policy and procedures as required. The Medical Directors role is key in this.
2.1.5 Transfer for Information

Throughout a doctor’s training each placement to the final SpR post should be seen as part of the educational continuum. Ability to demonstrate competencies and conduct appropriate to the level of training forms part of this continuum. It is recognised that on occasion where action is taken to address deficiencies in areas of competence or conduct remedial action may be on-going at the end of the trainee’s placement. In such situations the educational supervisor at the next placement will need to be made aware of the on-going training needs to ensure that these are met to enable the trainee to progress and achieve their training goal.

It is essential that information regarding any disciplinary or competence issue and a written, factual statement, is transferred to the next employing Trust, making reference to any formal action taken against the trainee, detailing the nature of the incident triggering such action, the allegations which were upheld, but not those that were dismissed, and the outcome of the disciplinary along with any on-going remedial training. Under these exceptional circumstances the information should be transferred, with the knowledge of the Post Graduate Dean and the doctor in training (in accordance with the Training Contract), to the HR Director of the next employing Trust.

The trainee has a right to know what information is being transferred and to be given an opportunity to challenge its accuracy but not to prevent the information being transferred.

Where targeted supervision is on-going the trainee should meet with their education supervisor at the next Trust early on in their placement to discuss objectives and agree a timetable of progress. Regular appraisals should take place and a formal assessment of progress and competence should be undertaken at the end of the first three months in the new post and a report sent to the PG Dean and copied to the trainee.

The trainee has a right to know whether their performance is now considered adequate or not and the PG Dean needs to consider whether the trainee has the ability to progress through the programme.

Details of special education and supervisory needs are best transferred via the PG Dean to the receiving Clinical Tutor or other educational lead and the HR Director.

2.1.6 Medical Royal Colleges and Faculties

These College Tutors are appointed by the Specialty Colleges but are based in Trusts and responsible for advising and supporting doctors within a particular specialty. They are responsible for ensuring that trainees and supervisors adhere to College standards with regard to local educational programmes, regular appraisals and assessment, logbooks/portfolios in that particular specialty.
Regional advisers are more senior Royal College appointees for the specialties and are often able to help the SHA/Workforce Deanery in the design of retraining programmes and placement of individual trainees and possibly doctors and dentists in career grades.

Clinical supervisors, educational supervisors and clinical tutors have a vital role to play in identifying potential poor performance early 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 members of the multidisciplinary clinical team and, where relevant, patients and their relatives. Any locally agreed actions should be coordinated through the Clinical Tutor.

2.1.7 The Role of External Agencies

The Role of External Agencies: National Clinical Assessment Service, General Medical Council, British Medical Association and Medical Defence Organisations is set out in Appendix: 2.

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 progress
- Maintain systematic documentation
- Provides continuity and communication

3.1 Early identification - Underlying Causes of Placement Issues

On occasion there will be issues highlighted regarding fundamental difficulties within the training organisation. Where this is raised the SHA/Workforce Deanery will need to investigate and resolve the issue. For example a visit from the Deanery, discuss with Consultants etc.

A visit to the place of work by the Head of School and a SHA/Workforce Deanery representative can be made to examine the post concerned. This will need to be done as a matter of urgency in order to address any issues. Sometimes the trainee can be moved to another post in a different practice or hospital and this would involve discussions between the Trust and the Deanery.
Therefore we should consider the underlying causes:-

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 doctor, to colleagues, to patients and/or to the organisation in which the doctor works.

The initial stages of dealing with performance difficulties are at employer level and organisations will have locally developed processes involving Clinical Educators/Clinical Tutors/Clinical Directors and Medical Directors involving Regional Advisers, Trust HR Departments and others as appropriate.

3.1.2 Organisational culture and climate

Organisational climate and culture is about staff perceptions of what it is like to work in their organisation and the behaviour patterns within that organisation. Poor organisation climate and culture can lead to high employee absence rates, high turnover and difficulty in recruiting. The staff survey can give an important indication to an employer of areas where extra effort is required to ensure the NHS is the employer of choice and both Trusts and the SHA/Workforce Deanery recognise it is important to act on adverse results.


3.1.3 Workload

Although hours worked have reduced in line with the New Deal for Doctors in Training and The European Working Time Directive the intensity and complexity of medical practice have greatly increased. Heavy workload or long hours can cause problems with poor performance and burnout, and can make worse existing problems with mental and physical health. Sleep loss may affect performance adversely as having adverse physiological effects on the individual.

Any issues regarding 'workload' should be discussed locally

3.1.4 Adverse Life Events

Adverse life events can lead to individuals facing undue stress which in turn can lead to performance difficulties in the workplace. Adverse life events can include bereavements, severe illness, problems with children, accidents, change of job, move of house, lack of family support etc.

During supportive meetings with the SHA/Workforce Deanery it is important to ask if these adverse life events are contributing to the whole situation. A the list produced by the University of Birmingham which details some of these main stressors and gives some measure of how severe each may be is currently used to aid the discussion. Please see Attached Appendix 5.
Stress can be cumulative and sometimes it may be a small event which following after a series of major life events, tips the balance.

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

Distraction – something happening outside work to distract the doctor; or a distraction within the work environment (noise or disruption; team dysfunction). The doctor 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 doctor may need to be encouraged to visit his or her GP.

Alienation – a complete loss of any motivation, interest of 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 doctor should be moved out of the organisation, with whatever support or disciplinary measures may be deemed appropriate.

The Clinical Tutor and the local HR Department should look to review the position and consider the following:

Establish the Issues

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?

Action Plan

Have you developed and agreed a suitable learning plan with the trainee?
Can you organise and commit to increased and regular supervision?
When will re-appraisal and reassessment take place?
If problems are not or cannot be resolved should this be referred on to the clinical or college tutor/training programme director?

This should be in accordance with the local Disciplinary and/or Capability Policies and also the appropriate Training Guides (eg: The Gold Guide).

3.2 Classification of the issue(s)

Doctors and dentists may run into many difficulties. Some are remediable by expert help from colleagues in the various organisations such as the Postgraduate Deaneries, the National Clinical Assessment Service, the British Medical Association and the General Medical Council. Others are not remediable from such organisations. These difficulties fall within four main areas.

1. Personal/Professional conduct
2. Competence and performance issues
3. Health and sickness issues

Patient safety is the most important issue in considering any ‘risk assessment

3.2.1 Personal/Professional conduct issues (not related to profession)

The employing organisation, be it the GP Practice or the NHS Trust, must have within it doctors/dentists who operate to the highest of standards of personal conduct in accordance with guidance ‘Maintaining High Professional Standards in the NHS’. This is also a GMC/GDC requirement.

Examples of personal conduct issues include the doctor/dentist as perpetrator in terms of theft, fraud, assault, vandalism, rudeness, bullying, racial and sexual harassment, inappropriate internet use, drink driving and serious traffic offences.

Examples of professional conduct issues include inappropriate clinical examinations, claiming qualifications the doctor/dentist does not have, plagiarism and research misconduct, failure to take consent properly, prescribing issues, improper relationships with patients, improper certification issues (such as the signing of cremation forms, sickness certification, passport forms), and breaches of confidentiality.

The Trust (as the employer of its doctors/dentists in training) should take the lead under its approved disciplinary procedures. Sometimes the Police and the Courts will be involved. In some situations the GMC/GDC will be informed depending on the particular issue. If a doctor or dentist in training is involved, then the employer must inform both the SHA/Workforce Deanery and the trainee in writing at an early stage that he / she may approach the Deanery for advice, particularly if there are any concerns that any allegations are as a result of professional issues, and / or education and training difficulties.
The SHA/Workforce Deanery will not be involved in such a disciplinary panel, however would expect the trust/employer to confirm the following but will need assuring of the following:

- The Trust will follow an approved disciplinary procedure
- The trainee has been advised that they may be represented
- National guidelines are followed if a trainee is to be suspended (NHS Trusts only)
- Pastoral support is provided if needed
- The Deanery will be informed of a decision(s) that may effect training (termination of contract, any stipulations that are issued)

Any decision to involve the GMC/GDC is a very serious one for the doctor/dentist involved and this will ideally be a joint decision between the Trust (or other employer) and the SHA/Workforce Deanery. However the employer has the right, as does the SHA/Workforce Deanery to refer a matter directly to the GMC/GDC. The GMC/GDC recommends that approved procedures be followed first at the local level, rather than report indiscriminately to the GMC.

3.2.2 Competence and Performance Issues

Examples of these problems include a single serious clinical mistake, excessively slow surgical operating, low standard of results clinically (possibly found as a result of audit), persistent bad timekeeping, language difficulties, poor communication and/or consultation skills or repeated failure to attend educational events and inability to examine a patient properly.

Most of these difficulties will be dealt with effectively under the educational framework. However, the Trust or other employer will need to take a lead and the PGDean/Workforce Deanery must be involved from the outset in discussing the issues and concerns. An isolated serious mistake may happen but does not always reflect the overall competence of the doctor concerned. However it can highlight a development need.

It is important that behaviours exhibited do not interfere with patient safety, or the quality of performance of doctors or others, or cause difficulties with colleagues or patients. Effective multi-disciplinary team working demands high communication skills and unacceptable behaviours will generally be covered by Trusts policies e.g. Harassment and Bullying, Dignity at Work.

Where personal behaviour is considered to be an issue then A 360 degree assessment should be undertaken and can help the individual to recognise the impact their behaviour may be having on others and modified behaviours can be encouraged through with coaching, constructive feedback and even sanctions. 360 degree assessment is a valid and reliable assessment tool which measures professional relationships with patients, verbal communication skills, team working and accessibility.
As an enhancement to the current employer provision and where more complex intervention is required (Severe behavioural problems) trusts/employers may refer to the Deputy PG Dean who has responsibility for doctors in difficulty and will refer to the most appropriate service e.g. Interactive Skills Unit.

Any referrals for assessment should be conducted as soon as possible and this information shared with the employer. Consent to release personal information should be obtained from the doctor concerned.

3.2.3 Health and sickness issues

Employers will have policy in place for the management of sickness absence in the workplace and most will have capability processes either as part of this policy or a separate capability policy.

The trust will action day to day health related absences that would be expected in normal day to day working. The Deanery would look to provide assistance where it is considered more complex cases where external review by clinicians is required. This may take the form of health (serious mental health issues) or behavioural problems that require immediate action.

The Clinical tutor and/or the designated Senior Medical Workforce lead (i.e. HR or Medical Directors office) would contact the Deputy Postgraduate Dean and complete the appropriate information (see Appendix 3). It may be appropriate that a review meeting is held with representatives of the Trust, Deputy Postgraduate Dean, Deanery Representatives and STC Chair in order to review the position prior to any action being taken by the Trust employer through the normal employer policies. The Deputy Postgraduate Dean has experience in dealing with Doctors in Difficulty and employers are advised to seek his advice and support.

Where there are immediate concerns, sporadic short term absence that is disrupting training or the Doctor has been on long term sick* and/or is due to rotate to another employer then a Review/Case Conference should be convened with Clinical Leads and Deanery Representatives to enable the Employer to discuss and review an action plan in accordance with the Employer's Policies.

NCAS found from their studies of junior doctors⁴ that less than 50% of junior doctors have a general practitioner. They also found evidence of considerable self prescribing. Every doctor should be encouraged to register with a local general medical practitioner, and consult with their doctor in the first instance when ill.

Doctors with serious communicable disease such as Hepatitis B and C, and HIV / AIDS are able to practise medicine, but must follow guidance from an occupational health physician in relation to their area of practice.
NCAS found from studies\(^4\) that stress in doctors and nurses is high, compared to other workers. Depression is common and there is excess mortality from overdose of prescribed drugs, suicide and cirrhosis of the liver. They also found drug addiction is also a problem for doctors who have easy access to opiates and other powerful drugs.

Cognitive Impairment problems are difficult to diagnose, and to differentiate from depression, and expert referral and assessment will be necessary.

Any referrals for assessment should be conducted as soon as possible and within a 4 week period. Consent to release personal information should be obtained from the doctor concerned

### 3.2.4 Referral Process and Risk Assessment

In order to ensure that the referral is appropriately considered there should be a risk assessment as part of a referral process and an example of the criteria are shown on Appendix 3C.

Further guidance about how and when to act on these concerns is provided below in the Process Flowchart Appendix: 4.

The problem for the organisation may be of underperformance, and how this manifests itself in the workplace. However it is important to expose the root cause and address the issues in order to bring the performance back to an acceptable level.

* for training purposes – changes to the training schedule may have to be made (eg: GP where they are off for a two week period)

### 4 Career Advice

A careers counselling approach may be more appropriate, with advice and information about other career possibilities to be considered.

An approach to the local clinical tutor should be made in the first instance, who may be able to help, or who may refer on to a careers advisor, regional adviser or the SHA/Workforce Deanery.

### 5 Record Keeping

Doctors in Training are pursuing training programmes under the auspices of the PG Dean and are employees in healthcare organisations. The transfer of educational information is applicable to every trainee and in accordance with the Data protection Act (DPA). It is important to detail the information and retain the appropriate records.
6 Information

This guidance document will be published on the SHA/Workforce Deanery website, will be updated as required and will be referenced in the Annual Report.

Information regarding Doctors and Dentists in Difficulty will also be distributed via existing educator networks and during any relevant workshops with trainees and/or groups of educators.

Review by April 2010

END
Appendices
APPENDIX 1: Roles and Responsibilities

1) Clinical Supervisor

Usually Consultant (but can be SpR or non-medical team member) with whom the doctor works clinically, and who assesses whether that doctor is safe to carry out the clinical work he/she is expected to do within the department, and that he/she progresses within the particular training post/module. This will include direct input to workplace-based assessment.

Responsibility for Doctors Requiring Professional Support

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

- to detect problems with regard to clinical knowledge and skills, team working, communication, attitude, time keeping, etc.
- Any problems observed should be documented, discussed with the trainee and brought to the attention of their educational supervisor.
- Trust policies and procedures should be followed as appropriate.

2) Educational Supervisor

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

Responsibility for Doctors Requiring Professional Support

- Should be made aware of and gather evidence about concerns from other team members.
- Should discuss these concerns with the doctor during regular appraisals and consider ways of addressing them, with the help of the MD team.
- If problems cannot be resolved within educational supervision context, or in current post, Educational Supervisor needs to access from either within the Trust (FPD or Clinical Tutor) or within Specialty (College Tutor or Programme Director), depending on the grade of the doctor and the nature of the problem (i.e. health, capability or conduct).
- Careful documentation is crucial at all stages.
3) College Tutor

Appointed by Specialty College but based in Trust and responsible for advising and supporting doctors within a particular specialty in a Trust.

Mostly responsible for ensuring that trainees and supervisors adhere to College standards with regard to local educational programmes, regular appraisals and assessment, logbooks/portfolios in that particular specialty.

Responsibility for Doctors Requiring Professional Support

- Mostly deal with Specialty Trainees (STs) at present (role may change under MMC)
- Career advice about their specialty
- Advice on exam procedure and requirements e.g. for doctors repeatedly failing exams
- Advice on specialty-specific issues
- Support for Educational Supervisors

4) Programme Director

Jointly appointed by College and Deanery to manage Specialty Training Programmes at Deanery level within a given specialty.

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

Responsibility for Doctors Requiring Professional Support

- Support trainees within their programme and deal with individual issues
- Support Educational Supervisors within their programme and provide advice on issues with individual doctors
- Identify issues at annual ARCP review
- Ensure that Professional Support Strategy is implemented
- Resolve issues within programme (e.g. by moving individual doctor to different post/supervisor) whenever possible
- Bring problems to attention of Trust (e.g. if patient safety at risk) or Deanery (e.g. if implications for training programme and additional resources required i.e. Virtual Support Group, NCAS).

5) Chair of Specialty Training Committee (STC)

Oversees, on behalf of the Deanery the activity and proper functioning of the STC; liaises with the relevant College, Faculty or SAC; and supports the Programme Directors.

Responsibility for Doctors Requiring Professional Support
No direct responsibility but can act as general source of advice for specialty and may decide to bring a particular problem to the attention of the STC, to raise awareness and learn from the case.

6) **Regional/Specialty Adviser**

Appointed by College in consultation with Deanery; provides link between College and Deanery on education and training in the specialty.

*Responsibility for Doctors Requiring Professional Support*

General support to doctors in difficulty and those who have to deal with them, particularly when advice is required on mandatory requirements of training.

7) **Clinical Tutor/Director of Medical Education**

Appointed by Postgraduate Dean together with Trust; manages the educational contract between Deanery and Trust and provides main link between PGD and individual Trust with regard to training and education of doctors in all grades within a particular Trust.

*Responsibility for Doctors Requiring Professional Support*

- Should be made aware of all issues with individual doctors in training in the Trust
- Should provide advice and guidance to trainees relating to clinical and educational supervisory issues
- Should monitor and inform the Deanery on progress of doctors requiring professional support
- Should work closely with HR Dept on issues regarding doctors with difficulties, especially where patient safety may be compromised
- Should refer to Deanery those problems that cannot be resolved within the Trust
- Should involve Human Resources Department and invoke Trust procedures as required

8) **Foundation Programme Director**

As above but with particular responsibility for FP trainees. Needs to work closely with CT/DME and Foundation Heads Programmes on all issues regarding FP trainees.

9) **Deputy Postgraduate Dean**

Deputy Dean with specific responsibility for Doctors in Difficulty and Professional Support provides strategic lead and direct support to educators on matters concerning Professional Support, on behalf of the Postgraduate Dean.

*Responsibility for Doctors Requiring Professional Support*
Develop, manage and inform on framework for dealing with such doctors
Ensure that resources are available to support the framework including Virtual Support Group, remedial training, referral to NCAS, etc.
Ensure that those dealing with doctors requiring professional support are appropriately trained and supported
Provide advice to educators on individual doctors
Assess and support those doctors who require specialist input at Deanery level

10) Postgraduate Dean

Overall responsibility for postgraduate training and education within a geographical area.

Responsibility for Doctors Requiring Professional Support

- Support and advice to Deputy Dean for Professional Support
- Provide direct input to those cases where training may need to be terminated, or where appeals procedures need to be invoked

11) GP Educators

Associate Dean/Postgraduate Dean but sole responsibility for trainees in General Practice

12) Designated Medical Workforce Lead/HR

This is normally specific to the Management re-structure (from the Medical Director Office or HR) who will provide HR/Management lead and

- Should be made aware of any formal issues
- Impact on Training and Workload
- Will provide advice on Policy & Procedure and employer level.
- Will provide advice and liaison with PGD’s office.
APPENDIX 2: Role of External Agencies

National Clinical Assessment Service (NCAS)

The National Clinical Assessment Service (NCAS), formerly National Clinical Assessment Authority (NCAA), was established as a special health authority in April 2001. It became a division of the National Patient Safety Agency (NPSA) in April 2005.

NCAS provides confidential advice and support to health services on how to deal with the situation where the performance of doctors or dentists gives cause for concern. If a difficulty becomes apparent, the employer, contracting body or the practitioner can contact NCAS for help. The aim of NCAS is to work with all parties to clarify the concerns, understand what is leading to them and make recommendations for how they may be resolved.

The expert support which NCAS provides is wide ranging and includes not only advice over the telephone but also more detailed and ongoing support. This support includes specific responsibilities for NCAS to advise the NHS on the use of disciplinary procedures in doctors and dentists, in particular where suspension or exclusion of the practitioner from their work is being considered, and also where disciplinary action on the grounds of capability are being considered.

Where the performance problem is sufficiently serious or repetitious and attempts to resolve the problem at local level have failed, a doctor may be asked to undergo a full NCAS assessment. This comprises three main components: an occupational health assessment (by an occupational health doctor), a behavioural assessment (by an occupational psychologist) and a clinical assessment (by a team of clinical assessors). A report is produced by a panel of assessors (including a lay assessor) containing the findings, conclusions, and recommendations. NCAS will then work with the doctor and the Referring Body to agree an action plan to resolve the concerns.

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 presently covers the NHS in England, Wales and Northern Ireland, and also defence medical services and the prison medical and dental service.

NCAS has published a Directory of Resources which is intended to help with the implementation of recommendations following an NCAS assessment of a doctor.
In addition, it should also be useful in supporting educational programmes for doctors generally and for identifying further training / programmes following determinations made by the General Medical Council or General Dental Council.

The *Directory of Resources* is available through its website:

http://www.ncas-resource.npsa.nhs.uk

Full details of how and when to use the services of NCAS can be obtained through its website:  http://www.ncas.npsa.nhs.uk

**General Medical Council (GMC)**

The purpose of the General Medical Council (GMC) is to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine.

The law gives the GMC four main functions under the *Medical Act*:

- keeping up-to-date registers of qualified doctors
- fostering good medical practice
- promoting high standards of medical education
- dealing firmly and fairly with doctors whose fitness to practice is in doubt.

The GMC has legal powers designed to maintain the standards the public have a right to expect of doctors. Their job is to protect patients.

Where any doctor fails to meet those standards, the GMC acts to protect patients from harm - if necessary, by removing the doctor from the register and removing their right to practice medicine. The employing NHS Trust has an obligation to make an appropriate referral to the GMC but all doctors have a duty to take action if they have concerns about a doctor’s fitness to practice. This should normally be done through the Medical Director, or Postgraduate Dean or other appropriate person in authority.

The publication *Good Medical Practice*, underpins all the GMC’s work and embodies the values of the medical profession.

The GMC focuses on fitness to practise (whereas NCAS focuses on fitness for purpose).  http://www.gmc-uk.org
British Medical Association (BMA)

The British Medical Association represents doctors from all branches of medicine all over the UK. It has a total membership of over 140,000, rising steadily, including more than 3,000 members overseas and over 19,000 medical student members.

The BMA:
- is a voluntary professional association of doctors
- speaks for doctors at home and abroad,
- provides services for its members
- is an independent trade union
- is a scientific and educational body
- is a publisher
- is a limited company, funded largely by its members.
It does not
- register doctors – that is the responsibility of the General Medical Council (GMC)
- discipline doctors – that is the province of the employer/primary care trust and/or the GMC
- recommend individual doctors to patients.
Its policies are decided by elected members, mainly practising doctors.
It is supported by a professional staff and works with other bodies to meet its objectives.
http://www.bma.org

Medical Defence Organisations

Medical Defence Union (MDU)

The MDU is a mutual, non-profit organisation, owned by its members - doctors, dentists and other healthcare professionals.

The MDU defends the professional reputations of its members when their clinical performance is called into question. On their members’ behalf they may pay legal costs in the civil courts, professional tribunals and criminal courts. They may also pay compensation to patients who have been harmed by medical negligence during their treatment.

http://www.the-mdu.com

Medical Protection Society (MPS)

The Medical Protection Society is a leading indemnifier of health professionals. As a not-for-profit mutual organisation, MPS offers support to members with the legal and ethical problems that arise from their professional practice.
MPS members commonly seek help with clinical negligence claims, complaints, medical council inquiries, legal and ethical dilemmas, disciplinary procedures, inquests and fatal accident inquiries. They have access to expert advice from a 24-hour emergency helpline and, where appropriate, legal assistance and compensation for patients who have been harmed through negligent treatment. MPS also runs risk-management and education programmes to reduce adverse incidents and promote safer practice.

http://www.medicalprotection.org
### APPENDIX 3: Record of Referral for Assessment/Performance Review of a Doctor Requiring Professional Support (Form)

**Interview date:**

<table>
<thead>
<tr>
<th>Name</th>
<th>M</th>
<th>F</th>
</tr>
</thead>
</table>

**Age:**

<table>
<thead>
<tr>
<th>Employment status:</th>
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</thead>
</table>

**DOB:**

**Address:**

<table>
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<tr>
<th>Tel:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>e-mail:</th>
</tr>
</thead>
</table>

**Referral date:**

**Mode of referral:** letter telephone e-mail other *(specify)*:

**Name of referrer:**

**Nature of problem:** Health Capability Conduct

**Issues identified:**

**What has already been done?**
Summary of main issues:

<table>
<thead>
<tr>
<th>Degree of risk to</th>
<th>low</th>
<th>medium</th>
<th>high</th>
</tr>
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<tbody>
<tr>
<td>doctor:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>patients:</td>
<td>low</td>
<td>medium</td>
<td>high</td>
</tr>
<tr>
<td>employer:</td>
<td>low</td>
<td>medium</td>
<td>high</td>
</tr>
<tr>
<td>colleagues/team</td>
<td>low</td>
<td>medium</td>
<td>high</td>
</tr>
<tr>
<td>carers/relatives:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deanery:</td>
<td>low</td>
<td>medium</td>
<td>high</td>
</tr>
</tbody>
</table>

Action plan for trainee:

Action plan for assessor:

Further referral:
- Career Counselling
- Communication Skills
- Dyslexia
- Language Difficulties
- Mental Health Problems
- Professionalism
- Time Management
- Trust Conduct/Occupational
- Health Procedures
- Directed Training
- NCAS
- GMC
- Other

Review date:
# APPENDIX 3A: Record of Referral for Assessment/Performance Review of a Doctor Requiring Professional Support (Example 1)

**Interview date:** 13/03/06

<table>
<thead>
<tr>
<th>Name</th>
<th>Dr A</th>
<th>M</th>
<th>F</th>
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<tbody>
<tr>
<td>Age:</td>
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<tr>
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<tr>
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<td></td>
</tr>
<tr>
<td>e-mail:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Referral date:**

**Mode of referral:** letter ✓ telephone e-mail other (specify):

**Name of referrer:** Dr Z Programme Director

**Nature of problem:** Health Capability ✓ Conduct

**Issues identified:**

- RITA E Awarded - Concerns re Clinical judgement, communication including language skills, progress with audit and research, time management.
- Trainee concerned re decision and possible racial discrimination

**What has already been done?**

- RITA documentation received
- Action plan agreed with Programme Director including
  - Direct observation of practice and feedback
  - Feedback on selected written communication
  - Improve language skills

**Summary of main issues:**

- Poor organisational skills including time and workload management
- Poor language skills – oral and written
- Clinical judgement needs improving i.e. decisions need to be based on structured history and examination
- Lack of progress with audit and research

**Degree of risk to doctor:** low ✓ medium high ✓ may not complete CCT
**Degree of risk to patients:** low ✓ medium high
**Degree of risk to employer:** low ✓ medium high
**Degree of risk to colleagues/team:** low ✓ medium ✓ high not managing workload
**Degree of risk to Deanery:** low ✓ medium ✓ high appeal/complaint
## APPENDIX 3B: Record of Assessment/Performance of a Doctor Requiring Professional Support (Example 2)

**Interview date:** 24/09/04

<table>
<thead>
<tr>
<th>Name: Dr B</th>
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</thead>
<tbody>
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<tr>
<td>Employment status: SHO Specialty Y Yr 2</td>
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<td></td>
</tr>
<tr>
<td>e-mail:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Referral date:** 16/09/04

**Mode of referral:** letter telephone√ e-mail other (specify):

**Name of referrer:** Dr A (College Tutor)

**Nature of problem:** Health √ Capability Conduct√

### Issues identified:
- Tearful, odd affect
- Family bereavements
- Repeatedly absent from work, distant, dishonest about reasons for absence
- Has disappeared from work at short notice, leaving colleagues to cover. When confronted, appears unconcerned
- Poor communication with colleagues
- Behaviour ‘out of character’
  (Detailed examples attached)

### What has already been done?
- Seen by College Tutor and Clinical Tutor
- Seen by Occupational Health
- Removed from on-call rota
- Informed of departmental protocol for sickness and absence
- Individual work pattern agreed with College and Clinical Tutor

### Summary of main issues:
- ? Unresolved grief
- Socially isolated
- ? Depressive illness
- ? Attitudinal/personality issues

### Degree of risk:
- Degree of risk to doctor: low medium high √ illness may escalate
- Degree of risk to patients: low √ medium high
- Degree of risk to employer: low medium √ high further absences
- Degree of risk to colleagues/team: low medium high √ covering for absences
- Degree of risk to Deanery: low √ medium high
Action plan for trainee:

- Bereavement counselling
- Improve social network
- Attend Occupational Health Review
- Adhere to agreed work pattern
- Communicate clearly any absences from work

Action plan for assessor:

- Communicate with all parties involved
- Regular reviews of progress
- Seek info re performance in previous posts and medical school
- Inform HR Dept
- ? refer to Clinical Psychologist

Further guidance from Deputy Postgraduate Dean

Further referral:

- Career Counselling
- Communication Skills
- Dyslexia
- Language Difficulties
- Mental Health Problems
- Professionalism
- Time Management
- NCAS
- GMC
- Other
- Directed Training
- Trust Disciplinary procedure

Review date: 1/12
APPENDIX 3C: Examples of Risk Assessment Criteria for Doctors Requiring Professional Support

Health Issues

Low Risk

- Insight into difficulties.
- Takes appropriate time off sick.
- Insight into limitations caused by health issue.
- Seeks help and advice appropriately (from own GP or occupational health or appropriate colleagues) and follows this advice.
- Responds to concern raised by colleagues and modifies behaviour appropriately.
- Complies fully with all treatment and reasonable adjustments to workplace roles/conditions.
- Sporadic Sickness Absence

Medium Risk

- Limited insight into difficulties.
- Continues to work whilst moderately unwell.
- Limited awareness into limitations caused by health issue.
- Seeks advice appropriately but appears reluctant to follow this.
- Some appropriate response to concerns raised by colleagues.
- Complies on the whole with all treatment and reasonable adjustments to workplace roles/conditions.

High Risk

- No insight into health problem.
- Continues to attend work even when obviously unwell.
- No insight into clinical limitations caused by health issue; may jeopardise patient care.
- Does not seek help or advice for health issue.
- Unwilling or unable to respond appropriately to concerns raised by colleagues.
- Does not comply with treatment or reasonable adjustments.
- A lot of absence
Capability

Low Risk

- Insight into capability issues.
- Performance difficulties are not serious or repetitive.
- Does not attempt to perform tasks when not capable.
- Takes responsibility for the task, and ensures that it is completed under supervision or completed by an appropriate colleague.
- Seeks advice and supervision appropriately.
- Demonstrates expected improvement in areas of weakness.
- Demonstrates the ability to learn from experience.

Medium Risk

- Limited insight into capability difficulties.
- May attempt to perform low risk or simple tasks when not capable, but then seeks advice and supervision.
- Demonstrates some improvement in areas of weakness.
- Demonstrates some ability to reflect and learn from experience, but there are still concerns in this area.
- Repeated sick leave often of short duration and possibly associated with on-call.
- Repeated avoidance of acute situations.

High Risk

- No insight into lack of capability.
- Performance difficulties are serious or repetitive.
- Attempts to perform high risk task(s) when not capable.
- Inability to communicate effectively.
- Repeated inappropriate delegation of clinical responsibility.
- Repeated inadequate supervision of delegated clinical tasks.
- Ineffective ingrained clinical team working skills.
- Does not seek appropriate advice or supervision, therefore putting patients at risk.
- If unable to complete the task, does not ensure that it is completed by a colleague.
- Seems unable or unwilling to improve in areas of weakness.
- Does not demonstrate the ability to reflect and learn from experience.
- May make formal complaints about colleagues who express concern about capability.
- Minor however frequent inappropriate action.
Conduct

Low Risk

- One episode of minor misconduct only (N.B. need to check that there have not been any episodes in previous posts).
- Individual agrees when challenged that conduct was inappropriate.
- Demonstrates remorse for misconduct.
- Demonstrates the ability to reflect and learn from experience and there is no evidence of further misconduct.
- Seeks advice appropriately on conduct and associated issues.
- External factor present (family/financial/work related/evidence of stress).
- Detailed work history available and no concerns.

Medium Risk

- Two or three episodes of minor misconduct (check back to other posts).
- Individual agrees when challenged that conduct was inappropriate.
- Demonstrates appropriate remorse for misconduct.
- Demonstrates the ability to reflect and learn from experience, but some very minor concerns about conduct may remain.
- Sometimes seeks advice on conduct and associated issues.

High Risk

- Repeated episodes of minor misconduct, or one or more episodes of serious misconduct.
- Individual does not agree that conduct was inappropriate, or denies misconduct.
- No expression of remorse.
- Unable to demonstrate the ability to reflect and learn from experience.
- Unable or unwilling to accept advice on conduct-related issues.
- No external contributory factors.
- Work history difficult to verify/previous concerns.
- One-off incident which may constitute gross misconduct
APPENDIX 4: Supporting Doctors and Dentists in Training - West Midlands Deanery Process

Doctor is referred into Deanery

Complete referral form (Appendix 3)

Health

Clinical Tutor/HR
Trust picking up issues through Occupational Health

Performance/ Competence

Clinical tutor/HR at Trust/Employer must inform PG Dean before formal action

Professional / Personal

Conduct

The Trust/Employer to discuss with PG Dean before taking action

Role

Lead

 Conduct Personal / Professional

The Trust/Employer to discuss with PG Dean before taking action

Trust / Employer

To inform the PG Dean of any disciplinary hearing and subsequent decisions

For serious risk-long term absence-persistent short term-and/or change of employer/rotation to notify PG Dean

To notify and / or request support

Trusts to notify Deputy PG Dean (complete App 3)

A review meeting - Deanery Rep & Trust Rep with STC Chair

Guidance / Policy / Review

Trust/Employer

Outcome may lead to termination of contract by the Trust (hearing/appeal)

As per guidance (e.g Gold/ Guide)

To consider whether removal from the training programme is the natural consequence as per Guidance (eg: Gold Guide)

PG Dean (if required)

To consider whether removal from the training programme is the natural consequence as per Guidance (eg: Gold Guide)

Trust/Employer

Manage in accordance with Capability/ Disciplinary Policy (hearing/appeal)

To consider whether removal from the training programme is the natural consequence as per Guidance (eg: Gold Guide)

Disciplinary Policy or Management of Performance Procedure

To inform the PG Dean of any disciplinary hearing and subsequent decisions

STC Chair, Trust Rep, Deanery Rep to meet and review

Inform STC Chair re Assessment

Trust/Employer

Manage as per Disciplinary or performance (hearing/appeal)
## APPENDIX 5: List of Adverse Life Events

List of Adverse Life Events produced by the University of Birmingham. (See 3.3.3)

<table>
<thead>
<tr>
<th>Event</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death of a parent</td>
<td>50</td>
</tr>
<tr>
<td>Death of a close relative</td>
<td>40</td>
</tr>
<tr>
<td>Loss of a parent through divorce</td>
<td>35</td>
</tr>
<tr>
<td>Death of a close friend</td>
<td>30</td>
</tr>
<tr>
<td>Parents having rows or in financial trouble</td>
<td>28</td>
</tr>
<tr>
<td>Serious health problems, surgery, pregnancy</td>
<td>25</td>
</tr>
<tr>
<td>Engagement or marriage</td>
<td>25</td>
</tr>
<tr>
<td>In trouble with the law</td>
<td>22</td>
</tr>
<tr>
<td>Unemployed, financial trouble</td>
<td>19</td>
</tr>
<tr>
<td>Break up with boy or girl friend</td>
<td>19</td>
</tr>
<tr>
<td>Interviews or starting a new job</td>
<td>18</td>
</tr>
<tr>
<td>Sexual difficulties</td>
<td>18</td>
</tr>
<tr>
<td>Not part of the crowd</td>
<td>16</td>
</tr>
<tr>
<td>Lack of privacy</td>
<td>15</td>
</tr>
<tr>
<td>Driving Test</td>
<td>15</td>
</tr>
<tr>
<td>College pressures, exams, deadlines</td>
<td>14</td>
</tr>
<tr>
<td>Concern about appearance, weight, identity</td>
<td>13</td>
</tr>
<tr>
<td>Recent move, home, school, college</td>
<td>11</td>
</tr>
<tr>
<td>Lack of recognition</td>
<td>9</td>
</tr>
<tr>
<td>General feelings of frustration</td>
<td>6</td>
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</tbody>
</table>