

Postgraduate Medical Education in Scotland: Management of Trainee Doctors in Difficulty

Operational Framework

Introduction

NHS Education for Scotland (NES) works in partnership with NHS employers, through the 4 Postgraduate Deaneries, to provide education, training and support for medical trainees from graduation to completion of their specialist training.

A small number of trainees will have behavioural, performance or educational difficulties during their training which will require additional help at a local level or, if more serious or prolonged, intervention by the Deanery and/or the trainee's NHS or University employer. The way in which any such difficulties are managed is dictated by their nature and the context in which they occur.

This paper describes an Operational Framework which recognises the differences in the structure of training programmes and the localities in which training is provided. The relationship and responsibilities of the Deanery, NHS staff and employers are explained.

This framework is a guidance document which provides direction for all staff responsible for trainees whose performance or conduct is giving cause for concern. Information is subdivided into the following sections for ease of use and future reference.

- Ten guiding principles for supervisors
- Classification of problems
- The roles and responsibilities of those directly involved in managing allegations of misconduct
- Disciplinary procedures
- The roles and responsibilities of those directly involved in managing poor performance
- Resources for remediation and assessment
- Ill health
- Additional useful information

Ten Guiding Principles for supervisors

Supervisors concerned about the progress or welfare of a trainee should:

1. **Ensure patient safety**
2. Address problems when they occur – not at the end of a post
3. Find out the facts; speak to colleagues/nurses and consider not only the trainee but also the context in which the trainee is working e.g. is the workload appropriate, is the post compliant with the Working Time Regulations (WTR), is there appropriate senior support, are there concerns about bullying or inappropriate behaviour etc.
4. Speak to the trainee – remember there are two sides to every story – ensure that the trainee is aware of the purpose and boundaries of this meeting. For example the meeting may/may not be confidential and this needs to be clarified.
5. Consider whether there is an underlying health problem or any mitigating circumstances e.g. language problems influencing the trainee's performance
6. Seek help/guidance if unsure about how to proceed
7. Set realistic measurable goals and timescales
8. Document everything in writing this should be signed, dated and shared with the trainee
9. Ensure actions taken are proportionate, consistent and fair
10. Confidentiality will be respected and maintained in line with Good Medical Practice

Classification of Problems

Performance issues might arise in 3 areas these are:

- Personal conduct
- Professional conduct
- Professional competence/educational progression

The area(s) of difficulty will determine the most appropriate course of action.

Personal Misconduct e.g.

- Bullying
- Harassment
- Dishonesty
- Working under the influence of alcohol or drugs
- Criminal behaviour

Instances of personal misconduct are normally managed in line with the employer's policies and procedures. Therefore advice should be sought from the clinical lead for your specialty and/or the Human Resources (HR) Department. The Postgraduate Dean should be informed of any such misconduct.

Professional Misconduct e.g.

- Neglect or disregard of duty of care to patients
- Any abuse of position or trust
- Unacceptable attitude or behaviour towards patients, relatives or colleagues
- Inappropriate attitude to work

Instances of professional misconduct depending on the nature/context could be managed at ward level. When necessary, misconduct must be managed in line with the employer's policies and procedures. If there is any doubt, advice should be sought from the clinical lead for your specialty, the HR Department and/or the Postgraduate Deanery.

Professional competence/educational progression.

Trainee competence is measured through their clinical, professional and educational performance. The majority of trainees who are failing to meet the required standard can be supported in the workplace by their Clinical and/or Educational Supervisor. For those trainees where simple support measures instituted in the workplace are not sufficient to improve performance and achieve the required standards, external guidance should be sought from the Foundation or Postgraduate Tutors, Training Programme Director, or Deanery staff. Such problems might include - failure to:

- Develop the skills and knowledge required
- Work effectively within the healthcare team
- Recognise own limitations
- Consult senior colleagues appropriately
- Communicate effectively with patients and relatives

Roles and Responsibilities

For the majority of trainees areas of difficulty are easily identified and remediated. However for some trainees the problems are more complex and establishing the exact nature and significance of the problem can sometimes be a challenge in itself. There are a number of factors which you must consider when you are trying to establish the exact problem(s) you are dealing with and consideration must be given to the trainee's:

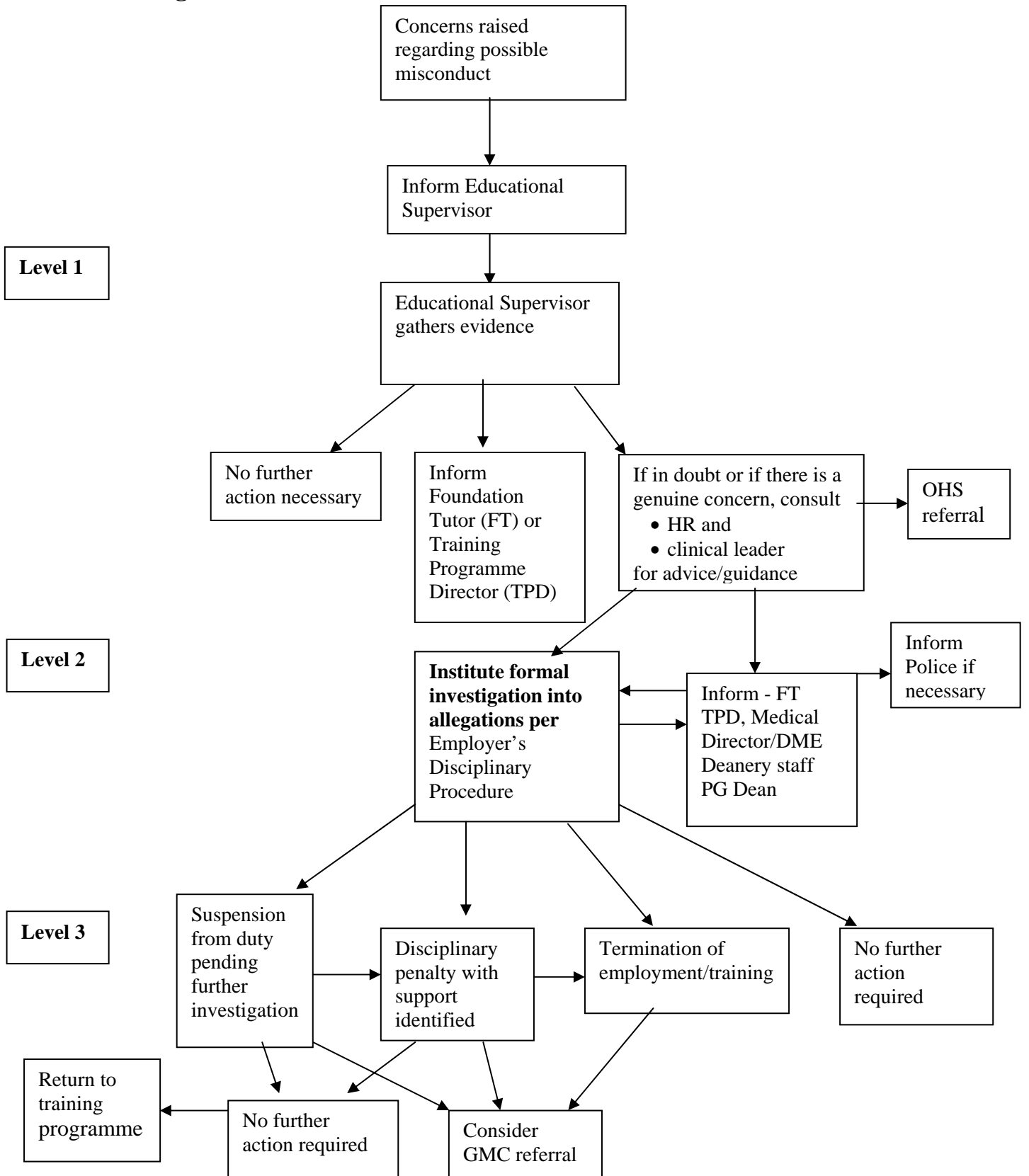
- knowledge & skills
- attitude & behaviour
- health
- their working environment (*is there appropriate Clinical/Educational supervision, have trainees received a ward induction, is the post compliant with the WTR, does the trainee have clear learning objectives, are they integrated within the multi-professional team*)
- and any external influences which might be affecting their conduct or performance.

In addition, following due process and keeping accurate documentation are key factors in the successful management of difficulties.

The following flow diagrams describe in general terms the potential pathways that can be followed when managing personal/professional misconduct or poor performance. These processes are then mapped against the clinical and support staff involved in providing and managing medical education. These tables outline the roles and responsibilities of those providing support, remediation or investigating the conduct of a trainee. Each table provides details of these responsibilities in relation to three levels of seriousness of concerns with the trainees conduct or performance. These levels are categorised as:

- Level 1 - the level at which ward based management is appropriate
- Level 2 - situations where ongoing support/further investigation is required
- Level 3 - serious or persistent performance problems which require a higher level of management and can on occasion result in termination of training/employment or the outcome of an investigation into alleged misconduct

Management of Misconduct



Note: There is a formal mechanism for appeals against decisions guidance will be available from HR

Management of Misconduct: Personal or Professional

	Level 1 Management at ward/department level of issues which are not considered serious or repeated inappropriate behaviour	Level 2 Management of personal or professional misconduct requiring further investigation	Level 3 Management of misconduct deemed serious following investigation under level 2
Clinical Supervisor	<ul style="list-style-type: none"> • Inform Educational Supervisor of the nature of the misconduct 	<ul style="list-style-type: none"> • Regular dialogue with the trainee's Educational Supervisor 	<ul style="list-style-type: none"> • Provide information as requested regarding ongoing investigation
Educational Supervisor	<ul style="list-style-type: none"> • Gather information about the allegations • Consider the context in which the misconduct occurred • Meet the trainee to discuss the allegations • Attempt to agree required change(s) in behaviour/attitude • Document meeting(s) and agreements • Inform Clinical Supervisor of what has been agreed with the trainee • Monitor progress 	<ul style="list-style-type: none"> • Meet the trainee to discuss the allegations – document • Take into consideration the context in which the misconduct occurred • Ensure appropriate reporting of misconduct e.g. completion of incident reports as per the employer's policies and procedures • Inform and/or seek advice from the clinical lead and HR • Inform the Foundation Tutor/Training Programme Director and Deanery staff 	<ul style="list-style-type: none"> • If required provide information as requested regarding ongoing investigation • Monitor ongoing conduct if required
Foundation Tutor/Training Programme Director	<ul style="list-style-type: none"> • Unlikely to have direct involvement at this stage, however should be aware of those trainees whose conduct is under review or being monitored • Provide continuity between departments, Directorates, Health Boards, Deaneries for trainees moving onto different clinical attachments 	<ul style="list-style-type: none"> • Provide ongoing pastoral support for the trainee 	<ul style="list-style-type: none"> • Provide ongoing pastoral support for the trainee
Clinician Manager (nomenclature will vary between Department/Health Boards)	<ul style="list-style-type: none"> • Unlikely to have direct involvement at this stage 	<ul style="list-style-type: none"> • Institute a formal investigation in line with the employer's policies and procedures. • If alcohol/substance misuse is suspected refer to OHS and manage as per the employer's Alcohol Policy • Send reports arising from the investigation to the Medical Director for consideration of further action if required 	<ul style="list-style-type: none"> • Monitor ongoing conduct
Medical Director	<ul style="list-style-type: none"> • Unlikely to have direct involvement at this stage 	<ul style="list-style-type: none"> • Must be informed of the investigation and the recommendations of the report • Take appropriate action as required • Further investigation of allegations if required 	<ul style="list-style-type: none"> • Regular dialogue with the PG Dean • Consider suspension from practice or initiate disciplinary procedure • If allegations are of a criminal nature the police must be informed • In consultation with the PG Dean consider GMC referral
Director of Medical Education	<ul style="list-style-type: none"> • Unlikely to have direct involvement at this stage 	<ul style="list-style-type: none"> • Unlikely to have direct involvement at this stage however must be kept informed 	<ul style="list-style-type: none"> • Unlikely to have direct involvement at this stage however must be kept informed
Deanery staff	<ul style="list-style-type: none"> • Unlikely to have direct involvement at this stage, however available for support and advice 	<ul style="list-style-type: none"> • Should be informed and training records updated as appropriate 	<ul style="list-style-type: none"> • Should be informed and training records updated as appropriate
Postgraduate Dean	<ul style="list-style-type: none"> • Unlikely to have direct involvement at this stage 	<ul style="list-style-type: none"> • Must be informed of the investigation and the recommendations of the report and actions taken 	<ul style="list-style-type: none"> • Must be informed of the investigation and outcome
HR	<ul style="list-style-type: none"> • Unlikely to have direct involvement at this stage 	<ul style="list-style-type: none"> • Available to provide advice, guidance and support any formal investigation • Refer trainee to OHS if appropriate 	<ul style="list-style-type: none"> • Ensure employer's policies and procedures are followed • Available to advise guide and support
Occupational Health	<ul style="list-style-type: none"> • Unlikely to have direct involvement at this stage 	<ul style="list-style-type: none"> • Carry out an independent assessment of the trainee's health and wellbeing • Report to NHS employer/ Postgraduate Dean 	<ul style="list-style-type: none"> • Provide ongoing support for the trainee

Disciplinary Procedures

Doctors in training are employed by Health Boards or Universities and are therefore subject to employment legislation and the employing Health Board's or University's policies and procedures. Each Health Board/University will have disciplinary policies which provide guidance on the management of any alleged misconduct.

Concerns about a trainee's conduct can come to light in a variety of ways e.g.:

- Concerns expressed by colleagues, co-workers (nurses, AHPs), patients or relatives
- Assessment processes
- Monitoring quality of care/clinical audit
- Litigation/court judgements
- Information from the police or Procurator Fiscal
- Information from the regulatory bodies

Health Board/University Human Resources Departments will provide advice for any Clinical/Educational Supervisor or clinical lead on the management of alleged instances of misconduct.

When initiating disciplinary action against a doctor in training the Health Board must ensure that:

- they follow a predetermined disciplinary procedure that is legally sustainable
- the trainee is aware of their right to be represented
- any suspension from duty follows national guidelines
- the trainee has access to pastoral support

The Postgraduate Dean must be informed by the employing Health Board, in writing, of any disciplinary action taken against a doctor in training. Health Boards/Universities as employers are responsible for managing the disciplinary and/or appeals processes. The deanery might be required to provide expert advice on matters relating to education and training.

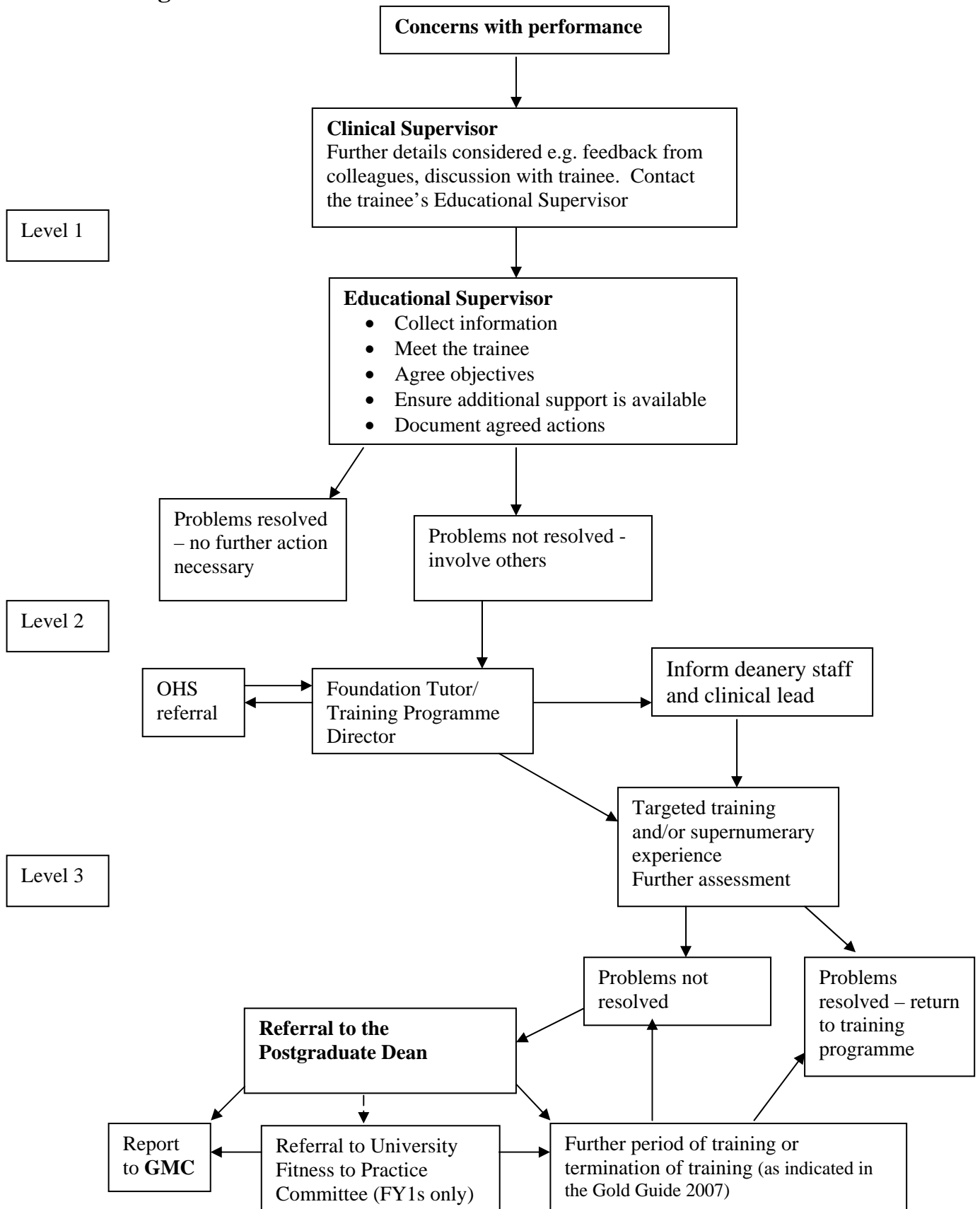
Occasionally the GMC will have to be informed about the proven misconduct of a trainee. Whilst this is the responsibility of the employing Health Board, the Postgraduate Dean will normally be consulted prior to any formal report being submitted. The trainee must be advised by the Health Board, in writing, that such a report is being sent to the GMC.

Alcohol or substance misuse

All Health Boards have an "Alcohol Policy" which applies equally to alcohol and substance misuse. These policies may vary slightly however, trainees suspected of abusing alcohol or drugs will normally be suspended from duty pending OHS referral. If the trainee is co-operative and seeks and accepts help, disciplinary action can be avoided

N.B. Lasting damage can be caused to a doctor's reputation, confidence and career prospects if allegations are unfounded or malicious. Therefore all allegations MUST be properly investigated to establish the facts in order to make an informed and balanced judgement.

Management of Poor Performance



Note: Appeals against decisions can be made at various stages in the above process e.g. against Deanery as per Gold Guide, GMC

Management of Performance

	Level 1 Ward/department based remediation i.e. not serious and not repetitive	Level 2 Management of ongoing performance issues i.e. serious but likely to be managed locally or recurring problems with no evidence of improvement. In addition to the intervention described in Level 1, as appropriate	Level 3 Management of persistent, increasing or significant performance issues unlikely to be resolved at a local level – possible involvement of the GMC. In addition to intervention described in Level 2, as appropriate
Clinical Supervisor	<ul style="list-style-type: none"> Identify and manage problems at an early stage Obtain feedback from colleagues and the multiprofessional team Ensure patient safety Meet the trainee and take notes of the meeting Provide additional support where appropriate Inform/communicate regularly with the trainee's Educational Supervisor 	<ul style="list-style-type: none"> Ensure patient safety Continue dialogue with the Educational Supervisor 	<ul style="list-style-type: none"> Regular dialogue with the trainee's Educational Supervisor
Educational Supervisor	<ul style="list-style-type: none"> Meet the trainee Liaise with the Clinical Supervisor Modify the trainee's personal development plan as necessary with additional realistic, measurable objectives Monitor and record progress against agreed objectives Notify the trainee's Foundation Tutor/Programme Director of the trainee's training/support needs 	<ul style="list-style-type: none"> Ensure appropriate levels of supervision are available Review objectives and consider the need for further training and assessment Involve the Foundation Tutor/Training Programme Director/clinical lead if performance is not improving 	<ul style="list-style-type: none"> Ensure appropriate supervision is always available – especially out-of-hours Provide additional training as required Gather further assessments of performance Regular dialogue with the Foundation Tutor or Training Programme Director
Foundation Tutor/Training Programme Director	<ul style="list-style-type: none"> Provide support for the trainee and his/her supervisors Closely monitor progress Provide continuity between departments, Directorates, Health Boards, Deaneries for trainees moving onto different clinical attachments 	<ul style="list-style-type: none"> Consider additional support/training needs of the trainee Consider whether the trainee is fit/safe to continue practicing Consider referral to Occupational Health Notify the clinical lead and Deanery of concerns and provide updates on progress If necessary refer trainee to the Deanery staff for further training/support Inform and involve HR 	<ul style="list-style-type: none"> In-conjunction with the Educational Supervisor, Deanery and the trainee, agree a process of remediation with additional support/training and further assessment Consider referral to Occupational Health, if this has not already been done Monitor progress and keep clinical lead informed Provide pastoral support for the trainee. If it is inappropriate for the FT or TPD to fulfil this role for a particular trainee, the PG Dean must nominate an independent experienced individual
Clinician Manager (nomenclature will vary between Department/Health Boards)	<ul style="list-style-type: none"> Unlikely to have direct involvement at this stage 	<ul style="list-style-type: none"> Ensure appropriate levels of support are available for the trainee and supervisor 	<ul style="list-style-type: none"> Unlikely to have direct involvement at this stage, however available for support and advice Ensure adequate resources are available to support the remediation process Inform Medical Director of ongoing concerns with performance and remediation process Ensure patients are safe
Medical Director	<ul style="list-style-type: none"> Unlikely to have direct involvement at this stage 	<ul style="list-style-type: none"> Unlikely to have direct involvement at this stage 	<ul style="list-style-type: none"> Medical Director informed
Director of Medical Education	<ul style="list-style-type: none"> Unlikely to have direct involvement at this stage 	<ul style="list-style-type: none"> Unlikely to have direct involvement at this stage, however should be aware of those trainees who are struggling and available for advice 	<ul style="list-style-type: none"> Informed of ongoing concerns with the trainee's performance
Deanery staff	<ul style="list-style-type: none"> Unlikely to have direct involvement at this stage, however available for support and advice 	<ul style="list-style-type: none"> Ensure appropriate records and updates kept in the trainee's file Provide support and guidance on the resources available for remediation Where necessary help plan remediation Ensure an educational agreement is signed by the trainee/trainer for this period of remediation 	<ul style="list-style-type: none"> Ensure training records are updated and accurate Review evidence of performance Identify an Associate Dean to oversee progress Inform HR if a supernumerary placement is required and backfill of post Prepare evidence of trainee's performance for the Postgraduate Dean
Postgraduate Dean	<ul style="list-style-type: none"> Unlikely to have direct involvement at this stage 	<ul style="list-style-type: none"> The Dean to be informed at this stage. Unlikely to have direct involvement at this stage 	<p>On the evidence presented consider</p> <ul style="list-style-type: none"> The trainee's fitness to practice (for FY1 referral to the University's Fitness to Practice Committee) A further period of targeted training Termination of training (as per Gold Guide, Orange Guide for SpRs) GMC referral (in discussion with the Medical Director) <p>If required, identify independent source of pastoral support for trainee</p>
HR	<ul style="list-style-type: none"> Unlikely to have direct involvement at this stage 	<ul style="list-style-type: none"> Should be aware of the remediation process and ensure it follows employer's policies Take action if a supernumerary placement is required and backfill of post If appropriate, refer trainee to Occupational Health 	<ul style="list-style-type: none"> Should be aware of ongoing remediation and outcome
Occupational Health	<ul style="list-style-type: none"> Unlikely to have direct involvement at this stage 	<ul style="list-style-type: none"> Provide appropriate support for trainees Provide recommendations to those referring and/or PG Dean 	<ul style="list-style-type: none"> Continue to provide support for the trainee Provide recommendations regarding remediation

Further Information

Meeting the Trainee

Prior to the first meeting with the trainee, the supervisor should gather information from all relevant sources. The purpose of this meeting with the trainee is to listen to their view of events in an objective non-judgemental manner. This and any subsequent meetings and any actions agreed should be documented.

Transfer of Information

Occasionally further training to address performance issues or disciplinary processes may not be resolved or completed by the end of a particular placement. It is the responsibility of the Foundation Tutor/Training Programme Director to inform the Educational Supervisor responsible for the trainee in the next placement. This should be in writing and include a summary of the facts, current status and any ongoing performance issues. The deanery and the trainee must be aware of the information being shared with the new Educational Supervisor.

Doctors in Training Employed by Universities

Clinical Lecturers are employed by Universities and have honorary contracts with Health Boards. Such trainees are therefore subject to University disciplinary policies.

Careers Management

Doctors in difficulty may be referred to the Careers Manager for individual careers guidance at any stage in their training. The Careers Manager is able to offer careers guidance to trainees who may wish or need to change direction within medicine and to those who may be considering a career outside medicine. Psychometric assessment will be offered where appropriate.

Contact: Fiona Sykes Scottish Careers Manager

Telephone: 0141 223 1430

Email: Fiona.sykes@nes.scot.nhs.uk

Termination of Training

Decisions regarding termination of training must be based on substantiated documented evidence. Any termination of training will follow the principles outlined in the Purple Guide, Gold Guide (or the Orange Book for SpRs).

Foundation Year 1 Doctors from non-UK Universities – Termination of Training

The decision to terminate the training of an FY1 doctor who is not a UK graduate would be made by a Postgraduate Dean. These trainees are not subject to a University Fitness to Practice Committee judgement therefore an appeal against such a decision can be made through the NES Medical Directorate – Complaints and Appeals Process.

Resources for Remediation and Assessment

Resources to support the remediation process have been identified by NES. These resources are available to all doctors in training in Scotland, whose performance is below the standard expected at their stage of training and who fulfil the necessary assessment criteria.

To access the resources outlined below trainees must have completed the required ward based assessments stipulated by the relevant Royal College or the Foundation programme. Local remediation should also have taken place and failed to achieve the required improvement in performance. All referrals must be made through the Postgraduate Dean.

Access to these resources will be through a referral from a Postgraduate Dean to a National Advisory Group

The referral process will include:

- **Information from previous attempts at local remediation**
- **A current assessment of the trainee's needs**
- **A proposed educational/remediation package agreed with the trainee**

The outcome of the referral will be a recommendation for an individual remediation package. Components of the agreement may include:

- Scenario based learning in a Specialist Clinical Skills Centre
- Personal coaching
- Targeting work place based training and assessment
- Any other Specialist training courses deemed appropriate.

Ward Simulation Exercises have a dual purpose they can be used as part of a remediation package or used to assess the performance of a Foundation doctor.

Various assessment tools are currently available to monitor improvements in performance and are described.

See appendix 1

Ill Health

Ill health may affect an individual's capacity to work effectively. Trainees may not recognise or be willing to acknowledge illness. They may perceive that time off work increases pressure on colleagues, affects or delays training and/or because of the stigma of mental or psychological disorders.

Occupational Health Service

The Occupational Health Service provides advice and a range of health assessments, which can contribute to the health, welfare and safety of NHS employees

Referral to Occupational Health Service

Referral of a trainee to occupational health can be:

- by an Educational Supervisor because of concerns regarding a trainee's health
- by management (including Human Resources) because of work related issues in line with an employer's procedures or policies
- self-referral for advice

The Educational Supervisor and/or management should provide relevant factual information in writing prior to the consultation. The trainee should be aware of and understand the reason for any referral.

The consultation between any employee and an occupational health physician is **confidential** and similar to any other doctor/patient relationship

Outcome of referral to Occupational Health Service

A report is usually sent to the referrer. The contents of any communication will depend on an agreement between the occupational health physician and the trainee but should focus on the trainee's current ability to meet his/her contractual duties. The trainee's GP should be informed of the consultation and if a period of absence from work were agreed, the GP would provide a sickness certificate (it is important that all trainees are registered with a GP).

The occupational health physician may refer the trainee for further expert advice or help. Referral to a psychiatrist or clinical psychologist should only be made by an occupational health physician.

With a health risk that may compromise patient safety the trainee should be alerted of this and strategies to deal with the situation discussed with the trainee. In exceptional circumstances when it is considered that there is a **significant risk** to patient or staff safety, management and/or HR will be informed ideally with the consent of the trainee. If consent is not obtained, the occupational health physician should still advise management and follow this with a letter informing both management and the trainee of the reasons for the decision.

Alcohol/substance misuse

Alcohol/substance misuse can impair decision making, vision and co-ordination and has considerable implications for patient safety and for health and safety at work. Such misuse can also affect a trainee's social functioning and conduct. Therefore trainees suspected of alcohol or substance misuse must be managed promptly and appropriately in line with the local alcohol policy.

Resource: Ward Simulation Exercise

Suggested Use: remediation and/or assessment

Description: The ward simulation exercise has been designed to observe/assess a trainee in a realistic medical ward environment. Each exercise is structured and consists of the same core elements or performance tasks e.g. communication, team-working, organization and prioritization. Whilst each exercise consists of these elements the content varies in relation to patient presentation e.g. the acute element could be a haemorrhage, an acute asthmatic attack etc.

During the exercise the trainee manages the ward area for a period of 20 minutes. They will encounter a workload that would normally be experienced by a junior doctor in everyday practice. This is based on published research evidence. They have the support of a nurse and have access to senior health care professionals.

The exercise provides an opportunity to directly observe and assess trainee performance in a number of areas including: **organization and prioritization, team-working, communication, decision-making, history taking, prescribing and recognition and management of the acutely ill patient.**

Educational Support: The ward simulation can be used as an educational tool to provide supportive feedback during remediation i.e. the trainee will complete the exercise then have the opportunity to complete a self-assessment using video footage of the exercise. Having self-assessed their performance, the trainee will then discuss their strengths and weaknesses with experienced Consultant assessors using a structured debriefing process. Recommendations will be forwarded to the referring Deanery.

Assessment: Three trained assessors will observe and continuously assess the trainee throughout the 20 minute ward simulation exercise. At the end of the exercise, the trainee will be given the opportunity to complete a self-assessment using video footage of the exercise, before discussing their performance with the assessors. An assessment form will be completed by the assessors. The completed assessment form and video footage of the exercise will be sent to the referring Postgraduate Deanery.

Resource: Acute Care Scenarios

Suggested Use: remediation

Description: Six scenarios have been developed to evaluate the performance of Foundation Year 2 doctors experiencing difficulty in managing acute care. These scenarios can be used to provide educational support through self-assessment and feedback

- Each acute care scenario lasts 10 minutes
- Scenarios are followed by a debriefing session which encourages trainee self-assessment and reflection. Debriefing sessions make use of video evidence of performance and explore deficits in knowledge and the practical application knowledge.
- Trainees are then given the opportunity to repeat each scenario and change/improve their practice.
- Feedback on performance is given by 2 experts.

Training available:

Resource: Assertiveness Training

Description: This is aimed at increasing self-confidence of both passive and aggressive trainees. It covers assertiveness theory, handling criticism, some introspection, improving image and communication in particular situations. Role play will be used to help delegates to work out tactics to deal with their difficult situation or person that they can take away and use. They will leave with an internal workshop 'buddy' contract giving future mutual support.

Resource: Coping with Stress

Description: This is a practical awareness one day course rather than a treatment session. It covers the impact of long-term stress both on the trainee and others, at home and in the team. The 'change curve' that affects everyone at some time is explained and trainees get an understanding of how to do their personal risk assessment. They will also work out their optimum learning curve to negotiate in different situations. The importance of identifying stress 'triggers', preparation for work, focusing on solutions, asking for help, exercise and diet will be explored. Simple breathing and relaxation exercises finish the day.

Resource: Communication Skills

Description: One day course to improve understanding and perceptions of the positive and negative impact of various types and levels of communication. This course covers written, spoken and visual communication. Preparation, listening and questioning skills will be practised. Basic elements of neurolinguistic programming (NLP) and the important messages that can be sent, often without awareness, are a main part of the day. If the group is big enough (8+), a very simple and effective exercise with a camcorder will be included

Resource: Conflict Management

Description: One day course, similar to *Communication Skills*, but concentrating on a framework for resolving conflict using perceptions, self-management of frustration and anger, and dealing with the anger of others. Trainees will learn how to adapt their instinctive behaviour style appropriately to different situations and teamwork. The factors that avoid or invite conflict will be discussed and basic negotiation examined. The benefits of constructive conflict and how to both receive and put across a constructive critique will be considered.

Resource: Personal Effectiveness

Description: One day very personal workshop – this is ideal for motivating trainees who seem to have lost focus, or the will/sensitivity to progress at an acceptable rate. This workshop looks at career ambitions, how they will chart these, and what it will take to realise them. Trainees will identify and examine how their personal strengths, weaknesses and resilience impact on their success. Within this context: self-awareness, planning, organising for work, preparation, team working, delegation within the team, respect, image and results will be explored.

Resource: Preparing for Assessment

Description: This can be an extremely valuable half-day seminar for diffident or over-confident trainees on how to get the best out of a review session with a supervisor. Topics covered include listening and questioning techniques and handling criticism constructively

Resource: Presentation Skills

Description: One day workshop focuses on oral communication skills in a more public setting – ward reports, presentations to colleagues, cross- discipline team reports, vivas, etc. This workshop also covers planning logic, content, visual aids, audience, location, preparation and nerves using current situations. A camcorder is used during this workshop and each delegate will receive a personal tape (numbers for this workshop are restricted)

Resource: Team Working

Description: This one day course enables trainees to understand the psychology of teams and the effect of a new person entering the group. The intricacies of working short-term in a team through team roles, dynamics, responsibilities and the importance of effective communication and delivering anticipated results will be covered. Some time will be spent on co-operation, giving and earning respect.

Resource: Time Management & Delegation

Description: A one day workshop to identify trainees' attitude to time and how they use it. Habits, prioritisation, deadlines and how trainees work style impacts on others will be explored. Simple exercises to track time and help them to plan for as much work/life balance as possible in their profession. The differences between delegation and dumping and associated communication issues within the team will be discussed.

Workplace-based Assessment Tools

Gathering evidence of improved performance is an important part of the remediation process. Using multiple assessment methods will strengthen that evidence. It is also important that the correct assessment tools are selected to provide evidence of performance in the context of the trainee's normal working environment.

The following descriptions will help you select the most appropriate assessment tools to gather specific, relevant information about your trainee's performance:

- **Multi-sourced Feedback (MSF)**
Multi-source feedback is now widely used to sample the opinions of colleagues and co-workers on the performance of doctors in training. There are a variety of MSF questionnaires available, some focussing on the "softer" professional skills e.g. team-working and attitudes, whilst others encompass both clinical and non-clinical aspects of performance.

Normally the trainee would nominate assessors to complete these questionnaires. However, for the purpose of gathering information in circumstances where poor performance has been an issue, it is suggested that the trainee and Supervisor agree in advance who should complete these forms.

- **Mini Clinical Evaluation Exercise (Mini-CEX)**

Mini-CEX is an assessment that focuses on core skills demonstrated in a chosen trainee/patient encounter. These core skills are: **history taking, physical examination, professionalism, clinical judgement, communication skills, organisation/efficiency and overall clinical care.**

The assessment is carried out by an appropriate person who observes the encounter and scores the performance observed. This person could be e.g. a clinical supervisor or an StR for a Foundation trainee.

- **Direct Observation of Procedural Skills (DOPS)**

DOPS is an assessment carried out by directly observing a trainee carrying out a practical procedure. It is similar in format to Mini-cex. DOPS assessments vary in design and content depending on the seniority of the trainee and may be generic or specialty specific e.g. there are different assessment forms for Foundation doctors and Specialty Registrars.

- **Case-based Discussion (CbD)**

CbD is used to assess and document conversations and/or the presentation of cases by trainees. It is designed to explore and then assess **clinical decision-making and the application of medical knowledge covering areas such as, examination, investigations, treatment, management plans, legal and ethical issues (if appropriate), record keeping and presentation skills.**

- **Significant Event Analysis**

Significant Event Analysis (SEA) is a reflective piece of work written by the trainee, describing a particular event or incident in which they were involved. SEA is used to assess the trainee's ability to reflect on their performance and learn from it.

- **Reflective Log**

Trainees may be asked to complete a reflective log of activity. This log would normally describe everyday clinical practice and the trainee's reflection on what happened, what they did, the outcome and what they would do differently in future. Like SEA this will demonstrate the trainee's ability to reflect on their practice and consider changes to improve their practice.

- **Supervisor's Report**

This is normally an end of post assessment of performance completed by the Educational Supervisor. The Educational Supervisor makes a professional judgement on trainee performance. This judgement will be based on direct observation, feedback from others and a variety of assessment data. In the context of this Operational Framework, a Supervisor's report is required at the end of a specific period of remediation. This report can be completed by a Clinical or Educational Supervisor to provide a summation of the trainee's performance during this time.

Useful Contacts

- BMA Counselling Service
24-hour support with immediate access to trained counsellors
Tel 08459 200169
- Doctors' SupportLine
Peer support telephone line, staffed by trained volunteer doctors. A safe, confidential and anonymous service to talk about concerns regarding both work and personal issues.
Tel 0870 765 0001
www.doctorssupport.org
- The Sick Doctors Trust
Confidential service for doctors providing early intervention in chemical dependency; training in its recognition; and admission when indicated; assistance in re-employment and support for their family.
www.sick-doctors-trust.co.uk
- Royal Medical Benevolent Fund
Tel 020 8540 9194
www.rmbf.org
- Support 4 Doctors
Website run by RMBF – aims to put doctors and their families in touch with a range of organisations who can help e.g. covers – work & career; money & finance; health & wellbeing; family & home.
www.Support4doctors.org
- BMA Doctors for Doctors service
Tel: 020 7383 6739
- Medical Defence Union
Tel 0800 716 646 (24 hours)
advisory@the-mdu.com
- Medical & Dental Defence Union of Scotland
Tel 0845 270 2034
advice@mddus.com
- Medical Protection Society
Tel 0845 605 4000
querydoc@mps.org.uk
- British International Doctors Association
0161 456 7828