



Trainee Support

An HEKSS Guide



October 2014

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1. Introduction

This guide on the management of trainees requiring additional support applies to doctors (including primary and secondary care), pharmacists and pharmacy technicians and dentists in training and managed by Health Education Kent, Surrey and Sussex. It should be read in conjunction with your own Local Education Provider (LEP) policies. The London LETB's procedures apply to trainees in HEKSS trusts if they are on London managed programmes.

Who might use this guide?

The guidance is for those working with doctors in training, such as educational supervisors, training programme directors, education managers, directors of medical education (DMEs) and clinical tutors, clinical managers, clinical supervisors, directors of human resources (HR), medical education managers (MEMs) and medical staffing managers, as well as trainees themselves.

Scope

This guide advises on the management of doctors, dentists, pharmacists and pharmacy technicians in HEKSS training posts, provides links to relevant resources and details of relevant national and local policy and information; covers both trainees in difficulty and those with additional needs and/or in need of support; offers trainees support and guidance.

HEKSS is committed to the principle that medical, pharmacy and dental trainees are treated with fairness, equality and consistency in their training regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, gender or sexual orientation.

This guide has been written by the HEKSS Training Support Service (TSS) in collaboration with the HEKSS Specialty Workforce, Dentistry, General Practice (GP), Pharmacy and Careers departments and the South Thames Foundation School.

Comments, queries and suggestions for revisions should be sent to the Training Support Service: TSS@kss.hee.nhs.uk

2. Guidance for the management of a trainee requiring additional support

2.1 Recognising that a trainee requires additional support

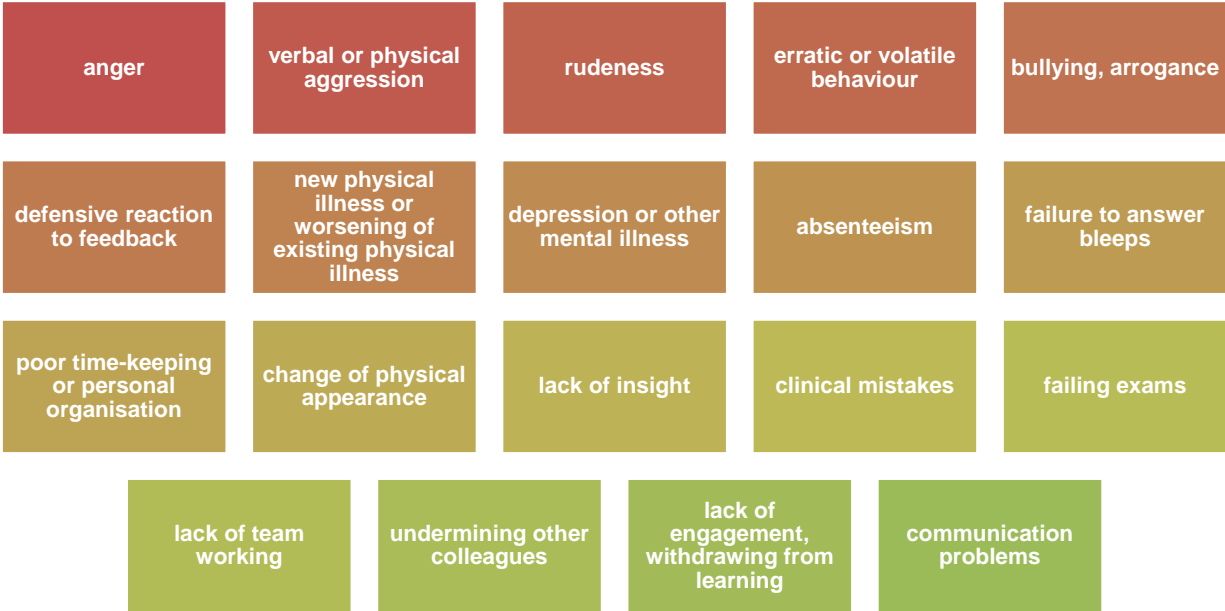
Trainees who require additional support might do so to help them to overcome problems threatening completion of their training post or programme. Identifying that an individual needs additional support and is in difficulty is not to label them, but to initiate certain processes intended to help them complete training successfully and continue to contribute to the work of the NHS.

Early identification and intervention at a local level is crucial. Any concerns must be discussed with the trainee at an early stage and documented. Documented evidence may need to be shared as appropriate with HEKSS and other relevant organisations.

Concerns that a trainee may need additional support may come to light in many ways:

- professional examinations
- through regular NHS appraisals
- assessments (including failure to complete minimum number satisfactorily)
- clinical governance frameworks (including reporting of serious incidents or complaints)
- clinical audit activities
- litigation
- information from colleagues

In addition there are a number of signs and symptoms that may indicate that a trainee requires additional support or is in difficulty:



2.2 Next Steps

Is a particular incident a one-off, or part of a series of events? A one-off event seldom indicates that a trainee is 'in difficulty' or that extra support is required, apart from exceptional events such as serious misconduct, whereas a longstanding pattern of behaviour is very different.

Once a trainee has been identified as requiring additional support, often because s/he has presented with one or more of the above signs or symptoms, the next step is to consider what the underlying issue/s might be and to explore the context in which these problems are occurring. Colleagues who spot a problem have professional and employment responsibilities, especially where there are concerns which might significantly affect patient safety or care.

2.2.1 Exploring Concerns

Unless the issue is particularly serious the educational supervisor is best placed to deal with initial concerns. If a trainee in difficulty prefers to talk the issue through with the local clinical tutor/training programme director (TPD) instead of their educational supervisor, s/he must be able to do that. Usually, however, the educational supervisor should informally investigate any concerns about a trainee's behaviour or clinical performance. At this stage there should be an initial conversation with the trainee, not only to inform them of the concerns raised and the action being taken but also to get their perspective. The trainee should be encouraged to reflect on the issues that they face and to document these reflections and any comments they have.

Dr N started out well in this post but has become increasingly withdrawn.

On one ward round he did not appear to know any of the patients and half way through the round walked out and left the hospital, without offering any explanation.

- What might be going on?

2.2.2 Agreeing a Plan

On the basis of evidence obtained from workplace-based assessments and written reports from clinical/practice supervisors, the educational supervisor and trainee should agree a plan outlining how areas of performance concern will be addressed.

This management plan should follow SMART principles. If the educational supervisor is satisfied

S

- Specific

M

- Measurable

A

- Achievable

R

- Realistic

T

- Time bound

that the issue has been resolved then it can be closed at this stage but it is strongly recommended that this is documented in the form of a short letter, and / or a note within the trainee's records, (for example the educator or supervisor section of a trainee doctor's portfolio), so that the trainee is aware that an issue has been noted, considered and is now not being taken any further.

The document should record any agreement between the supervisor and trainee about future performance or behaviour.

2.2.3 Passing on Information

The need to pass on information will depend upon the nature and severity of the problem (please see [section 2.4](#)). Where necessary, information should be sent to the relevant TPD and Head of School (HoS). If the issue is likely to be ongoing then the relevant school/department should be informed. This is to enable the school/department to track the trainee and ensure information is appropriately maintained and transferred to any new LEP the trainee may join.

2.3 Courses of Action

Once an initial assessment has been carried out, there are a variety of possible courses of action. These are summarised below. While the trainee's privacy must, where possible, be respected, information may need to be passed on in the interests of patient safety.

Trainee issue	Possible courses of action and support
<p>Training environment:</p> <ul style="list-style-type: none"> • mismatches between trainee and trainer • excessive workload, alleged harassment, bullying or undermining • wrong level of expertise expected of trainee, • supervision not congruent with level of expertise expected 	<p>Review local education system</p> <p>Involve local Training Programme Director (TPD)</p> <p>May involve discussion with local Director of Medical Education, Human Resources Department/Medical Staffing, Director of the Foundation School, Pharmacy Department, LFG Chair, Head of School or relevant HEKSS</p> <p>Subject to negotiation, the individual may wish/prefer to be relocated to a more appropriate environment</p>

<p>Personal issues:</p> <ul style="list-style-type: none"> • partner/spouse relationship • bereavement, critical family illness • visa problems 	<p>Encourage trainees to access counselling and support services of the LEP through their human resources (HR) and occupational health (OH) departments and/or counselling services.</p> <p>Discuss with the trainee whether the relevant TPD, or Head of School, should be informed. S/he may be able to arrange future placements closer to the trainee's home or support network (for GP via an inter-programme transfer request), or HEKSS may be able to facilitate an out of programme career break (OOPC). Refer to LEP HR.</p>
<p>Craft development and examination performance</p>	<p>Educational intervention with more supervision and possible use of simulation</p> <p>Targeted or repeat training with clear educational objectives and yardsticks of success. Career support may be required. Monitor at LFG.</p>
<p>Generic professional development:</p> <ul style="list-style-type: none"> • rapport with patients, staff and families • respect for people holding different views • cultural acclimatisation • acting effectively within the team • motivation, maturity, a lack of insight. • time management and basic organisational skills 	<p>Identify the issues with care. A mentor, coach or role model may be required. Complex problems may require behavioural or psychometric assessment, possibly through the Training Support Service or NCAS.</p> <p>Although an underlying personality trait cannot easily be changed, the resultant behaviours may be moderated. So, when a trainee's behaviour is in question, educational supervisors may wish to discuss with the trainee and the relevant DME, or relevant Dean/Head of School, the possibility of the trainee undergoing a behavioural assessment by an occupational psychologist.</p> <p>Such an assessment can help identify underlying personality traits that may be influencing the trainee's behaviour at work, identify possible contributory factors, offer a judgement about the likelihood of successfully addressing the concerns, and make recommendations.</p>
<p>Professional behaviour:</p> <ul style="list-style-type: none"> • integrity • probity • substance abuse 	<p>These are serious issues, which may require further assessment through psychologists identified through the HEKSS Training Support Service or NCAS. These are likely to be conducted as well as educational matters. Involvement with LEP HR team is essential.</p> <p>Where there are concerns that a colleague may have a substance abuse problem the local HR department and medical director (or Chief Pharmacist for pharmacy trainees) must be informed immediately.</p> <p>If substance abuse leads to disciplinary action, or suspension from clinical duties being recommended, both HEKSS and GMC/GDC/GPhC must be informed before the disciplinary action is concluded.</p> <p>For probity issues refer to GMC's Good Medical Practice, the GDC's Standards for Dental Professionals or GPhC's Standards of Conduct, Ethics and Performance (see Resources section). Refer significant probity concerns to the LEP Medical Director (Chief Pharmacist) for consideration under the appropriate organisational code of conduct. This may result in formal disciplinary action being taken.</p>

Other Trainee issues

Trainee issue	Possible courses of action and support
Health concerns	<p>Ensure trainee is registered with a GP through normal channels.</p> <p>Refer to the relevant employing organisation's blood borne virus policy where appropriate, and take advice from the organisation's HR and OH depts. If the health issues pose a risk to patient (or trainee) safety Occupational Health may be able to make workplace adjustments in conjunction with clinical, managerial and HR colleagues.</p> <p>For doctors, refer to Para 79 of Good Medical Practice: 'If you know that you have, or think you might have a serious condition that you could pass on to patients, or if your judgement or performance could be affected by your condition or its treatment, you must consult a suitably qualified colleague within the employing organisation. You must ask for and follow their advice for investigations, treatment and changes to your practice they consider necessary. You must not rely on your own assessment of the risk that you pose to patients'.</p>
Absences & similar health concerns	<p>Does a long period of absence compromise training progression? If so contact the relevant HEKSS school or department. An OH assessment can provide the employer with an objective view on the health of the trainee and an opportunity for the trainee to discuss their health confidentially with someone not associated with assessing their training.</p> <p>Are there any short or long term adjustments that need to be made to the trainee's working pattern or environment? Write detailed referral letter to OH to try to specify the areas which it would be helpful if the OH report covered, e.g.: Is the trainee fit for their current role? (<i>it may be necessary to expand this to include particular responsibilities or tasks needing specific consideration as part of the assessment</i>). If not, can you give an indication of the likely duration of absence or inability to undertake specific aspects of the role in the case of a phased return?</p> <p>Could the trainee's medical problems be contributing to problems with their behaviour/ performance at work? Would the trainee be considered to be disabled under the appropriate legislation?</p> <p>Can you make any recommendations regarding a return to work plan and/or adjustments to the workplace? Following this, as long as trainee consents, contact HEKSS to discuss what adjustments may be needed to facilitate the successful completion of the training programme. This can be highly sensitive, e.g. mental health, so trainee consent, in line with the Data Protection Act, is essential at all times. If the trainee fails to co-operate see paragraph 9, section 5 of <i>Maintaining High Professional Standards in the Modern NHS</i>, which states: "<i>If a doctor or dentist's ill health makes them a danger to patients and they do not recognise that, or are not prepared to co-operate with measures to protect patients, then exclusion from work must be considered and the professional regulatory body must be informed...</i>". In some cases, it may be reasonable to suggest that Less than Full time (LTFT) Training be considered either for a short-term period or longer duration.</p>

Disability	<p>Hope for Disabled Doctors may also be able to assist doctors with a disability (http://www.hope4medics.co.uk/).</p> <p>The LTFT Training scheme may also be a consideration if the trainee's disability impacts on their ability to train full time.</p>
Alleged discrimination	<p>Educational supervisors may also need to consider whether a trainee's performance or behaviour is being influenced by direct or indirect discrimination or by a lack of a support network.</p> <p>See the 2004 British Medical Association report "Career barriers in medicine-doctors'experiences" http://www.bma.org.uk/equality_diversity/CarBarDocExp.jsp</p> <p>The LEP HR will need to be informed if discrimination is alleged, as this is an employment matter which could lead to a grievance being raised.</p>
Alleged bullying	<p>The identification and effective management of bullying can be complex and challenging. Please see Appendix B for the HEKSS guidance on bullying, harassment and undermining.</p>

2.4 Record Keeping

Accurate and prompt documentation minimises disagreement about the facts, and results in an audit trail that can help relate future problems to past patterns of performance or behaviour.

Good records also reduce the scope for future challenge. All trainees have the right of appeal, and documentation will be required by appeals panels. All documentation must comply with the requirements of the Data Protection and Freedom of Information Acts in relation to processing, retention and security of records.

Records relating to a trainee who requires additional support or who is in difficulty may subsequently form part of regulatory proceedings. Therefore recording of information must be of a standard and character where undue legal challenges can be avoided.

Records of conversations should be held confidentially with the knowledge and consent of both the trainee in difficulty and the person who has conducted the assessment of the problem.

The trainee should be given a copy of any documentation concerning his or her performance and encouraged to keep such copies in his or her records or portfolio for discussion at appraisals. S/he should be made aware of where the notes will be stored and who will have access to them. The Freedom of Information Act (2005) allows the right of access to information held about practitioners/trainees (subject to exemptions where appropriate) and so any documentation could be accessed through this.

The content of any notes of meetings or of agreements reached should be agreed with the trainee wherever possible. The Chair of the LFG or DME may choose to anonymise the individual trainee in the minutes and s/he will be responsible for keeping the key to the coding confidential.

2.4.1 General Principles

- Record the place of the meeting/time/length/names of those present
- Record notes promptly after any meetings/event and agree them with those present as soon as possible (within two weeks)
- Information about a trainee presented to the LFG should ideally be recorded in a 'standard concern form' within the relevant school's operational guidance and completed by the Educational Supervisor and the Chair of the LFG
- The LFG may discuss the matter in detail but the minutes should only contain a factual summary. (The individual supervisor concerned should hold detailed notes of training etc. but this must not form part of the minutes).
- The trainee has the right to see the information held.
- Principles of equality and diversity must be observed.
- Exclude information about aspects of the trainee's life not directly related to his or her work even if discussed during the course of the meeting for other reasons.
- Record discussions in a balanced way. The minutes should be objective and unbiased, written in an accurate and concise style. Once written, they should be checked for accuracy and distributed to the members as soon as possible.
- At the end of formal meetings confidential information sheets should be returned to the responsible officer to be shredded in line with local trust policy
- The minutes of trainee in difficulty meetings should be recorded in bullet points as follows:
 - issues raised
 - conclusions
 - action points and time lines
 - review date

2.4.2 Telephone conversations

Telephone calls regarding a trainee's performance or behaviour should also be documented and stored as outlined above.

Consideration should additionally be given to sending the notes of the conversation as an email or letter to the caller as an opportunity to confirm their accuracy.

There is also an NHS code of practice on record-keeping which applies to administrative as well as health records. These can be accessed through www.ncas.npsa.nhs.uk/

2.4.3 Emails

Should not include the name of the trainee in the subject line, but e.g. 'confidential'. Where possible emails should be brief and factual. There should be a separate email for

each trainee discussed and where possible, the trainee should be copied in. A copy of the email should be stored or filed with other records

2.4.2 Storing and transferring information

Generally the relevant authority e.g. the specialty school should be kept informed. Information should be stored securely e.g. through password protection on computers or in locked filing cabinets. Minutes of notes need to be retained for seven years.

When a trainee moves to a new employer, the transfer of information about any disciplinary or competence issue is important, both for patient safety, and to support the trainee. Information transferred should take the form of a written, factual statement about any formal actions taken against the trainee and the nature of any triggers, but not about incidents where the trainee was exonerated. The trainee should be informed of the transfer but patient safety must override personal confidentiality. If the doctor moves again, the problem escalates or others become involved, it may become necessary to pass the record to others, again with the consent of the doctor where possible.

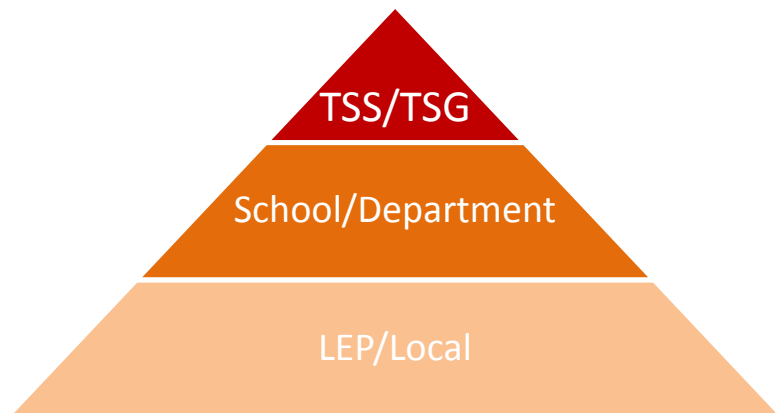
Transfer of information about trainees' progress from post to post should become standard procedure including areas of concern. The sharing of information must be with permission of the LFG Chair. Very sensitive information is best transferred by a Dean, Foundation or Specialty School Director to the new trust's DME.

3. Roles and Responsibilities

Most issues with trainees who require additional support should first to be addressed at the local level and escalated to School/department as appropriate. The School/department may then seek advice from the Training Support Service/Training Support Group.

While most issues with trainees can be managed at local level, HEKSS and the Training Support Service are available to support and give guidance.

Please see [Section 2.3](#) which has suggested escalation points for the management of different issues in relation to trainees.



Also see [Appendix C: Thresholds for the management of trainees requiring additional support](#)

3.1 Local

3.1.1 Role of the Supervisor

The supervisor should

- address the issue as soon as possible to give the trainee the best possible chance of remediation
- take more formal steps if there are any concerns about patient safety
- look beyond the trainee's symptoms of difficulty and try to establish the underlying cause
- focus on evidence and facts and discount unsubstantiated opinions
- share information on a 'need to know' basis only and avoid sharing information which might be considered confidential with others
- generally report the issue to the Local Faculty Group (LFG) **without reference to sensitive personal medical information e.g. medical conditions** *Concerns about clinical performance should be shared by the educational supervisor in full with the trainee.*

3.1.2. The role of the employer

Trainees have contractual relationships with their employers (e.g. trust, or practice) and are subject to their policies and procedures. The employer has responsibility to ensure

that employment issues, including performance, grievance, discrimination, whistleblowing and potential disciplinary matters are dealt with appropriately. Trainees should be managed in the same way as any other NHS employee.

3.2 School/Department

Every HEKSS School/Department has a central register which monitors trainees who require additional support.

Issues about which the relevant HEKSS School/Department should be informed include:

- where progression is likely to be affected (including where a trainee has had more than the maximum days absence from a training programme within a twelve month period)
- issues which may have an impact on revalidation (for medical trainees only):
 - Serious Incident
 - Complaint
 - Other investigations (e.g. conduct, probity, coroner's, police and NCAS)
- where additional funding (for remediation or for a specific intervention) may be required
- trainees who are at risk of receiving an unsatisfactory outcome at ARCP (for medical & dental trainees only)

3.3 Training Support Service

The HEKSS Training Support Service (TSS) ensures that robust processes are in place to support doctors, dentists and pharmacists in training who are experiencing difficulties, or who require additional support. The TSS also provides a focus of expertise and additional resources for trainers of doctors, dentists and pharmacists.

The TSS is led by Dr Jan Welch, Deputy Dean for Foundation Training, and managed by Jack Cornish, Training Support Service and Revalidation Manager.

3.3.1 Principles

The principles of the Training Support Service are as follows:

Confidentiality: Information regarding individual trainees will always be shared on a 'need to know' basis only. Where possible we avoid sharing with others information which may be considered confidential, but patient safety always overrides personal confidentiality. For information about confidentiality and the Practitioner Health Programme (PHP) please see: <http://php.nhs.uk/confidentiality-and-patient-safety/>

Patient Safety: Safety of patients and trainees is always paramount.

Equalities: Health Education Kent, Surrey and Sussex is committed to equality and diversity. We ensure that the work of the Training Support Services is in line with the Equality Act 2010 and that we do not discriminate, either directly or indirectly, against

anyone on the grounds of race; disability; sex; gender reassignment; sexual orientation; religion or belief; age; pregnancy or maternity; marital or civil partnership status.

Advisory: The Training Support Service is advisory. Trainee management is conducted through the schools and progression is governed by the Annual Review of Competence Progression (ARCP). Employment issues are the ultimate responsibility of individual employers (i.e. Trusts).

Trainee Engagement: For support (including remedial plans and referrals to external services) to be successful trainees must engage in all processes. Non-engagement of trainees may lead to further remediation and support being withdrawn.

3.3.2 Referral to the TSS for additional support/remediation

For many issues with trainees the Practitioner Health Programme can be of use –see [section 5.1](#). Further sources of support are found in [section 5](#).

HEKSS also has access to a range of confidential external support services commissioned from external suppliers, and can make referrals where appropriate. If there are cost implications then the Head of the Training Support Service’s authorisation must be sought and the referral should go through your HEKSS school/department.

Support Services which can be commissioned through the TSS include the following:



3.3.2 Training Support Group

The Training Support Group is the group that oversees the support of trainees in difficulty and governs the work of the Training Support Service within HEKSS.

The Group:

- enables the effective support and management of trainees in difficulty and trainees requiring extra support managed by HEKSS (including those within the South Thames Foundation School).
- acts as the usual decision making body for the management and support of trainees in difficulty managed by HEKSS
- aims to provide related appropriate consistency and equitable decision making across all schools in HEKSS.

The Group consists of the following:



3.4 External

3.4.1. GMC

The HEKSS Training Support Services works closely with the GMC Employer Liaison Advisers in potential and actual Fitness to Practice cases and where revalidation might be affected.

3.4.2. NCAS

For more serious cases consideration should also be given as to whether a referral to National Clinical Assessment Service (NCAS) <http://www.ncas.npsa.nhs.uk/> for a full clinical performance assessment may be appropriate. The NCAS performance assessment aims to determine whether a doctor, dentist or pharmacist is fit to practise. The assessment takes

primarily a developmental approach and seeks to identify what a practitioner can and cannot do, establish the factors that are contributing to the areas of unsatisfactory practice, and make recommendations on how to improve those areas that are unsatisfactory. The assessment encompasses health, behaviour, and clinical performance. Trainees should normally be discussed at the Training Support Group before any referral to the NCAS.

Dr P struggled in his first F1 post, and severe concerns were raised about his comprehension, organisation and professional development. Following discussion at the TiD group, arrangements were made for him to have an assessment by an educational psychologist. (EP), who found that he was dyslexic and suggested some strategies to help him

Remediation was arranged in a different trust, with the EP's report being used to make reasonable adjustments to his training programme to take account of his disability.

Despite this input, he failed to progress during the first 4month remedial period, as demonstrated by failing to meet his SMART learning objectives , such as doing the required assessments.

- The Training Support Group made the decision to not grant further remediation. He appealed against this decision, but the documentation was robust and his appeal was not upheld.

4. Sources of Support

4.1 Practitioner Health Programme

HEKSS commissions the Practitioner Health Programme to provide a confidential consultation support service for KSS-managed postgraduate doctors, dentists, pharmacists and pharmacy technicians in training.

How PHP can help

PHP can offer emotional, psychological and practical support for a wide range of issues and problems that are common to trainees. Below is a list of some of the common difficulties that PHP have been able to help trainees through.

Depression	Anxiety	Obsessive thinking and behaviour	Excessive worry
Perfectionism	Specific phobias	Relationship problems	Work related stress
Social anxiety	Issues related to anger, shame or guilt	Concerns over use of alcohol or drugs	Setbacks, including exam failure

You may feel that a trainee's current difficulties do not fit into any of the above categories. This is quite normal and PHP are skilled at helping people access the right treatment options to suit their needs. During an initial assessment with a PHP clinician, they help the trainee identify current issues and agree on how best they can be helped.

PHP offers an initial assessment appointment within 2 working days of referral with a specialist clinician for formulation and treatment planning. Following assessment, cases are discussed by a multi-disciplinary team to agree provision of appropriate therapeutic support including: Brief interventions, relapse prevention, psychodynamic psychotherapy and cognitive behavioural therapy (CBT).

<http://php.nhs.uk/contact-us/>

4.2 HEKSS careers service

The HEKSS careers service is staffed by a small number of professionally qualified careers advisers who are available by appointment for confidential discussions about any aspect of medical training or career progression.

We provide careers advice and guidance for foundation doctors in the South Thames Foundation School, as well as for their educational supervisors.

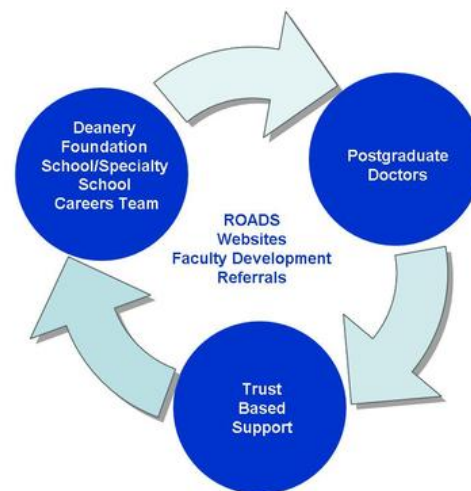
We also provide medical careers advice for all doctors in the Kent, Surrey and Sussex region.

We work as part of the foundation workforce department and with educational supervisors, and are committed to ensuring that all trainees within the South Thames Foundation School and specialty trainees within HE KSS have access to excellent, high quality careers advice.

The trainee support model

Within HE KSS educational supervisors in each of the trusts are the first point of contact for trainees. Career planning activities are included in the foundation programme curriculum and run by faculty career leads.

Medical Education Managers and the Library team at local trust level can also provide support.



The trainee support model works on a three tier process:

First tier: Within KSS, educational supervisors in each of the trusts are the first point of contact for trainees.

Second tier: Trainees may be referred to programme leads and/or trust careers leads and DMEs at trust level who have received additional training in careers support.

Third tier: Trainees who are experiencing difficulty in planning or progressing in their careers may be referred to the HE KSS Careers team. The referral process is via

educational supervisor, medical education manager or training programme director. The resulting careers interview is completely impartial and confidential.

The careers team will also take self-referrals via the contact details below.

Contact us: careers@kss.hee.nhs.uk or careers@stfs.org.uk

Website: <http://kssdeanery.ac.uk/education/about-careers>

4.3 General and Emotional Support

BMA Counselling and Doctor Advisor Service – service which supports doctors and medical students in distress or difficulty.

<http://bma.org.uk/practical-support-at-work/doctors-well-being>

BDA – British Dental Association

<http://www.bda.org/>

Counselling may be available through your Trust's Occupational Health Service

The Doctor Support Service - GMC commissioned service provided by the BMA Doctors for Doctors which provides dedicated, confidential emotional support to any doctor involved in a fitness to practise case.

http://www.gmc-uk.org/concerns/doctors_under_investigation/13013.asp

Samaritans - Confidential support for people experiencing feelings of distress or despair.

<http://www.samaritans.org/>

4.4 Specialty Specific Support

The Association of Anaesthetists Support and Wellbeing – supporting the professional, personal and family lives of anaesthetists.

<http://www.aagbi.org/professionals/welfare>

Psychiatrist Support Service – free, confidential support and advice for members of the Royal College of Psychiatrists:

<http://www.rcpsych.ac.uk/workinpsychiatry/psychiatristsupportservice.aspx>

Royal College of Surgeons – Professional Support for Surgeons

<http://www.rcseng.ac.uk/surgeons/support/professional/surgeons-guide-to-services-1>

Pharmacist Support is an independent charity working for pharmacists and their families, former pharmacists and pharmacy students to provide help and support in times of need. They provide financial assistance, specialist advice, listening friends, health support programme.

<http://www.pharmacistsupport.org/>

4.5 Dyslexia and Dyspraxia

The British Dyslexia Association - charity which aims to support people to develop their full potential. The website provides access to an initial test and the society offers more in-depth training and support to adults and employers (amongst others).

<http://www.bdadyslexia.org.uk/>

Adult Dyslexia Organisation - ADO is a national organisation, run by dyslexics for dyslexics and all those concerned with adults with dyslexia regardless of race, gender or background. ADO advises supports and empowers dyslexic adults, taking account of their particular and very different needs.

<http://www.adult-dyslexia.org/>

Dyspraxia Foundation – charity which supports individuals and families affected by dyspraxia. <http://www.dyspraxiafoundation.org.uk/>

4.6 Health

Anxiety UK – works to relieve and support those with anxiety disorders by providing information, support and understanding via an extensive range of services, including 1:1 therapy.

<http://www.anxietyuk.org.uk/>

Depression Alliance – leading UK charity for people affected by depression.

<http://www.depressionalliance.org/>

Doctors Support Network – fully confidential, friendly self-help group for doctors with mental health concerns. <http://www.dsn.org.uk/>

HOPE for disabled doctors – HOPE supports doctors with disabilities in helping overcome additional difficulties and facilitating long term successful and fulfilling careers. <http://www.hope4medics.co.uk/homepage.php>

Your Health Matters – GMC website for doctors with health concerns.
<http://www.gmc-uk.org/concerns/11542.asp>

4.7 Addiction

Addaction – organisation dedicated to help transform the lives of people affected by drug and alcohol problems.

<http://www.addaction.org.uk/default.asp>

Alcoholics Anonymous

<http://www.alcoholics-anonymous.org.uk/>

British Doctors and Dentists Group - mutual support society for doctors and dentists who are recovering, or wish to recover, from addiction to or dependency on alcohol or other drugs.

<http://www.bddg.org/>

GamCare – provides support, information and advice to anyone suffering through a gambling problem.

<http://www.gamcare.org.uk/>

Narcotics Anonymous

<http://ukna.org/>

Sick Doctors Trust - Independent and confidential organisation which offers support to doctors and medical students suffering from any degree of dependence on drugs or alcohol.

<http://www.sick-doctors-trust.co.uk/>

4.8 Financial

BMA Charities – offers help in time of financial need to doctors (not just members) and their dependents.

<http://bma.org.uk/about-the-bma/who-we-are/bma-charities>

National Debtline – helpline which provides free, confidential and independent advice on dealing with debt problems.

<http://www.nationaldebtline.co.uk/>

Royal Medical Benevolent Fund – leading charity of doctors, medical students and their families. Provides financial support, money advice and information when most needed due to age, ill health, disability or bereavement.

<http://www.rmbf.org/>

<http://www.support4doctors.org/>

5. Fitness to Practise

Where serious problems (for example of probity or capability) have occurred, the trainee's fitness to practise may be called into question. The primary obligation is on the employing NHS Trust/practice to investigate, but it is also the responsibility of the trainee's professional colleagues to take action if they have concerns about any trainee's fitness to practise.

With any issue where a supervisor has such concerns the appropriate School/department should be informed immediately. If a referral to the GMC/GDC/GPhC needs to be made then this will be done by the Postgraduate Dean, if it has not already been made by the employing Trust/practice.

The HEKSS Training Support Service has produced, in collaboration with the GMC's Employer Liaison Adviser a guide to the GMC Fitness to Practise procedures. Please see [Appendix A](#).

6. Bullying, Harassment and Undermining

HEKSS views bullying and harassment as completely unacceptable, and is committed to ensuring that workplace environments used for training are suitable for the purpose, being free from bullying or intimidating behaviour. HEKSS has produced guidance for trainees and trainers in this area. Please see [Appendix B](#).

7. Further Information and Guidance

Good Medical Practice

The **General Medical Council Guide *Good Medical Practice*** can be found at http://www.gmc-uk.org/guidance/good_medical_practice.asp together with other guidance about good practice, ethics, and education and training.

Foundation Trainees

Information about the recommended processes for Foundation doctors can be found in the Foundation Programme Reference Guide para 10.27 by following <http://www.foundationprogramme.nhs.uk/pages/home/keydocs>

Dental Trainees

The **General Dental Council's *Standards for Dental Professionals*** — is on <http://www.gdc-uk.org/Dentalprofessionals/Standards/> together with links to other guidance booklets

Pharmacy Trainees

The **General Pharmaceutical Council's *Standards of Conduct, Ethics and Performance*** can be found at <http://www.pharmacyregulation.org/standards>

Information about how the **General Pharmaceutical Council** investigates complaints about trainees can be found at: <http://www.pharmacyregulation.org/raising-concerns>

London Shared Services Resources

For London managed programmes please refer to the following guidance: <http://www.londondeanery.ac.uk/professional-development/professional-support-unit/trainees-in-difficulty>

Managing the Trainee in Difficulty eLearning course: <http://www.faculty.londondeanery.ac.uk/e-learning/managing-poor-performance/>

NACT Guidance

NACT Guidance for Educational Clinical Supervisors: http://www.gmc-uk.org/Final_Appendix_5_Trainees_in_Difficulty.pdf_53816759.pdf

Appendices

Appendix A: GMC Fitness to Practise - HEKSS Factsheet for trainers

Appendix B: HEKSS Bullying, Undermining and Harassment Guidance

Appendix C: Thresholds for the management of trainees requiring additional support

Appendix A: GMC Fitness to Practise - HEKSS Factsheet for trainers

Background

Fitness to Practise (FtP) enquiries have been increasing – up to 8,781 in 2011

Sources of enquiries to FtP directorate come from two sources:

- Complaints from patients, carers, family members and other doctors
- Referrals from a “Person Acting in a Professional Capacity (PAPC)” which includes employers, ROs, Police, Coroners (or other judicial bodies) and other regulators

The main reason for referral is clinical care followed by probity, relationships with patients; working with colleagues; health; maintaining GMP; teaching/supervision and compliance with GMC investigations

Making a Referral

There is an employer/RO checklist which summarises the core information to be provided when making a referral. A copy of this is held by the Training Support Service: TSS@kss.hee.nhs.uk

If documentation is outstanding then best to not delay any referral but send what we have and then further information/documentation later on

Provide:

- List and summarise the core information
- Attach supporting documentation (if relevant and available)

All referrals to the GMC must be made by the Responsible Officer, Professor Abdol Tavabie and will usually be made via the GMC’s Employer Liaison Adviser

Fitness to Practise Procedure

The GMC’s Fitness to Practise procedure has three stages: Triage, Investigation and Adjudication

Triage

Medical Act requires the GMC to investigate allegations that a doctor’s FtP might be impaired. The categories for opening a case are as follows:

- Deficient professional performance
- A conviction or caution
- Misconduct

- Adverse physical or mental health
- Determination of another body (e.g. GDC or overseas counterparts)

These categories are always specified in any charges against a doctor.

In all investigations a public interest test is applied and there is a five year rule (by which allegations which relate to incidents longer than five years ago are not generally investigated (although there are some exceptions).

More than half of all enquiries are never opened as cases for investigation. The GMC cannot:

- Deal with concerns about anyone who is not a registered doctor
- Arrange an apology, help with compensation, provide an explanation of what happened or order a doctor to provide a particular treatment
- Arbitrate in practice or departmental disputes or intervene in local disciplinary procedures

At the Triage stage there are three options after assessment. Out of a total of 8781 complaints received in 2011 outcomes were as follows:

- 4914 cases closed
- 1917 cases for investigation
- 1537 employer follow up – this is known as Stream 2 and means that the information received would not require the GMC to take any further action unless the allegation was part of a wider pattern or behaviour. Therefore they contact the employer (and RO) to ask for further information about the doctor’s practice before making a decision if there needs to be a full investigation. This process is likely to change in the near future.

Investigation

If decision is made that an investigation needs to take place then an Investigation Officer is assigned. At this stage there will be a risk assessment to determine if an Interim Orders Panel is needed (see below).

The doctor is sent an initial Rule 4 letter which outlines the complaint or allegations. They are also sent an Employer’s Details Form on which the doctor has to detail their full scope of practice.

After this the disclosure to employers/RO happens and it is at this stage that HEKSS is made aware of the investigation and is asked for information. Evidence is then gathered from the employer/RO and other sources. For trainees Professor Abdol Tavabie is the RO and therefore will be the main point of disclose for the GMC.

Evidence can include:

- Expert Reports
- Witness Statements
- Court Documents
- Health Assessments
- Trust Investigations
- Performance Assessment
- Police Investigation

- College Reviews
- Fraud Investigation
- Regulator Actions

Interim Orders Panel (IOP)

An IOP makes an assessment about whether the doctor is a risk to: patients and the public; themselves; or the reputation of the profession. They are held in private (unless the doctor wants it to be held in public). They are not for establishing fact and the doctor has a right to be represented legally. An IOP can choose to suspend; apply conditions or take no actions. Most restrictions apply for eighteen months with six months reviews (with a hearing) within this time. The eighteen month period can only be extended by the High Court. Although the IOP is not making judgements on the evidence they do need a certain amount of supporting information to make an order.

An IOP can be called at any time e.g. the decision to hold one may be made at triage stage, at the beginning of the investigation stage or at another point if evidence suggests this may be necessary.

Decisions at end of an Investigation

Once the enquiries have concluded the GMC send a Rule 7 letter giving the doctor a further opportunity to comment. Following any response two Case Examiners (one medical and one non-medical) review the entire investigation.

The Case Examiners must apply a "Realistic Prospect Test (RPT)". This involves the following:

- The RPT applies to both the factual allegations and the question whether, if established, the facts would demonstrate that the doctor's FtP is impaired to a degree justifying action on registration (i.e. the level of evidence and the seriousness of the allegation).
- The Case Examiner will bear in mind that the FtP panel is required to be persuaded that the facts are more likely than not to be true i.e. the facts to be proven "on the balance of probabilities". This is the civil standard of proof (used to be the criminal standard of proof up until 2008).
- The Case Examiners must take into account the Cohen judgement (Cohen v GMC [2008] EWCH 581 (Admin) Paragraph 63). This judgement states that a panel is less likely to find a doctor is impaired if the doctor has taken steps to remediate and the likelihood is that the incident/complaint etc. will not be repeated.

Once the Case Examiners have reviewed the investigation and applied the RPT there are four options. Out of a total of 1917 investigations reviewed by the Case Examiners in 2011 outcomes were as follows:

- 1358 (70%) cases closed with no further action
- 199 (10%) issued a warning. A warning is given if case examiners decide that a doctor's FtP is not impaired but if there has been significant departure from the standards set out in GMP. An example might be if a doctor has been given a caution for drink driving. The doctor has a right to go to investigation committee if they won't accept warning from Case Examiners.
- 148 (8%) agreed undertakings. An undertaking is an agreement between the GMC and the doctor about their future practice. Undertakings might include retraining, restrictions on practice and behaviour etc.
- 212 (11%) referred to a FtP Panel (see Adjudication below)

Adjudication

The adjudication stage is run by the Medical Practitioner Tribunal Service (MPTS), although the GMC do a substantial amount of work preparing cases for a hearing. See <http://www.mpts-uk.org/about/1520.asp> for more information.

The MPTS has a large pool of panellists, both medical and lay. Panels are usually made up of three panellists and are usually a mix of medical and lay.

When a case has gone to a FtP Panel there is a three stage decision making process:

- What are the facts (based on a civil standard of proof)?
- Do the facts amount to impairment? – this is where the panel need to be specific about in what way they amount to impairment.
- If there is impairment what action is appropriate?

The GMC produce indicative sanction guidance for the MPTS. In guidance the Public Interest test for determining sanctions is defined under the following domains:

- Protection of Patients (this is most important domain)
- Declaring and upholding proper standards of conduct and behaviour
- Maintenance of public confidence in the profession
- Enabling a doctor's return to safe practice

The FtP Panel has six options. Panel decisions in 2011 were as follows:

- 35 (14.4%) cases closed
- 23 (9.5%) warnings given – this is the same test as at the investigation stage i.e. if the panel finds that a doctor's FtP is not impaired they should consider if a warning is required
- 1 (0.5%) given undertakings – as this is with agreement with the doctor if usually happens before it gets to the FtP Panel
- 24 (10%) given conditions – same as undertakings but are imposed rather than with the agreement of doctor
- 93 (38%) suspended – the period of suspension is set at this point and there will usually be a review hearing at the end of this period to determine whether a doctor can return to the register. Occasionally there might be no review e.g. if it is a very short suspension for probity
- 65 (27%) erasures – the assumption is that erasure is permanent however a doctor can apply for restoration after five years. It is unusual for a doctor to be restored after suspension.

Future developments and reform of FtP

Some reforms have already been implemented (role of revalidation, Employment Liaison Advisers and MPTS). Future developments include the following:

- Changes to investigation process – with aim of early identification of likely outcome and faster progression of cases
- Changes to way cases are dealt with at the end of investigation stage – to have more discussions with doctors and encouraging them to accept proposed sanctions as an

alternative to hearings

- **Better case management – to include more documented evidence rather than witnesses giving evidence in person at hearings**
- **Possible mechanism for GMC to appeal against FtP Panel decision (in the way the doctor can appeal)**

Support

The GMC have commissioned BMA Doctors for Doctors to provide dedicated confidential emotional support to any doctor involved in a FtP case. More information: http://www.gmc-uk.org/concerns/doctors_under_investigation/13013.asp

Appendix B: HEKSS Bullying, Undermining and Harassment Guidance

Introduction

Problems with bullying, undermining and harassment are unfortunately common within the NHS. They can relate to individuals or organisational culture, or to both, and are often accompanied by a fear of reporting the behaviour (whistleblowing). Precipitants may include heavy workloads, staff shortages and external pressures such as performance targets, although these are not excuses for any bullying or harassment.

HEKSS views bullying and harassment as completely unacceptable, and is committed to ensuring that workplace environments used for training are suitable for the purpose, being free from bullying or intimidating behaviour.

Your employing organisation carries legal responsibility for bullying and harassment issues. This document should always be read in conjunction with local policies.

If you are not sure who your employer is, then check your payslip.

Definition of bullying and harassment

Often these terms are regarded as interchangeable and for some bullying is a form of harassment.

Bullying is defined as offensive, intimidating, malicious or insulting behaviour, an abuse or misuse of power through means that undermine, humiliate, denigrate or injure the person to whom it is directed.

- Harassment is unwanted conduct related to sex, gender reassignment, race or ethnic or national origin, disability, sexual orientation, religion or belief, age or any other personal characteristic which:
 - has the purpose of violating a person's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that person;
 - or is reasonably considered by that person to have the effect of violating his or her dignity or of creating an intimidating, hostile, degrading, humiliating or offensive environment for him or her, even if this effect was not intended by the person responsible for the conduct.

Any individual can bully, be bullied or switch between the two, and others may be affected by viewing this behaviour.

It is important not to confuse bullying behaviour with firm supervision. Bullying is undermining and destructive whereas effective supervision is developmental and supportive. The latter may well include negative but constructive feedback.

Examples of bullying and undermining in clinical/practice based education

- Undermining someone's role, e.g. criticism in front of patients or other staff
- Persistent or excessive negative feedback; unsubstantiated allegations
- Asking trainees to perform tasks they have not been trained to do or work unpaid shifts
- Undervaluing someone's contribution (in their presence or otherwise)
- Unrealistic expectations about workload, responsibilities or level of competence
- Shouting or swearing at someone
- Excluding, devaluing or ignoring an individual on purpose
- Inadequate or absent supervision
- Belittling or marginalisation of trainees by senior staff from other professional group
- Bullying of trainees by other staff pursuing targets

Responsibilities of trainers and other senior staff

- Senior clinicians, educators and managers are responsible for ensuring that their organisations provide supportive working environments, free from bullying and harassment. Such workplaces optimise patient safety, educational outcomes and staff wellbeing.
- Trainers in HEKSS are expected to undertake regular training in equality and diversity.
- Individuals who are told about or who witness bullying behaviour must ensure that timely, sensitive and appropriate action is taken. Confidentiality should be respected.
- HEKSS will provide support to resolve situations where bullying has been identified.
- Trainees who raise in good faith an issue or grievance relating to bullying or harassment, or assist in the raising of such an issue, would be expected by HEKSS to be protected against victimisation both at the time and afterwards.

Guidance for trainees

Develop further your own awareness of equality and diversity issues with regular training in this area. This will help you recognise more clearly types of discrimination and recognise behaviours that are likely to lead to harassment and bullying

Speak to someone

Don't be concerned or ashamed to tell people what's going on. If you think that you are being subjected to bullying behaviour, or that it is taking place, then you should speak to someone about it in confidence to discuss how you might be able to deal with the problem. Generally it is best to discuss and resolve the issue informally and locally first.

It may be an option talking to the person who is bullying you but only if you feel comfortable doing this. The bullying may not be deliberate and the person in question might not realise how their behaviour has affected you.

Who could you speak to?

Clinical/practice supervisor	HEKSS Training Support Service tss@kss.hee.nhs.uk	Educational supervisor	Director of medical education	Postgraduate centre team, including medical education manager and foundation administrator
Head of School	Human resources / medical personnel staff	School manager	Your employing organisation's employee assistance programme	Your local BMA office
Occupational Health	BMA / BDA helplines	Training programme director	Pharmacy friends	Clinical tutor
	Your local trainee representative	College tutors	Assessment centres	

Your first discussion should help you explore the issue and decide what to do next. If the first person you talk to is not helpful then speak to someone else.

Keep a record/diary

Keep a diary of all incidents. These should often include a record of the date, time, any witnesses and how you felt about an incident. Keep copies of anything else that may be relevant for instance written communication (emails, letters) and notes from meetings.

Further information

For more information about the process to follow you should read your employing organisation's policy. This should have been made available to you at induction, but otherwise can be obtained from the trust's intranet or from the human resources / medical personnel department. It may have another name such as 'respect at work', 'dignity at work' or 'equality and diversity' policy. The following page contains further information with regards to sources of support and information

Sources of Support and Information

Sources of Support

BMA Counselling Service <http://bma.org.uk/practical-support-at-work/doctors-well-being/about-doc...>

BMA Counselling Service provides 24/7 telephone counselling by qualified counsellors.

Support4Doctors www.support4doctors.org

Getting the work/life balance right, handling pressure, dealing with career, health and financial issues. These are just some of the challenges you may be facing as a doctor. Support4Doctors offers independent information, advice and support.

Practitioner Health Programme www.php.nhs.uk

A free service for doctors who have mental or physical health concerns and/or addiction problems and who live and work in the KSS and London areas.

Medical Women's Federation www.medicalwomensfederation.org.uk

(For women only) MWF members can sign up to be mentors or mentees in the organisation's mentoring scheme.

Raising concerns & whistleblowing

<http://www.stfs.org.uk/doctor/raising-concerns> - Includes GMC document "Raising and acting on concerns about patient safety" and STFS "Raising concerns at work" presentation.

<http://www.stfs.org.uk/student/whistleblowing> - Includes links to KSS and London whistleblowing/raising concerns.

<http://wbhelpline.org.uk/> - Whistleblowing advice and helpline for NHS and Social Care.

Other resources and information

GMC – see relevant paragraphs in Good Medical Practice http://www.gmc-uk.org/guidance/good_medical_practice/collaboratively.asp

The Trainee Doctor (p 28) http://www.gmc-uk.org/Trainee_Doctor.pdf_39274940.pdf

Pharmacist Support - A listening ear for pharmacists, students and trainees struggling with a range of situations <http://www.pharmacistsupport.org/how-we-can-help/listening-friends/>

Royal Pharmaceutical Society - 'Reducing workplace pressure through professional empowerment': <http://www.rpharms.com/promoting-pharmacy/professional-empowerment.asp>. (located on the right hand side of this page under 'Member Resources')

London LETBs – comprehensive guide to good practice in postgraduate medical education: <http://www.faculty.londondeanery.ac.uk/educational-team-development/managing-bullying-harassment-and-undermining>

ACAS – Advice leaflet on bullying and harassment at work. <http://www.acas.org.uk/index.aspx?articleid=797>

BMA – Guidance on stopping harassment and bullying at work: <http://bma.org.uk/practical-support-at-work/doctors-well-being/bullying-and-harassment>

NHS Employers – Guidance on Bullying and Harassment: <http://www.nhsemployers.org/Aboutus/Publications/Documents/Bullying%20and%20harassment.pdf>

National Advisory Group on Safety of Patients in England – A promise to learn, a commitment to act: Improving the Safety of Patients in England: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/226703/Berwick_Report.pdf

Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry – Executive summary: <http://www.midstaffpublicinquiry.com/sites/default/files/report/Executive%20summary.pdf>

Appendix C: Thresholds for the management of trainees requiring additional support

Thresholds for the management of trainees requiring additional support				
Issue	Educational Supervisor	School/Department (<i>Pharmacy: Educational Programmes Director/ Underpinning Knowledge Provider</i>)	HEKSS/Training Support Service/Training Support Group	Responsible Officer/Revalidation Manager (<i>Pharmacy: Chief Pharmacist/ General Pharmaceutical Society/LETB Commissioning Manager</i>)
Knowledge, Skills and Performance	<ul style="list-style-type: none"> Failure to demonstrate sufficient WBAs Time Management & Basic Organisational Skills Basic craft development issues Diagnostic Skills 	<ul style="list-style-type: none"> Any issue which is likely to lead to an unfavourable outcome at ARCP NCAS assessments (Inform School/Depart.) 	<ul style="list-style-type: none"> Specific concerns which may need external funding for assessment or remediation 	
Safety & Quality	<ul style="list-style-type: none"> Low-level/Non-investigated clinical incidents 	<ul style="list-style-type: none"> Any issue which is likely to lead to an unfavourable outcome at ARCP Coroner's Investigations (Inform School/Depart.) 	<ul style="list-style-type: none"> Investigated Serious Incidents/ Never Events* 	<ul style="list-style-type: none"> Serious patient safety concerns that call into question a trainee's fitness to practise
Communication, Partnership and Teamwork	<ul style="list-style-type: none"> Mismatches between trainer and trainee Acting effectively in a team Rapport with colleagues & patients 	<ul style="list-style-type: none"> Any issue which is likely to lead to an unfavourable outcome at ARCP Relationship breakdown between trainee and trainer 	<ul style="list-style-type: none"> Investigated Complaints* Specific concerns which may need external assessment or remediation 	
Maintaining Trust	<ul style="list-style-type: none"> Minor issues e.g. punctuality, documentation etc 	<ul style="list-style-type: none"> LEP probity/conduct investigations (Inform School/ Depart.) Addiction/Substance Abuse (which include probity concerns) 	<ul style="list-style-type: none"> Police Investigations, cautions or convictions LEP probity/conduct/disciplinary findings 	<ul style="list-style-type: none"> Serious probity/ professionalism concerns that call into question a trainee's fitness to practise
Progression in Training		<ul style="list-style-type: none"> Exam Failure which may affect progression Any issue which is likely to lead to an unfavourable outcome at ARCP 	<ul style="list-style-type: none"> Requests for supernumerary funding (to Training Support Group) 	<ul style="list-style-type: none"> Non-Engagement with Revalidation (i.e. not engaging with WBAs, ARCP etc)
Health	<ul style="list-style-type: none"> Low-level health issues which are unlikely to affect progression 	<ul style="list-style-type: none"> Any absence longer than 14 days Health Issues which may require change in programme/post Addiction/Substance abuse 	<ul style="list-style-type: none"> Requests for supernumerary funding (to Training Support Group) 	<ul style="list-style-type: none"> Serious health/addiction/ substance abuse concerns that call into question a trainee's fitness to practise
Other	<ul style="list-style-type: none"> Trainee uncertain about career options Low level personal issues 	<ul style="list-style-type: none"> Visa Issues that are likely to affect ability to train Personal issues which may impact on progression or require a change in programme/post 	<ul style="list-style-type: none"> Trainee allegations or undermining, bullying or harassment* 	
* - to feed into quality management mechanisms				