

Trainees Requiring Extra Support

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This must be completed and form part of the document appendices each time the document is updated and approved			
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Consultation / Acknowledgements with Stakeholders		
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1 Introduction / Purpose

1.1 Background:

As a Local Education Provider, Blackpool Teaching Hospitals fulfils a statutory role in ensuring that undergraduate student doctors and postgraduate medical trainees receive education and training that meets the local, national, and professional standards set by the General Medical Council (GMC).

In January 2016 the GMC issued the document *Promoting Excellence: standards for medical education and training* (GMC, 2015) which outlines more robust and transparent quality standards that put patient safety, quality of care, and the patient experience at the heart of education and training for student and trainee doctors. The framework consists of five key 'domains' or themes:

- Learning Environment and Culture
- Educational Governance
- Supporting Learners
- Support for Educators
- Developing and Delivering Curricula and Assessment

The standard for supporting learners is:

- Learners receive educational and pastoral support to be able to demonstrate what is expected in Good Medical Practice and to achieve the learning outcomes required by their curriculum

This includes ensuring that learners have access to resources to support their health and wellbeing as well as access to educational and pastoral support, including: confidential counselling services; careers and advice support; occupational health services.

The following procedure is directly responsive to the GMC framework for quality standards.

1.2 Purpose:

The Health Education North West (HENW) document, *Doctors and Dentists in Difficulty* (NHS Health Education North West, 2014), defines a trainee in difficulty as:

'Any trainee who has caused concern to his or her Educational Supervisor about their ability to carry out their duties, and which has required unusual measures to be put into place. This would mean anything outside the normal trainer-trainee processes where the Training Programme Director (TPD) has been called upon to take or recommend action.'

The Medical Education Department at Blackpool Teaching Hospitals NHS Foundation Trust is committed to providing the best possible education and training programmes to its student and trainee doctors. However, there will be times during the course of training

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when difficulties arise, and at such times students and trainees may require additional support or remediation.

The Medical Education Department provides an open door policy in providing pastoral support for all students and trainees. However, the Trainee and Student Support Committee (TSSC) is the principal formal mechanism by which additional support and remedial training is managed for trainees and students requiring extra support.

The purpose of this document is to provide a framework for the management and support of students and trainees and to delineate the role of the TSSC. The document will be reviewed on an annual basis and will be amended accordingly to reflect operational and/or governance changes to the group, as well as changes in national or local policy.

The framework is to be viewed in the context of – and followed in conjunction with – the policies and procedures of Blackpool Teaching Hospitals NHS Foundation Trust, St Helen’s and Knowsley Trust (Lead Employer Team) and Health Education North West (HENW): it should not be substituted for those procedures.

2 General Principles / Target Audience

2.1 Definition of Terms

This procedure is pertinent to all clinical and educational supervisors/tutors who have a responsibility for students and/or trainees studying at Blackpool Teaching Hospitals.

‘Student’ refers to any student doctor (undergraduate or postgraduate) on a taught educational programme studying at Blackpool Teaching Hospitals NHS Foundation Trust with which their host University is in partnership.

‘Trainee’ refers to any doctor in training that the Director of Medical Education is responsible including Foundation Year, Specialty Trainee, GP Specialty Trainee, and LAT doctors but excluding senior SAS doctors.

Any doctor in training who requires support or remediation but falls out of this scope may be considered on a case by case basis subject to the agreement of the appropriate Responsible Officer/Medical Director.

2.2 Trainee and Student Demographics

- There are 209 trainees from HENW working across different specialties within the organisation. They range from Foundation Year One trainees to Specialist Trainee level 7. Although the total number of trainees does not reduce from one year to the next, the level of training grade may fluctuate due to the movement of trainees across HENW.
- From the University of Liverpool, there are approximately 75 resident fourth and fifth final year undergraduate student doctors on placement within the organisation. Full educational, clinical, and pastoral support during the academic year is provided on site.

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The large number of both students and trainees – coupled with the work-related pressures that each group faces – reinforces the need for a support committee; the purpose of which is to manage individuals who may be experiencing difficulties during their time in training.

3 Definitions and Abbreviations

ADME	Associate Director of Medical Education
ARCP	Annual Review of Competence Progression
DME	Director of Medical Education
GMC	General Medical Council
GP	General Practitioner
GPST	GP Specialist Training
HENW	Health Education North West
HR	Human Resources
HR and OD	Human Resources and Organisational Development
JLNC	Joint Local Negotiating Committee
LAT	Locum Appointed for Training
LEP	Local Education Provider
NACT	National Accreditation of Clinical Tutors
NCAS	National Clinical Assessment Service
NPSA	National Patient Safety Agency
SAS	Specialty and associate specialist
TOT	Task Orientated Training
TPD	Training Programme Director
TSSC	Trainee and Student Support Committee
TSTL	Trust Specialty Training Lead

4 References and Associated Documents

BTHFT - Procedure, 2015. *Handling Concerns Procedure for Medical and Dental Staff*. [Online]

Available at: <http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-PROC-451.docx>

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BTHFT, 2018. *Attendance Management Policy*. [Online]

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NHS Health Education North West, 2014. *Doctors and Dentists in Difficulty (Version 1.1)*. [Online]

Available at: <https://www.nwpgmd.nhs.uk/doctors-dentists-difficulty> [Accessed 17 7 2019].

5 Responsibilities (Ownership and Accountability)

A trainee, as an employee or hosted trainee at the Trust, there is a contractual relationship with their employer and is subject to local and national terms and conditions of employment. This will include clinical accountability and governance frameworks in addition to recognised disciplinary procedures. Trainees have a responsibility to fully engage with the educational process.

The employing **Local (Host) Education Provider** (LEP) must ensure that employment laws are upheld and employer responsibilities implemented. They are directly responsible for the management of performance and disciplinary matters and that issues identified are addressed in a proportionate, timely and objective way. LEPs must have robust processes for the identification, support and management of doctors whose conduct, health or performance is giving rise for concern.

The **Lead Employer** (employing organisation for GPST / ST / CMT trainees) must ensure that employment laws are upheld and employer responsibilities are implemented. They are directly responsible for the management of performance and disciplinary matters and concerns in regard to doctor working under the Lead Employer arrangements must be raised to the Lead Employer.

Clinical or Educational Supervisors may be involved in the identification, support and management of a student or trainee in difficulty. For this reason it is imperative that they receive adequate training in this area. Clinical or Educational Supervisors should also have local support from Training Programme Directors, Clinical and General Managers, HR Departments and the Director of Medical Education (DEM) as appropriate.

Employing organisations have a contractual responsibility to provide counselling and pastoral care for doctors in training.

The **Postgraduate Dean** at HENW is the Responsible Officer for the GMC. HENW has responsibility for all doctors in recognised training posts and is responsible for managing problems that arise which prevent normal progression through the training process. It is responsible moreover for ensuring the quality management of postgraduate medical education and is required to have systems in place to respond quickly to any concerns raised. They must have a process for educational governance and operational educational frameworks led by the Training Programme Directors, under the supervision and guidance of the Associate and Postgraduate Deans.

Training Supervisors and (employing) LEPs must keep HENW informed of all significant concerns about a student or trainee and must inform the Postgraduate Dean in writing of any disciplinary action being taken against them. Moreover:

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- The National Clinical Assessment Service (NCAS), part of the National Patient Safety Agency (NPSA), can offer specialist expertise in assessing complex issues of clinician performance. They can also offer management and specialist remediation advice
- The GMC should be involved in all cases when the trainee doctor's medical registration is called into question. All doctors are bound by the terms of the GMC 'Duties of a Doctor' and this includes the responsibility to raise concerns about the fitness to practice of another doctor

This broad, hierarchical infrastructure and accountability framework should allow for a proportionate and effective response to be implemented.

6 Procedure

6.1 The Trainee and Student Support Committee

The TSSC meets bi-monthly and is chaired by the Director of Medical Education (DME) or Deputy Director of Workforce Education and Organisational Development (DDWE). Other members include those delineated in the constitution (see Section 6.3).

The purpose of the committee is to provide support and remediate difficulties that individual trainees and students are experiencing. Its remit is to:

- Cases must be referred via the referral pro-forma; details of doctors referred will be anonymised and provided a reference number
- identify and agree upon the difficulties involved in the case
- Appoint a member of the group as a named support / link person for each individual student or trainee and/or supervisor; delegate roles and responsibilities
- Assess the current situation from the perspective of the student or trainee, the Trust, HENW, and the University (if an undergraduate)
- Consider the extra work commitments the trainee may have to ensure they are not undertaking a high number of locum shifts
- Consider high levels of sickness absence of trainees which may be an indicator of underlying difficulties
- Formulate an action plan and discuss with stakeholders, including the student or trainee
- Refer to the relevant group at HENW as soon as it is appropriate to do so by following guidance and protocols
- Maintain frequent follow-up and monitoring of each case if the student or trainee remains in work or on clinical placement
- Ensure appropriate and timely documentation and record keeping
- Follow the management framework set out in the Appendix / section 6.4

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- Discuss and agree upon any requests from the University to take students on placement that are known to require extra support

In the first instance, the problems need to be clearly identified and agreed upon. Subsequent interventions depend upon the underlying diagnoses which may fall under one or more of the following categories:

- Clinical conduct
- Personal circumstances
- Health issues (physical and mental)
- Environmental or systemic issues

Problems that are of a straight forward nature will be managed locally by the Trust with the support of the Educational Supervisor, Occupational Health, the DME, or Medical Director (these are Level 1 incidents: see Section 6.6). If there are matters of conduct or clinical governance, then Local or LET HR and the Medical Director will be enlisted for support.

For trainees hosted at the Trust under the Lead Employer arrangements, notification of concerns will be raised via the Trust Lead Employer HR Lead. The Host organisation will be informed of actions to take and it may be that the case is referred to the Pennine Acute Hospitals Doctors and Dentists in Difficulty Group. This forum also acts as the means for the LET Chief Executive and LET Board to be notified and appraised in the case of an excluded Trainee.

In general, a stepwise approach should be taken with regards to non-complex issues which are managed locally; however, if issues escalate then they should be referred to HENW and should be managed between the Educational Supervisor, the DME, the Lead Employer (if appropriate), the Medical Director, and the Postgraduate Dean or Associate Postgraduate Dean (see Section 6.6 for a description of Level 2 and Level 3 incidents).

The benefits to the committee are:

- The opportunity for early identification and intervention in cases where students and trainees require additional support
- A mechanism by which to feedback to students and trainees involved in such cases
- A recognised framework for the management and support of students and trainees requiring extra support that ensures the standardisation of processes across the organisation and is aligned with HENW guidance
- A standardised approach to working and liaising with all relevant stakeholders, both internal and external to the organisation
- The development of expertise within the team to effectively co-manage complex issues and cases
- The opportunity to bring together key stakeholders, thereby providing better support and continuity for students and trainees
- Improving communication between stakeholders

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- To ensure compliance and quality assurance in following the guidance from HENW and stakeholder Universities

Indeed, given that any referral to the TSSC will have been motivated by a serious concern about a student or trainee’s performance or wellbeing, it is therefore imperative that all subsequent investigations led by the TSSC are quality controlled in the following manner:

- All action must be based on reliable evidence
- The process must be clearly defined and open to scrutiny
- The process should demonstrate equality and fairness at all stages
- All information must be safeguarded
- Support must be provided to all those involved in the investigation

6.1.1 Referral to the Trainee Support Simulation Programme

The Simulation Centre at Blackpool Teaching Hospitals runs a support programme aimed at doctors requiring additional support. Any student or trainee identified as requiring referral to the programme must in the first instance be referred to the TSSC for an initial review.

6.1.2 Emergency Cases

In such instances where an issue is deemed to be an emergency and requires immediate intervention, the DME and/or DDWE can facilitate an urgent meeting with key members from the relevant Postgraduate and Undergraduate teams. All relevant stakeholders must be considered in these situations and documentation is to be maintained as per standard practice. If the case is in regard to a Lead Employer Trainee the LET must be notified immediately.

6.1.3 Referral of Trainees to HENW

The TSSC will seek advice from the Dean/Associate Dean on the appropriate course of action and modes of referral. If a trainee is referred, the TSSC and named case-handler will facilitate communication with the Training Programme Director, LET and HENW, and they will monitor the trainee’s progress throughout their placement.

6.1.4 Referral of Students to the Appropriate University Group

The TSSC will seek advice from the Dean of the Medical School or the Director of Medical Studies on the appropriate mode of referral. If a student has been referred to a University group, the TSSC and named case-handler will facilitate communication with the University and they will monitor the trainee’s progress throughout their placement.

Referral modes can include one or more of the following groups:

- Dean of the Medical School
- Director of Medical Studies

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- Director of Clinical Studies
- Year Directors
- Academic Sub-Dean and any other relevant service
- The student's Personal Tutor
- Student Health/University Occupational Health and Wellbeing services

6.1.5 Suspension of Students

The TSSC has the authority to suspend any student from clinical placement if the problem or concern is deemed to be of a serious nature that may affect staff or patient safety. This decision will be informed by the policies, procedures, and guidance from the HR Department, the Medical Director, and the DME / DDWE. In such circumstances the student will be automatically referred to the University to manage the issue, and the Trust will continue to work co-operatively with the University in resolving the matter.

6.1.6 Disciplinary Procedure

The management of performance is a continuous process to ensure both quality of service and to protect trainees and students. As above, there are numerous triggers which may raise concerns regarding a student or trainee's behaviour or performance, though remedial and supportive intervention can quickly be taken to avoid any potential harm to patients and to resolve the matter without the need for a formal investigation.

As per Trust policy, concerns regarding the capability of doctors in training – including those employed under Lead Trust arrangements – should be considered initially as training issues and the Postgraduate Dean should be involved from the outset. Where concerns are to be pursued under the Trust procedures, the Postgraduate Dean should be informed and involved as appropriate at all stages.

In the event that a concern cannot be resolved locally and requires formal investigation, the Trust's disciplinary procedure will be followed as per the 'Handling Concerns' (CORP/PROC/451 (BTHFT - Procedure, 2015)).

Issues pertaining to absenteeism will also be informed by the Trust's 'Attendance Management Policy' (CORP/POL/011 (BTHFT, 2018)).

As stated above, the present framework is to be viewed in the context of – and followed in conjunction with – the policies and procedures of the both Blackpool Teaching Hospitals NHS Foundation Trust and HENW: it should not be substituted for those procedures.

However, where appropriate, the HR and OD function may be required to inform and update the TSSC of any ongoing disciplinary or legal matters involving students and trainees. The information required and the role to be played by the TSSC will be discussed with local HR, LET HR if appropriate and the Trust's internal Information Governance team on a case by case basis.

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6.1.7 Support from Pharmacy

Prescribing is a fundamental part of the work of Foundation Year 1 doctors, which can be a complex task requiring knowledge of medicines and the diseases they are used to treat, careful judgement of risks and benefits of treatment, and attention to detail. All Foundation Year 1 doctors must have either passed the Prescribing Safety Assessment (PSA) prior to commencing in post, or pass it by the end of Year 1 in order to gain full GMC registration and progress to Foundation Year 2. Trainees who have failed the PSA or not sat the PSA will be provided with additional support from the Trust's education and training pharmacist. One meeting with the education and training pharmacist is essential, and additional support tailored according to individual needs. In addition, clinical supervisors will be notified of trainees who have either failed or not sat the PSA, and should be supported at ward level. The education and training pharmacist is also available to support any trainees highlighted who require additional support with prescribing.

6.2 Constitution of the TSSC

Constitution of the TSSC:

- Director of Medical Education (Chair)
- Deputy Director of Workforce Education and OD (Chair in absence of DME)
- Associate Director of Medical Education
- Head of Medical Education
- Foundation Programme Director/s
- GPST Lead
- Undergraduate Lead (Year 4) or Education and Quality Manager in their absence
- Undergraduate Lead (Year 5)

Trainee Doctor Support Team Manager (HR Lead for the Lead Employer Arrangement)
Additional stakeholders:

- Postgraduate Education Manager
- Deputy Undergraduate Education Manager
- Medical Director
- Director of Workforce and Organisational Development
- Trust Specialty Training Lead (TSTL)
- College Tutor, Educational Supervision, Clinical Supervisor
- University Dean
- HENW
- Occupational Health

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The appropriate and relevant stakeholders will be invited to attend the meeting on a case by case basis. The Constitution of the committee will be reviewed in the event of any reorganisation within the Senior Team.

Any cases involving Doctors requiring extra support are communicated by the Director of Medical Education to the Medical Director on a monthly basis.

6.3 Overview of the Management of Students and Trainees Requiring Extra Support

The following overview is adapted from a document developed by the National Accreditation of Clinical Tutors (NACT). It is primarily aimed at clinicians with educational roles and responsibilities such as Educational and/or Clinical Supervisors. It is important to note that:

- The diagnostic framework and suggested management options attempt to provide guidance on the identification, support and management of trainees requiring additional support and to provide clinicians with a systematic approach to dealing with these challenging and often complex issues
- Maintaining patient safety should be paramount when managing trainees who require extra support
- Formal management guidelines and protocols from HENW, LET and Blackpool Teaching Hospitals NHS Foundation Trust supersede these recommendations in all circumstances

The spectrum of performance problems is wide and can range from momentary aberrations of behaviour to major misdemeanours or even acts of gross criminality. Periods of transition – changing jobs, moving regions, personal life events and so on – can be associated with a deterioration of clinical performance and may require additional vigilance and support.

In managing serious performance issues it is important to be mindful that there may be multiple dimensions to the problem. This complexity may introduce conflicting tensions and make effective management all the more challenging. Confounding elements include legal aspects such as health and safety, employment, race, sexual and gender discrimination legislation. In addition there may also be moral, ethical or confidentiality considerations. Other factors that may be present include bullying and harassment, litigation, industrial tribunals, conflict management, or the need for mediation and reconciliation. Other more generic issues may include the challenge of convening effective but at times difficult conversations.

In those complex cases where a member of the core committee is directly implicated, the membership of the committee will be reviewed accordingly to ensure that there is no bias or conflict of interest. In the event of legal implications, a case may be suspended pending further review to ensure that the appropriate guidance, information and support from HR either local, LET or both are obtained.

It is imperative to manage complex scenarios with the support of colleagues and to escalate to – and engage with – local and regional resources. Effective and fair

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management of trainees and students in difficulty requires an objective assessment of the circumstances and it is crucial to involve an experienced colleague early to assist in identifying and exploring underlying factors and to help establish clear goals for remediation.

Early recognition and appropriate intervention, coupled with effective feedback and appropriate support for trainee and trainer are essential if trainees and students requiring extra support are to be managed effectively.

6.4 General Principles

6.4.1 Early identification of problems and intervention is essential.

It is the responsibility of the Clinical Supervisor and supervising team (with whom a student or trainee doctor is working) to highlight any concerns that could constitute a threat to patient safety to the Educational Supervisor and Training Programme Director. Useful 'Early Warning Signs' or triggers may include:

6.4.2 Work-based indicators:

- Not answering bleeps; absenteeism; recurrent poor time management; arriving early and leaving late and still not achieving a reasonable workload

6.4.3 Clinical performance indicators:

- Slowness in undertaking procedures, clerking patients, dictating letters, making decisions; failure to take consent properly; prescribing issues; breach of confidentiality

6.4.4 Behavioural indicators:

- Outbursts of temper; poor communication skills; allegations of bullying or substandard training; a trainee not seeking the opinion of the senior medics; a pattern of complaints or incidents; patients requesting to see an alternative doctor
- Poor performance; contravening Trust policy

6.4.5 Cognitive indicators:

- Career problems such as difficulty with exams; uncertainty about career choice; disillusionment with medicine as a profession

6.4.6 Psychological / personality indicators:

- Failure of insight; rejection of constructive criticism; defensiveness; arrogance or low self-esteem; risky and impulsive behaviour; irritability and forgetfulness

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6.4.7 Social indicators:

- Isolation; withdrawal; poor personal interactions

The ways in which issues can be identified, and the pathways for concerns to be raised, include:

6.4.7.1 Identification of issues:

- Untoward incidents and/or complaints
- Concerns expressed by other trainees or staff
- Information from previous Education Provider
- Child care issues
- Depression and anxiety
- Clinical competence
- Physical and mental health issues, including substance misuse
- Organisational factors, such as resources, workload, culture etc
- Behaviours, including beliefs, values and probity

6.4.7.2 Pathways for concerns to be raised:

- Medical Director
- Director of Medical Education
- Associate Director of Medical Education
- Trainee Doctor Support Team
- Medical Education Team
- Disciplinary process
- College Tutor/Educational Supervisor/Clinical Supervisor
- Foundation Programme Director, Core Training Lead, or Trust Specialty Training Lead
- Undergraduate Leads
- Heads of Department
- Workforce Business Partners (HR locally)
- Appraisal/ARCP/Progression Review
- The student or trainee themselves

In the event of a particular problem, establish and clarify the circumstances and facts in a timely manner.

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Most concerns can be addressed by early, effective discussions between the Clinical or Educational Supervisor and the student or trainee culminating in a realistic learning plan which is regularly reviewed to monitor satisfactory progress. An open and supportive culture should be encouraged within the whole clinical team, fostering the development of the student or trainee's skills and providing constructive feedback on performance improvements or on-going difficulties.

Poor performance is a 'symptom and not a diagnosis' and therefore it is essential to explore the underlying cause or causes.

Key areas to explore are:

- Clinical performance of the individual: (knowledge, skills, communication)
- Personality and behavioural issues: (professionalism, motivation)
- Sickness / ill health: (personal/family stress, career frustrations, financial)
- Environmental issues: (organisational, workload, bullying and harassment)

A robust and detailed 'diagnosis' can lead to effective remediation.

Poor performance or aberrant behaviour of a trainee with an evolving medical problem such as undiagnosed diabetes or mental health issues requires a different approach to achieve successful resolution than an individual with generally poor interpersonal skills and lack of insight: the former needs engagement with occupational health or the General Practitioner; the latter perhaps supportive mentoring, close clinical supervision and feedback to address the underlying cause undesired behaviour.

From a diagnostic point of view, the present framework is therefore to be used as a standardised approach to the management of students and trainees requiring additional support; though the detail of that management and the remedial outcomes identified are to be managed on a case by case, individual-led basis.

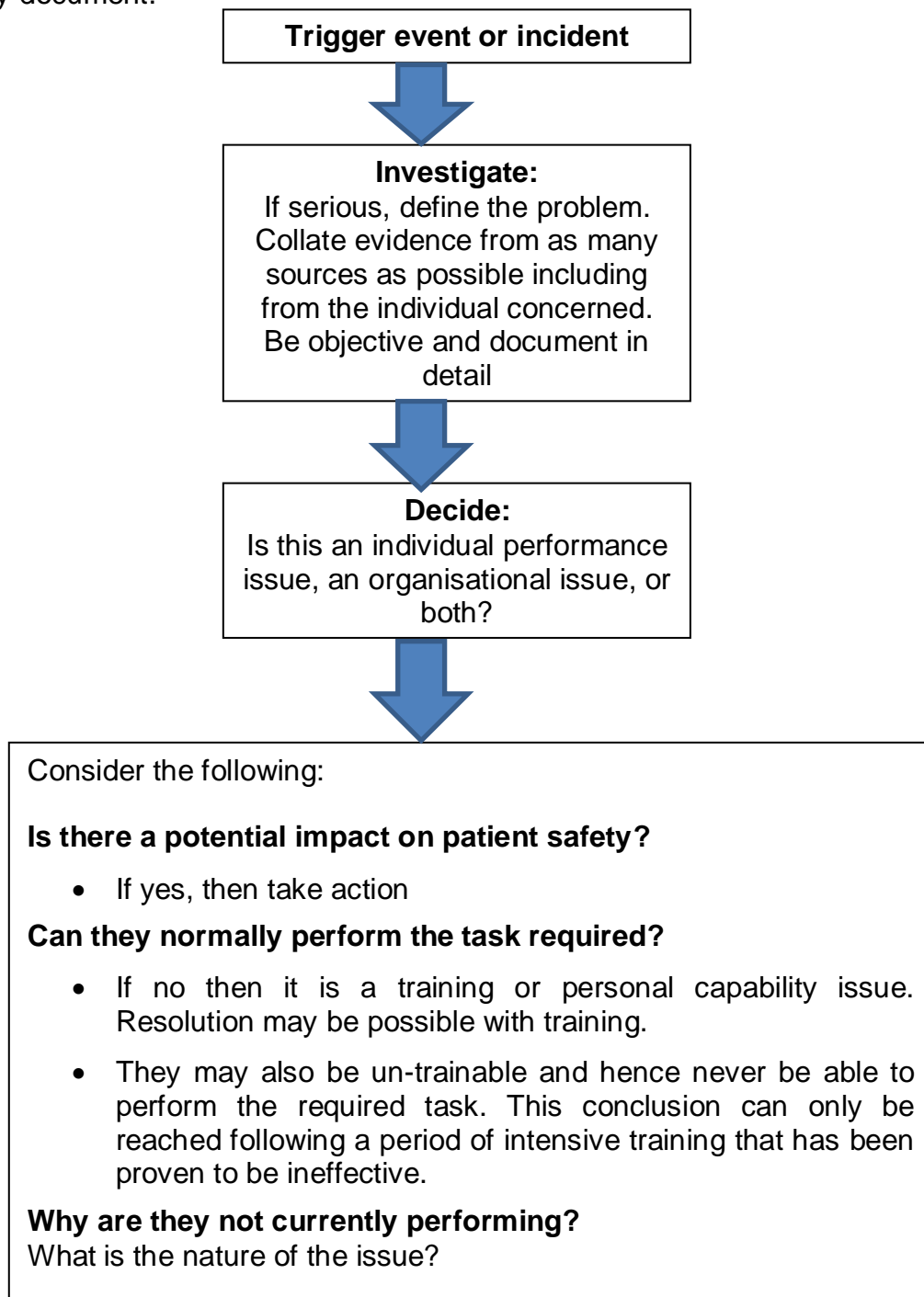
Clear documentation is mandatory.

All relevant discussions and interventions with the student or trainee should be documented contemporaneously, communicated to the trainee and key individuals in the accountability framework (Trust, LET and/or Deanery, possibly GMC), and followed up by named accountable individuals such as the Educational Supervisor, Training Programme Director or Associate Dean to ensure the process is concluded satisfactorily and managed appropriately. See Section 6.6.3 for more information on the Recording of Information.

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6.5 Diagnostic Framework

The following diagnostic framework has been adapted from the NACT Managing Trainees in Difficulty document.¹



¹ *Managing Trainees in Difficulty (Version 3): Practical Advice for Educational and Clinical Supervisors*. NACT UK, October 2013.

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6.6 Management Framework for Students and Trainees Requiring Extra Support

HENW identifies three 'levels of concern' to determine the severity of a case of a trainee in difficulty and the subsequent management of the case.

Severity	Description	Actions	Management
Level 1	<ul style="list-style-type: none"> No harm to patients No risk to patients, trainee, staff, or their reputations 	<ul style="list-style-type: none"> Discuss with trainee Consider pastoral support Minor investigation Action plan with SMART outcomes Resolution of short period of time 	<ul style="list-style-type: none"> Local management Referral to HR for Foundation Trainees or the Lead Employer Team who may wish to involve Occupational Health If a Level 1 incident reoccurs then it should be escalated to a Level 2
Level 2	<ul style="list-style-type: none"> Potential or actual harm to patient, trainee, or staff Potential or actual risk to patients, trainee, staff or their reputations 	<ul style="list-style-type: none"> Formal investigation HR / LET involvement Occupational Health involvement Action plan with defined objectives Special interventions 	<ul style="list-style-type: none"> Case to be referred to HENW using the referral protocol Case to be managed via the TSSC Student or trainee to be informed that a case will be presented at TSSC
Level 3	<ul style="list-style-type: none"> Harm has occurred to patients, trainee, or staff Reputations (personal or corporate) are at serious risk 	<ul style="list-style-type: none"> Formal investigation Consider cessation or restriction of clinical practice 	<ul style="list-style-type: none"> Direct referral to the Postgraduate Dean and the appropriate Lead Employer Team Student or trainee to be informed of the above

The following framework is for the management of Level 1 incidents:

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6.6.1 Stage One Intervention

In the first instance the student or trainee will be made aware of the concerns by the appropriate College Tutor / Educational Supervisor and/or Clinical Supervisor with the intent to resolve any issues locally. At this stage the Supervisor may informally seek advice and guidance from the TSSC. If no resolution is reached and the issues persist, then the body of evidence will be raised via the appropriate channels to the TSSC.

6.6.2 Stage Two Intervention

When a referral to the TSSC is made there is no requirement for the student or trainee to attend in person but it would be appropriate for the relevant clinical lead to attend and discuss the case with supporting information. However, the student or trainee must be informed that a case will be presented to the TSSC prior to the meeting. The mechanism by which the student or trainee will be informed – wither verbally or in writing – will be decided on case by case scenario, subject to the severity of the case. In the event that the student or trainee advises that they do not wish for their case to be presented to the TSSC, then the appropriate tutor / supervisor will inform them that it is mandatory for all Level 2 cases to be discussed at the TSSC, as per local and HENW regulation, and to ensure that the appropriate support mechanisms are in place.

The evidence will be discussed with appropriate stakeholders and a plan of remediation will be formulated. As part of this plan, there may be a range of support available to the student or trainee including Occupational Health and mediation or coaching. In the event that local resolution cannot be achieved, the issue will be escalated to additional stakeholders, which may include the Medical Director, the Dean / University, and Local / LET HR department.

The interventions depend upon the underlying ‘diagnosis’ or ‘diagnoses’ revealed by the diagnostic framework above.

- **Clinical Performance.**

Some trainees may be under-performing in specific aspects of their role and this should be addressed directly with focussed training or retraining to include knowledge, technical skills and non-technical, professional skills. This may require an extended period of clinical supervision or targeted Task Orientated Training (TOT) to a specific deficit.

Some trainees may be performing adequately at one level but not demonstrating their capability to advance to a higher level with more complex decision making, leadership skills and multi-tasking. This will require a period of focussed training and support which should include clear documentation of competencies achieved – as well as those not achieved – to assist with future Trust Grade employment if the trainee is deemed unsuitable to progress with higher training.

- **Personal Circumstances.**

Close clinical supervision and dedicated developmental mentoring can provide a supportive environment to address issues of insight into behaviour. Feedback, possibly using video or simulation based techniques, can be used to challenge

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unhelpful or undesired behaviour. In more extreme cases occupational psychologists employing cognitive behavioural approaches or other performance specialists such as Deanery Performance Units may need to be engaged. Sometimes problems persist and, particularly with personality disorders or other behavioural issues, remediation may prove impossible.

Career guidance and limits to practice may be necessary but these decisions should not be taken lightly and are decisions for the local accountability framework, Trust, Lead Employer, Deanery or even the GMC.

- **Health Issues (physical and mental).**

All doctors requiring additional support should be assessed by Occupational Health. The Disability Discrimination Act (1995) covers both physical and mental impairments that affect a person's ability to carry out day-to-day tasks and requires employers to make reasonable adjustments to work pattern, content, and environment.

Ensure adequate support is available and consider national services such as 'Doctor Support Network' or 'Doctors for Doctors' run by the British Medical Association.

- **Environmental or systemic issues.**

The National Clinical Assessment Service (NCAS) has identified that organisational issues, including systems or process failures, are often unacknowledged in the investigation of poorly performing individuals. Failures include lack of resources, inadequate secretarial support, unrealistic work demands, poor clinical management, poor support and substandard working environments. It is therefore imperative that any environmental or systemic factors that are contributory to a student or trainee's poor performance are openly acknowledged and addressed as part of the remediation plan.

6.6.3 Recording Information

All information pertaining to cases involving a student or trainee will be managed and stored in accordance with information governance regulation.

Once a concern has been raised it is vital that detailed factual records are kept from the outset of the process in order to support action which may need to be taken as the case progresses. This can take the form of:

- Own notes of meeting or discussions with colleagues relating to the trainee
- Own notes of meetings or discussions directly with the trainee
- Documents produced by other colleagues

Concerns should be documented in a factual and contemporaneous manner to ensure the robustness of the case and to inform any remedial action plans.

It is mandatory that clear and accurate records are kept by the TSSC and relevant supervisors to ensure that there is a continuous audit trail. Any confidential or sensitive information pertaining to an individual must be kept in an electronic file which is separate

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to their general personal file. Access will be restricted to those directly involved in the management of the case. A note will be included in their file to indicate that the student or trainee is involved in a case.

Notes from the committee or any informal meetings may be taken by one person only; and as soon as possible after the meeting, all who were present should be asked in writing whether they agree with the accuracy of the notes within two working weeks. This confers some transparency and collective responsibility for the proceedings. In addition:

- The minutes are to be factual and do not need to be detailed. Any detailed information will be recorded separately and added to the trainee/student's case file
- The identity of the student or trainee is to be kept anonymous in the minutes. This will be done by assigning a 'case number' to the individual such as S1, T1, etc
- The minutes must contain a declaration of confidentiality at the end and must state which elements of the discussion are to remain confidential. This is to ensure that those aspects of the minutes which are not to be publicly disclosed are identifiable as such in the event that they are requested under the Freedom of information Act

In the interests of openness and transparency, the student or trainee requiring additional support will be updated at all stages of the case and has the right to access any information pertaining to them including minutes, reports, and any subsequent action plans. This information will also be available to any of the stakeholders involved in the case; but the information is strictly confidential and is subject to the Trust's information governance policies.

Any queries regarding confidentiality or the management of information must be directed to the Trust Information Governance team in the first instance.

6.6.4 Expectation of Support from the Trainee

The student or trainee will be involved at all stages of the case. A named clinician will be allocated to implement remedial actions and to provide pastoral support. They will furthermore act upon the student or trainee's behalf and assess their recognition of the need for support and a willingness to work towards a resolution. If the case is discussed at the TSSC then the student or trainee will be informed of any discussions that take place with outcomes, and will have access to any documentation pertaining to the meeting. The TSSC has a role in providing support to the trainer/supervisor of each case.

6.6.5 Outcomes and referrals

The Trust will maintain in close contact with the relevant HENW, LET staff and appraise them of on-going investigations. In serious cases such as fraud or gross misconduct, a referral to the Trust and or LET Medical Director, NCAS, and the GMC (if required) will be made by the Trust. Such cases will be managed in line with the Trust's internal HR policies, GMC standards, and the 'Maintaining High Professional Standards in the Modern NHS' framework published by the Department of Health.

During student and trainee placements it is essential that all disciplinary processes instigated by the Trust are concluded regardless of whether the process is completed prior

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to the expiration of the trainee’s contract of employment. It would be unsatisfactory for either party, or for patient safety, for disciplinary procedures to be discontinued on the basis that employment tenure has expired. However, the end of employment may impact upon the range of sanctions that can be imposed as an outcome may require the case to be referred to the GMC for its intervention.

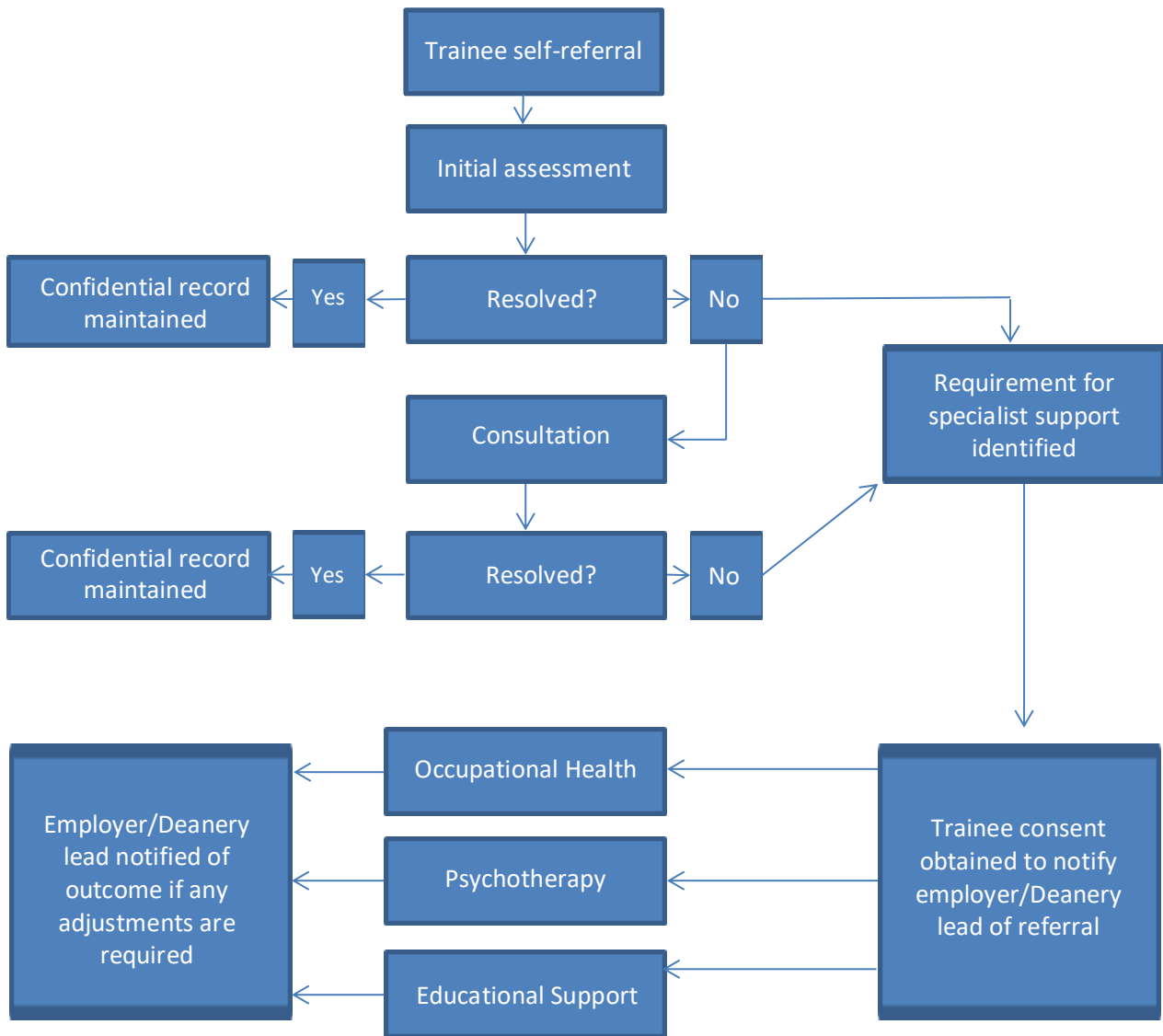
When a student or trainee does rotate to a new LEP during the course of an investigation it is expected that the Medical Director will write to his counterpart in the receiving organisation to advise that the student or trainee is subject to a disciplinary process. If the outcome of the process concludes with a sanction other than dismissal, the student or trainee may not automatically be removed from the training programme, and the Postgraduate Medical Dean will be kept informed for a decision.

6.6.6 Open Culture Reporting

In the interests of openness and transparency, students and trainees are encouraged to raise any concerns they have regarding safety in the workplace, as well as personal concerns around bullying and harassment. The identification of students or trainees requiring extra support is therefore a two-way process: students and trainees may raise concerns about others that are affecting their performance or health in the workplace, and therefore the TSSC – in partnership with appropriate individuals – will provide support for remediating the issue (see Appendix/section 4 for the Self-Referral Pathway).

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Appendix 1: Student or Trainee Self-Referral Pathway



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Appendix 2: Equality Impact Assessment Form					
Department	Medical Education	Service or Policy	Students and Trainees in Difficulty	Date Completed:	28 June 2017
GROUPS TO BE CONSIDERED Deprived communities, homeless, substance misusers, people who have a disability, learning disability, older people, children and families, young people, Lesbian Gay Bi-sexual or Transgender, minority ethnic communities, Gypsy/Roma/Travellers, women/men, parents, carers, staff, wider community, offenders.					
EQUALITY PROTECTED CHARACTERISTICS TO BE CONSIDERED Age, gender, disability, race, sexual orientation, gender identity (or reassignment), religion and belief, carers, Human Rights and social economic / deprivation.					
QUESTION	RESPONSE			IMPACT	
	Issue	Action	Positive	Negative	
What is the service, leaflet or policy development? What are its aims, who are the target audience?	The procedure is for the management framework of students and trainees in difficulty. It is aimed at clinical and educational supervisors/tutors who have responsibility for students and/or trainees at Blackpool Teaching Hospitals				
Does the service, leaflet or policy/ development impact on community safety • Crime • Community cohesion	N/A				
Is there any evidence that groups who should benefit do not? i.e. equal opportunity monitoring of service users and/or staff. If none/insufficient local or national data available consider what information you need.	N/A				
Does the service, leaflet or development/ policy have a negative impact on any geographical or sub group of the population?	No				
How does the service, leaflet or policy/ development promote equality and diversity?	The procedure applies to all students and trainees regardless of ethnicity, gender, background, grade and so forth				
Does the service, leaflet or policy/ development explicitly include a commitment to equality and diversity and meeting needs? How does it demonstrate its impact?	No				
Does the Organisation or service workforce reflect the local population? Do we employ people from disadvantaged groups	N/A				
Will the service, leaflet or policy/ development i. Improve economic social conditions in deprived areas ii. Use brown field sites iii. Improve public spaces including creation of green spaces?	No				
Does the service, leaflet or policy/ development promote equity of lifelong learning?	No				
Does the service, leaflet or policy/ development encourage healthy lifestyles and reduce risks to health?	No				
Does the service, leaflet or policy/ development impact on transport? What are the implications of this?	No				
Does the service, leaflet or policy/development impact on housing, housing needs, homelessness, or a person's ability to remain at home?	No				
Are there any groups for whom this policy/ service/leaflet would have an impact? Is it an adverse/negative impact? Does it or could it (or is the perception that it could exclude disadvantaged or marginalised groups?	N/A				

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Does the policy/development promote access to services and facilities for any group in particular?	N/A			
Does the service, leaflet or policy/development impact on the environment	N/A			
<ul style="list-style-type: none"> • During development • At implementation? 				
ACTION:				
Please identify if you are now required to carry out a Full Equality Analysis		Yes	No	(Please delete as appropriate)
Name of Author:		Date Signed:		
Signature of Author:				
Name of Lead Person:		Date Signed:		
Signature of Lead Person:				
Name of Manager:		Date Signed:		
Signature of Manager				

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