The trainee in difficulty: a supportive structured approach

Trainees in difficulty provide a significant management challenge. This article describes the processes and outcomes of 4 years experience of a deanery-wide supportive structured approach based on the concept of trust and specialty-based local faculty groups.

Doctors' professional performance, either in training or service, has become the focus of unprecedented public interest and scrutiny. The identification, management, support, remediation and resolution of a problem with a trainee whose postgraduate training is not going to plan remains a major challenge for all medical educators (Yao and Wright, 2001). The skill, time and effort needed to manage a small number of doctors requires considerable time, money and emotional energy.

As with most things in medicine, prevention is better than cure; early identification is better than late diagnosis and systematic pathways are better than unplanned interventions. This article:

- Sets out the structure and process one deanery has put in place to systematically identify trainees in difficulty or trainees needing further support
- Explains how this has emerged from foundation training into core training and finally into higher specialty training
- Provides information into the scale of the workload.

Structure and process in the UK as applied in Kent, Surrey and Sussex

The new curriculum for foundation training published by the Department of Health in 2005 introduced a new competency-based curriculum including the requirement for workplace-based assessments and a more focused approach on delivering the curriculum at a local level. In a 2-year foundation programme, trainees could have four to six specialty placements. In Kent, Surrey and Sussex the crucial change was to set up a local faculty group in each local education provider. The local faculty group brought together training programme directors and educational supervisors and evolved into a structure that made sure at local level that the curriculum was being delivered. Local faculty groups were required to meet three times a year where all trainees were discussed. Thus trainees developing problems were much more easily identified, as the whole faculty who had dealt with the trainees during the previous few months were fully part of the decision to sign off either the placement or the whole year. It was able to ensure that any problems that occurred would be handed onto the next placement supervisor.

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A doctor in training is nearly always employed by an NHS trust. This means that standard employment rules apply and the doctor is subject to all trust procedures and policies. This includes ensuring that all performance and disciplinary issues are dealt with. Deanery responsibilities to deliver programmes are linked to those of the employer, and trainees have contractual rights which range from those covered by employment rights to discrimination and human rights. Trainees' progress is monitored in part by assessments which must be conducted fairly. It is for this reason that the trainee in difficulty system must take account of the employer imperatives and by doing so ensure proper delivery of assessments via trained assessors. Trainees in difficulty may come to attention by many routes including a failure to engage in assessment or poor performance within assessment (Paice and Orton, 2004; Black and Welch, 2009).

During 2006 it became clear that while the local faculty groups were working effectively, it was increasingly important to place them within an overall structure at local education provider level. Kent, Surrey and Sussex introduced regulations that set out how medical education would be provided within every trust and in every specialty, the Kent, Surrey and Sussex Graduate Education and Assessment Regulations (GEAR) (Playdon and Black, 2010). Each local education provider would have a local academic board which took full responsibility for all educational issues within the trust and each specialty would then have its own local faculty group. In every trust, local faculty groups were set up based on the experiences of foundation training in medicine, surgery, paediatrics, obstetrics and gynaecology, psychiatry, emergency medicine and anaesthetics. The specialty local faculty groups were chaired by the college tutor. The college tutor was also a member of the local academic board and discussed both the specialty annual faculty report and any unresolved issues at the local academic board. The college tutor was also a member of the deanery-wide school in that specialty and would also provide minutes of each local faculty group to the school head. Thus the main purposes of each of the specialty faculty groups were to:

- Maintain standards for curriculum management
- Maintain leadership management and educational systems that underpin the learning environment
- Ensure that local faculty groups meet all the relevant standards including General Medical Council and the relevant Royal College standards.

The educational and clinical supervisors would attend the local faculty group, as well as one or two junior doctor representatives, local human resources representatives and a member of the local library and knowledge service staff. Thus for foundation training and core training there was now a clear line of responsibility for all trainees that lead from the educa-

tional supervisor to the college tutor to the local director of medical education who chairs the local academic board. There is a reporting line from the college to the college tutor directly to the head of school in foundation or specialty school. It introduced a formality to the process and a requirement to meet and document actions. It allowed information to flow up from the specialty in each trust to the head of school and the deanery. It also allowed information to flow down through the head of school to the college tutor and from the deanery to the local academic board.

By early 2008 the structure was fully embedded in all trusts and all specialties across the deanery. The deanery was therefore able to track the minutes of all the local faculty groups. These were then monitored by the relevant school heads.

The final part of this progressive process was to bring higher specialist training within the local faculty group concept, which is part complete. It is straight forward for run-through specialties like paediatrics and relatively small specialties such as emergency medicine.

Deanery trainee support group

The signs of a doctor in difficulty are well documented (Paice and Orton, 2004). The factors impacting on trainee performance have been summarized to include (Paice, 2006):

- The attributes of the individual trainee; personal background including cultural value systems and aptitude for the specialty concerned
- Attributes of training, including the posts and programmes
- The context of training, including work patterns, colleagues and team cohesion and patients and their expectations
- Personal pressure on a trainee, both internal and external, and often relating to health issues.

The structure and processes of local faculty groups allows earlier identification and greater local peer support and experience in diagnosing the problems and resolving them. The vast majority of problems turn out to be minor and are usually successfully resolved at local level, but the structure does allow much more systematic reporting of problems up to school and then to deanery level if they are more challenging. Gaining knowledge of issues and problems at central deanery level allows for trend analysis across the deanery patch and training levels.

At deanery level the trainee support group meets monthly to discuss the most challenging problems (Postgraduate Deanery for Kent, Surrey and Sussex, 2010). The committee is chaired by the Dean Director. It has expert human resources and educationalist support. It is attended by each of the relevant school heads as well as relevant senior workforce managers. It discusses all specialties at both primary and secondary care. The committee's main function is to devise policy; to discuss, advise and support trusts and specialties on particular issues; to identify specialist resources where these need to be commissioned; to share experience and educational opportunities for other educators to observe and participate, and finally to allocate resources such as supernumerary funding for remediation. The group tracks all trainees that have been referred up to the schools through to resolution or the point at which they leave that part of the training programme.

A number of important issues have been dealt with as the work of the group has grown in line with the increasing implementation and effectiveness of local faculty groups:

- Initially specialties may appear to have few trainees in difficulty but once local faculty groups begin to work properly and schools and college tutors begin to understand the process many more issues are identified
- There is a learning curve involved in a systematic approach to a trainee in difficulty, even among people who are experienced educators
- Guidance is explicit but as in many areas of medical and educational practice experience of a case from initiation to resolution is required for mastery
- A critical role of the group is learning from each other's experience and offering learning to others who may attend
- It becomes important to focus discussion on those with the most complex needs while being able to track the overall size and nature of problems which may be less complex (e.g. exam failures)
- There remains a constant tension between the deanery being responsible for educational initiatives and remediation while the employing organization remains responsible for all issues related to disciplinary action including performance
- The employing organization may see the matter as a employee issue, e.g. poor time keeping or absence, without acknowledging that these may also be a symptom of poor educational progress
- Regularly the importance of high quality consultant occupational health advice is reinforced.

Foundation experience

With local faculty groups for foundation training embedded for 4 years it is now possible to review the completed work of the first three academic years.

Table 1 shows that between 2.9% and 5.4% of all trainees in the programme

Table 1. Foundation school doctors during 2006–9

Year	2006–7	2007–8	2008–9
Total number of foundation trainees	1484	1494	1577
Discussed by deanery trainee support group	80	44	67
Percentage	5.4%	2.9%	4.3%
Educational	46 (58%)	19 (43%)	18 (27%)
Mental health	5 (6%)	4 (9%)	10 (15%)
Physical health	20 (25%)	9 (20%)	17 (25%)
General Medical Council issues	4 (5%)	4 (9%)	2 (3%)
Conduct	3 (4%)	2 (5%)	10 (15%)
Family issues	2 (3%)	4 (9%)	4 (6%)
Other	0	2 (5%)	6 (9%)

were discussed during any academic year. The fall in 2007–8 may have been because of the huge impact of the Medical Training Application Service debacle on educator time and focus.

The broad category of difficulties identified as the main problem by the trainee support group. The definitions are taken from the Kent, Surrey and Sussex guide. It is recognized that these are broad categories and trainees with problems often have several issues which interact with each other. Although the numbers are few there are concerns about the apparent increase in conduct issues during 2008–9. This may be a result of the growing focus in the UK on patient safety, physician performance and the roll out of Responsible Officers in trusts and deaneries as part of the revalidation process. The advantage of such data is that these areas can be tracked over time.

Table 2 gives the current 3-year cumulative outcome. Those needing either repeat years or more time are a marker of the significant salary costs of remediation over and above the time cost of the educators involved. During the 3-year period 17 doctors (9%) of those discussed by the trainee in difficulty committee withdrew from the programme. Eight of these were for primarily stress and mental health issues. There is anecdotal evidence that these issues often go back into medical school. Four were for educational problems (two from outside the UK), three for serious probity issues and two for irresolvable family difficulties. Unfortunately it is not possible to track all these people once they leave the programme but at least six appear to be working in medicine either in the UK or elsewhere.

Table 2. Overall 3-year outcomes for foundation doctors

Locally managed to resolution	90 (47%)
Repeat F1 year	21 (11%)
More F1 time	5 (3%)
Repeat F2 year	14 (7%)
More F2 time	12 (6%)
F2 competencies only at end of F2 year	3 (2%)
Withdrawn from programme	17 (9%)
Ongoing	30 (16%)
Total	191

Experience from core or higher specialty training

Specialty local faculty groups serving trainees differ from those serving foundation as they do not cover a multiplicity of specialties. They have been constituted to monitor specialty trainees whether in a ‘coupled’ or ‘uncoupled’ programme. Uncoupling has importance in relation to trainees in difficulty as some will complete their early years training after 2 or 3 years and need to compete again to enter higher years training. This gives added complexity to the process for two main reasons:

1. Should an unresolved trainee in difficulty issue hinder further progress in the programme?
2. What information should transfer when a trainee has had issues requiring remediation?

In general the answer to question 1 is the issue should be resolved and closed before further progression. In relation to question 2, the information transferred to enable the trainee to negotiate his/her next learning plan with his/her educational supervisor should be detailed and agreed by the trainee including all matters relating to the case history. Where agreement cannot be reached with the trainee, patient safety concerns are paramount.

As in foundation the initial diagnostic of a trainee in difficulty begins with an interaction between an educational supervisor and trainee informed, perhaps, by comments from clinical supervisors and, other health professionals or an event, e.g. critical incident. It is at this point that notes begin to be taken as a record of events which are shared at all times with the trainee. A remedial plan may ensue, validated by the local faculty group leading to local resolution. If this occurs both the school and the central deanery group wishes to know of the case as this allows for trend analysis and themes to emerge. Equally if an local faculty group can not resolve an issue it goes to the school or thereafter the deanery group.

For specialty local faculty groups in the period 2008–10, i.e. the first two academic years, *Table 3* shows the numbers of trainees in management and the numbers discussed. (The marked percentage increase in year 2 was largely directly attributable to trainees not achieving College exam success, thus prohibiting their curriculum progression.)

Table 3. The number of core trainees in management and discussed

Year	2008–9	2009–10
Total	541	581*
Discussed	18	61
Percentage	3%	10%*

* note exam issues

Table 4 shows the categories of support or difficulty encountered. These categories map to the Kent, Surrey and Sussex guide and other published literature. Some trainees, as in foundation, fulfil more than one category.

Table 5 outlines the interventions offered to help. Small numbers needed more time in programme to achieve exam success. Many others responded to the action plan negotiated with them once their problems had been identified. An action plan with

Table 4. The categories of support or difficulties encountered

Year	2008–9	2009–10
Total	541	581
Educational	15 (2.8%)	55 (9.5%)
Exams	4 (0.7%)	40* (6.9%)
Mental health	0	0
Physical health	2 (0.4%)	1 (0.2%)
Conduct	1 (0.2%)	2 (0.3%)
Family/personal	0	4 (0.7%)
Other	0	1 (0.2%)

*Exam issues as a new requirement

Table 5. Interventions offered to assist the trainees and outcomes

Intervention	Number
More time	9 (7.2%)
Supportive	114 (86.9%)
Appeals	2 (LATs) (1.6%)
Successful	0
Withdrawn	3 (resigned) (2.4%)
Total	123

LAT = Local Appointment for Training

appropriate timelines has enabled many trainees to regain lost mandated educational targets in programme. This table also records the, as yet, small number of trainees in the higher years of programme to date. This may increase as the school takes on more higher specialty programmes in the future. Some trainees appealed against the failure to progress in programme as a result of a non-outcome 1 at annual review of competence progression but these were not upheld. A small number of trainees also resigned from the programme when identified as trainees in difficulty.

With this cohort we have not as yet identified remediated foundation trainees who have competed successfully into core years programmes and had a recurrence of difficulties. However, central review of the case files will enable this.

Conclusions

Although a relatively small number of trainees who get into difficulty require an individual tailored approach within a structured process, this management process has to be explicit and understood. Many supervisors do not appreciate its value until it is initiated for trainees for whom they have supervisory responsibilities. The local faculty group helps the process, ensuring peer support and input. Trainees must be aware of all aspects of the process at all stages to enable understanding, engagement and successful outcomes. Utmost discretion embedded in the process is required.

Once a problem is identified and the process initiated there is a complexity in moving its management from the local faculty group to the school to the central deanery committee. Valuable learning from case histories is available to members of all three groups.

The successful initiation of the process via the foundation local faculty group laid a solid base for speciality local faculty group thereafter. Although many trainee issues can be resolved locally, schools and the deanery committee benefit from the awareness of matters in all cases.

The employer/programme management responsibilities must be to the fore at all times in dealing with these cases (Black, 2004). Discretion and confidentiality are important in dealing with many cases but patient safety issues are always paramount. BJHM

KEY POINTS

- Trainees who experience difficulty benefitted from a managed approach.
- Patient safety is paramount in relation to trainees in difficulty.
- Employer and programme management issues relating to trainees often overlap.
- The local faculty group model helps with the identification and management of trainees who experience difficulties.
- Required remediation resources for trainees in difficulty can be sourced via a central deanery trainee support group model.
- Most trainees in difficulty issues are handled at a local level and most trainees successfully remediate.

Conflict of interest: Professor D Black and Dr K Kelleher work for the Kent, Surrey and Sussex Deanery.

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