

# Doctors and Dentists in Difficulty

North Western Deanery

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Associate Dean  
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## Definition

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

Early recognition of problems, appropriate intervention with effective feedback and support for both trainee and trainer are most likely to be successful. In each case, thorough and careful investigation is essential to determine the nature of the problem and identify underlying factors before appropriate action can be taken.

Difficulties usually present as **Performance Issues**, the range of which can be considerable. More often than not there is an inter-play between several factors including: **conduct**, **health**, **personal circumstances** and **the learning environment** that leads to poor performance.

## Potential initial triggers raising concern

Initial concerns are as likely to be apparent to nursing and other clinical staff, other trainees or senior grade doctors/dentists as they are to the trainee’s clinical or educational supervisor. However, it may be difficult for peers or other colleagues to take any action if there is not a clear and confidential channel of communication available. Initial triggers raising concerns may include:

- Patterns and repetition rather than one – off incidents
- Sudden, ‘out of character’ behaviour with no obvious explanation
- Higher than expected levels of sickness
- One-offs that are more serious, but which the trainee feels able to easily rationalize. For example, “a small lie”; “only cheated that one time”; “some slight exaggeration on the CV”.

## Behavioural markers which may indicate a trainee requires extra supervision or support

(Adapted from a report from an NCAS meeting on Doctors in Difficulty: Recognising Problems Early (J. Firth-Cozens, 2004)

### 1. Work based:

- Absence from duty / persistent lateness / Presenteism
- Poor time management / backlog of work
- Failure to learn and change

### 2. Clinical performance markers:

- Over or under investigating
- Poor decision making
- Poor record keeping
- Complaints
- Failure to follow guidelines
- Missed diagnosis

### 3. Cognitive:

- Memory problems
- Poor problem solving / reasoning
- Decision-making difficulties
- Poor concentration / attention
- Learning problems

### 4. Language / Cultural:

- Poor verbal fluency
- Poor understanding

### 5. Psychological / Personality:

- Irritability
- Unpredictability
- Forgetfulness
- High self-criticism / perfectionist
- Arrogance
- Lack of insight / denial
- Risky / impulsive

**6. Social:**

- Isolation
- Withdrawal
- Poor personal interactions

*Do not minimise or underestimate the importance of early signs*

*Trust and act on your instincts – if something ‘feels wrong’ it probably is*

*Problems can arise at any time*

*Acting early when a problem arises could rescue rather than destroy a career*

## LEVELS of CONCERN

(Adapted from the Revalidation Support Team, 2011)

### LEVEL 1

A concern raised to an educator by any colleague, clinical supervisor or by the education supervisor themselves.

- No harm to patients, trainee or staff
- No risk to patients, trainee, staff or their reputations

Examples:

- Incidents
- Complaints
- Failure to attain expected training goals
- Self limiting or well controlled chronic illness

Actions:

- Discussion with trainee
- Consider pastoral support
- Minor investigation e.g. gather information which then can be fed back to the trainee to give them the opportunity to respond
- Action plan with SMART\* educational outcomes
- Resolution over short period of time

### Management:

A level 1 concern should be dealt with locally, documented by the Educational Supervisor and passed on to the Training Programme Director. Referral to HR for FY trainees or the appropriate Lead Employer Team who may wish to involve Occupational Health for all other trainees. For *Foundation trainees*, please inform the Foundation Team and patch Associate Dean / Associate Dental Director / Associate GP Director at the Deanery so that appropriate support and advice can be facilitated.

If a level 1 type incident recurs the Educational Supervisor should then treat the concern as level 2 and refer into the Deanery.

\*SMART = Specific, Measurable, Achievable, Realistic, Timely

## LEVEL 2

A concern raised to an educator by any colleague, clinical supervisor or by the educational supervisor themselves.

- Potential or actual harm to patients, trainee or staff
- Potential or actual risk to patients, trainee, staff or their reputations

Examples: As level 1 plus:

- Recurrent or persistent behavioural issues
- Any issue requiring an extension of training e.g. health

Actions: As level 1 plus;

- Formal investigation
- HR involvement
- OH involvement
- Action plan with defined objectives
- Special interventions

### Management:

A level 2 concern should be referred into the deanery using the local referral protocol:

For foundation trainees, the Foundation Programme Director or Director of Medical Education should refer to the patch Associate Dean using **Form F1**

For specialty trainees, the Training Programme Director or Head of School should refer to the patch Associate Dean using **Form S1**. **The appropriate Lead Employer Team should also be notified of the concerns.**

For dental trainees, the Training Programme Director should refer to the Associate Dental Director using **Form D1**

Consideration for inclusion into the Doctors and Dentists Review Group will then be made by the Foundation School Director, Director of Postgraduate Hospital Medicine, Dental Director or GP Director in consultation with the Associate Deans/Associate Dental Director or Associate Directors managing doctors and dentists in difficulty.

### LEVEL 3

A concern raised to an educator by any colleague, clinical supervisor or by the educational supervisor themselves.

- Harm has occurred to patients, trainee or staff
- Reputations (personal / corporate) are at serious risk

Examples: As level 2 plus;

- Serious Untoward Incident
- Formal complaint
- Death
- Criminal act e.g. theft, assault
- Consideration of a GMC / GDC / NCAS referral\*

Action: As level 2 plus:

- Formal investigation
- Situation dependent but including consideration of cessation, or restriction of, clinical practice

### Management:

Direct referral to the Postgraduate Dean and the appropriate Lead Employer Team, via the Dental Director or patch Associate Dean/Director (as above) or, in the event of an emergency, direct to the Postgraduate Dean / local Responsible Officer.

Formal referral to the Doctors and Dentists Review Group (via **Forms F1, S1 or D1** as above).

\*The Postgraduate Dean **must** be informed of the likely referral

## Recording information

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

- Trainee e-portfolio
- Own notes of meetings or discussion with colleagues relating to the trainee
- Own notes of meetings or discussions with the trainee
- Documents produced by other colleagues

An initial fact finding internal review should take place to gather all relevant information. This information should be documented as above. If performance is normally good, a change in health, personal circumstances or environmental factors should be considered. Consideration as to whether the problem is a health, conduct or performance (or multiple issues) should be undertaken.

It is then vital that the Foundation Programme Director (FPD) / Training Programme Director (TPD) makes a referral to the appropriate patch Associate Dean/Director or Dental Associate Director using **Form F1 (Foundation), S1 (Specialty) or D1 (Dental)** (attached), with a copy to Head of School (not in the case of dental). This will facilitate early identification of trainees who may require extra support or training if problems persist.

The TPD / FPD should inform the following departments or individuals of the trainee requiring support, as appropriate, and coordinate the ongoing communication trails between the relevant bodies as appropriate:

- Clinical Supervisor (CS)
- Educational Supervisor (ES)
- Head of School (HoS) / Dental Associate Director
- Patch Associate Dean (AD) (via Form F1 or S1)
- Occupational Health (OH) via the Lead Employer Team.
- Lead Employer Team
- Medical Director / Director of Medical Education (MD/DME)  
(responsibility of the Lead Employer Team for non-FY trainees)



Once the Patch Associate Dean has been informed, they will liaise with the TPD, HoS, Specialty AD and AD with responsibility for doctors with performance issues (Dr Shirley Remington – specialty trainees, Dr Jo Rowell – foundation trainees or Mrs Julie Macfarlane – dental trainees). Dr Remington, Dr Rowell and Mrs Macfarlane, along with the Foundation School Director (for foundation trainees), Director of Postgraduate Hospital Medicine (for hospital specialty trainees), GP Director (for GP specialty trainees) or Dental Director (for dental trainees) will liaise with the Doctors and Dentists Review Group as appropriate.

*Document concerns raised in a factual and contemporaneous manner*

*This can help inform further intervention and act as an  
aide memoir for the future*

*Any written documents are disclosable*

## Form F1 – Foundation Trainees

### Doctors in Difficulty

*This form is to be completed by the appropriate TPD following a trigger incident of Level 2 or 3 concern. A fact finding exercise should initially take place to aid completion of the form. Forward the completed form to Jo Rowell / Paul Baker and to your local patch AD*

*\* delete as appropriate*

Date of Initial Concern:			
Name of Trainee:			
Date of Birth:			
Gender:			
Ethnicity:			
GMC Number:			
Current Trust / Post:			
Trainee Training Level:			
Appointment Process:	National*	Deanery*	Local*
Medical School:		Date of Graduation:	
Transfer of Information:		Tier 4 (if applicable):	
Start date of Foundation:			
Outcome of previous ARCP/ FY Sign off:			
Description of Issues Identified and action taken:			
Progress through training so far (ARCP outcomes, career support, significant time out of programme etc):			

Other departments /  
agencies involved (e.g.  
occupational health,  
human resources, named  
links at the Deanery etc):

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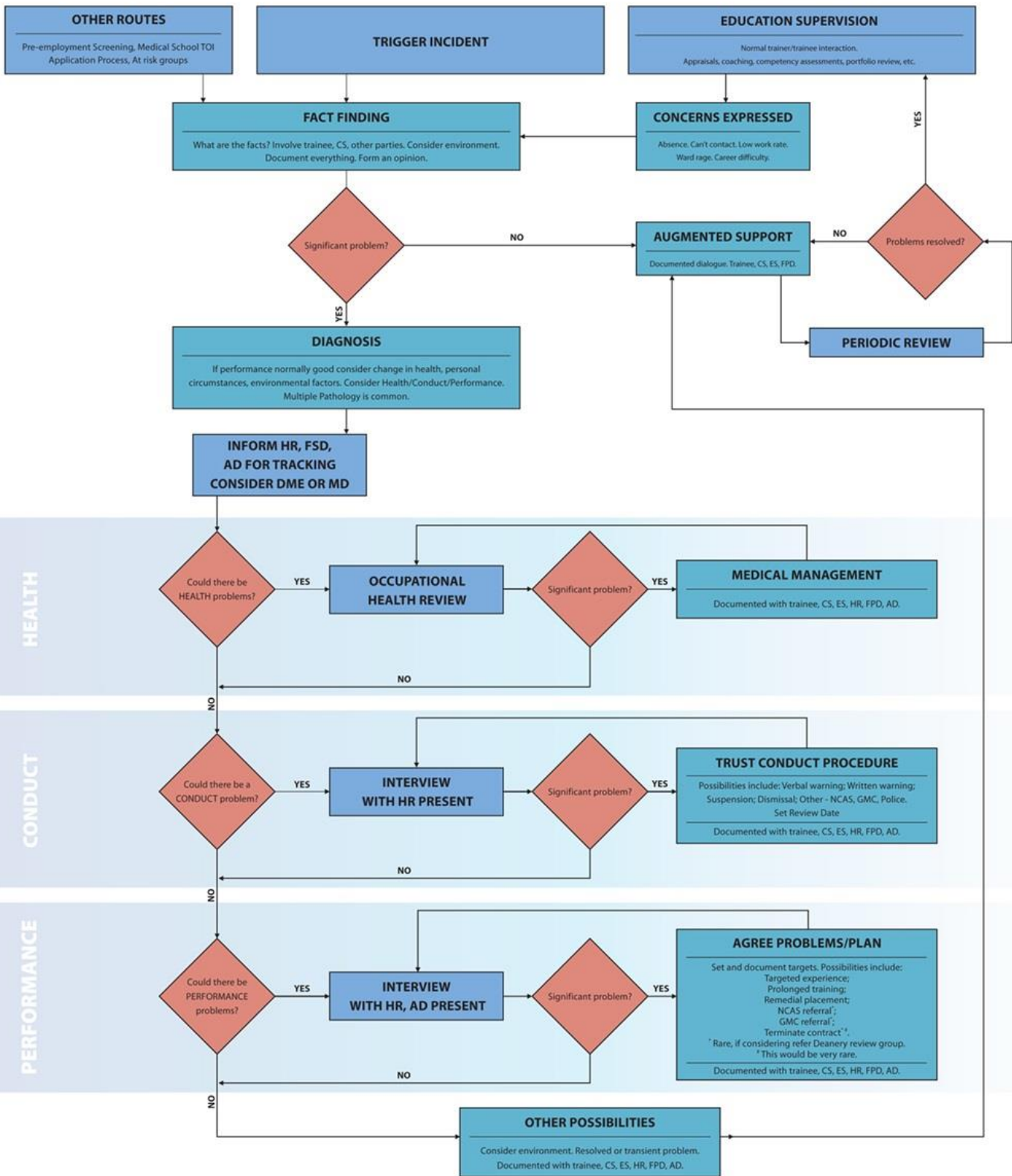
Have these issues been  
discussed with the trainee  
and are they aware of this  
referral?

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SAMPLE

# NORTH WESTERN FOUNDATION SCHOOL

Algorithm For Support Of Doctors With Difficulties



### GLOSSARY

<b>CS</b>	Clinical Supervisor	<b>HR</b>	Human Resources
<b>ES</b>	Education Supervisor	<b>AD</b>	Associate Dean
<b>FPD</b>	Foundation Program Director	<b>FSD</b>	Foundation School Director
<b>GMC</b>	General Medical Council	<b>NCAS</b>	National Clinical Assessment Service
<b>TOI</b>	Transfer of Information	<b>DME</b>	Director Medical Education
		<b>MD</b>	Medical Director

## Form S1 – Specialty Trainees

### Doctors in Difficulty

*This form is to be completed by the appropriate TPD following a trigger incident of Level 2 or 3 concern. A fact finding exercise should initially take place to aid completion of the form. Forward the completed form to your local patch AD.*

Date of Initial Concern:	
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Name of Trainee:	
Date of Birth:	
Gender:	
GMC Number:	
Current Trust / Post:	
Trainee Training Level:	

Placement Details (starting with the most recent):			
Date	Location	Specialty	RITA / ARCP

Current Educ Supervisor:	
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Description of Issues Identified and action taken:	
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Progress through training so far (ARCP outcomes, career support, significant time out of programme etc):

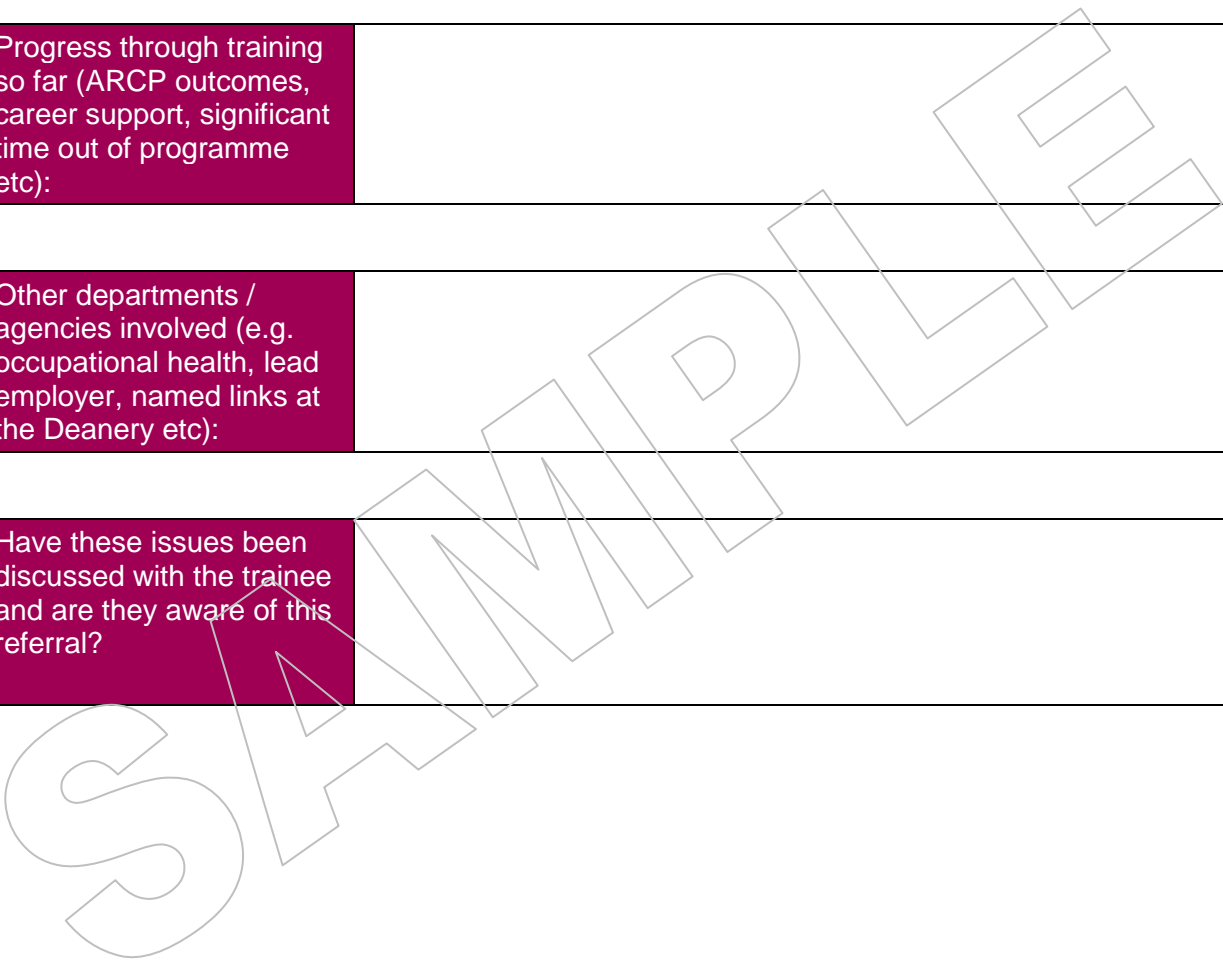
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Other departments / agencies involved (e.g. occupational health, lead employer, named links at the Deanery etc):

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Have these issues been discussed with the trainee and are they aware of this referral?

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## Form D1 – Dental Trainees

### Dentists in Difficulty

*This form is to be completed by the appropriate TPD following a trigger incident of Level 2 or 3 concern. A fact finding exercise should initially take place to aid completion of the form. Forward the completed form to your Associate Dental Director.*

*\* delete as appropriate*

Date of Initial Concern:	
Name of Trainee:	
Date of Birth:	
GDC Number:	
Foundation Scheme:	
FY2 / CDP:	
NTN: if applicable	
Specialty:	
Trainee Training level:	
Start date:	
Outcome of previous ARCP/ FY Sign off:	
Description of Issues Identified and action taken:	
Progress through training so far (ARCP outcomes, career support, significant time out of programme etc):	

Other departments /  
agencies involved (e.g.  
occupational health, lead  
employer, named links at  
the Deanery etc):

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Have these issues been  
discussed with the trainee  
and are they aware of this  
referral?

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SAMPLE



**NORTH WESTERN DEANERY  
Dental Section**

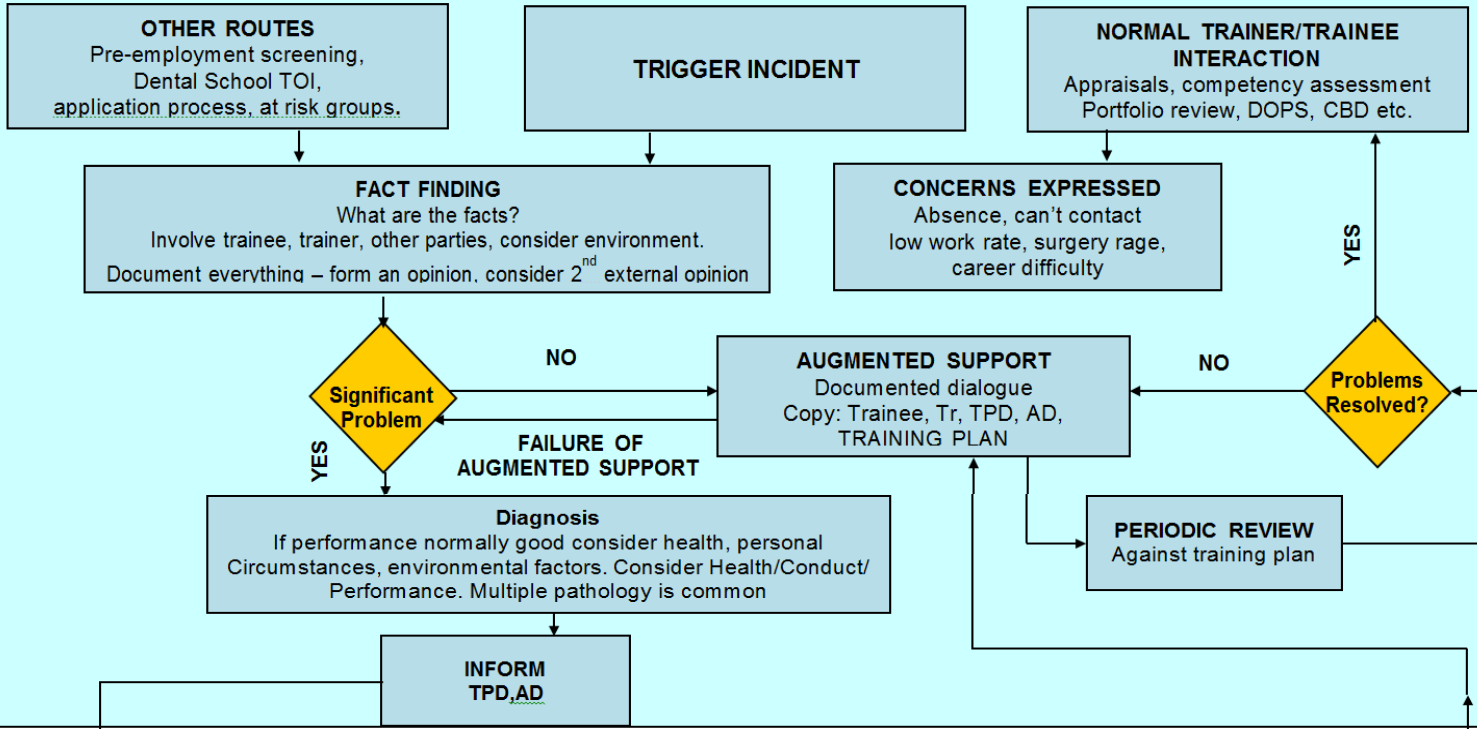
**Algorithm for support of  
Dentists with Difficulties**

**Glossary**

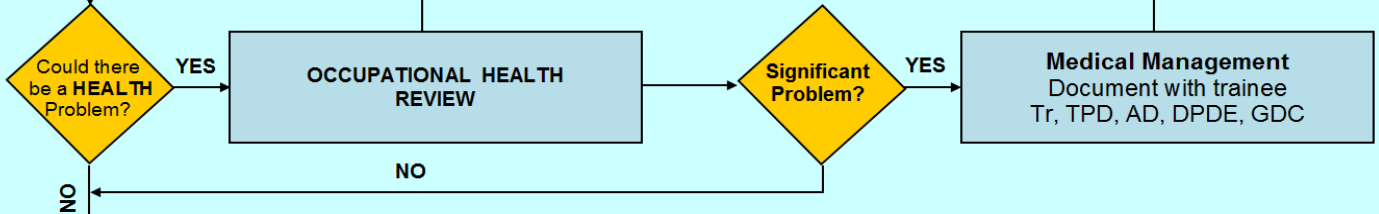
AD – Associate Director  
BDA – British Dental Association  
CBD – Case Based Discussion  
DOPS – Directly Observed Procedural Skills  
DPDE – Director of Postgraduate Dental Education  
GDC – General Dental Council

NCAS – National Clinical Assessment Service  
Pr – Practice  
PCT – Primary Care Trust  
Tr – Trainer  
TOI – Transfer of information  
TPD – Training Programme Director

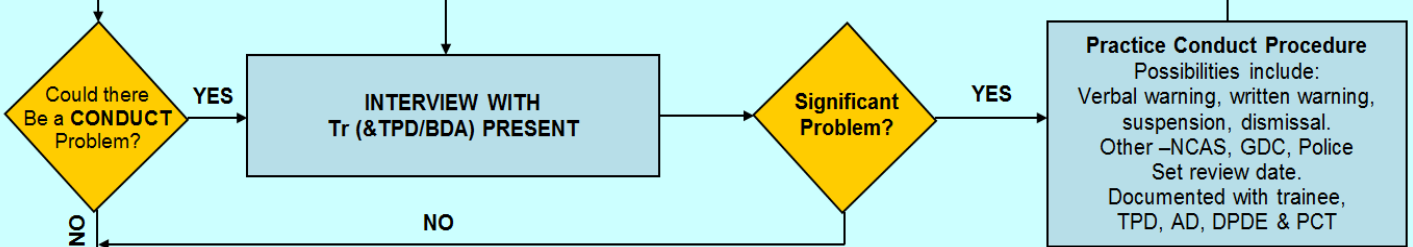
**INITIATION**



**HEALTH**



**CONDUCT**



**PERFORMANCE**

