

Performance review procedures for the preregistration year: a map through the minefield

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When a case of underperformance occurs, it can be a stressful event for both the educational supervisor and the trainee. This article explains the procedures for managing underperformance of preregistration house officers, developed by the North Western Deanery.

INTRODUCTION

The rise of clinical governance, the Department of Health's publication of *Supporting Doctors, Protecting Patients* (Department of Health, 1999) and the establishment of the National Clinical Assessment Authority all reflect an increasing awareness and concern about clinical underperformance. The parties involved with the training of junior doctors – the consultants and GPs of the future – are particularly conscious of their responsibilities in this area.

This is particularly important in relation to the training of preregistration house officers (PRHOs). This involves a year when the neophyte doctor takes on his or her first full-time clinical role after graduating from medical school, with all the duties and responsibility defined by the General Medical Council's (GMC) *The New Doctor* (GMC, 1997).

The vast majority of house officers pass through their preregistration year without major difficulty and are signed up by their educational supervisor for full registration with the GMC. However, when problems do arise, it is imperative that detailed guidance is in place to protect all parties involved: patients, trainee, educational supervi-

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tor, the employing trust and the bodies which hold collective responsibility for the PRHO year (university and postgraduate deanery).

NEED FOR A FORMAL POLICY

Fortunately, cases of underperformance are relatively infrequent. When they do occur they can normally be dealt with by the PRHO's educational supervisor as part of a routine appraisal process. In cases of a more serious nature, however, the educational supervisor may prefer to draw on additional support mechanisms within the trust and/or deanery. Such instances have been dealt with hitherto on an ad-hoc basis by the North Western Deanery. A canvass of other postgraduate deaneries revealed a similar situation. To ensure parity of treatment, and to make the process more streamlined and transparent for all concerned, it was felt that a formal policy was required, so that when the unexpected does occur, guidance is immediately available.

The policy document devised in the north west concentrates on the management of poor performance, as manifested in relation to education and training, which causes concern to the extent that the educational supervisor is unwilling to ratify satisfactory progress. A GMC policy on sick leave, and advice for house officers on dealing with health and personal problems which may be affecting their performance at work, is also included. It does not include procedures to be followed for problems with professional behaviour or personal conduct (examples being drunkenness on duty or misappropriation of property) as such mat-

ters should be dealt with by the trust's Human Resources (HR) department under their own codes of conduct.

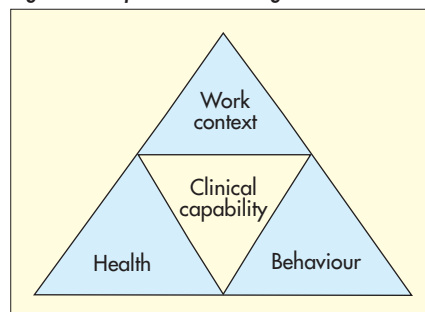
The new policy, resulting from collaboration between the Medical School and the Postgraduate Deanery, with HR input, has been distributed to all consultants and GPs involved in preregistration training within the Deanery. Copies have also been made available to educationalists in local trusts with an interest in this area (postgraduate clinical tutors and the newly-created PRHO tutors), as well as PRHOs themselves, via an insert for their training log books.

What constitutes concern about performance?

The performance triangle developed by the National Clinical Assessment Authority (*Figure 1*) should be borne in mind by educational supervisors when deciding whether to ratify satisfactory progress of their PRHO. The diagram makes it easier to understand that the trainee's own health status and the working environment can have an effect on their behaviour and thus influences their clinical capability.

Poor performance could therefore be caused or influenced by:

Figure 1. The performance triangle.



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- Sickness or other reasons which have necessitated enforced absence in excess of that permitted under GMC sick leave regulations
- Ongoing illness which has an adverse impact on the PRHO's ability to perform to a satisfactory standard
- Unprofessional behaviour which has resulted in the inability to work effectively with colleagues to a satisfactory standard
- Unprofessional behaviour towards patients
- Unsatisfactory clinical ability which has prevented the PRHO from acquiring skills and knowledge to a satisfactory standard
- Extraordinary circumstances which, in the educational supervisor's opinion, should be reported and discussed before a decision is taken to recommend for full registration.

When poor performance has been identified, it is important that the educational supervisor and clinical tutor diagnose the underlying cause of the poor performance. Only by doing this can the relevant support systems be accessed and appropriate action taken. This 'triaging' process may differ across regions, but normally involves trust HR departments for behavioural problems, occupational health for illness-related issues, and deanery or university for education and training matters. Some performance issues have complex underlying causes and may need multiple agencies to be involved.

What follows is an exposition of the process developed in the North Western Deanery for dealing with a PRHO's poor performance in relation to education and training (Figure 2).

IDENTIFYING A PROBLEM

Stage 1

Initial concerns about a PRHO may become apparent to nursing and practice staff, other hospital doctors or GP partners. However, it may be difficult for the PRHO's peers or other colleagues to take any action unless there is a clear and confidential channel of communication.

In the North Western Deanery, the PRHO tutor (where this post exists) or clinical tutor has been designated as the

first point of contact for all hospital staff who have concerns about a PRHO. In general practice, the GP PRHO trainer acts as the first point of contact.

Once initial concerns have been identified and brought to the attention of the relevant educational supervisor, a series of progress meetings takes place, each with a specific agenda which will determine whether further action is to be taken, or whether the PRHO has now achieved an acceptable standard.

INITIAL INVESTIGATION

Stage 2

Where a problem has been established, the educational supervisor should write to the PRHO, stating the concerns and arranging a formal meeting (progress meeting A). At this meeting targets to

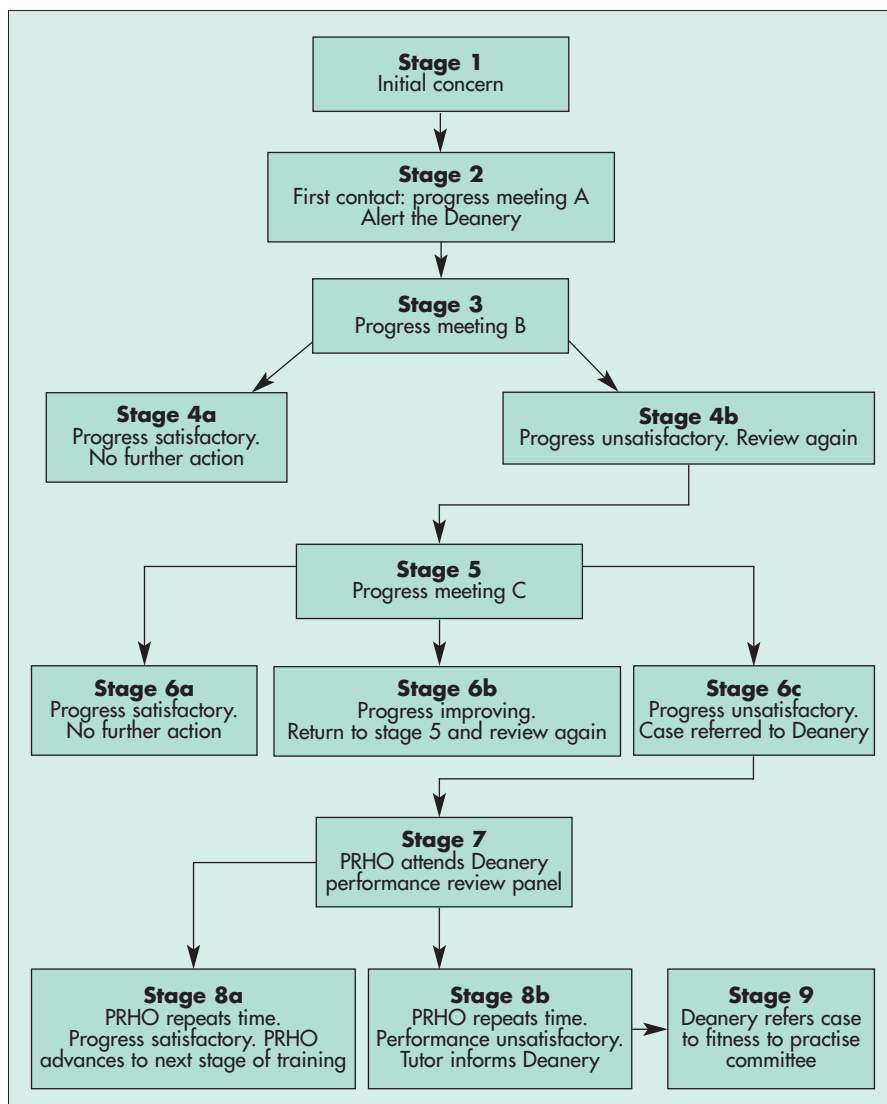
be reached over a 4-week period should be agreed and the PRHO informed that written evidence will be collected on his/her performance. The educational supervisor should brief the tutor and make any plans for provision of special educational opportunities that will help the PRHO to achieve these targets. A record of what has been agreed should be written in the PRHO's log book and the Deanery should be alerted (Table 1).

PROGRESS MONITORING

Stage 3

A second meeting (progress meeting B) is held at the end of the 4-week period to review the PRHO's performance, the outcome should be recorded in the log book and the Deanery informed.

Figure 2. Preregistration house officer (PRHO) review procedures.



Stage 4a

If progress is considered to be satisfactory, then no further action is required and the PRHO can either continue working towards the completion of their post, or be signed up for registration, which ever is appropriate.

Stage 4b

If progress is still unsatisfactory, a further short period of time (e.g. 2 weeks) should be set for monitoring, after which the educational supervisor should meet with the PRHO, the tutor and a representative of the Trust's HR team to review progress. During this period, special arrangements should be made available to the PRHO to practise and demonstrate skills and knowledge. The educational supervisor should liaise with colleagues who have close contact with the PRHO to ascertain their views on progress.

A written warning should be issued by the educational supervisor, informing the PRHO that they may have to repeat part of the placement if the desired rate of progress is not achieved within the original time span.

FOLLOW-UP ASSESSMENT

Stage 5

The educational supervisor, tutor and PRHO meet (progress meeting C) to review the progress made in relation to targets set at stage 4b.

Stage 6a

If satisfactory progress has been made, this is recorded in the log book. The educational supervisor should prepare a short report to be sent to the Deanery, copied to the tutor and PRHO. The Deanery will forward a copy to the next educational supervisor* (at PRHO or senior house officer level, as appropriate). No further action is required.

Stage 6b

Where some progress has been made, but there are still reservations about performance, a further short period of close monitoring should be set in which the PRHO has targets to

* This will include the second-year foundation supervisor once pre- and postregistration modernization is in operation.

achieve. Depending on performance, the process reverts to stage 6a or proceeds to stage 6c.

Stage 6c

If progress is still considered unsatisfactory, the educational supervisor will inform the PRHO in writing, record this in the log book, and advise the Deanery, who will then organize a performance review meeting, where the case will be discussed in detail (Table 2).

PERFORMANCE REVIEW MEETING

Stage 7

At this stage, responsibility for the process reverts to the deanery, acting on behalf of the medical school with

respect to the deanery's statutory obligation for the training of its graduates at preregistration level (Table 3).

OUTCOME OF THE REVIEW PERIOD

Stage 8a

Where the educational supervisor and tutor consider that the repeated period of assessment has been completed satisfactorily, this is recorded in the log book and a summary of progress is sent to the review panel. The Deanery, after consultation with the panel, then informs the PRHO that they may proceed to their next placement, or they are signed up for full registration, as applicable. The Deanery will send a copy of the summary to the next educational supervisor (see stage 6a).

TABLE 1.
Main elements of progress meeting A

To discuss the concerns in more detail and to provide an opportunity for the house officer to state their views
To agree and record targets to be reached during a set time period
To inform the house officer that information will be collected on their performance
To alert the deanery of potential problems

TABLE 2.
Membership of the performance review panel

The Postgraduate Dean, or their representative, with responsibility for preregistration training
PRHO Tutor and/or Clinical Tutor (not associated with the Trust involved)
Human resources adviser to the Deanery
A representative of the Medical School (optional)
Administrative Manager with responsibility for PRHOs at the Deanery
PRHO = preregistration house officer

TABLE 3.
Performance review period

The house officer is invited before the performance review panel and may be accompanied by a friend, colleague or professional adviser
The educational supervisor/tutor may be asked to attend to supplement written information, as could other trust/practice staff
A plan for remedial action and future assessment criteria is agreed
A period of review is set – either to repeat the whole period or a proportion of the post, as agreed by the panel
Close monitoring is required throughout the period of repeated time and regular constructive feedback given to the house officer
The house officer may decide to appeal if they do not agree with the decision of the panel
Appeals are heard by the University's Fitness to Practise Committee

Stage 8b

However, if progress is still considered to be unsatisfactory and the PRHO is not safe to proceed to his/her next placement, or to sign up for full registration, this should be recorded in the log book and the educational supervisor or tutor should write to the Deanery to inform them of this decision. The case will then be considered by the Faculty of Medicine's Fitness to Practise Committee.

FITNESS TO PRACTISE

Stage 9

The Fitness to Practise Committee has the authority to confirm the recommendation that the preregistration period be extended or certification be refused, or refer the case back to the PRHO Review Panel for reconsideration.

The Deanery will take advice from the Faculty on how this process will be managed and will inform the PRHO and the relevant personnel at the trust or practice of any further action they should take, or of any additional information to be supplied.

CONTACT WITH MEDICAL SCHOOLS

It is important for both the educational supervisor and the deanery to understand any contributing factors which are affecting the PRHO's poor performance. Such factors may sometimes have their roots in medical school, e.g. a pattern of unexplained absences may have become established at times of stress. At Manchester, students' behaviour of this type is officially reported to the committee which oversees medical student performance and conduct; all such reports are kept with the student's record, to which the deanery would have access, in the case of subsequent poor performance at PRHO level. Such information would be useful to the educational supervisor and the tutor in advance of progress meeting B (stage 3).

PRHOs who have graduated overseas are managed by the employing deanery, which may need to gather information on the trainee's undergraduate career and any past employment history. This information may identify why problems

have occurred and may help the deanery or trust to devise any remedial training. A report should be sent by the deanery to the PRHO's medical school, informing them of the problems the trainee is experiencing and how they are being resolved.

The process for obtaining full registration with the GMC is managed by the deanery which covers the PRHO's university, therefore the home deanery for graduates from other UK universities should be alerted at stage 2.

Original copies of all written records should be sent to the home deanery, so that they may instigate their own process by which underperforming PRHOs are managed and work with the employing deanery in supporting the PRHO to undertake any planned remedial training.

It is essential that the PRHO is made aware that such information is being sent to their deanery and/or medical school and this should be handled sensitively, marked for the personal attention of the person who handles such matters at each institution.

CONCLUSION

This new policy has been devised to ensure that when concern about clinical underperformance is expressed, the process for dealing with it is as clear and transparent as possible for the benefit of all parties.

By disseminating the policy widely, in the form of a booklet sent to all involved in PRHO training, an insert in the log book and information on the deanery website, it is hoped that this will help to reduce instances of late referrals of poor performance,

enabling problems to be tackled early on in a PRHO's career.

It is still early days, but the anecdotal evidence from colleagues in trusts has been positive. The merits of the policy lie in having a simple, structured process to guide all parties through what may otherwise be a complex, unsettling experience. Of particular note are the ability to set specific objectives in a given timeframe, the use of networks to facilitate close monitoring of progress, a detailed recording process and the enabling of all parties to contribute to discussions about performance in an open and honest way. In combination, these elements represent a valuable addition to the performance toolbox.

The creation of 2-year foundation programmes encompassing the existing PRHO year will bring fresh challenges to the way clinical training is delivered and monitored. A structured and supportive way of dealing with underperformance will be even more important at such a time of change.

This article aims to share information with a wider community in the hope that when a case of poor performance does occur, the ability to refer to a set procedure will assist in achieving a fair and equitable outcome. **HM**

*The full policy is available for download as a pdf document from the Deanery's website: <http://www.pgmd.man.ac.uk/hospmed/prhos.htm> The authors would like to thank Professor Roger Green for his assistance with the article. At the time of writing Professor Green was Dean of the Medical School, he is now the Clinical Academic Group Leader, Cancer Studies, Christie Hospital NHS Trust, Manchester.
Conflict of interest: none.*

Department of Health (1999) *Supporting Doctors, Protecting Patients*. DoH, London
General Medical Council (1997) *The New Doctor*. GMC, London

KEY POINTS

- All teams who have a house officer post should be advised as to whom initial concerns should be channelled.
- Keep written records of all meetings and decisions taken concerning underperformance.
- Set the house officer targets, agree dates of reviews and ensure that outcomes are recorded in the house officer's log book.
- Alert the Deanery as soon as the outcome of progress meeting A is established.
- Ensure there are sufficient opportunities for the house officer to demonstrate his/her skills and knowledge during the review period.
- Carry out frequent assessments and give constructive feedback.
- Keep the next educational supervisor informed of problems, so that appropriate support can be arranged.